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Army Regulation 40-400

Medical Services

# Patient Administration

Headquarters  
Department of the Army  
Washington, DC  
12 March 2001

**UNCLASSIFIED**

# SUMMARY of CHANGE

AR 40-400

Patient Administration

This revision--

- o Clarifies identification procedures using the Defense Enrollment Eligibility Reporting System (para 2-2).
- o Discusses primary care management (para 2-4).
- o Provides non-medical attendant travel guidance (para 2-6).
- o Clarifies coverage of maternity care for active duty members (para 2-8).
- o Requires that surgical intervention for a Reserve Component soldier's preexisting condition will not be performed unless it was incurred or aggravated in the line of duty (para 2-9).
- o Updates consent policy for a nonmilitary patient (para 2-12).
- o Prescribes the following forms formerly prescribed by AR 40-2: DA Form 3981 (Transfer of Patient) (para 2-13); DA Form 4160 (Patient's Personal Effects and Clothing Record) (para 4-4); DD Form 599 (Patient's Effect Storage Tag) (para 4-5); DA Form 4029 (Patient Clearance Record) (para 4-6a(3)); DA Form 3821 (Report of Administrative Officer of the Day) (para 6-2a); DA Form 2984 (Very Seriously Ill/Seriously Ill/Special Category Patient Report) (para 6-2b(1)); DA Form 3894 (Hospital Report of Death) (para 6-4a); DA Form 3910 (Death Tag) (para 6-4b); DA Form 3696 (Patient's Deposit Record) (para 12-4a); DA Form 4128 (Patients' Trust Fund Journal) (para 12-4a); DA Form 3983 (Patients' Trust Fund--Authorization for Deposit or Withdrawal of Funds and Valuables) (para 12-7); and DA Form 4665 (Patients' Trust Fund--Daily Summary Record) (para 12-7).
- o Addresses care beyond a military treatment facility's capability (para 2-14).
- o Adds further information required for requests for authority to engage care (para 2-14).
- o Updates Department of Defense abortion policy in military treatment facilities (para 2-18).
- o Clarifies when applicants for enlistment or reenlistment may be hospitalized (para 3-6).
- o Updates dental care entitlements of family members (para 3-11).
- o Clarifies eligibility for nonappropriated fund Federal employees (para 3-15).



- o Entitles Department of Defense employees to free care if given in occupational health or Office of Workers' Compensation Programs (paras 3-15 and 3-24).
- o Implements Department of Defense Instruction 6015.23, Delivery of Health Care at Military Treatment Facilities (MTFs) dated 9 December 1996 (para 3-21a.)
- o Prescribes the following forms formerly prescribed by AR 40-330: DD Form 7 (Report of Treatment Furnished Pay Patients: Hospitalization Furnished (Part A) (para 3-21b(3)); DD Form 7A (Report of Treatment Furnished Pay Patients: Outpatient Treatment Furnished (Part B) (para 3-24b(3)(b)); DA Form 3154 (MSA Invoice and Receipt) (para 11-7a); DA Form 3153 (Medical Service Account Patient Ledger Card) (para 11-9); DA Form 3155 (MSA Cash Record) (para 11-9); and DA Form 3929 (MSA--Accounts Receivable Register and Control Ledger) (para 11-9).
- o Clarifies Office of Workers' Compensation Program coverage in accident cases and during travel (para 3-24).
- o Provides a notification point of contact for hospitalized Public Health Service or National Oceanic and Atmospheric Administration officers (para 3-25).
- o Clarifies eligibility and charges of former officers of Public Health Service and National Oceanic and Atmospheric Administration and their newborn infants (para 3-25).
- o Redefines authority for Secretary of the Army designees and articulates eligibility for nonactive duty chaplains at the United States Military Academy (para 3-50).
- o Adds a new eligibility paragraph addressing family members of certain sentenced, discharged, or dismissed members (para 3-52).
- o Explains eligibility for volunteer subjects in approved Department of the Army research projects (para 3-56).
- o Adds a new paragraph addressing evaluation of suspected Service-connected conditions and persons with extended medical benefits (para 3-61).
- o Explains eligibility of donors and recipients of organ transplants performed in military treatment facilities (para 3-63).
- o Adds a new paragraph addressing health benefits of unremarried former spouses (para 3-66).
- o Implements North Atlantic Treaty Organization (NATO) standardization agreements (STANAGs) 2061, 2101, 2132, and 3113; American, British, Canadian, and Australian (ABCA) Quadripartite Standardization Agreement (QSTAG) 470; and Standardization of Certain Aspects of Operations and Logistics (SOLOG) 74 (chaps 3 and 4).
- o Clarifies policy on patient absences from military hospital wards (para 4-1).

o ~~Rescinds eligibility for care of participants in Domestic Action Programs~~  
(formerly para 4-63).

- o Rescinds eligibility references to the Citizens Military Training Corps (formerly para 5-3).
- o Prescribes the following forms formerly prescribed by AR 40-3: DD Form 675 (Receipt for Records and Patients Property) (para 5-18a(6)(a)); DA Form 3947 (Medical Evaluation Board Proceedings) (para 7-8a); DA Form 4707 (Entrance Physical Standards Board (EPSBD) Proceedings) (para 7-11a); DA Form 4159 (Request for Medical Care in a Federal Medical Treatment Facility Outside Department of Defense) (para 9-5).
- o Allows telephonic notification of an active duty general officer hospitalization (para 6-3).
- o Adds a further address for copy of medical board proceedings pertaining to Medical Corps officers (para 7-13).
- o Explains the managed care benefit of the Uniformed Services Family Health Plan (para 9-8).
- o Adds a listing of Uniformed Services Family Health Plan locations (fig 9-1).
- o Clarifies how to acquire care for active duty personnel stationed in remote areas (para 10-6).
- o Includes Civilian Health and Medical Program of the Uniformed Services maximum allowable claims payment guidance (para 10-9).
- o Clarifies how to assess charges for outpatient care provided to reimbursable patients (para 11-14).
- o Authorizes payment by credit card for medical services account collections (para 11-16).
- o Prescribes DA Form 2631 (Medical Care--Third Party Liability Notification) formerly prescribed by AR 40-16 (para 13-1).
- o Incorporates the Third Party Collection Program (chap 14).

- o Clarifies charges for foreign nationals (app B).
- o Rescinds the use of DA Form 2789-R (Medical Summary Report-Section I (LRA)); DA Form 2789-1-R (Medical Summary Report-Section II (LRA)); DA Form 2789-2-R (Medical Summary Report-Section III (LRA)); DA Form 2789-3-R (Medical Summary Report-Section IV (LRA)); DA Form 2789-4-R (Medical Summary Report-Section V (LRA)); DA Form 3156 (Statement of MSA Accountable Patient Days and Reimbursements); DA Form 3158 (Statement of MSA Dining Hall Cash Receipts and Meals Served); DA Form 3586 (Report of Professional Officer of the Day); DA Form 3904 (Public Voucher for Medical Examination); DA Form 4167 (Ward Pass List); DA Form 4303 (Titling Card, Photo Fluorographic Film); DA Form 4375 (Patient's Interward Transfer); DA Form 4582-R (Inpatient Accounting System Admission Record (LRA)); DA Form 4593 (MSA Transaction Card); DA Form 4595-R (Inpatient Admission System For the Medical Summary Report); DA Form 5663-R (Confidential Affidavit of Financial Status); DA Form 5664-R (Promissory Note in Repayment of Preexisting Debt); RCS MED-16 (The Special Telegraphic Report of Selected Conditions); RCS MED-302 (Medical Summary Report System); and RCS MED-345 (Individual Patient Data System).

Effective 12 April 2001

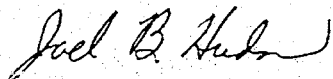
## Medical Services

### Patient Administration

By Order of the Secretary of the Army:

ERIC K. SHINSEKI  
General, United States Army  
Chief of Staff

Official:



JOEL B. HUDSON  
Administrative Assistant to the  
Secretary of the Army

**History.** This issue publishes a revision of this publication. Because the publication has been extensively revised, the changed portions have not been highlighted.

**Summary.** This consolidated regulation prescribes policies and mandated tasks governing the management and administration of patients. It includes DOD and statutory policies regarding medical care entitlements and managed care practices. It also implements North Atlantic Treaty

Organization and American, British, Canadian, and Australian approved standardization agreements.

**Applicability.** This regulation applies to the Active Army and Reserve Components. It also applies to medical department activities, medical centers, dental activities, and organizations for which the Army Medical Department is the executive agent. This publication is applicable during mobilization.

**Proponent and exception authority.** The proponent of this regulation is The Surgeon General. The proponent has the authority to approve exceptions to this regulation that are consistent with controlling law and regulation. Proponents may delegate this approval authority, in writing, to a division chief within the proponent agency in the rank of colonel or the civilian equivalent.

**Army management control process.** This regulation contains management control provisions and identifies key management controls that must be evaluated.

**Supplementation.** Supplementation of

this regulation and establishment of command and local forms are prohibited without prior approval from Headquarters, Department of the Army (OTSG) (DASG-HSZ), 5109 Leesburg Pike, Falls Church, VA 22041-3258.

**Suggested Improvements.** Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to OTSG (DASG-HSZ), 5109 Leesburg Pike, Falls Church, VA 22041-3258.

**Distribution.** This publication is available in electronic media only and is intended for command levels B, C, D and E for the Active Army, C, D, and E for Army National Guard of the United States, and B, C, D, and E for U.S. Army Reserve.

#### Contents (Listed by paragraph and page number)

##### Chapter 1

Introduction, page 1

Purpose • 1-1, page 1

References • 1-2, page 1

Explanation of abbreviations and terms • 1-3, page 1

Responsibilities • 1-4, page 1

##### Chapter 2

Patient Policies, page 1

Eligibility verification • 2-1, page 1

Identification procedures • 2-2, page 1

Priorities • 2-3, page 1

Primary care management • 2-4, page 2

\*This regulation supersedes paragraphs 1-2, 1-3, 1-6, and chapters 2, 4, and 6 of AR 40-2, dated 3 March 1978; chapters 1, 3, 4, 5, 6, 7, 8, 13, 14, 15, 16, and all portions of chapter 2 except paragraphs 2-11 and 2-22 of AR 40-3, dated 15 February 1985; AR 40-16, dated 8 August 1974; chapter 5 of AR 40-330, dated 25 February 1988; and AR 40-400, dated 1 November 1983. It rescinds DA Forms 2789-R, 2789-1-R, 2789-2-R, 2789-3-R, 2789-4-R, 4582-R, and 4595-R, all dated September 1983; DA Form 4593 dated March 1977; DA Form 4375 dated July 1975; DA Form 4167 dated October 1973; DA Form 3904 dated August 1972; DA Form 4303 dated August 1974; DA Form 3586 dated April 1970; DA Form 3156 dated July 1978; DA Form 3158 dated July 1966, DA Forms 5663-R and 5664-R, both dated September 1987; and RCS MED-16, RCS MED-302, and RCS MED-345.

## Contents—Continued

NATO STANAG/ABCA QSTAG/SOLOG agreements • 2-5, page 2  
Commercial transportation or travel and nonmedical attendant travel • 2-6, page 3  
Medical examinations for insurance purposes • 2-7, page 3  
Maternity care for active duty members • 2-8, page 3  
Remediable physical defects developed in the military service • 2-9, page 3  
Hospitalization before the effective date of separation or retirement orders • 2-10, page 4  
Statements of prolonged hospitalization • 2-11, page 4  
Consent by a nonmilitary patient to medical care • 2-12, page 4  
Patient transfers • 2-13, page 5  
Care beyond an MTFs capability • 2-14, page 6  
Admission of psychiatric patients • 2-15, page 6  
Ancillary medical services • 2-16, page 6  
Family planning services • 2-17, page 6  
Abortions • 2-18, page 6  
Cosmetic surgery • 2-19, page 7

### Chapter 3

#### Persons Eligible for Care in Army MTFs and Care Authorized, page 9

##### Section I

*Members of the Uniformed Services, page 9*  
Members of the Uniformed Services on active duty • 3-1, page 9  
Members of the Uniformed Services Reserve Components • 3-2, page 9  
Members of the Senior Reserve Officers' Training Corps of the Armed Forces • 3-3, page 11

##### Section II

*Applicants, page 11*  
Designated applicants for enrollment in the Senior Reserve Officers' Training Program (except ROTC scholarship applicants) • 3-4, page 11  
Applicants for cadetship at the Service academies and ROTC scholarship applicants • 3-5, page 12  
Applicants for enlistment or reenlistment in the Armed Forces, including applicants for enlistment in the Reserve Components • 3-6, page 12  
Applicants for appointment in the Regular Army and Reserve Components including members of the Reserve Components who apply for active duty • 3-7, page 12  
Applicants who suffer injury or acute illness • 3-8, page 12

##### Section III

*Retired Members of the Uniformed Services, page 12*  
Eligible retired members • 3-9, page 12  
Periodic medical examinations • 3-10, page 12

##### Section IV

*Family Members of the Uniformed Services, page 12*  
Care authorized family members • 3-11, page 12  
Medical care not authorized family members • 3-12, page 12  
Surviving dependents of Reserve members • 3-13, page 13

##### Section V

*Federal Civilian Employees and Their Family Members, page 13*  
Federal civilian employees • 3-14, page 13  
Occupational health services • 3-15, page 13  
Federal civilian employees and their family members outside the United States and at remote installations in the United States • 3-16, page 14  
Department of Interior civilian employees stationed in American Samoa and their family members • 3-17, page 14

## Contents—Continued

### *Section VI*

#### *Foreign Nationals, page 14*

Care provided in the United States • 3-18, *page 14*

Notification of hospitalization in the United States • 3-19, *page 15*

Care provided outside the United States • 3-20, *page 15*

Charges for and extent of care • 3-21, *page 16*

### *Section VII*

#### *Beneficiaries of Other Federal Agencies, page 17*

General • 3-22, *page 17*

Beneficiaries of the Department of Veterans Affairs • 3-23, *page 17*

Beneficiaries of the Office of Workers' Compensation Programs • 3-24, *page 19*

Beneficiaries of the Public Health Service and National Oceanographic and Atmospheric Administration • 3-25, *page 21*

Selective Service registrants • 3-26, *page 21*

Beneficiaries of the Department of State and associated agencies • 3-27, *page 21*

Peace Corps personnel (volunteers, volunteer leaders, and employees), including Peace Corps applicants, and family members of volunteer leaders and employees • 3-28, *page 23*

Members of the U.S. Soldiers' and Airmen's Home • 3-29, *page 23*

Beneficiaries of the Department of Justice • 3-30, *page 23*

Beneficiaries of the Treasury Department • 3-31, *page 24*

Federal Aviation Administration air traffic control specialists • 3-32, *page 24*

Job Corps and other Congressionally mandated Volunteer Programs in Service to America and applicants • 3-33, *page 24*

Social Security beneficiaries • 3-34, *page 25*

Micronesian citizens • 3-35, *page 25*

American Samoan citizens • 3-36, *page 25*

### *Section VIII*

#### *Miscellaneous Categories of Eligible Persons, page 25*

Secret Service protectees and protectors • 3-37, *page 25*

Persons in military custody and nonmilitary Federal prisoners • 3-38, *page 25*

Maternity care for former members of the Armed Forces • 3-39, *page 26*

Individuals whose military records are being considered for correction • 3-40, *page 26*

Seamen • 3-41, *page 26*

Red Cross personnel • 3-42, *page 27*

Civilian student employees • 3-43, *page 27*

Civilian employees of U.S. Government contractors and their family members outside the United States • 3-44, *page 27*

Medical examinations for civilian employees of DOD contractors • 3-45, *page 27*

Civilian participants in Army-sponsored activities • 3-46, *page 28*

Claimants whose claims are administered by Federal departments and claimants who are the proposed beneficiaries of private relief bills • 3-47, *page 28*

Persons who provide direct services to the U.S. Armed Forces outside the United States • 3-48, *page 28*

American nationals • 3-49, *page 28*

Designees of the Secretary of the Army • 3-50, *page 28*

Preadoptive children and court appointed wards • 3-51, *page 29*

Family members of certain members sentenced, discharged, or dismissed from the Uniformed Services • 3-52, *page 29*

Ineligible persons outside the United States • 3-53, *page 30*

Certain personnel evacuated from one area to another • 3-54, *page 30*

Civilians in emergency • 3-55, *page 30*

Volunteer subjects in approved Department of the Army research projects • 3-56, *page 30*

U.S. nationals in foreign penal institutions • 3-57, *page 30*

Domestic servants outside the United States • 3-58, *page 30*

## Contents—Continued

U.S. contractor civilian employees stationed in American Samoa • 3-59, *page 30*  
Civilians injured in alleged felonious assaults on Army installations • 3-60, *page 30*  
Treatment of former military personnel • 3-61, *page 30*  
Returned military prisoners of war and their family members • 3-62, *page 31*  
Donors and recipients of organ transplants performed in MTFs • 3-63, *page 31*  
Civilian faculty members of the Uniformed Services University of Health Sciences • 3-64, *page 31*  
Civilians in a national or foreign disaster • 3-65, *page 31*  
Unremarried former spouse • 3-66, *page 31*

### Chapter 4

#### **Management and Accountability of Hospitalized Patients, *page 34***

Patient control • 4-1, *page 34*  
Patient identification • 4-2, *page 34*  
Comfort items for patients • 4-3, *page 34*  
Government property • 4-4, *page 34*  
Personal effects • 4-5, *page 35*  
Patient accountability and admission processes • 4-6, *page 35*  
NATO STANAG 2132 and ABCA QSTAG 470 International Agreement requirements • 4-7, *page 36*

### Chapter 5

#### **Dispositioning Patients, *page 36***

General policies • 5-1, *page 36*  
Responsibility for dispositions • 5-2, *page 37*  
Types of disposition for Army members • 5-3, *page 37*  
Recommendation for change of duty or station • 5-4, *page 38*  
Return of Army military patients from overseas to CONUS for medical reasons • 5-5, *page 38*  
Length of hospitalization for AD Army soldiers • 5-6, *page 38*  
Use of subsisting out status • 5-7, *page 39*  
Members on the temporary disability retired list • 5-8, *page 39*  
Members of the RC and ROTC members • 5-9, *page 39*  
U.S. Navy/Marines and U.S. Air Force military patients • 5-10, *page 40*  
Domiciliary care • 5-11, *page 40*  
Sick call • 5-12, *page 40*  
Prisoner patients • 5-13, *page 40*  
Psychiatric patients • 5-14, *page 41*  
Psychiatric prisoner patients • 5-15, *page 41*  
Notification of release of criminal Army members • 5-16, *page 41*  
Final disposition procedures for military patients • 5-17, *page 42*  
Military patients requiring continued hospitalization or nursing home care after separation • 5-18, *page 42*  
Request for medical and/or dental records • 5-19, *page 44*  
Patients of NATO nations • 5-20, *page 45*  
Foreign military patients from non-NATO nations • 5-21, *page 45*  
Types of disposition for nonmilitary patients • 5-22, *page 45*  
Nonmilitary patients mentally ill in a foreign country • 5-23, *page 45*  
Evacuation of military spouses from overseas areas to the United States • 5-24, *page 46*

### Chapter 6

#### **Patients in Special Circumstances, *page 47***

General • 6-1, *page 47*  
Very seriously ill, seriously ill, SPECAT, (not SI) hospital care required, and (not SI) hospital care not required • 6-2, *page 47*  
Hospitalization of special interest patients and enabling care policy • 6-3, *page 48*  
Deceased persons • 6-4, *page 49*  
Autopsy authority and consent • 6-5, *page 49*

## Contents—Continued

### Chapter 7

#### **Military Personnel Physical Disability Processing, page 50**

General • 7-1, page 50

Appointing authority • 7-2, page 50

Composition • 7-3, page 50

Medical board procedures for Medical Corps officers • 7-4, page 50

Use of medical evaluation boards • 7-5, page 51

Sanity boards • 7-6, page 51

Medical evaluation board proceedings • 7-7, page 52

Recording proceedings • 7-8, page 52

Preparation of DA Form 3947 • 7-9, page 52

Documentation for referral to a physical evaluation board • 7-10, page 53

Expeditious discharge • 7-11, page 53

Medical evaluation board approving authority • 7-12, page 55

Distribution of medical evaluation board proceedings • 7-13, page 55

Interservice cooperation in medical evaluation board actions • 7-14, page 55

Triservice medical evaluation board coordination • 7-15, page 55

Options available to the Service reviewing authority • 7-16, page 56

Counseling members concerning medical board results • 7-17, page 56

Transmittal of medical evaluation board proceedings by Service reviewing authority to Service physical evaluation boards • 7-18, page 56

Processing actions related to physical evaluation boards • 7-19, page 56

VA Physician's Guide for Disability Evaluation Examinations and the VASRD • 7-20, page 56

Referrals • 7-21, page 56

Referral to the physical evaluation board liaison officer • 7-22, page 57

Records sent to a physical evaluation board • 7-23, page 57

Preparing medical evaluation board narrative summaries • 7-24, page 57

### Chapter 8

#### **Medical Holding Unit, page 59**

General • 8-1, page 59

Notification of admission and discharge • 8-2, page 59

Attachment of AD Army personnel to a medical holding unit • 8-3, page 59

Assignment of AD Army personnel to a medical holding unit • 8-4, page 59

Individual records and clothing • 8-5, page 60

Return to duty of attached patients • 8-6, page 60

Disposition of assigned patients in CONUS • 8-7, page 61

Requests for assignment instructions • 8-8, page 61

Duty for assigned patients awaiting orders in CONUS • 8-9, page 62

Disposition of patients in overseas MTFs • 8-10, page 62

Separation of enlisted personnel assigned to medical holding units • 8-11, page 62

Disposition of Reserve Component personnel • 8-12, page 62

Performance of duty while in patient status • 8-13, page 62

Prolonged definitive medical care for AD military patients who are unlikely to return to duty • 8-14, page 62

### Chapter 9

#### **Administration of Patients in Non-Army MTFs, page 62**

Care in Navy and Air Force MTFs • 9-1, page 62

General policies applying to care in Navy and Air Force MTFs • 9-2, page 62

Army administrative units at Navy and Air Force MTFs • 9-3, page 63

Care in Federal MTFs other than those of the Uniformed Services • 9-4, page 63

Authorization • 9-5, page 63

Use of Federal medical treatment facilities for supplementation • 9-6, page 64

Reimbursement to other Federal facilities • 9-7, page 64

Special consideration of Uniformed Services Family Health Plan beneficiaries • 9-8, page 64



## Contents—Continued

Administration of patients treated at Federal MTFs other than the Uniformed Services and civilian facilities • 9-9, page 64

### Chapter 10

#### Care From Civilian Sources, page 65

For whom authorized • 10-1, page 65

Qualifications of professional personnel engaged to furnish medical care • 10-2, page 65

Special considerations for AWOL members receiving civilian medical care • 10-3, page 66

Apprehended members of the Army who are confined or committed by civil authorities • 10-4, page 66

Approving authorities • 10-5, page 66

Authorization for civilian medical care • 10-6, page 66

Dental care in civilian facilities for active duty personnel • 10-7, page 67

Autopsies • 10-8, page 67

Rates of compensation • 10-9, page 67

Payment of civilian medical claims • 10-10, page 67

Medical records and reports • 10-11, page 67

### Chapter 11

#### Medical Services Accounts, page 67

Policies • 11-1, page 67

Medical services accountable officer appointment • 11-2, page 67

Medical services accountable officer deputy appointment • 11-3, page 67

Assistant medical services accountable officers • 11-4, page 68

Emergency relief of the medical services accountable officer • 11-5, page 68

Transfer of medical services accounts accountability • 11-6, page 68

Medical services accountable officer discontinuance statement • 11-7, page 68

Change fund • 11-8, page 68

Automation • 11-9, page 69

Audit and review • 11-10, page 69

Physical loss of medical services accounts funds • 11-11, page 69

Reports • 11-12, page 69

Charges • 11-13, page 69

Application of charges • 11-14, page 69

Chargeable medical examinations and immunizations • 11-15, page 71

Use of credit cards for payment • 11-16, page 71

Billing and reporting procedures • 11-17, page 71

Negotiable instruments • 11-18, page 71

Internal controls • 11-19, page 71

### Chapter 12

#### Patients' Trust Fund, page 75

Purpose • 12-1, page 75

Administration • 12-2, page 75

Responsibilities • 12-3, page 75

Transfer of funds and valuables to successor custodians • 12-4, page 75

Operating principles • 12-5, page 76

Safeguarding of funds and valuables • 12-6, page 76

Forms • 12-7, page 77

Procedures upon admission • 12-8, page 77

Audit • 12-9, page 77

### Chapter 13

#### Injury and Illness Cases-Medical Affirmative Claims, page 77

General • 13-1, page 77

Interface and support • 13-2, page 78

## **Contents—Continued**

Notification procedures • 13-3, *page 79*  
Absent sick active duty personnel • 13-4, *page 79*  
Medical records • 13-5, *page 79*  
Medical claim forms • 13-6, *page 79*  
Concurrent medical affirmative claims and Third Party Collection Program health insurance claims • 13-7, *page 81*  
Civilian care furnished family members and retirees in the United States, Puerto Rico, Canada, and Mexico • 13-8, *page 81*  
Civilian care furnished family members and retirees in the European command • 13-9, *page 81*  
Civilian care furnished family members and retirees in areas other than the United States, Puerto Rico, Canada, Mexico, and in the European command • 13-10, *page 81*  
Claims for reimbursement for civilian care • 13-11, *page 82*  
Care in medical treatment facilities of a foreign government • 13-12, *page 82*

## **Chapter 14**

### **Third Party Collection Program, *page 82***

Policy • 14-1, *page 82*  
Health care plans not subject to the Third Party Collection Program • 14-2, *page 82*  
Medical services billed • 14-3, *page 82*  
Medical services not billed • 14-4, *page 82*  
Identification of beneficiaries who have other health insurance • 14-5, *page 82*  
Mandatory compliance by health insurance carriers • 14-6, *page 83*  
Authorization to release medical information in support of the Third Party Collection Program • 14-7, *page 83*  
Claims activities • 14-8, *page 83*  
Collection activities • 14-9, *page 84*  
Minimum internal controls • 14-10, *page 84*  
Third Party Collection Program reports • 14-11, *page 85*  
Disposition of claims files • 14-12, *page 85*

## **Chapter 15**

### **Customer Service Division/Patient Administration Systems and Biostatistics Activities, *page 85***

Authority • 15-1, *page 85*  
Standard Inpatient Data Record • 15-2, *page 85*  
Data system studies • 15-3, *page 86*  
Abortion Statistics Report (RCS MED-363) • 15-4, *page 86*  
Diagnostic and operative indices • 15-5, *page 86*  
Workload report • 15-6, *page 86*  
Enabling Care/Patient Tracking System • 15-7, *page 86*  
Patient administration contingency operations • 15-8, *page 86*  
Ambulatory Data System • 15-9, *page 87*  
The Army Central Registry • 15-10, *page 87*

## **Appendixes**

- A. References, *page 88*
- B. Persons Authorized Care at Army MTFs, *page 97*
- C. Management Control Evaluation Checklists, *page 112*

## **Table List**

- Table 2-1: Supplemental care payment responsibilities: Payment for civilian outpatient care, including diagnostic test and procedures, ordered by an MTF provider, *page 7*  
Table 2-2: Supplemental care payment responsibilities: Payment for care when a beneficiary is admitted to a civilian facility, *page 8*  
Table 2-3: Supplemental care payment responsibilities: Payment for care when a beneficiary is an inpatient in a military treatment facility (See note), *page 8*  
Table 7-1: Distribution of medical board proceedings (See notes 1 and 2), *page 59*

## Contents—Continued

Table B-1: Persons Authorized Care at Army MTFs, *page 97*

### Figure List

Figure 3-1: OWCP address list, *page 32*

Figure 3-2: Sample format memorandum for Secretary of the Army designees, *page 33*

Figure 9-1: Uniformed Services Family Health Plan locations, *page 65*

Figure 11-1: Sample memorandum format for MSA transfer certificate, *page 72*

Figure 11-2: Sample memorandum format for MSAO discontinuance statement, *page 73*

Figure 11-3: Sample memorandum format for statement of outgoing custodian, *page 74*

Figure 11-4: Sample memorandum format for statement of new custodian, *page 74*

### Glossary

### Index

## **Chapter 1**

### **Introduction**

#### **1-1. Purpose**

This regulation assigns responsibilities and provides guidance on patient administration in Army regional medical commands (RMCs) and military treatment facilities (MTFs).

#### **1-2. References**

Required and related publications and prescribed and referenced forms are listed in appendix A.

#### **1-3. Explanation of abbreviations and terms**

Abbreviations and special terms used in this regulation are explained in the glossary.

#### **1-4. Responsibilities**

a. The Surgeon General (TSG) develops policies governing the provision of patient administrative services for U.S. Army MTFs worldwide.

b. Major overseas commanders and commanders of U.S. Army Medical Commands are responsible for the administration of patients receiving care in MTFs under their jurisdiction.

c. RMC and MTF commanders are responsible for the administration of patients receiving care under their jurisdiction.

d. Patient administrators provide guidance on policies, procedures, and practices prescribed in this regulation.

## **Chapter 2**

### **Patient Policies**

#### **2-1. Eligibility verification**

The Military Installation Identification Card Issuance Activity establishes an individual's eligibility for medical care. The commander of an Army MTF will confirm the patient's identity and verify entitlement through the Defense Enrollment Eligibility Reporting System (DEERS) or identification (ID) card verification. Eligibility issues will be referred to the patient administrator.

#### **2-2. Identification procedures**

a. All persons, including soldiers in uniform, must show satisfactory evidence of their beneficiary status. A valid ID card and enrollment in DEERS will establish beneficiary status. Children under age 10 must be enrolled in DEERS, but are not routinely issued an ID card. Secretary of the Army designees are issued a letter from the U.S. Army Medical Command (USAMEDCOM) or the MTF commander where designee status has been delegated, (see para 3-50) which establishes their beneficiary status. They are not enrolled in DEERS and will not have an ID card. Discharged female members who require maternity care establish beneficiary status with a copy of their DD Form 214 (Certificate of Release or Discharge from Active Duty).

b. Types of Uniformed Services ID cards (AR 600-8-14) are as follows:

(1) DD Form 2A(ACT) (Active Duty Military ID Card) (green for active duty (AD)), red for Reserve Component (RC), and gray or blue for retirees).

(2) DD Form 1173, (Uniformed Services Identification and Privilege Card), (tan, for family members, civilian overseas, and foreign military personnel/family members).

(3) Public Health Service (PHS) Form 1866-1 (Commissioned Officers Identification Card-Active Duty) for the Commissioned Corps of the PHS, and PHS Form 1866-2 (Commissioned Officers Identification Card-Inactive Reserve) for Reserve PHS personnel. The forms are for informational purposes only.

c. MTF personnel will not provide routine care to patients with questionable eligibility. When proper identification is not available and no emergency exists, a statement of eligibility should be initiated by the MTF personnel and signed by the sponsor prior to delivery of care. The statement of eligibility will be forwarded to the MTF medical services accountable officer (MSAO). If proof of eligibility is not provided within 30 days, the patient will be billed as an emergency nonbeneficiary. In an emergency, medical care will be rendered before eligibility determination. Ineligible patients will be treated only during the period of the emergency. (See para 3-55.)

#### **2-3. Priorities**

When an MTF commander must refer care to eligible beneficiaries because of a temporary lack of access, a priority system will be used as specified in a through c below. The MTF commander must coordinate care for all beneficiaries based upon access and capabilities. Beneficiaries enrolled in the TRICARE Prime option at an MTF are provided space-required care and not space-available care in compliance with the TRICARE access standards. Beneficiaries

participating in the TRICARE Standard and Extra options are provided space-available care in MTFs. The medical or dental Army MTF commander will have final authority regarding whether or not a beneficiary will be seen in the facility. A nonavailability statement for authorized nonemergency inpatient care is required for non-enrolled Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) beneficiaries. The first level of appeal for decisions surrounding nonavailability statement issuance is the MTF commander, the second level appeal is the RMC commander, and the third and final level of appeal is the USAMEDCOM (MCHO-CL-M).

*a. General rule.* Among the following beneficiary groups, access priority for care in MTFs where TRICARE is implemented will be as follows:

- (1) AD members;
- (2) AD members' family members who are enrolled in TRICARE Prime;
- (3) Retirees, their family members and survivors who are enrolled in TRICARE Prime;
- (4) AD members' family members who are not enrolled in TRICARE Prime; and
- (5) Retirees, their family members and survivors who are not enrolled in TRICARE Prime.

*b. Special provisions.* In applying the general rules, the following special provisions are applicable:

(1) Military members not on AD but entitled to MTF care, are associated with priority group 1. This includes RC members entitled to medical care relating to conditions incurred in the line of duty (LD) and members on the temporary disability retired list (TDRL) for required periodic medical examinations.

(2) North Atlantic Treaty Organization (NATO) and other foreign military members who are entitled to MTF care pursuant to an applicable international agreement are associated with priority group 1 for the scope of services specified in the agreement.

(3) NATO and other foreign military members' family members who are entitled to care pursuant to an applicable international agreement are associated with priority group 2 for the scope of services specified in the agreement.

(4) Survivors of sponsors who die on AD, as provided in section 1076(a), title 10, United States Code (10 USC 1076(a)), are, for purposes of MTF access, considered together with dependents of AD members. They would, therefore, be in priority group 2 or 4, depending on Prime enrollment status.

(5) Individuals other than those in any of the beneficiary groups identified in priority groups 1 through 5 do not have priority access.

(6) Priority access rules are not applicable to bona fide medical emergencies or cases in which the provision of certain medical care is required by law or applicable Department of Defense (DOD) Directive or Instruction. This includes care for civilian employees exposed to health hazards in the workplace or injured on the job.

*c. Exceptions to general rules.* In the following instances, MTF commanders have discretion to grant exceptions to priority access rules.

(1) A higher priority may be given to a secretarial designee, to the extent appropriate to the context in which secretarial designee status is given.

(2) A higher priority may be given to an AD members' family member who is in priority group 4 owing to the unavailability of TRICARE Prime at the place of the sponsor's assignment (for example, a remote continental United States (CONUS) or outside the continental United States (OCONUS) location), when the family member is temporarily in a location where TRICARE has been implemented and needs medical care.

(3) To the extent authorized by the ASD(HA) for the particular graduate medical education (GME) program or MTF involved, after coordination with the TRICARE Lead Agent, a patient may be given a higher priority if necessary to maintain an adequate clinical case mix for GME programs functioning in the MTF or for readiness-related medical skills sustainment activities. Mechanisms to implement this policy could include identification of space available to carry out specific procedures or treat specific clinical diagnoses, or, in unique circumstances, provision for assignment to primary care managers (PCMs) of a limited number of individuals not eligible for TRICARE Prime enrollment.

(4) A higher priority may be given in other unexpected or extraordinary cases, not otherwise addressed in this policy, in which the MTF commander determines, in coordination with the TRICARE Lead Agent, that a special exception is in the best interest of the military health system and TRICARE.

(5) In overseas locations, other exceptions may be established to the extent necessary to support mission objectives.

(6) Other priority groupings are not authorized.

## **2-4. Primary care management**

AD soldiers are assigned a PCM. (See glossary.) The soldier will report to the PCM for sick call (AR 40-66). Nonactive duty (NAD) TRICARE eligible beneficiaries, who choose to enroll, will be assigned a PCM. Other categories of beneficiaries may also be assigned PCMs as approved by the Army MTF commander.

## **2-5. NATO STANAG/ABCA QSTAG/SOLOG agreements**

This regulation implements NATO standardization agreements (STANAGs) 2061, 2101, 2132, and 3113; American, British, Canadian, and Australian (ABCA) Quadripartite Standardization Agreement (QSTAG) 470; and Standardization of Certain Aspects of Operations and Logistics (SOLOG) 74 in chapters 3 and 4.

## **2-6. Commercial transportation or travel and nonmedical attendant travel**

a. The cost of commercial or privately owned transportation and per diem for Army AD soldiers and required attendants for the purpose of receiving outpatient medical or dental care is chargeable to the operating funds of the unit to which the member is assigned. This policy applies to members assigned to Army activities worldwide and those assigned to other departments or agencies in CONUS. Inpatient travel is funded by the operational funds of the MTF.

b. A medical officer may recommend that a family member be accompanied by a nonmedical attendant (NMA). The NMA is warranted when the family member is not able to travel alone because of physical or mental incapacity or age. In CONUS, only the AD soldier may be an attendant to the family member with the exception of travel to specialized treatment services (STSs). (See para 2-6e.) The AD soldier is entitled to reimbursement for costs of transportation and enroute per diem; there is no entitlement at the treatment site. The unit commander of the AD soldier determines if, and for how long, a member may perform NMA duties. The NMA duties may be performed in an ordinary leave status, funded temporary duty (TDY) by MTF with concurrence of resource management, or permissive TDY status. Travel of the AD soldier's dependents stationed OCONUS is authorized for medical care. Dependent travel from or within OCONUS locations is authorized on invitational travel orders (ITOs). An NMA may be recommended by a medical officer. In OCONUS sites, anyone capable of performing the NMA duties may be assigned and reimbursed for costs of transportation and expenses at the treatment location (Joint Federal Travel Regulation (JFTR)).

c. A medical officer may recommend that an AD soldier or dependent of an AD soldier, and TDRL personnel; (but not a retiree except a retiree on the TDRL as noted in AR 635-40 nor a dependent of a retiree) be accompanied by an NMA. A soldier may serve as an NMA. Family members or other nonmilitary persons may receive travel reimbursement as an NMA for escorting AD members CONUS or OCONUS. Family members or other nonmilitary persons may receive travel reimbursement for escorting AD dependents OCONUS. An AD soldier may be reimbursed for travel and per diem expenses while serving as an NMA. The unit commander determines if and for how long a soldier may perform NMA duties. A soldier may perform NMA duties in an ordinary leave status, permissive TDY, or in a funded TDY status. When NMA duties are authorized with Government funds for AD outpatients, the costs of lodging and per diem are chargeable to operational funds of that soldier's unit. For AD inpatients, travel and per diem and expenses of NMAs are chargeable to MTF funds (JFTR, volume 1, paragraph U7550-6, and Joint Federal Travel Technical Messages 5-93, 7-93, and 7-97).

d. Retired members and their dependents have no financial entitlement for their travel except TDRL members when they are reporting to the MTF for TDRL re-examination. Travel may be accomplished on Government transportation on a space-available basis.

e. In those cases where it is financially advantageous for the Government to treat a patient in an STS facility, an attendant may be authorized when a patient is unable to travel unattended. The attendant may be any person suitable to perform the required attendant duties; this person may be reimbursed for travel expenses. Entitlement is defined in JFTR, Volume 1, paragraph U-7950 and U-7951.

## **2-7. Medical examinations for insurance purposes**

Subject to access and available resources, examinations may be provided for those authorized persons defined in chapter 3. The examinee is entitled to a written report of the examination. Insurance companies will be charged search and copying fees when a request for a report of examination is received.

## **2-8. Maternity care for active duty members**

Army soldiers who become pregnant while on AD and who remain on AD are authorized maternity care in Uniformed Services MTFs. They are also authorized maternity care from civilian sources as described in a and b below.

a. *Physical limitations of pregnant soldiers.* A pregnant soldier will continue to perform duties, limited by physical profile as outlined in AR 40-501. If the member remains at her duty station, maternity care will be provided at the MTF serving the station if obstetrics and gynecology (OB/GYN) services are available and the member resides and works within 50 miles of the MTF. Active duty members (ADMs) who reside and work more than 50 miles from an MTF are required to enroll in the TRICARE Prime Remote Program (TPRP). As a general rule, pregnancy care for soldiers enrolled in TPRP will be provided locally by a TRICARE-authorized civilian provider. Upon discharge from the hospital following delivery and when medically indicated, the member may, upon recommendation of the attending physician, be granted convalescent leave per AR 600-8-10.

b. *Maternity care while in a leave status.* A pregnant soldier may elect to take leave and deliver in the vicinity of her leave address. When such leave is contemplated, the member will be counseled by the leave approving authority and local MTF PCM about requirements for obtaining maternity care from civilian sources. If the member's leave address is within 50 miles of an MTF that offers OB/GYN services, maternity care will be provided at the MTF.

c. *Existed prior to service (EPTS) pregnancy-RC members.* An RC member who is pregnant at the time of entry on active duty for training (ADT) for a period of 30 days or less is authorized only emergency care for that pregnancy.

## **2-9. Remediable physical defects developed in the military service**

When a medical examination shows that an Army soldier has developed a remediable defect, the patient will be offered the opportunity of surgical repair or other medical treatment if medically indicated. If the soldier refuses surgery, other

treatment, or other diagnostic procedure, which is considered necessary to enable the person to properly perform their military duties, the provisions of AR 600-20 apply. In the case of Navy or Air Force patients, the matter will be referred to the nearest headquarters of the Service concerned. Surgical intervention will not be performed to correct a preexisting condition in the case of an RC member unless there is an LD determination that the condition was incurred or aggravated in the LD.

## **2-10. Hospitalization before the effective date of separation or retirement orders**

When a military patient is hospitalized before the effective date of separation or retirement orders, notification procedures in AR 600-8-24 for officers and in AR 635-200 for enlisted personnel apply.

## **2-11. Statements of prolonged hospitalization**

An MTF commander is authorized to issue a statement of prolonged hospitalization for a period exceeding 90 days (JFTR, 37 USC 554). The statement will be sent to the installation transportation officer who will instruct and assist the patient in arranging for transportation of family members and household goods. This statement is not required when the member is transferred on permanent change of station (PCS) orders from OCONUS to a CONUS MTF.

## **2-12. Consent by a nonmilitary patient to medical care**

*a. Legality of consent.* Legality of consent is determined by the law of the State in which the facility is located, unless preempted by Federal law, or as modified in overseas locations by Status of Forces Agreements (SOFA).

*b. Requirement for consent.* A nonmilitary person may not be furnished care in Army MTFs without his or her consent or the consent of a person authorized under applicable local law, court order, or power of attorney to consent on the patient's behalf. Except for emergencies, when a patient for some reason other than a judicial determination of mental incompetency is unable to consent, consent must be obtained from the person whom local law determines is authorized to consent on the patient's behalf. When a judicial determination of mental incompetency has been made, consent must be obtained from the person whom the court appoints to act for the incompetent patient. In the absence of any governing State law provision regarding surrogate consent, the consent of the spouse or next of kin is required. Questions concerning consent requirements or authority to consent will be referred to the servicing Staff Judge Advocate (SJA) or legal advisor.

*c. Form of consent.* Consent may be either express or implied.

(1) *Implied consent.* Implied consent may be inferred from actions of the patient, or other circumstances, even though specific words of consent are not used. For example, a patient's application for admission to an MTF is implied consent to hospitalization. If the patient is a minor incapable of giving consent, implied consent of the parent or guardian may be found in actions of the parent or guardian requesting or not objecting to medical care for the minor. Moreover, consent to treatment is implied in certain emergency situations when patients are incapable of giving or denying consent and their condition represents a serious or imminent threat to life, health, or well-being.

(2) *Express consent.* Express consent involves a statement of consent to proposed medical care made by the patient or person authorized to act on the patient's behalf. Express consent may be valid whether it is oral or in writing. However, written consent must be obtained for both inpatients and outpatients before performing the procedures outlined in d below.

(3) *OF 522 (Medical Record-Request for Administration of Anesthesia and for Performance of Operations and Other Procedures).* This form will be used to record express written consents. (See d and e below.) Keep a record to document consent when there are local legal consent requirements that cannot be adequately captured on OF 522.

(4) *DA Form 4359-R (Authorization for Psychiatric Service Treatment).* This form will be used for admission of patients to psychiatric treatment units. In such cases, OF 522 will also be completed.

*d. Procedures requiring written consent.* Requests for the procedures in (1) through (7) below must be recorded on OF 522. (In the case of dental care, one OF 522 may be used to record a complete course of treatment, as appropriate.) Any questions about the necessity or advisability of a written consent should be resolved in favor of obtaining a written consent.

(1) All surgery involving entry into the body by an incision or through one of the natural body openings.

(2) Any procedure or course of treatment in which anesthesia is used, whether or not entry into the body is involved. This includes dental procedures involving the use of either general anesthetic, intravenous sedation, or nitrous oxide sedation.

(3) All nonoperative procedures that involve more than a slight risk of harm to the patient or that involve the risk of a change in body structure.

(4) All procedures in which x ray, radiation, or other radioactive substance is used in the patient's treatment.

(5) All procedures that involve electroshock therapy.

(6) All transfusions of blood or blood products.

(7) All other procedures that, in the opinion of the attending physician, dentist, chief of service, clinic chief, or the commander, require a written consent.

*e. Counseling before obtaining consent.* The physician, dentist, or other health care provider/practitioner who is to

perform or supervise the procedure will counsel the patient or the consenting person as appropriate to provide the basis for an informed consent. (See legal requirements in f. below.) In written consents, any exceptions to surgery or other procedures made by the consenting person will be recorded by the health care provider/practitioner on OF 522. When all the data in Parts A and B of OF 522 are completed, the counseling must be attested to by signatures of the counseling health care provider/practitioner and the consenting person in Part C of OF 522.

*f. Sufficiency of consent.* The consenting person must be legally capable of giving consent and must understand the nature of the procedure, the attendant risks, expected results, possible alternative methods of treatment, and the prognosis if treatment is not given. Legality of consent is determined by the law of the State in which the facility is located, unless preempted by Federal law or as modified in overseas locations.

*g. Nonmilitary minors.* The sufficiency of consent by a nonmilitary minor to medical or dental examinations or treatment will be determined under the same criteria as provided in f. above. Most States have laws concerning consent by minors. Many States allow the treatment of venereal disease and certain other conditions with the consent of the minor alone, without parental knowledge or consent. If no law exists on the subject or if the law does not specifically prohibit consent by a minor, the maturity of the minor should dictate whether he or she may give a legally sufficient consent. The health care provider/practitioner obtaining the consent will determine the maturity of the minor. The minor's age, level of intelligence, and the minor's understanding of the complications and seriousness of the proposed treatment are all factors to consider when determining the maturity of the minor. When the minor's consent alone is legally sufficient, the minor's decision to authorize or reject the proposed treatment is binding. Even when the minor's consent alone is not legally sufficient, his or her consent should be obtained along with the parent's consent whenever the minor is able to understand the significance of the proposed procedures. If there is a question as to the sufficiency of the minor's consent, the servicing SJA or legal advisor will be consulted.

(1) If not prohibited under the laws of the State in which the MTF is located, parents may grant powers of attorney to authorize other persons to consent to medical care for minor children. Mature minor children may be granted authority to consent to care for themselves and other minor children of the family or to other persons appointed by the parents or legal guardian. Members of Army MTF staff may not accept appointment as a special attorney for this purpose unless based solely on a personal relationship with the sponsor. A health care provider/practitioner who accepts such appointment will not consent to any treatment he or she authorizes or performs unless approved by the MTF commander or designee.

(2) Persons who wish to execute a power of attorney will be referred to the appropriate SJA or legal office for assistance.

*h. Military minors.* Members of the Uniformed Services who would otherwise be minors under local law are considered to be emancipated and capable of consent as if they were adults, subject to command aspects of medical care for AD soldiers as described in AR 600-20.

*i. Sterilization of mental incompetents.* A determination of the specific authority of parents, courts, or other third parties to consent to or authorize the sterilization of mental incompetents in the State where the MTF is located will be coordinated with the local SJA or servicing legal advisor before performing the procedure.

*j. Psychiatric disorders.*

(1) The MTF commander may temporarily detain, without a court order or consent, nonmilitary beneficiaries with a psychiatric disorder which makes them dangerous to themselves or others when such person is found on the military reservation where the MTF is located. Temporary involuntary detention will conform with local law, and the local civilian authorities will be notified immediately upon detention of a nonmilitary psychiatric patient.

(2) Movement of nonmilitary psychiatric persons without proper consent or court order normally will not be done under the auspices of an Army MTF.

(3) The validity of a court order directing involuntary confinement or treatment of a patient in an Army MTF is a matter for review, in each instance, by the proper SJA or legal advisor.

(4) See paragraph 5-23 concerning evacuation of nonmilitary psychiatric patients in foreign countries.

*k. Advance directives (living wills and durable powers of attorney for health care).* (AR 40-3, chap 2).

*l. Autopsy consent.* (See para 6-5.)

## **2-13. Patient transfers**

Patients will be treated at the lowest echelon equipped and staffed to provide required medical care consistent with evacuation policies. When required care is not available, patients will be transferred to the nearest Armed Forces MTF or other Federal MTF for which they are eligible that has the required capability. The patient may also be referred to TRICARE service centers for coordination/assistance related to transfers. Government transportation of the military patient and one or more attendants, if required, is authorized. DA Form 3981 (Transfer of Patient) or a medical staff approved locally developed form may be used to communicate among the transferring physician and other MTF staff elements. DA Form 3981 is available on the Army Electronic Library CD-ROM (EM 0001) and on the USAPA web (WWW.usapa.army.mil).



## 2-14. Care beyond an MTFs capability

a. Health care services are authorized to eligible beneficiaries in three ways. First is the direct care system where all DOD beneficiary categories are entitled to receive health care benefits, with AD soldiers having priority access to care. (See chaps 2 and 8.) Second, DOD is authorized to contract for health care services from Governmental and non-Governmental health care sources with reimbursement to participating providers/practitioners under the TRICARE Program. Third, under the Supplemental Care Program, DOD may use funds to obtain civilian health care for eligible beneficiaries when that care is not available in the MTF. The primary use of supplemental care is to ensure that AD soldiers receive all necessary health care services. The process for obtaining civilian specialty and inpatient care through the Supplemental Care Program for AD members will be the same as that established for NAD TRICARE Prime enrollees. The PCM is responsible for referring the patient for specialty care, and the health care finder arranges for civilian care in the contractor's TRICARE network if the care is not available in the MTF. The managed care support (MCS) contractor will then adjudicate the claim in the same fashion as applied to other TRICARE Prime enrollees except that a copayment will not be applied. The MTF will retain clinical responsibility for the AD member via the PCM and administrative oversight of supplemental care payment issues will remain a responsibility of the MTF commander. The reimbursement for care beyond the MTFs capability will be according to tables 2-1 through 2-3.

b. Supplemental care on an inpatient basis will be carefully monitored through the hospital utilization management program.

c. AD patients receiving inpatient supplemental care in another facility will not be counted as occupying a bed in an Army MTF but will be continued on the inpatient census. Also, the patient will be accounted for under "change of status out." (See chap 3.)

d. Under TRICARE, the MCS contractor's health care finder will assist with referrals to network providers, where available. If a network provider is not available, the referral will be made to a TRICARE authorized provider. This includes AD referrals. All medical services requested under TRICARE must be reviewed for medical necessity as required by the MCS contract prior to approval by the MTF. Emergencies are exempt from this requirement.

e. The MCS contractors will process all claims for AD. Claims of RC soldiers for medical care associated with LD injuries or illnesses will be processed using the same procedures.

f. The authority for all Department of Veterans Affairs (VA)/DOD Health Care Resources Sharing Program Agreements is Public Law 97-174. Provisions of the memorandum of understanding between the VA and DOD entitled, VA/DOD Health Care Resources Sharing Guidelines, dated 29 Jul 83 apply.

## 2-15. Admission of psychiatric patients

Beneficiaries may be admitted to closed psychiatric wards when they have a mental illness that renders them dangerous to themselves or others.

a. *Nonmilitary patients.* All psychiatric patients should meet Mental Health Service Intensity criteria before being admitted. Psychiatric patients will not be provided prolonged hospitalization or domiciliary care.

b. *Military family members.* Family members will not be admitted to an Army MTF when their needs are only for domiciliary or custodial care. Family members may be hospitalized for chronic conditions and nervous, mental, and emotional disorders that require active and definitive treatment. Admission will be according to the order of priority in paragraph 2-3.

## 2-16. Ancillary medical services

Ancillary services (for example, pharmacy services, medical laboratory procedures, immunizations, and medical x rays) may be provided to family members and retired members who receive care from civilian sources subject to the availability of space, facilities, and the capabilities of the professional staff.

## 2-17. Family planning services

a. Family planning services (for example, counseling, prescription of oral contraceptive pills, and prescription of other methods of contraception) may be furnished to eligible persons requesting such care at Army MTFs. They will be provided to the extent that professional capabilities and facilities permit. When capability is limited or absent, referral to other agencies at no expense to the Government may be arranged through the MTF social work service.

b. Surgical sterilization may be performed in Army MTFs subject to the availability of space and facilities and the capabilities of the medical staff. Prior written consent will be obtained from the patient. (See para 2-12.) Also see paragraph 2-12 for special consideration relative to sterilization in the case of mental incompetents.

## 2-18. Abortions

a. Abortions may be performed in Army MTFs at Government expense only when the life of the mother would be endangered if the fetus were carried to term.

b. Eligible beneficiaries may obtain abortions in overseas Army MTFs on a prepaid basis only if the pregnancy is the result of rape or incest. Prepaid abortions for rape and incest are not available in stateside Army MTFs. Charges for prepaid abortions for all beneficiaries, including AD soldiers, will be based on the established full reimbursement rate

for same-day surgery for the particular category of patient. The laws of the host nation apply when performing abortions under this paragraph.

c. Abortions for other than AD soldiers will be subject to the availability of space and facilities and the capabilities of the professional staff. Abortion procedures are also subject to the priorities listed in paragraph 2-3. Written consent of the patient is required before the procedure. Consent of unemancipated minors will be obtained according to paragraph 2-12. After an abortion, any restrictions or limitations needed for AD soldiers will be determined by the proper medical authority under AR 40-501, chapter 7.

d. Medical care in Army MTFs as authorized by paragraph 3-39 for former soldiers who are pregnant at the time of separation may include abortions as authorized in a and b above. Follow up and initial family planning counseling may also be furnished if indicated. Transportation for such care will be at the former soldier's expense.

e. Aeromedical transportation may be provided on a prepaid basis (that is, the patient pays the cost of the service in advance) to eligible beneficiaries for abortions or abortion consultation services under the following conditions.

(1) For OCONUS sites, intratheater aeromedical transportation is authorized for AD soldiers and other beneficiaries in overseas areas who do not qualify for abortions at Government expense when there is a lack of access to acceptable civilian health care facilities for abortion or abortion consultation due to cost, unavailability of transportation, or cultural and language barriers. In these cases, the abortion or abortion consultation services may be performed at the nearest capable MTF on a prepaid basis.

(2) In CONUS, aeromedical transportation is authorized for AD soldiers who do not qualify for abortions at Government expense if they require professional abortion consultation which is not available locally.

f. Army Medical Department (AMEDD) personnel do not have to perform or take part in procedures authorized by this paragraph that violate their moral or religious principles. Moral or religious objections will be considered as lack of capability to provide this care.

g. When an Army MTF does not have the space, facilities, or staff capability to perform authorized sterilization and abortion services, arrangements should be made to provide the services as follows:

(1) Eligible beneficiaries may be transferred to another MTF where these services can be provided. Enrolled beneficiaries may obtain these services under provisions of the TRICARE Program.

(2) AD soldiers may be transferred to another MTF where these services can be provided. They may also obtain these procedures from civilian sources under provisions of chapter 9 only when competent medical authority has determined that the procedure is required for urgent medical reasons. Elective care for AD soldiers from civilian sources at Government expense is prohibited.

## 2-19. Cosmetic surgery

a. For AD soldiers, medical intervention should be based upon a medical need adjunctive to the patient's health status. Availability of cosmetic surgery is dependent upon the educational and clinical skills maintenance needs of the Army. Elective cosmetic surgery charges for nonmilitary patients are found in the annual fiscal year (FY) medical, dental, and subsistence rates for Army MTFs.

b. For other than AD soldiers, the following apply.

(1) The number of procedures performed will be those that 50 percent to 70 percent of training programs provide per resident as reported by the Residency Review Committee in plastic surgery.

(2) The procedures will only be performed by residents in specialties requiring cosmetic surgery for their boards (plastic surgery, ear, nose, throat, ophthalmology, dermatology, and oral surgery), junior staff preparing for board eligibility, and staff certified in those specialties in order to maintain their skills and proficiency.

(3) These procedures will only be performed in hospitals that have applied for or have attained designation as an STS facility according to DOD guidance.

Table 2-1

Supplemental care payment responsibilities: Payment for civilian outpatient care, including diagnostic test and procedures, ordered by an MTF provider

| Beneficiary category       | TRICARE Prime copayment | TRICARE Extra /Standard cost shares & deductibles | Supplemental care | Social Security Health Insurance Program for the Aged (Medicare)-eligible and other non-TRICARE eligibles |
|----------------------------|-------------------------|---------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------|
| AD TRICARE Prime Enrollee  |                         |                                                   | X                 |                                                                                                           |
| NAD TRICARE Prime Enrollee | X                       |                                                   |                   |                                                                                                           |

**Table 2-1**  
**Supplemental care payment responsibilities: Payment for civilian outpatient care, including diagnostic test and procedures, ordered by an MTF provider—Continued**

| Beneficiary category                      | TRICARE Prime copayment | TRICARE Extra /Standard cost shares & deductibles | Supplemental care | Social Security Health Insurance Program for the Aged (Medicare)-eligible and other non-TRICARE eligibles |
|-------------------------------------------|-------------------------|---------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------|
| Non-Enrolled TRICARE-eligible Beneficiary |                         | X                                                 | (See note 1.)     | (See notes 2 and 3.)                                                                                      |

**Notes:**

- Supplemental care funds are not appropriate; for TRICARE-eligible beneficiaries, cost sharing is based on both the beneficiary category and the health care option selected.
- Medicare-eligibles not participating in a DOD Medicare demonstration project should use their Medicare benefit to receive care from civilian sources. Payment for other non-TRICARE-eligibles should be at the discretion of the MTF Commander, based on other program and statutory requirements.
- Medicare-eligibles not participating in a DOD Medicare demonstration project should use their Medicare benefit to receive care from civilian sources. Payment for other individuals not eligible to enroll in TRICARE Prime should be at the discretion of the MTF commander, based on other program and statutory requirements such as SOFA, responsibility for performing physical examinations for those otherwise not eligible for care, etc.

**Table 2-2**  
**Supplemental care payment responsibilities: Payment for care when a beneficiary is admitted to a civilian facility**

| Beneficiary category                      | TRICARE Prime copayment | TRICARE Extra / Standard cost shares & deductibles | Supplemental care | Medicare-eligible and other non-TRICARE eligibles |
|-------------------------------------------|-------------------------|----------------------------------------------------|-------------------|---------------------------------------------------|
| AD TRICARE Prime Enrollee                 |                         |                                                    | X                 |                                                   |
| NAD TRICARE Prime Enrollee                | X                       |                                                    |                   |                                                   |
| Non-Enrolled TRICARE eligible Beneficiary |                         | X                                                  | (See note 1.)     | (See notes 2 and 3.)                              |

**Notes:**

- Supplemental care funds are not appropriate; for TRICARE-eligible beneficiaries, cost sharing is based on both the beneficiary category and the health care option selected.
- Medicare-eligibles not participating in a DOD Medicare demonstration project should use their Medicare benefit to receive care from civilian sources. Payment for other non-TRICARE-eligibles should be at the discretion of the MTF Commander, based on other program and statutory requirements.
- Medicare-eligibles not participating in a DOD Medicare demonstration project should use their Medicare benefit to receive care from civilian sources. Payment for other individuals not eligible to enroll in TRICARE Prime should be at the discretion of the MTF commander, based on other program and statutory requirements such as SOFA, responsibility for performing physical examinations for those otherwise not eligible for care, etc.

**Table 2-3**  
**Supplemental care payment responsibilities: Payment for care when a beneficiary is an inpatient in a military treatment facility (See note)**

| Beneficiary category                              | TRICARE Prime copayment | TRICARE Extra /Standard cost shares & deductibles | Supplemental care |
|---------------------------------------------------|-------------------------|---------------------------------------------------|-------------------|
| AD TRICARE Prime Enrollee                         |                         |                                                   | X                 |
| NAD TRICARE Prime Enrollee                        |                         |                                                   | X                 |
| Non-Enrolled TRICARE-eligible Beneficiary         |                         |                                                   | X                 |
| Medicare-eligible and other non-TRICARE eligibles |                         |                                                   | X                 |

**Notes:**

Supplemental care payments are authorized in all cases since the MTF maintains full clinical responsibility for the inpatient. Obtaining civilian care while the beneficiary is in an inpatient status is not a common practice, but supplemental care payments are used to pay for tests or procedures such as a magnetic resonance imaging (MRI) performed while a patient is an inpatient in a Uniformed Services facility. Since the patient is responsible for inpatient charges, applying outpatient copayments/cost shares is not appropriate.

## Chapter 3

### Persons Eligible for Care in Army MTFs and Care Authorized

#### Section I

#### Members of the Uniformed Services

##### 3-1. Members of the Uniformed Services on active duty

Members of the Uniformed Services on AD are authorized care under 10 USC 1074a. This includes RC members who are on AD; cadets of the U.S. Military, Air Force, and U.S. Coast Guard (USCG) academies; and Midshipmen of the U.S. Naval Academy.

##### 3-2. Members of the Uniformed Services Reserve Components

The provisions of this paragraph concerning status and treatment after expiration of a period of AD or full-time National Guard (NG) duty orders, or inactive duty training (IDT) exclude those RC personnel who are retained in a patient status beyond the termination of orders according to AR 135-381.

*a. Treatment during and after duty.* RC members on AD or full-time NG duty or IDT are authorized medical and dental care in Army MTFs for injury, illness, or disease incurred or aggravated in the LD while performing that duty or while traveling directly to or from the duty.

(1) While on AD or full-time NG duty orders for more than 30 days, RC personnel are authorized health care on the same basis as the active component.

(2) After expiration of the period of duty, RC personnel are authorized medical and dental care only for conditions incurred or aggravated in LD while on that training/duty or while traveling directly to or from such training/duty. (AR 135-200 addresses administrative procedures to be carried out at the time of expiration of the training or duty.)

(3) While on IDT, AD, or full-time NG duty for 30 days or less, RC personnel are authorized medical and dental care as a result of injury, illness, or disease incurred or aggravated incident to IDT or ADT (AR 135-381).

(4) Health care authorized for persons in (3) above will be provided until the resulting disability from covered disease or injury cannot be materially improved by further hospitalization or treatment.

(5) While not on duty and while voluntarily participating in aerial flights in Government-owned aircraft under proper authority and incident to training, RC members are authorized medical and dental care required as the result of an injury incurred in LD.

*b. Status after period of duty.* Upon expiration of the AD or full-time NG duty orders or the IDT period, RC members are released from duty. While receiving treatment after expiration of the IDT or duty specified in orders, members are in a patient status but not on AD. Provisions of AR 135-381 may apply.

*c. Training under other conditions.* Upon presentation of official authorization (see d(2) below), individuals in (1) and (2) below may be hospitalized in or transferred to an Army MTF to appear before a medical evaluation board (MEB) and a physical evaluation board (PEB), if indicated, as provided in AR 635-40.

(1) Individuals undergoing hospitalization in other Federal MTFs or civilian hospitals.

(2) Individuals not in a hospital status where it appears that they are disqualified for further military service as a result of a condition incurred or aggravated in LD.

*d. Authorization for care of personnel on duty for 30 days or less, those on IDT, and Reserve Enlistment Program of 1963 (REP 63) personnel.*

(1) When the initial treatment is accomplished during a period of authorized duty and medical care is continued after expiration of the duty period, written authorization from the RC unit is not required, but written consent from the patient is required. Personnel on duty for 30 days or less are not enrolled in TRICARE Prime.

(2) In all other cases, the individual will be required to present an official authorization for treatment as follows.

*(a)* Authorization issued by the respective State Adjutant General or his or her designee, in the case of a member of the Army or Air Force NG who suffered injury or contracted disease while performing training duty in his or her NG status.

*(b)* Authorization issued to members of the RC by the unit commander. For individuals who were in training status but not assigned to a unit, the U.S. Army Reserve Personnel Center (ARPERCEN) will issue authorization. The provisions of this paragraph also apply in the case of REP 63 personnel of the NG.

*(c)* Authorization from the Bureau of Medicine (BUMED) and Surgery, Department of the Navy, for members of the Naval Reserve and Marine Corps Reserve.

*(d)* Authorization from the individual's unit commander for Air Force Reserve personnel.

(3) Prior written request from the person's unit commander is required for treatment of Army and Air Force RC personnel injured while on IDT and for admission of members of the Naval Reserve, Marine Corps Reserve, and USCG Reserve who suffer injury or contract disease while on IDT.

(4) If medical care is furnished in an emergency without the required authorization, the MTF commander will request authorization from the appropriate authority indicated in (2) above. Letters of authorization will include the

name, social security number (SSN), grade, and organization of the patient; the type and period of duty in which engaged; and the diagnosis (if known). The letter will also state that the injury suffered or disease contracted was in LD and that the patient is entitled to medical care.

*e. LD determinations.* When individuals are admitted to or treated at an MTF during a period of training duty under doubtful LD conditions, the MTF commander will ensure that an LD is initiated. The MTF commander will be furnished a copy of the final determination (to include a report of investigation, when made). In injury cases where LD may be questionable, LD investigation should be requested promptly. Non-emergent surgical intervention will be deferred for suspected preexisting conditions of RC personnel until there is an LD determination that the condition was incurred or aggravated in LD.

(1) If the investigation results in a not in line of duty (NLD) determination before the date of expiration of the training period, every effort will be made to disposition hospitalized individuals by the expiration date or as soon as they become transportable. Care for NLD conditions will be provided only to the extent necessary. Such persons are not authorized medical care at Government expense after expiration of their training period. The cost of any care furnished after the expiration date will be collected at the civilian emergency rate from the individual by the MTF concerned. (See app B and chap 10.)

(2) If the investigation results in an approved NLD determination, the soldier is furnished medical care without charge (except for subsistence) up until such time as the MTF receives notification.

*f. Services authorized for LD conditions.* RC personnel will be furnished necessary follow-up care for injury or disease in LD while on authorized duty. Such care includes—

(1) Medical treatment.

(2) Dental treatment.

(3) Prosthetic devices, prosthetic dental appliances, hearing aids, spectacles, orthopedic footwear, and orthopedic appliances. In addition, during the time an individual is on ADT, repair or replacement of personally owned items in this category is authorized at Government expense when the unit commander determines that the items were not damaged or lost through negligence or misconduct on the part of the individual.

*g. Spectacles inserts for protective field masks.* RC personnel that have an Active Army mission of manning missile sites or are designated for control of civil disturbances are authorized spectacles inserts for protective masks.

*h. Periodic medical examinations.* When RC medical officers are not available to perform required periodic medical examinations, Armed Forces RC personnel not on AD may be provided examinations in Army MTFs (AR 40-501). When hospitalization is necessary for the proper conduct of periodic examinations, subsistence charges will be collected as indicated in appendix B.

*i. Temporary members of the USCG Reserve.* See paragraph 3-24 for care available to temporary members of the USCG Reserve as beneficiaries of the Office of Workers' Compensation Programs (OWCP).

*j. Continuation of pay and allowances.* When an RC member is hospitalized or requires continued medical treatment for an LD condition at the expiration of his or her duty period, he or she may be entitled to continuation of pay and allowances as authorized in DOD 7000.14-R. Entitlement to pay and allowances is outlined in AR 135-381. Pay and allowances will not continue for longer than 6 months without Secretary of the Army approval. When treatment is begun during the period of duty (d(1) above) and the determination has been made that the condition was incurred in LD, the MTF commander will furnish the member's RC unit commander or the Commander, ARPERCEN, the following as applicable:

(1) Notice of hospitalization or requirement for continued medical care to include a projected end for medical care.

(2) DA Form 2173 (Statement of Medical Examination and Duty Status).

(3) A description of the member's medical condition in lay language and a specific description of duty limitations.

(4) DA Form 3349 (Physical Profile).

(5) Notice of transfer to another MTF or transfer of responsibility for continued medical care to another MTF.

(6) Notice of disability processing.

(7) Determination of the date on which the member is released from medical control.

*k. Transfer of treatment responsibility.* In some instances a member of an RC may be returned to his or her home for convalescence, outpatient follow up, or pending final determination of medical fitness for military Service. The member normally will be provided follow-up care at a Uniformed Services MTF or other Federal MTF within a reasonable distance of his or her home. If these facilities are not reasonably available, civilian medical care may be authorized with appropriate approval.

(1) If follow-up care is to be provided in an MTF other than the one originally providing care, the commander of the originating MTF (initial MTF providing care) will coordinate with the appropriate U.S. Army medical department activity (MEDDAC)/U.S. Army Medical Center (MEDCEN) in whose geographical area the patient resides for designation of a source of follow-up care. Upon release from the originating MTF, the member will be provided a letter of instruction ((2) below). A copy of the letter will be forwarded to the MTF which is to provide the follow-up treatment with instructions to notify the appropriate authority as described in d(2) above when the member is released from medical control.

- (2) The letter of instruction will reflect—
  - (a) Diagnosis of disease or injury.
  - (b) Date, time, place of disease or injury, status of member, and authority for status.
  - (c) Approximate period of outpatient treatment or convalescence.
  - (d) The MTF or physician providing follow-up care.

### 3-3. Members of the Senior Reserve Officers' Training Corps of the Armed Forces

a. Medical care in Army MTFs is authorized members of the Senior Reserve Officers' Training Corps (SROTC) of any branch of the Uniformed Services, including students who are enrolled in the 4-year SROTC Program (10 USC 2109) or the 2-year Advanced Training SROTC Program (10 USC 2104) and members enrolled as authorized by 10 USC 2103.

(1) Medical care for injury incurred or disease contracted without reference to LD while traveling to or from and while attending required field training (annual Reserve Officers' Training Corps (ROTC) training camps) under the provisions of 10 USC 2109. Medical care is also authorized for injury incurred as a result of practical military training (for example, annual training camps to include airborne and ranger training). Practical military training is normally associated with participation in Service-sponsored training, sports, and recreational activities on a military installation. See paragraph 3-46 for care authorized ROTC members who are injured or become ill while participating in extra curricular activities.

(a) Routine dental treatment will be furnished for conditions which are disabling and the result of injury or disease incurred in LD. Dental care for other conditions will be limited to emergency treatment.

(b) Prosthetic devices, prosthetic dental appliances, hearing aids, spectacles, orthopedic footwear, and orthopedic appliances will be furnished for conditions which are disabling and the result of injury or disease incurred in LD. When the camp commander or the MTF commander, if the individual is not participating in ROTC annual training camp, determines that these items were not damaged or lost through negligence on the part of the individual concerned, repair or replacement is authorized under normal outpatient care at no expense to the individual.

(c) If members of the SROTC are undergoing hospitalization upon termination of camp or the authorized period of duty covered by military orders, or if before their departure from camp they are in need of hospitalization because of a disability NLD and are medically unable to withstand transportation to their home, they may remain in or be admitted to an Army MTF. Such care is not authorized at Army expense and the cost will be collected from the members at the full reimbursable rate (see glossary) by the MTF concerned. Every effort will be made to disposition hospitalized patients at the earliest practicable date.

(2) Medical examinations and immunizations (AR 145-1).

(3) Medical care, including hospitalization, for injury incurred or disease contracted in LD while at or traveling to or from a military installation for the purpose of undergoing medical or other examinations or for visits of observation under the provisions of 10 USC 2110.

b. Medical care is not authorized during attendance at a civilian educational institution except as indicated below.

(1) Medical examinations required by AR 145-1 including hospitalization when necessary for the proper conduct of the examination.

(2) Immunizations required by AR 145-1 including hospitalization for any severe reactions resulting therefrom.

c. Members of the Naval and Air Force SROTC are authorized medical treatment, examinations, and immunizations in Army MTFs to the same extent and under the same circumstances as members of the Army SROTC.

d. Written authorization for treatment of those ROTC members referred to in a and b above will be prepared by the camp commander and will be addressed to the commander of the Army MTF concerned. DD Form 689 (Individual Sick Slip) may be used to meet this requirement.

e. For conditions under which medical care is provided at the expense of the OWCP to those ROTC members referred to in a and b above, see paragraph 3-24a(1).

## Section II Applicants

### 3-4. Designated applicants for enrollment in the Senior Reserve Officers' Training Program (except ROTC scholarship applicants)

Designated applicants for enrollment in the SROTC Program are students who have been designated by the Professor of Military Science for enrollment in the 4-year SROTC Program (10 USC 2107) or the 2-year Advanced Training SROTC Program (10 USC 2104). This includes those selected for the 6-week field training or practice cruise to qualify for enrollment and those selected by the Professor of Military Science for enrollment as authorized by 10 USC 2103.

a. When properly authorized, designated applicants for enrollment in the SROTC Program (including applicants for enrollment in the 2-year program and Military Science II enrollees applying for Military Science III) will be furnished medical examinations at Army MTFs including hospitalization when necessary for the proper conduct of the examination. They are also authorized medical care including hospitalization for injury incurred or disease contracted in LD

while at or traveling to or from a military installation for the purpose of undergoing medical or other examinations (10 USC 2110).

b. Designated applicants for membership in the Army, Naval, and Air Force SROTC Programs are authorized medical care in Army MTFs during the initial training period (field training/practice cruises) authorized by 10 USC 2104(b)(6) on the same basis as enrolled members of the ROTC advanced courses.

### **3-5. Applicants for cadetship at the Service academies and ROTC scholarship applicants**

Refer to AR 40-29/AFR 160-13/NAVMEDCOMINST 6120.2/CGCOMDTINST M6120.8B.

### **3-6. Applicants for enlistment or reenlistment in the Armed Forces, including applicants for enlistment in the Reserve Components**

Upon referral by the commander of a military entrance processing station (MEPS), applicants for enlistment or reenlistment will be furnished necessary medical examinations. Hospitalization is authorized when their medical fitness for military Service cannot be determined without hospital study. Invasive procedures carrying an unacceptable risk of adverse complications should not be undertaken. Also, definitive medical care for a potentially disqualifying medical condition should not be undertaken.

### **3-7. Applicants for appointment in the Regular Army and Reserve Components including members of the Reserve Components who apply for active duty**

Medical examinations will be furnished according to AR 40-501 and AR 601-100. When medical fitness for appointment cannot otherwise be determined, hospitalization is authorized.

### **3-8. Applicants who suffer injury or acute illness**

Applicants listed in paragraphs 3-3, 3-4, and 3-5 who suffer injury or acute illness while awaiting or undergoing processing at Army facilities or MEPS may be furnished emergency medical care including emergency hospitalization for that injury or illness.

## **Section III**

### **Retired Members of the Uniformed Services**

#### **3-9. Eligible retired members**

Retired members listed below are authorized the same medical and dental care as AD soldiers, subject to the availability, access, and the capabilities of the clinical staff. (See para 2-3.)

- a. Those retired for length of service.
- b. Those permanently or temporarily retired for physical disability. (See b below for exception.)

#### **3-10. Periodic medical examinations**

Periodic medical examinations for members on the TDRL including hospitalization in connection with the conduct of the examination, will be furnished on the same priority basis as AD soldiers.

## **Section IV**

### **Family Members of the Uniformed Services**

#### **3-11. Care authorized family members**

Family members of AD, retired, and deceased members of the Uniformed Services to include eligible wards are subject to the priorities and availability as defined in paragraphs 2-3 and 2-13. A family member's eligibility begins on the date that the sponsor enters on AD. It ends at midnight on the date that the sponsor's period of AD ends (for any reason other than retirement or death) (AR 600-8-24 or AR 635-200). Family members of RC soldiers on AD orders for more than 30 consecutive days are eligible for health benefits in the local military hospital and are eligible for TRICARE Standard (CHAMPUS) or TRICARE Extra where available, but not TRICARE Prime. The standard CHAMPUS copayments and deductibles apply. Authorized services include—

a. *Drugs.* Prescriptions written by military or civilian physicians, dentists, podiatrists, or any nonphysician health care provider/practitioner privileged by the MTF or licensed by the State may be filled at Uniformed Services MTFs subject to availability of pharmaceuticals and consistent with control procedures and applicable laws.

b. *Dental Care.* Family members are authorized dental care on a space-available basis. Family members enrolled in the TRICARE-Active Duty Family Member Dental Plan are not eligible for any type of care in the MTF provided by the plan; however, care is authorized as an adjunct to ongoing medical or surgical inpatient care.

#### **3-12. Medical care not authorized family members**

The following may not be provided family members in Army MTFs:

- a. Prosthetic devices including hearing aids, orthopedic footwear, and spectacles or contact lenses, except as



provided in AR 40-63/NAVMEDCOMINST 6810.1/AFR 167-3. However, these items may be sold at Government cost to family members outside the U.S. and at specific installations within the U.S. as authorized by the Secretary of the Army. Requests from installations for authorization to sell these items will be submitted through commanders of MEDCENs to the Commander, USAMEDCOM, ATTN: MCLO-S, 2050 Worth Road, Fort Sam Houston, TX 78234-6000.

b. Dental care (except as authorized in para 3-11).

c. Noneligible newborn infant. Upon admission, the sponsoring beneficiary (the delivering mother or the mother's parents) will be counseled about the charges for the care of the noneligible newborn infant and the option to apply for Secretarial designee status under paragraph 3-50. After counseling, the sponsoring beneficiary will be asked to sign a statement accepting responsibility for the newborn infant's charges.

### **3-13. Surviving dependents of Reserve members**

Surviving dependents of Reserve members who at the time of their death were eligible for retired pay but died before reaching age 60 are eligible for MTF care and TRICARE coverage. They are eligible regardless of whether or not the member elected Survivor Benefit Plan participation.

## **Section V**

### **Federal Civilian Employees and Their Family Members**

#### **3-14. Federal civilian employees**

a. Emergency medical care (including initial treatment after on-the-job injury or illness) is authorized for DOD employees injured on the job, whether appropriated or nonappropriated fund.

(1) Definitive medical and surgical management of injury or illness that is the proximate result of employment will be provided an employee paid from appropriated funds as a beneficiary of the OWCP. OWCP reimbursement will be obtained according to paragraph 3-24 in the treatment of an injury which—

- (a) Requires more than first aid or palliative treatment;
- (b) Is likely to result in any disability for work beyond the day of occurrence;
- (c) Appears to require prolonged treatment;
- (d) May result in future disability; or
- (e) May result in any permanent disability.

(2) OWCP reimbursement will not be obtained for care that is limited to emergency diagnosis and first-aid treatment since these are services authorized under the Army Occupational Health Program and the Occupational Health and Safety Act.

(3) When treatment is required for other than minor injury or illness that is not the result of employment, patients will be referred to their physician for care after initial emergency treatment.

b. Medical examinations in connection with disability retirement may be furnished civilian employees of all Federal agencies without charge when such examinations are requested by authorized representatives of the Office of Personnel Management. When hospitalization is necessary to the proper conduct of these examinations, subsistence charges will be collected locally from the individual.

#### **3-15. Occupational health services**

a. At Army installations having MTFs that provide occupational health services, the following applies: Diagnosis, treatment, and other services authorized by AR 40-5 are provided to Army civilian employees paid from appropriated, nonappropriated, or Army working capital funds; and applicants for such employment by the Army, under the Army Occupational Health Program. See AR 215-1 for information on reporting job-related injuries and processing claims for workers' compensation for nonappropriated fund (NAF) employees. When hospitalization is necessary for the proper conduct of the medical examinations authorized by AR 40-5, a charge for subsistence will be collected locally from the individual. See AR 40-5 for authorized services. Medical examinations authorized for Department of the Army (DA) civilian employees are covered under the provisions of section 301, part 339, title 5, Code of Federal Regulations (5 CFR 339.301).

*Note.* Under the DA Alcohol and Drug Abuse Prevention and Control Program (ADAPCP), (AR 600-85), Army civilian employees may be provided on a space-available basis inpatient detoxification services in Army MTFs, outpatient clinical evaluation for ADAPCP enrollment, and outpatient rehabilitative services after ADAPCP enrollment. Charges for inpatient detoxification are provided in appendix B and will be collected locally. Outpatient clinical evaluation and outpatient rehabilitative services will be furnished without charge.

b. Civilian employees of other Federal agencies outside the DOD who are paid from appropriated, nonappropriated, or industrial funds and applicants for such employment are authorized those health services listed in AR 40-5. Except for civilian employees and prospective employees of the Navy, Marine Corps, and Air Force in the Washington, DC metropolitan area to whom authorized occupational health services are furnished as the financial responsibility of the



DA, arrangements for payment will be made locally at an estimated per capita cost. The costs will be paid at the receiving agency and handled as an automatic reimbursement by the MTF providing the service.

c. A Federal civilian employee on TDY at an Army installation will be provided occupational health services on the same basis as those employees assigned to that installation. Employees are covered for injuries occurring while engaged in activities which are essential or reasonable incidental to the employment, but not while engaged in personal or recreational activities with no relation to the employment.

### **3-16. Federal civilian employees and their family members outside the United States and at remote installations in the United States**

a. U.S. citizens who are employees of DOD or other Federal agencies paid from appropriated, nonappropriated, or industrial funds who require treatment for conditions not covered by the OWCP (para 3-24a(2)) and who are not beneficiaries of any other Federal agency listed in this chapter and their family members may receive care in Army MTFs outside the U.S. Treatment other than that authorized OWCP beneficiaries is not provided to non-U.S. citizen employees unless the major overseas commander concerned determines that civilian facilities are not available or are not adequate.

b. DOD civilian employees and their family members may also receive care at Army installations in the U.S. that have been designated as remote by the Secretary of the Army for the purpose of providing medical care to these individuals.

c. Charges will be collected locally from the individual at the rates shown in appendix B except that no charge will be made for immunizations and reimmunizations authorized by AR 40-562/AFJ 48-110/BUMEDINST 6230.15/CG COMDTINST M6230.4E or for occupational health services authorized by paragraph 3-15.

*Note:* When civilian employees of any Federal agency being treated in an Army MTF outside the U.S. will be evacuated to the U.S., the appropriate civilian personnel officer of the agency concerned will be notified.

### **3-17. Department of Interior civilian employees stationed in American Samoa and their family members**

Upon request of the Governor of American Samoa, the Department of Interior civilian employees stationed in American Samoa and their family members may be provided care at Tripler Army Medical Center (TAMC). Charges will be as specified in appendix B for care furnished in the U.S.

## **Section VI Foreign Nationals**

### **3-18. Care provided in the United States**

Care is authorized at Army MTFs in the U.S. for the categories of foreign nationals listed in a below, subject to the charges cited in appendix B. Foreign nationals and family members must present approved identification or ITOs as appropriate when requesting care. Treatment of foreign nationals and their family members are subject to the provisions of approved international agreements. Foreign personnel subject to NATO SOFA or countries under the Partnership For Peace SOFA, their dependents and civilian personnel accompanying the forces may receive medical and dental care, including hospitalization, under the same conditions as comparable personnel of the receiving state. See appendix B for charges.

a. NATO personnel as follows:

(1). Military personnel and their authorized family members of the NATO nations listed in (a) through (n) below are authorized care when stationed in or passing through the U.S. in connection with their official duties. Authorized family members are the spouse and legitimate children, including adopted and step-children, who meet the dependency criteria that apply to U.S. military family members.

(a) Belgium.

(b) Canada.

(c) Denmark.

(d) Turkey.

(e) Germany.

(f) Greece.

(g) Italy.

(h) Luxembourg.

(i) Netherlands.

(j) Norway.

(k) Portugal.

(l) Spain.

(m) United Kingdom.

(n) France.

(2) Contact the Commander, USAMEDCOM, MCHO-CL-P, 2050 Worth Road, Fort Sam Houston, TX 78234-6010 for a current list of countries under Partnership For Peace SOFA.

(3) Eligible civilians accompanying military personnel in (1) above as employees of an armed service of the nation concerned and their family members may be furnished care at remote installations where civilian medical care is unavailable. At other MTFs, only emergency care may be provided. To be eligible, such civilians cannot be stateless persons, nationals of non-NATO States, U.S. nationals, or residents in the U.S.

(4) The medical portion of the NATO SOFA, as revised by the DOD Appropriations Act, is implemented by (1) and (2) above insofar as care in Army MTFs is concerned.

b. Military personnel whose names appear on the Diplomatic List (Blue List) or the List of Employees of Diplomatic Missions (White List) published periodically by the Department of State and their family members.

c. Military personnel assigned or attached to U.S. military units for duty and their family members.

d. International students assigned or attached to U.S. military units for training and their authorized family members as follows:

(1) International military education training (IMET) trainees, both military and civilian, and the authorized family members of military trainees.

(2) Foreign military sales (FMS) trainees-both military and civilian-and the authorized family members of the military trainees.

(3) Other international trainees (military only) and their family members.

e. Military personnel on duty in the U.S. at the invitation of or with the agreement of the DOD or one of the military Services and their family members.

f. Military personnel accredited to joint U.S. defense boards or commissions and their family members.

g. Emergency care only for IMET trainees in the U.S. on IMET orientation tours. If hospitalized, the IMET rate will apply and will be collected locally from the individual.

h. Other foreign nationals not listed above seeking care in Army MTFs in the U.S. Such persons should be advised to apply for determination of eligibility to Headquarters, Department of the Army (HQDA) (DAMI-FL), Washington, DC 20310-1040, through their country's military attache stationed in Washington, DC.

### 3-19. Notification of hospitalization in the United States

When international students listed in paragraph 3-18d are hospitalized in Army MTFs in the U.S., notifications specified in a through c below are required. (Notifications required by this para are exempt from reports control under AR 335-15.)

a. *International students.* When international students (para 3-18d) are admitted to an Army MTF, message notification will be dispatched to HQDA (SAUS-IA-SA), Washington, DC 20310-0120. AR 12-15 contains additional notification requirements when a foreign student cannot qualify for training because of physical or mental disability or whose hospitalization or disability will prevent continuation of training for a period in excess of 90 days. Authority for return of students to their home country will be furnished the MTF by HQDA (SAUS-IA-SA).

b. *Nonstudent foreign nationals.* When a foreign national other than a student is admitted to an Army MTF in the U.S., HQDA (DAMI-FL), Washington, DC 20310-1040 will be notified immediately so that the country concerned may be advised of the patient's status. The notification will be forwarded by letter (original and two copies). A copy will also be furnished the Commander, USAMEDCOM, ATTN: MCHO-CL-P, 2050 Worth Road, Fort Sam Houston, TX 78234-6010. The notification will include the patient's name, nationality, status (military, civilian, family member), and date of hospitalization. It will also include diagnosis, prognosis, and probable date of release. If military, the patient's Service number and branch of Service will be included. If the probable date of release cannot be determined during the initial evaluation, or the notification does not indicate a prolonged period of hospitalization and the patient later requires prolonged hospitalization, further notification will be furnished with this information.

c. *Canadian military personnel.* In addition to the above notifications to HQDA (DAMI-FL), Washington, DC 20310-1040, a copy or extract of the admission and disposition (AAD) report pertaining to Canadian military personnel will be sent immediately to the Canadian Joint Staff, 2450 Massachusetts Ave., NW, Washington, DC 20008.

### 3-20. Care provided outside the United States

Care is authorized at Army MTFs outside the U.S. for the following categories:

a. Those who provide direct services to the U.S. Armed Forces (para 3-48).

b. IMET trainees and FMS trainees (military and civilian) and the authorized family members of IMET and FMS military trainees.

c. Persons covered by a formal agreement entered into by a Federal agency when care in Army MTFs is a condition of the agreement. (A copy of all such agreements will be sent to Commander, USAMEDCOM, ATTN: MCHO-CL-P, 2050 Worth Road, Fort Sam Houston, TX 78234-6010.)

d. Liaison officers from a NATO Armed Force or members of a liaison detachment from such a Force. This implements the medical portion of NATO STANAG 2101.

e. Crew and passengers of visiting military aircraft of NATO nations that land at U.S. military or allied airfields. This implements the medical portions of NATO STANAG 3113.

f. Special foreign nationals. Generally, care will be restricted to foreign officials of high national prominence. However, other foreign nationals may be furnished care when unusual circumstances or the extraordinary nature of the case warrant such consideration. Medical care for this category of patient is coordinated by the State Department in conjunction with DOD.

(1) Care may be provided when such action is expected to contribute to the advancement of U.S. public interests. Authority to make determinations regarding the propriety of providing care is vested in commanders of unified and major Army commands (MACOMs) in overseas areas. When geographical dispersion and varying political conditions dictate, authority may be delegated to senior subordinate commanders. Such authority may not be redelegated by these commanders. Normally, the recommendation of the chief of the diplomatic mission of the patient's country will be sought in determining whether care should be provided.

(2) Foreign nationals accepted for care will not be evacuated for care in CONUS Army MTFs except under unusual circumstances as determined by the Secretary of the Army. The U.S. Army attache in the country concerned will coordinate through diplomatic channels.

g. NATO and non-NATO personnel OCONUS. Upon approval from the MTF commander, AD officer and enlisted personnel of NATO and non-NATO countries (and their accompanying dependents living with the sponsor) when serving OCONUS and outside their own country can receive upon approval from the MTF commander-outpatient care only on a reimbursable basis. Such persons are under the sponsorship of a military service or the major overseas commander has determined that the granting of such care is in the best interests of the U.S. Additionally, such personnel are connected with, or their activities are related to, the performance of functions of the U.S. military establishment.

h. Requests for care by foreign nationals in overseas areas will be forwarded from/through the RMC through Commander, USAMEDCOM, ATTN: MCHO-CL-P, 2050 Worth Road, Fort Sam Houston, TX 78234-6010 to the Secretary of the Army. The MTF commander will include a recommendation indicating the rate to be charged or if charges will be waived.

### 3-21. Charges for and extent of care

a. Except as indicated in b below, all inpatient care at MTFs in the U.S. will be subject to full reimbursement. Exceptions to this rule will apply only when a reciprocal health care agreement has been negotiated between the Office of the Assistant Secretary of Defense (Health Affairs) (OASD(HA)) and the foreign government concerned, setting forth specific terms under which care will be provided. Commanders will be advised immediately when new agreements are negotiated. Meanwhile, orders or other documents presented by foreign military personnel reflecting eligibility for non-reimbursable inpatient care in MTFs in the U.S. are invalid. With the exception of IMET students, foreign military and diplomatic personnel and members of their families will be charged the full reimbursable rate for inpatient care received in Army MTFs in the U.S. This includes NATO personnel and their families. Charges for IMET personnel will be at the special IMET rates prescribed for inpatient and outpatient care. Charges for outpatient care in the U.S. will be at the rate stated in appendix B for specific categories of foreign nationals. Charges for care outside the U.S. are as stated in appendix B. (Also see DOD Instruction (DODI) 6015.23.)

b. Extent of care and collection procedures are stated in appendix B. The following special provisions apply:

(1) Persons covered under a specific international agreement (para 3-20c) will be provided care to the extent specified in the agreement. If not specified, care will be provided subject to the limitation indicated in (4) below. Such persons will be charged at the rate specified in the agreement or, if no rate is stated, at the inpatient or outpatient rate applicable to the specific category (military or civilian).

(2) NATO liaison personnel (para 3-20d) will be provided care in Army MTFs outside the U.S. under the same conditions and to the same extent as U.S. Army personnel.

(3) Crew and passengers of visiting military aircraft of NATO nations (para 3-20e) will be furnished care available at the airfield concerned. No charge will be made for outpatient care. Subsistence charges incident to hospitalization will be collected locally from the patient. The hospitalization charge stated in appendix B, minus the subsistence portion, will be collected from the appropriate nation by Headquarters, U.S. Army, Europe (USAREUR) upon receipt of DD Form 7 (Report of Treatment Furnished Pay Patients: Hospitalization Furnished (Part A)) or by the OCONUS MEDDAC/MEDCEN (for outside USAREUR) furnishing the care. DD Form 7 is available on the Army Electronic Library CD-ROM (EM 0001) and on the USAPA web (<http://www.usapa.army.mil/>). Instructions for the use of DD Form 7 are—

(a) Enter the report control symbol (RCS).

(b) Section 1. Name of medical activity, base and/or post, and MACOM, as applicable, providing medical care in CONUS. Enter name of medical activity, Army Post Office (APO), and MACOM OCONUS.

(c) Section 2. Month and year of service covered by the report.

- (d) Section 3. Patient category.
- (e) Section 4. Authority for treatment. If a written authorization is required before treatment, submit a copy of the authorization with DD Form 7. For beneficiaries of the OWCP, submit two copies of DOL Form CA-16 (Authorization for Examination and/or Treatment) with DD Form 7.
- (f) Section 5. Name in full and ID number of each patient. Include the social security claim number if applicable.
- (g) Section 6. Grade or status of individual (that is, civilian, eligible family member, title of seaman, etc.).
- (h) Section 7. Organization. As applicable, unless other information is required for the category of patient concerned.
- (i) Section 8. Diagnosis and diagnosis related group (DRG) of each patient.
- (j) Section 9. Admission date. Day, month, and year of admission to hospital.
- (k) Section 10. Discharge date. Enter the day, month, and year each patient was discharged from the hospital or, if remaining in the hospital at the end of the month, enter the last day of the month followed by the notation "REM" (remaining). A patient on any authorized or unauthorized absence from the hospital for more than 24 hours is reported as discharged from the hospital on the date of departure (the day of departure is not counted as a day of hospitalization).
- (l) Section 11. Total. Enter the total days each patient was hospitalized during the report period. Day of admission is included but not the day of discharge.
- (m) Section 12. Enter date of certification.
- (n) Section 13. Signature of the MTF commander or authorized representative (on the original only) including grade and organization.
- (o) Section 14. Show total days hospitalized and total amount. Item 11 shall equal the total reported in item 14.
- (p) Patients attached for meal days only. Transient patients, casualties, enlisted outpatients attached for meal days only, and duty personnel (other than Air Force, Army, Navy, and Marine Corps) who are entitled to subsistence at Government expense. Submit DD Form 7 in two copies. Complete items 1 through 4. Omit items 5 through 8. In item 9, "Admission Date," indicate the date meal days were provided. Omit item 10. In item 11, enter the total number of meal days served.
- (4) Foreign nationals (para 3-18) will not be admitted to Army MTFs for chronic conditions that would require more than 90 days hospitalization.
- (5) Special foreign nationals (para 3-20f) will be billed locally at the full reimbursable rate unless the approving overseas commander waives charges.
- (6) IMET military and civilian trainees and family members of military trainees (para 3-20b) will be billed locally for subsistence only. At the end of each calendar month, all inpatient and outpatient care furnished IMET trainees in an Army MTF (except in USAREUR) will be reported to Commander, USAMEDCOM, ATTN: MCRM, 2050 Worth Road, Fort Sam Houston, TX 78234-6000 for billing purposes. Billing will be at the proper IMET rate less the amount collected for subsistence. Copies of the ITO will accompany the reports.

## Section VII

### Beneficiaries of Other Federal Agencies

#### 3-22. General

This section covers the eligibility of beneficiaries of other Federal agencies for care in Army MTFs on a reimbursable basis at the expense of the referring agency under authority of the Economy Act (31 USC 1535). Paragraphs of this section give detailed instructions with regard to the eligibility of beneficiaries of those particular Federal agencies that have made arrangements with the Army for care of such individuals on a relatively permanent, continuing basis. Federal agencies not covered in this section may request care for their beneficiaries in Army MTFs on a reimbursable basis under the Economy Act. Commanders of Army MTFs are authorized to honor such requests within the capability of their MTF to do so without detriment to medical care for persons entitled to care in Army MTFs. Reimbursement for care furnished in response to these individual requests will be at the rates designated in appendix B and obtained locally from the agency requesting or authorizing care. See appendix B of this regulation, DOD 7000.14-R, Volumes 1, 4, and 11, and Defense Finance and Accounting Service (DFAS)-IN Regulation 37-1 for additional accounting guidance.

#### 3-23. Beneficiaries of the Department of Veterans Affairs

a. Medical care is authorized subject to the conditions specified below.

(1) *VA hospitals/clinics.* Control of all referrals of veterans to Army MTFs, except those in foreign countries as stated in (6) below, is vested in the VA hospital/clinic having jurisdiction over the geographic area in which the Army MTF is located (referred to below as "field station"). The procedures relating to inpatient care apply to routine or emergency admissions to Army MTFs where beds have been allocated for VA patients by prior agreement, as well as emergency admissions to Army MTFs in which bed allocations have not been granted. Admission to an Army MTF

within CONUS in which bed allocations have not been made will be authorized only for the purpose of furnishing emergency medical care.

(2) *Authorization.* Army MTFs will furnish medical care to a veteran on the basis of an authorization for treatment from the field station having jurisdiction. Reimbursement will not be made by the VA for medical care furnished prior to the effective date of the authorization, except as indicated in (3) below.

(3) *Emergency medical care.*

(a) An MTF admitting a veteran for emergency medical care will notify the appropriate field station within 72 hours after the date and hour of admission and request authorization. When the field station authorizes emergency hospitalization, the effective date of the authorization will be the date the patient was admitted to the MTF.

(b) An MTF furnishing emergency outpatient care to a veteran will notify the VA hospital/clinic having jurisdiction within 72 hours after the care was furnished and request authorization. Emergency outpatient care will be authorized by the VA hospital/clinic when necessary in the treatment of a disease or injury incurred or aggravated in active military Service. For a veteran undergoing authorized vocational rehabilitation or education, outpatient treatment is authorized to prevent interruption of training.

(c) When the field station does not authorize the emergency medical care, or when authorization for such care has not been received from that office by the Army MTF while the veteran is receiving medical care, charges for medical care will be collected locally from the veteran concerned.

(4) *Outpatient care.* Outpatient care, other than emergency outpatient care, must be authorized in advance. Such care will be furnished on authorization from the VA hospital/clinic having jurisdiction. When a VA beneficiary is furnished a prosthetic appliance, spectacles, a hearing aid, or orthopedic footwear on an outpatient basis, a separate charge will be made for the item. DD Form 7A (Report of Treatment Furnished Pay Patients: Outpatient Treatment Furnished (Part B)) or The Uniform Bill (UB)-92 (Uniform Bill) will be submitted to the authorizing VA hospital/clinic for reimbursement and will document the type of item furnished and the cost. Charges for spectacles will be according to AR 40-63/NAVMEDCOMINST 6810.1/AFR 167-3. DD Form 7A is available on the Army Electronic Library CD-ROM (EM 0001) and on the USAPA web (<http://www.usapa.army.mil/>). Instructions for the completion of DD Form 7A are—

(a) Block 1. Name of medical facility, base and/or post, and MACOM, as applicable, providing care in CONUS. Enter unit number, APO, and MACOM, if facility is OCONUS.

(b) Block 2. Month and year of service covered by the report.

(c) Block 3. Patient category.

(d) Block 4. Authority for treatment.

(e) Block 5. Full name and ID number (if any) of each patient.

(f) Block 6. Grade or status of individual, that is, civilian, eligible family member, title of seaman, etc.

(g) Block 7. Organization or other similar information required for category of patient concerned.

(h) Block 8. Diagnosis for each patient. List the diagnosis, physical examination, immunization, and any vaccinations.

(i) Block 9. Dates. List day, month, and year for each medical or dental outpatient visit furnished.

(j) Block 10. Number of outpatient visits and corresponding dollar amount during the month for each patient.

(k) Block 11. Date of certification of report. Enter date of certification.

(l) Block 12. Signature of the MTF commander or authorized representative (on original only), showing grade and organization.

(m) Block 13. Total visits and/or total dollar amount. Enter total outpatient visits and/or total dollar amounts for all patients listed. Double check this figure to make sure that the addition is correct. The sum of the outpatient visits reported in block 10 shall equal the grand total in block 13.

(5) *Disposition of emergencies.* A veteran admitted for emergency medical care will be released from the Army MTF promptly upon termination of the emergency unless another disposition as indicated in (a) and (b) below has been arranged with the field station.

(a) Transfer to a VA treatment facility if further hospitalization is required.

(b) Retention as a VA beneficiary chargeable against a bed allocated to that agency.

(6) *Medical care at Army MTFs in foreign countries.* Care will be authorized by the VA for eligible veterans in need of treatment for Service-connected conditions. The responsibility for authorizing care to veterans in foreign countries is vested in the following agencies:

(a) For veterans in the Trust Territory of the Pacific (Micronesia), the VA Regional Office (VARO), Honolulu, Hawaii.

(b) For veterans in the Philippines, the VARO, Manila, Philippines.

(c) For veterans in Canada, the Canadian Department of Veterans Affairs, Ottawa, Canada.

(d) For veterans in all other foreign countries, the U.S. Consulate Office or the U.S. Embassy.

(7) *Authorization for treatment.* Veterans may be furnished medical care at Army MTFs in foreign countries on presentation of an authorization for treatment. An MTF furnishing a veteran emergency medical care without proper authorization will notify the responsible VA representative, as indicated in (6)(a) through (d) above, within 72 hours

after the date and hour the initial care was rendered. Notification will be by the most expeditious means available and will state the diagnosis and extent of required treatment. It will also request authorization for the treatment and instructions as to the disposition of the patient upon termination of the emergency. If the approving authority does not issue an authorization for this care, charges for medical care will be collected locally from the veteran concerned.

(8) *Wheelchairs and beds.* These items may be furnished without charge, if locally available from Government stocks, to a VA beneficiary upon his or her discharge from the MTF if, in the opinion of the MTF commander, he or she requires constant and continuous use of these items after his or her discharge.

b. The records in (1) and (2) below that are required by the VA are in addition to those required on all patients in an Army MTF. VA Form 10-10 (Application for Medical Benefits), VA Form 10-10M (Medical Certificate and History), SF 502 (Medical Record-Narrative Summary), or DD Form 2770 (Abbreviated Medical Record) will be completed and forwarded to such station. Completion instructions for the VA Form 10-10M and SF 502 (or DD Form 2770) include—

(1) *VA Form 10-10M.* This form will be completed for those veterans who are admitted to any Army MTF for emergency medical care without prior authorization. All information required in the medical certificate will be furnished whether the admission is approved or disapproved by the field station. Since completion of the medical certificate will require examination of the patient, those admissions to the MTF that are disapproved by the field station will be billed to the patient.

(2) *SF 502 or DD Form 2770.* SF 502 or DD Form 2770, as appropriate, will be completed when a veteran is discharged or transferred. When an interim report of hospitalization is requested by the field station, it may be prepared on SF 502.

### 3-24. Beneficiaries of the Office of Workers' Compensation Programs

The OWCP reimburses health care providers/practitioners for care furnished bona fide beneficiaries under conditions cited below. The Federal agency employing the patient is ultimately rebilled by OWCP for the amount of the reimbursement plus a 2% administrative surcharge. Therefore, all OWCP care in Army MTFs provided to DA civilian employees for OWCP conditions will be provided at no charge. Within DA MTFs, OWCP will be billed only for care furnished civilian employees of other Federal agencies outside DOD. There will be no charge for occupational health. (See para 3-15.) Other Federal agencies outside DOD are billed at the interagency rate for OWCP care provided their employees. OWCP claims documentation will be completed for all patients. For record purposes and for potential compensation claims arising from the injury or illness, claims documentation will be completed at the time care is rendered regardless of the patient's employing agency. The completed documents will be sent to the personnel office of the employing agency. When treatment is required for other than minor injury or illness that is not the result of employment, the patient will be referred to his or her civilian physician after initial emergency treatment. In accidents where the patient is covered by worker's compensation and has military eligibility, the employer will become the primary sponsor and military eligibility will be secondary. The employer will be billed rates as designated in appendix B.

a. *For whom authorized.* Persons in the categories listed below are authorized medical care as beneficiaries of the OWCP.

(1) ROTC members of the Army, Navy, and Air Force provided the condition necessitating treatment was incurred in LD under one of the following circumstances:

(a) While performing authorized travel to or from camps or cruises.

(b) While engaged in a flight or in flight instruction under 10 USC chapter 103. See 5 USC 8140.

(c) During attendance at training camps or while on cruises. The care furnished under this authority relates solely to care furnished after termination of training camps or cruises. For conditions under which care is furnished during the period of attendance at ROTC training camps, see paragraph 3-4.

(2) Civil officers or employees in any branch of the U.S. Government, including an officer or employee of an instrumentality wholly owned by the U.S., who sustain a job-related injury. A job-related injury includes injuries sustained while in the performance of duty and diseases proximately caused by the conditions of employment.

(3) Employees of the Government of the District of Columbia (except certain members of the police and fire departments under the provisions of 5 USC 8101) for injury or disease that is the proximate result of their employment.

(4) Volunteer civilian members of the Civil Air Patrol (CAP) (except CAP cadets under 18 years of age) for injury or disease that is the proximate result of active service, and travel to or from such service, rendered in performance or support of operational missions of the CAP under direction and written authorization of the Air Force.

(5) Former Peace Corps volunteers for injury or disease that is the proximate result of their employment. An injury suffered by a volunteer when he is outside the several States and the District of Columbia is deemed proximately caused by his employment, unless the injury or disease is caused by willful misconduct of the volunteer, caused by the volunteer's intention to bring about the injury or death of himself or of another, or proximately caused by the intoxication of the injured volunteer.

(6) Job Corps enrollees after termination of enrollment or other congressionally mandated programs that authorize care in MTFs for injury or disease that is the proximate result of their employment.

(7) Care will be furnished OWCP beneficiaries upon their presentation of DOL Form CA 16, signed by their

supervisor or a HCFA Form 1500 (Health Insurance Claim Form). This form may be obtained from the nearest local Health and Human Services Health Care Financing Administration. The following special provisions apply:

(a) DOL Form CA-16 will be submitted on an individual basis and may not be used to authorize medical care for the same injury when further medical care is needed by an employee. Rather, the MTF will prepare SF 502 as described in b(1)(b) below.

(b) DOL Form CA-16 will include a nine-digit employee identification number (EIN) as well as an eight-digit billing number. The MTF concerned will ensure that the completed form received from the employing agency bears that agency's EIN.

(c) The Department of Labor limits the period for which treatment is authorized by a DOL Form CA-16 to 60 days from the date of issuance. If the attending physician determines that care will exceed 60 days, a request must be submitted through the employing agency to provide additional care. HCFA Form 1500 and SF 1080 (Voucher for Transfer Between Appropriations and/or Funds) will be submitted for reimbursement to the Commander, USAMEDCOM, ATTN: MCRM-F, 2050 Worth Road, Fort Sam Houston, TX 78234-6000.

(8) Use of military medical facilities by nonappropriated fund (NAF) employees is normally limited to initial or emergency treatment only. See AR 215-1, chapter 14, section XV, for additional information on benefits provided to NAF employees who sustain a job-related illness or injury.

b. *Medical care for current employees.* Medical care will be furnished a current employee as a beneficiary of the OWCP on presentation of DOL CA Form 16 with Part A prepared and signed by the official supervisor of the employee. If emergency medical care is furnished without presentation of this form, the appropriate official will be notified immediately and requested to submit this form within 48 hours. If that official determines that it is inappropriate to prepare DOL CA Form 16 under the regulations issued by the OWCP and notifies the MTF to that effect, charges for medical care will be collected locally from the individual concerned. Supplies of this form, if needed, may be obtained from the appropriate publication center or the appropriate District Office of the OWCP as shown in figure 3-1.

(1) *Hospitalization.*

(a) The employee will present the original and one copy of DOL CA Form 16 to the Army MTF in which medical care is desired. As promptly as possible after the employee has been examined at the MTF, Part B of this form will be completed and signed by the attending medical officer. The original of the completed DOL CA Form 16 will be forwarded immediately to the appropriate office of the OWCP as shown in figure 3-1. The other copy of the completed DOL CA Form 16 will be attached to DD Form 7 as a substantiating document.

(b) If extensive hospitalization is required, a narrative report will be submitted on SF 502 showing the history, physical findings, laboratory findings, and a general abstract of the patient's hospital record. This information should be forwarded to the appropriate office of the OWCP periodically or at the time of discharge if the hospitalization does not exceed 1 month. The report should also show the diagnosis for conditions due to the injury; conditions not due to the injury; and condition on discharge with the opinion as to the degree of physical impairment, if any, from conditions due to the injury.

(2) *Outpatient care.* The employee will present the original DOL CA Form 16 to the Army MTF in which outpatient medical care is desired. As promptly as possible after the employee is examined at the MTF, Part B of DOL CA Form 16 will be executed by the attending medical officer. The completed form will be retained in the files of the MTF as a possible substantiating document for billing purposes.

(3) *Prostheses and appliances and when authorized by the OWCP.*

(a) All necessary prostheses, hearing aids, spectacles, or special orthopedic footwear will be furnished when required in the proper treatment of a case.

(b) All necessary dental care, including prosthetic dental appliances, will be furnished when authorized by the OWCP.

(c) When a beneficiary of the OWCP is furnished a prosthetic appliance, spectacles, a hearing aid, or orthopedic footwear on an outpatient basis, a separate charge will be made for the item. DD Form 7/7A and SF 1080 will be submitted to the Commander, USAMEDCOM, ATTN: MCRM-F, 2050 Worth Road, Fort Sam Houston, TX 78234-6000 for reimbursement and will show the type of item furnished and the cost. Charges for spectacles will be according to AR 40-63/NAVMEDCOMINST 6810.1/AFR 167-3.

(4) *Transfer of beneficiaries.*

(a) *Transfer of patients requiring prolonged treatment.* A beneficiary of the OWCP requiring prolonged treatment will be reported by the facility to the OWCP for removal from the Army MTF as soon as the patient's condition permits. Transfer will be at the expense of the OWCP.

(b) *Transfer when necessary for other purposes.* When transfer is necessary for the proper treatment of the patient, a beneficiary of the OWCP may be transferred from the Army MTF to another MTF (military or civilian). Prior authorization for such transfers will be secured from the OWCP if time permits. In an emergency, a patient may be transferred without prior authorization, but if such action is taken, the OWCP will be notified immediately. Transfer will be at the expense of the OWCP.

(5) *Disallowances by the OWCP.* The OWCP will advise the MTF of any claim that is not compensable because of



a finding that the employee's injury or disease was not incurred in the performance of duty. In that event, the charges for medical care incurred on or after the date of receipt of the notice of disallowance become the personal responsibility of the employee. The MTF will notify the patient of the OWCP's ruling and collect from him or her for any period of hospitalization or other medical costs subsequent to the date of receipt of the notice of disallowance.

c. *Medical care for former employees.* Examination and/or follow-up treatment will be furnished a former Government employee as a beneficiary of the OWCP upon presentation of a request from the appropriate district OWCP office. A report of examination and/or treatment, DD Form 7/7A, and SF 1080 will be forwarded to the requesting OWCP office for reimbursement. DD Form 7/7A, as appropriate, will be submitted to Commander, USAMEDCOM, ATTN: MCRM-F, 2050 Worth Road, Fort Sam Houston, TX 78234-60010.

### **3-25. Beneficiaries of the Public Health Service and National Oceanographic and Atmospheric Administration**

a. *Medical care.* Upon presentation of written authorization, PHS beneficiaries may be provided medical care as indicated in (1) through (3) below. If a beneficiary is furnished emergency care without the required authorization, the MTF commander must seek such authorization as soon as possible from the proper authority as indicated below.

(1) *Native Americans and Alaska Natives.* The authorizing Service unit is the Indian Health Service facility which encompasses the geographic area where the Native American patient resides. In addition, the patient must be eligible for contract services as defined in 42 USC 36c.

(a) *Native Americans in CONUS.* Authorization will be prepared and signed by an Indian Health Service unit director or his or her designee.

(b) *Native Americans and Alaska natives in Alaska.* Authorization will be prepared and signed by the Service unit director or his or her designee of an Indian Health Service unit in Alaska.

(2) *Inactive Reserve PHS commissioned officers.* Medical examinations and immunizations may be furnished upon presentation of written authorization from the Commissioned Personnel Operations Division, PHS, Parklaw Building, 5600 Fishers Lane, Rockville, MD 20857. The authorization will include the nature of and the reason for the service desired and a statement that the individual is entitled to such service at PHS expense. When immunizations are requested in addition to medical examinations, the type of each immunization will be stated specifically. The original of the completed medical examination report will be sent to the authorizing office referred to above as soon as the examination is completed. A copy of the authorizations for medical examinations and immunizations will be sent to the authorizing office together with DD Form 7/7A and SF 1080 for billing purposes. When hospitalization is needed to conduct these examinations, DD Form 7 and SF 1080 will be forwarded to the authorizing office for collection.

(3) *AD noncommissioned officers and crews (Wage Marine) of vessels of the National Ocean Service, National Oceanic and Atmospheric Administration (NOAA).* This care is limited to emergency care or care specifically authorized by the PHS. (Authorization may be obtained or confirmed telephonically.) All care provided will be reported to the Commander, USAMEDCOM, ATTN: MCRM-F, 2050 Worth Road, Fort Sam Houston, TX 78234-6000 for reimbursement on DD Form 7/7A and SF 1080 as indicated in appendix B.

b. *Dental care.*

(1) Dental care in the U.S., its possessions, and the Commonwealth of Puerto Rico will be limited to emergency care for the relief of pain or acute conditions and dental care requiring hospitalization. Such care will not include the provision of prosthetic dental appliances or permanent restorations.

(2) In overseas areas, dental care is authorized to the extent needed pending the patient's return to the U.S., a U.S. possession, or the Commonwealth of Puerto Rico.

c. *Notification.* When a PHS or NOAA officer is admitted to an Army hospital, notification will be made to the Beneficiary Medical Program in Rockville, Maryland at 1-800-368-2777.

### **3-26. Selective Service registrants**

Selective Service (SS) registrants, by or under the authority of the Director, SS, will be furnished necessary medical examinations. Hospitalization is authorized when their medical fitness for military service cannot be determined without hospital study. SS registrants who suffer illness are authorized emergency medical care including emergency hospitalization as beneficiaries of the SS system.

### **3-27. Beneficiaries of the Department of State and associated agencies**

a. Officers and employees of the agencies in (1) through (9) below, their family members, and applicants for appointment to such agencies are authorized medical care in Army facilities.

- (1) Department of State.
- (2) U.S. Agency for International Development.
- (3) U.S. Information Agency.
- (4) Foreign Agricultural Service, Department of Agriculture.
- (5) Bureau of Public Roads, Department of Commerce.
- (6) Federal Aviation Administration (FAA).



(7) Foreign Claims Settlement Commission.

(8) Drug Enforcement Administration.

(9) Such other agencies as may from time to time be included in the medical program of the Department of State.

b. Care outside the U.S. is authorized as specified below.

(1) *Inpatient care.* Authorization for officers and employees will be prepared by the individual's superior officer, or, if there is no superior officer, by the individual himself or herself. The authorization will show the individual's name, the diagnosis, if known, and will state that the individual is a citizen of the U.S. on duty abroad in the employment of one of the agencies, naming the type of service and the place of duty. In the case of family members, authorization will be prepared by the immediate superior officer of the family member's sponsor, or, if there is no immediate superior officer, by the sponsor himself or herself. The authorization will show the family member's name, the diagnosis, if known, and will state that the family member is residing abroad with his or her sponsor. It will also give the name and relationship of the family member's sponsor, with the statement that the sponsor is a citizen of the U.S. abroad in the employment of one of the above agencies, giving the place and type of employment. In either case, the authorization will also state that the individual is entitled to inpatient care at the expense of one of the agencies listed in a(1) through (9) above.

(2) *Outpatient treatment.* Outpatient treatment at the expense of one of the agencies in a(1) through (9) above is authorized only when treatment is furnished for a condition that results in hospitalization or treatment required for post hospitalization follow up.

(3) *Medical examinations and immunizations.* Medical examinations including periodic examinations (usually biennial) and immunizations may be furnished upon presentation of authorization completed as indicated in (1) above. In addition, the authorization will include the nature of the service desired, the justification, and contain the statement that the individual is entitled to these services at the expense of one of the above agencies. Proper medical examination documentation—in triplicate—will be enclosed with the authorization showing in detail the exact extent of the medical examination required. When immunizations are requested, the type of each immunization will be stated specifically. The original and one copy of medical examination documentation will be forwarded, as soon as the examination is completed, to the authorizing office.

(4) *Dental care.* Dental care may be provided on a space-available and reimbursable basis.

(5) *Care not covered by the Department of State medical program—*

(a) *Inpatient care.* Authorization for officers and employees and their family members listed above will be prepared as indicated in b(1) above, except it will state that charges for medical care will be collected from the individual.

(b) *Outpatient treatment.* Charges for all outpatient treatment will be collected locally from the individual.

(c) *Dental care.* Dental care will be limited to that authorized in (4) above.

c. Medical examinations and immunizations of applicants for appointment as officers or employees in the service of one of the agencies in a above may be furnished upon presentation of authorization completed as indicated in b(1) above. For additional instructions concerning authorization and disposition of forms, the provisions of b(3) above apply.

d. Officers and employees and their family members (to include applicants for appointment) who are beneficiaries of one of the agencies in a above are authorized care as follows:

(1) *Medical examinations and immunizations.* Medical examinations and immunizations of applicants for appointment as officers or employees in the service of one of the agencies in a above.

(2) *Periodic medical examinations.* Periodic medical examinations (usually biennial) of officers and employees of one of the agencies in a above who are on duty or leave in CONUS.

(3) *Medical examinations and immunizations.* Medical examinations and immunizations for family members of officers and employees of one of the agencies in a above. Authorization for any of these services will be prepared by one of the agencies in a above as indicated in b(1) and (2) above.

e. Those officers and employees and their family members listed in a and c above who are hospitalized in Army MTFs outside the U.S. and require prolonged hospitalization may be evacuated to the U.S. through medical evacuation channels. Such evacuation, in the case of officers and employees, will be coordinated with the nearest office of the agency concerned.

f. The extent of medical care furnished at Army MTFs in the U.S. and reimbursement criteria prescribed in the case of those officers and employees and their family members listed in a above, who are evacuated to the U.S. for medical reasons, will be comparable in all respects to that which is authorized or prescribed outside the U.S. Officers and employees listed in a above who are returned to the U.S. for non-medical reasons (for example, leave or TDY) and accompanying family members may be furnished medical care at the expense of one of the agencies in a above for treatment of an illness or injury that was incurred in LD while outside the U.S.

g. For the extent of medical care authorized in the U.S. for those officers and employees and their family members listed in b(5) above who are evacuated to the U.S. for medical reasons, the provisions of paragraph 3-54 apply.

**3-28. Peace Corps personnel (volunteers, volunteer leaders, and employees), including Peace Corps applicants, and family members of volunteer leaders and employees**

Medical care will be furnished subject to the conditions specified below and upon presentation of a signed authorization for treatment from a representative of the Peace Corps in the case of volunteers, volunteer leaders, and family members of volunteer leaders; from a representative of the Department of State (the principal or administrative officer of the Foreign Service Post) in the case of employees and their family members; or from a representative of Peace Corps Headquarters in Washington, DC in the case of Peace Corps applicants.

*a. Outside the U.S.*

(1) *Volunteers, volunteer leaders, and family members of volunteer leaders.* Medical care is authorized under the same conditions and at the same rate for the same care as personnel listed in paragraph 3-27.

(2) *Employees and their family members.*

(a) Employees and their family members who are beneficiaries of the Peace Corps are authorized the same care, under the same conditions, and at the same rate as personnel listed in paragraph 3-27.

(b) Employees and their family members who are not beneficiaries of the Peace Corps are authorized the same care under the same conditions and at the same rate as personnel listed in paragraph 3-27b.

(3) *Peace Corps applicants.*

(a) Except as provided in (b) below, medical services for Peace Corps applicants are limited to medical examinations and immunizations. Hospitalization is authorized only when necessary for the proper conduct of examinations. Reports of medical examinations will be forwarded to Director, Medical Programs, Peace Corps, Washington, DC 20006.

(b) Peace Corps applicants in training status outside the U.S. are authorized medical care in Army MTFs on the same basis as Peace Corps volunteers.

*b. Inside the U.S.*

(1) *Peace Corps applicants.* Medical service in the U.S. for Peace Corps applicants is limited to medical examinations and immunizations. Hospitalization is authorized only when necessary for the proper conduct of examinations.

(2) *Volunteers, volunteer leaders, and family members of volunteer leaders and employees.* Except as provided in (3) below, medical care is authorized only on a temporary basis (para 3-54).

(3) *Peace Corps volunteers.* Peace Corps volunteers evacuated from stations in the South Pacific may be provided care at TAMC.

*c. Records.* A complete medical report will be furnished the local Peace Corps physician upon completion of hospitalization or, in the event of a prolonged illness, a medical report will be sent periodically. Similarly, in the case of outpatient treatment, a brief medical report will be forwarded to the local Peace Corps physician upon completion of treatment.

*d. Evacuation.* Evacuation from an Army MTF to CONUS will be coordinated with the local Peace Corps representative.

*e. Care as OWCP beneficiaries.* See paragraph 3-24 for care available to Peace Corps volunteers as beneficiaries of the OWCP.

**3-29. Members of the U.S. Soldiers' and Airmen's Home**

*a.* Except as provided in b below, members of the U.S. Soldiers' and Airmen's Home (USSAH) are authorized care as beneficiaries of the USSAH. Care is limited to medical facilities at Andrews AFB; Bolling AFB; Forts Belvoir, Meade, Myer, McNair and Detrick; and Walter Reed Army Medical Center. Any charges will be billed to the USSAH for collection from individual residents as appropriate.

*b.* Members of the USSAH who are also retired members of the Army or Air Force will be treated as retired members under the provisions of paragraph 3-9 and 3-10.

*c.* Non-retired residents of the USSAH are authorized outpatient care at no cost and inpatient care at subsistence rates billed to the USSAH. On 22 Oct 87, the Assistant Secretary of the Army declared these patients Secretary of the Army designees.

**3-30. Beneficiaries of the Department of Justice**

*a. Federal Bureau of Investigation.* Upon presentation of written authorization, agents of the Federal Bureau of Investigation may be furnished medical examinations. Charges for medical examinations will be collected from the Department of Justice on submission of DD Form 7/7A and SF 1080. When hospitalization is necessary for the proper conduct of these examinations, DD Form 7 will be forwarded to the U.S. Department of Justice through the Commander, USAMEDCOM, ATTN: MCRM-F, 2050 Worth Road, Fort Sam Houston, TX 78234-6000.

*b. Claims administered by the Department of Justice.* Upon presentation of written authorization from the Department of Justice or the U.S. attorney in the case, persons whose claims are being administered by the Department of Justice may be furnished medical examinations to determine the extent and nature of the injuries or disabilities claimed. Charges for medical examinations will be collected locally from the Department of Justice through the Commander, USAMEDCOM, ATTN: MCRM-F, 2050 Worth Road, Fort Sam Houston, TX 78234-6000 on submission of DD Form

7A and SF 1080. When hospitalization is necessary for the proper conduct of these examinations, DD Form 7 will be forwarded to Commander, USAMEDCOM, ATTN: MCRM-F, 2050 Worth Road, Fort Sam Houston, TX 78234-6000.

### 3-31. Beneficiaries of the Treasury Department

*a. Treasury, U.S. Customs agents, and Secret Service agents (examinations).* Upon presentation of written authorization, examinations may be conducted and will be recorded in the same manner as routine annual medical examinations for Army officers, but on an outpatient basis only. If hospitalization is considered desirable in connection with the examination, a statement to that effect will be entered in item 42 or 44 of the SF 88 (Report of Medical Examination), as appropriate. One copy of the SF 88 and SF 93 (Medical Record-Report of Medical History) for medical examinations provided these agents will be forwarded to the Chief, U.S. Secret Service, Treasury Department, Washington, DC 20220. Charges for examinations will be collected from the Department of Treasury on submission of DD Form 7A supported by a copy of the authorization for medical examination and SF 1080. AR 1-4 addresses medical support provided the U.S. Secret Service in performing its protective responsibility.

*b. Agents of the U.S. Customs Service and their prisoners.* U.S. Customs Service agents and prisoners under their jurisdiction may be provided emergency medical care at Army MTFs located near CONUS borders. Services provided will be reported to the Commander, USAMEDCOM, ATTN: MCRM-F, 2050 Worth Road, Fort Sam Houston, TX 78234-6000 on DD Form 7A and SF 1080, as appropriate, for reimbursement. The guarding of civilian prisoners in the custody of U.S. Customs Service agents will be provided by the U.S. Customs Service or other appropriate nonmilitary law enforcement agency (para 3-38).

### 3-32. Federal Aviation Administration air traffic control specialists

*a.* Upon written request from the FAA regional flight surgeon, Army MTFs are authorized to provide the following ancillary examinations on an outpatient basis to air traffic control specialists who are undergoing a physical examination by an FAA physician:

- (1) Resting electrocardiogram.
- (2) Exercise electrocardiogram.
- (3) Posterior-anterior chest x ray.
- (4) Audiogram.
- (5) Basic blood chemistries listed below (plus automated blood chemistry program, if available. Example: SMA-12.)
  - (a) Two-hour post prandial blood sugar.
  - (b) Blood urea nitrogen.
  - (c) Serum cholesterol.
  - (d) Uric acid.

*b.* The Army will not read or evaluate the results of tests. Results will be forwarded directly to the FAA regional flight surgeon who requested the examination.

*c.* Services provided will be reported for reimbursement to the FAA through the Commander, USAMEDCOM, ATTN: MCRM-F, 2050 Worth Road, Fort Sam Houston, TX 78234-6000 on DD Form 7A and SF 1080 supported by a copy of the request from the agency for the Services.

### 3-33. Job Corps and other Congressionally mandated Volunteer Programs in Service to America and applicants

*a. Verification.* Before treatment or examination is provided, there must be verification that personnel in the Congressionally mandated program are authorized care or examination at an Army MTF.

*b. Job Corps.* Job Corps applicants for enrollment and Job Corps enrollees may be provided the services in (1) and (2) below in Army MTFs as beneficiaries of the Department of Labor. An authorization signed by an appropriate Job Corps official must be presented before services can be provided.

- (1) Job Corps applicants for enrollment may be provided pre-enrollment medical examinations and immunizations.
- (2) Job Corps enrollees may be provided hospitalization, outpatient medical treatment, examinations, and immunizations. Dental care will not be provided except emergency treatment to relieve pain and suffering.

*c. Services available at MEPS.* The MEPS commander may provide pre-employment medical examinations on a space-available basis.

*d. Remediable physical defects.* Upon presentation of an appropriate authorization form signed by a Job Corps or Volunteers in Service to America (VISTA) physician, surgery or other treatment required to correct remediable physical defects of Job Corps enrollees and VISTA personnel may be provided. Army MTFs may provide these services if, in the professional judgment of the medical officers concerned, such treatment is indicated and the required sources are available. The authorization form should contain a statement that in the opinion of the authorizing physician, the condition will interfere with or substantially impede the training or future employability of a Job Corps enrollee or will seriously interfere with a VISTA volunteer's performance of duty.

*e. Reports to Job Corps.* Hospitalization, outpatient care, examinations, and immunizations furnished will be reported for reimbursement to the Job Corps through the Commander, USAMEDCOM, ATTN: MCRM-F, 2050 Worth

Road, Fort Sam Houston, TX 78234-6000 on DD Form 7/7A and SI 1030 supported by documentation from the Job Corps or VISTA authorizing the services. In the case of VISTA personnel provided hospitalization or outpatient treatment on the basis of their Blue Cross and Blue Shield ID card, the VISTA ID number of the patient will be shown after the name of the patient in item 5 of the DD Form 7/7A.

*f. Beneficiaries of the OWCP.* After termination of their duty with the Job Corps or VISTA, these personnel are eligible for OWCP benefits. To establish their eligibility for these benefits, Army MTFs providing treatment to such personnel will, upon request, complete the medical certificate.

### **3-34. Social Security beneficiaries**

Nonbeneficiaries who are Medicare-eligible may be provided hospitalization in Army MTFs in the U.S. in an emergency to prevent undue suffering or loss of life. The local office of the Social Security Administration (SSA) will be notified as soon as possible after emergency admission of one of their beneficiaries. The SSA can pay for care furnished its beneficiaries in a Federal hospital only if it is located in the U.S. and only during the period of the emergency. The patient or responsible family member will be informed of this and will be advised that arrangements should be made with a civilian hospital that participates in the Medicare Program so that the patient can be transferred as soon as his or her condition has improved to the extent that he or she can be moved. Emergency hospitalization of SSA beneficiaries will be reported for reimbursement to the appropriate financial intermediary on DD Form 7/7A along with a UB-92 (Uniform Bill) or HCFA Form 1450 (Billing Statement). Amounts unpaid by the financial intermediary will be collected from the patient. This paragraph does not apply to family members and retired members and their family members who are beneficiaries under the provisions of sections III and IV of this chapter. UB-92 and HCFA Form 1450 may be obtained from the nearest local Health and Human Services Health Care Financing Administration or accessed on the HCFA.gov web site.

### **3-35. Micronesian citizens**

Pacific Island Nation citizens covered by the Compact of Free Association and referred by their governments to TAMC for specialized treatment may be provided hospitalization and outpatient treatment. Pacific Island governments will be billed at interagency rates or at rates established by the commander of TAMC according to the Compact of Free Association. Because of historical status as Trust Territories of the Pacific Islands, payment guaranteed by governments of Pacific Island Nations will be treated as reimbursement source code 899, "all other Federal agencies outside DOD."

### **3-36. American Samoan citizens**

Citizens of American Samoa referred by the Governor of American Samoa to TAMC for specialized treatment may be provided hospitalization and outpatient treatment as beneficiaries of the government of American Samoa at rates specified in appendix B. Collection will be made locally.

## **Section VIII**

### **Miscellaneous Categories of Eligible Persons**

#### **3-37. Secret Service protectees and protectors**

Medical service authorized by AR 1-4 on a nonreimbursable basis includes care in Army MTFs for persons protected by the U.S. Secret Service (for example, the President of the U.S.) and individuals engaged in providing such protection. When hospitalized, a charge for subsistence will be collected locally from the individual.

#### **3-38. Persons in military custody and nonmilitary Federal prisoners**

*a. Enemy prisoners of war and other detained personnel.* Members of the enemy armed forces and other persons captured or detained by U.S. Armed Forces are entitled to medical treatment of the same kind and quality as that provided U.S. Forces in the same area. Detainees suffering from serious injury or disease necessitating special treatment or hospitalization will be medically evacuated to the military or civilian medical unit where such treatment can be given. When civilian hospital facilities are not available, or their use is not feasible because of operational or security considerations, U.S. MTFs will be utilized for the medical treatment of civilian internees or other civilians injured, wounded, diseased, or ill as a result of enemy or allied actions. Ambulatory detainees will be transferred to the nearest detainee collecting point or prisoner of war/civilian internee camp when the need for special medical care has been fulfilled. Other civilians may be released or transferred to the nearest civilian medical facility as the patient's medical condition permits (AR 190-8, AR 190-57, DA Pam 27-1, and the 1949 Geneva Convention, Article 122 and Article 138).

##### *b. Military prisoners.*

(1) Military prisoners whose punitive discharges have been executed but whose sentences have not expired are authorized all necessary medical care.

(2) Military prisoners whose punitive discharges have been executed and who require hospitalization beyond expiration of sentences are not eligible for care but may be hospitalized as pay patients until disposition can be made to some other facility.

(3) Military prisoners on parole pending completion of appellate review or whose parole changes to an excess leave status following completion of sentence to confinement while on parole are members of the military services. Accordingly, they are authorized medical care to the same extent as other soldiers. An individual on parole whose punitive discharge has been executed is not a member of the military services and is not eligible for care in Army MTFs. However, in exceptional circumstances, care in Army MTFs may be requested under the provisions of Secretary of the Army designee in paragraph 3-50. (Additional details are contained in AR 190-47.)

c. *Nonmilitary Federal prisoners.* Such persons are authorized only emergency medical care. When such care is furnished, the institution to which the prisoner is sentenced must furnish the necessary guards to control the prisoner and prevent his or her escape. Under no circumstances will military personnel be utilized to guard or control the prisoner. Upon completion of emergency medical care, arrangements for transfer to a nonmilitary medical facility or return of the prisoner will be made with the appropriate official of the institution to which the prisoner is sentenced. Charges for emergency medical care will be collected from the authorizing institution by submitting DD Form 7/7A and SF 1080.

### 3-39. Maternity care for former members of the Armed Forces

a. *General.* Except as provided in e below, former members of the Armed Forces separated with service characterized as honorable or general (under honorable conditions), or described as uncharacterized, who are shown by an examination given at an Armed Forces MTF to have been pregnant at the time of separation are authorized maternity care in MTFs for that pregnancy as specified below. Such care is limited to MTFs having OB/GYN capability. Care in civilian facilities is not authorized at Government expense except when necessary to augment treatment provided at the MTF. This care is provided in the same manner as care for AD soldiers within the MTFs area of responsibility to include providing care under MCS contracts. The term "maternity care" as used here includes prenatal care, hospitalization, and delivery. Newborns will be charged the full reimbursable rate from the time of birth. (See para 3-12c.) (This provision does not apply to RC members who are completing a period of authorized training except when they have served at least one year of continuous extended AD and meet other requirements of this para.) The provisions of this paragraph also apply to former members of the commissioned corps of the PHS and the NOAA and their newborn infants. Charges for care applicable for AD soldiers of the commissioned corps of PHS and NOAA will apply and will be billed to PHS.

b. *Application.* Eligible former members requesting maternity care will apply in writing to the MTF nearest their home and present a copy of either DD Form 214 (Certificate of Release or Discharge from Active Duty), DD Form 256A (Honorable Discharge Certificate), or DD Form 257A (General Discharge Certificate (Under Honorable Conditions)). They will also present documentation of their pregnancy at the time of separation as proof of eligibility for maternity care.

c. *Newborn infants.* If the infant is referred to a civilian source, care is at the mother's expense.

d. *Abortions.* Medical care may include abortions under the conditions outlined in paragraph 2-18.

e. *EPTS pregnancies.* The provisions of this paragraph do not apply to members who are determined by medical authorities to have been pregnant on the date of entrance on AD or any type of authorized duty.

### 3-40. Individuals whose military records are being considered for correction

Individuals who require medical evaluation in connection with consideration of their case by the Army, Navy, or Air Force Board for Correction of Military Records are authorized evaluation, including hospitalization when necessary, in Army MTFs. (Army personnel in this category are advised by The Adjutant General that they may report to a designated medical facility for evaluation.)

### 3-41. Seamen

a. *General.* Civilian seamen in the service of vessels operated by the DA or the Military Sealift Command listed in b and c below are still in the service of a vessel, although not on board and not engaged in their duties, as long as they are under the power and jurisdiction of competent DA or Military Sealift Command authorities.

b. *Civilian seamen in the service of vessels operated by the DA.* Such seamen paid from appropriated funds are authorized to receive without charge those occupational health services outlined in AR 40-5. Except in emergencies, such persons will be furnished medical care (other than occupational health services) only when facilities of the PHS are not available. Authorization for such care will be granted upon presentation of written authorization, from the vessel master or other appropriate administrative authority, which may be dispensed only in emergencies.

c. *Civilian seamen in the service of vessels operated by the Military Sealift Command.* Such persons are eligible for care upon presentation of written authorization from the vessel master or other appropriate administrative authority. When immediate treatment is required and the employee concerned does not have the required written authorization, the nearest Military Sealift Command office or representative will be requested to submit such authorization as soon as possible. The authorization will be attached to DD Form 7/7A and SF 1080 and related documents when submitted to the authorizing military sealift command office for reimbursement.

d. *Crews of ships of U.S. registry.* Such crews-including ships' officers-are eligible for care when outside the U.S., its territories, possessions, and the Commonwealth of Puerto Rico. This category includes the crews of ships of U.S.

registry such as those aboard DOD time-chartered vessels of commercial operators; those aboard time-chartered vessels referred to above for emergency medical care; and those on privately owned and operated vessels.

*e. Care as OWCP beneficiaries.* See paragraph 3-24 for care available to civilian seamen as beneficiaries of the OWCP.

*Note.* Dental care authorized to seamen by this paragraph will be limited to emergency dental care for the relief of pain or acute conditions or for dental conditions requiring hospitalization. Such dental care will not include the provisions of prosthetic dental appliances or permanent restorations.

### **3-42. Red Cross personnel**

*a.* MTF Commanders, CONUS AND OCONUS, may accept the services of the Red Cross, as well as the services of Red Cross volunteers providing support to Government personnel in the delivery of health care and health care-related services to Armed Forces personnel and DOD beneficiaries. The acceptance of Red Cross services and services of Red Cross volunteers will be in strict compliance with AR 930-5. The MTF Commanders are responsible for ensuring that Red Cross volunteers placed under their supervision conform to the provisions of paragraph b below.

*b.* Individual Red Cross volunteers providing authorized health care and health care-related services, including physicians, dentists, nurses (practical and registered), pharmacists, therapists, podiatrists, psychologists, and orderlies will—

(1) Be subject to the same control by the MTF supervisor that is exercised over compensated personnel providing comparable services;

(2) Provide those services within the scope of their authorized duties;

(3) Be licensed, credentialed, and privileged according to AR 40-68;

(4) Comply with applicable standards of conduct;

(5) Receive no compensation from any source, including the Red Cross or any agency of the United States, for the services provided; and,

(6) Not perform any policy-making functions.

*c.* Red Cross volunteers providing health care and health care-related services consistent with the provisions of paragraph b above will be considered employees of the United States for purposes of claims arising from the performance of such services. Consequently, they will be expected to notify the MTF Commander or his or her representative of all actual or potential claims (for example, filed pursuant to the Federal Tort Claims Act or Military Claims Act) and to cooperate fully with the United States in its investigation.

*d.* When on a tour of duty with a Uniformed Service outside the U.S., Red Cross personnel and their family members, are authorized hospitalization and medical care on a space-available basis. Charges for care will be at the subsistence rate and collected locally from the patient. At MTFs in the U.S., authorization is limited to treatment of injuries sustained in the performance of duties at an Army installation.

### **3-43. Civilian student employees**

*a.* As used in this paragraph, "civilian student employee" applies to a student nurse, medical or dental intern, resident-in-training, student dietitian, student physical therapist, student occupational therapist, and any other student employee assigned to an Army MTF for training purposes under an affiliation agreement with a civilian institution (AR 351-3).

*b.* Civilian student employees are authorized care as OWCP beneficiaries for injury or disease that is the proximate result of their employment (para 3-24a(2)).

*c.* Such employees are also authorized occupational health services as described in AR 40-5.

*d.* Medical care for other conditions occurring during the training period may be authorized at the discretion of the MTF commander. Such care will not include elective medical treatment or treatment for prolonged periods.

*e.* Treatment authorized by c and d above will be without charge except for subsistence when hospitalized.

### **3-44. Civilian employees of U.S. Government contractors and their family members outside the United States**

These employees and their family members may be provided care only outside the U.S. except as provided in paragraph 3-45.

### **3-45. Medical examinations for civilian employees of DOD contractors**

Civilian employees of DOD contractors listed in a, b, c, and d below are authorized medical examinations at Army MTFs both within and outside the U.S. When hospitalization is necessary for the proper conduct of the examination, a charge for subsistence will be collected locally from the individual.

*a.* Civilian contractor flight instructors.

*b.* Civilian contractor employees upon request of the Defense Logistics Agency under the DOD Industrial Security Program (AR 380-49).

*c.* Civilian employees of food service contractors (AR 40-5).



~~d. Civilian employees of DOD contractors on a reimbursable basis (app B) working with nuclear and chemical surety programs according to AR 50-5 and AR 50-6.~~

### **3-46. Civilian participants in Army-sponsored activities**

Civilian participants in Army-sponsored sports, recreational, educational, or training activities who are injured or become ill while participating in such activities may be furnished inpatient and outpatient medical care without charge except for subsistence when hospitalized. The commander of an MTF may also furnish medical examinations and immunizations to these individuals when he or she considers that such procedures are necessary. Hospitalization will be furnished only on a temporary basis until such time as appropriate disposition can be accomplished. Persons eligible under this paragraph include but are not limited to—

- a. Senior ROTC cadets and students participating in extracurricular activities under Army sponsorship.
- b. Junior ROTC students participating in Army-sponsored instructional activities.
- c. Boy Scouts and Girl Scouts of America participating in visits, training exercises, and encampments at Army installations.
- d. Civilian athletes training and/or competing in sports activities as part of the U.S. Olympic effort.
- e. Civilian participants in Army marksmanship and parachute team training and competitive meets.
- f. Students and members of sports groups invited to participate in sports activities at Army installations as part of the Army Sports Program.
- g. Members of little league teams participating in sports, recreational, or training activities at Army installations.

### **3-47. Claimants whose claims are administered by Federal departments and claimants who are the proposed beneficiaries of private relief bills**

a. *DOD.* To determine the extent and nature of the injuries or disabilities claimed, civilian claimants, upon the request of the agency responsible for administering the claim, may be furnished medical examinations and hospitalization incident thereto, including subsistence, without incurring any charge.

b. *Other Federal departments.* To determine the extent and nature of the injuries or disabilities claimed, civilian claimants upon the request of the Federal department responsible for administering the claim may be furnished medical examinations including hospitalization when necessary for the proper conduct of the examination. When hospitalization is necessary for the proper conduct of these examinations, DD Form 7/7A and SF 1080 will be forwarded to the authorizing department for reimbursement.

c. *Other claimants.* Claimants who are the proposed beneficiaries of private relief bills based on injuries or disabilities allegedly arising out of the operation of the DOD may be furnished medical examinations and hospitalization incident thereto, including subsistence, without any charge in order to determine the extent or nature of the injuries or disabilities claimed.

### **3-48. Persons who provide direct services to the U.S. Armed Forces outside the United States**

a. Emergency medical care may be provided in Army MTFs in overseas areas for persons listed in b through d below when they are in the overseas area under ITOs from the DOD or one of the military departments. Care will be provided on a space-available basis. Medical care is not authorized during delays en route except when such delays are for the convenience of the DOD or the Department of State.

b. The categories listed below will be provided emergency outpatient care without charge. Charges for hospitalization will be as stated for each category.

- (1) Civilian religious leaders or religious groups.
- (2) Athletic consultants or instructors.
- (3) Representatives of the United Service Organization (USO) except those listed in c below.
- (4) Representatives of other social agencies and educational institutions.
- (5) Persons in similar status who provide direct services to the Armed Forces.

c. USO professional personnel and accompanying family members may be furnished care at overseas MTFs on a space-available, reimbursable basis. Patients in this category will be required to present proper USO identification. Charges for care will be billed to local USO center headquarters at the full reimbursement rate.

d. Educational representatives of recognized educational institutions regularly assigned to duty in overseas areas, who are providing direct services to the U.S. Armed Forces, and their family members when residing with their sponsors, may be furnished medical care at rates prescribed in appendix B.

### **3-49. American nationals**

American nationals outside the U.S. covered by agreements between the DA and their Federal civilian agencies may be furnished medical care when care in Army MTFs is a condition of the agreement.

### **3-50. Designees of the Secretary of the Army**

- a. Persons not otherwise eligible for medical care may receive such care when they are designated for this purpose

by the Secretary of the Army. Charges are determined on a case-by-case basis by the approving authority. Requests should be initiated through the MTF patient administration division (PAD) and be submitted to Commander, USAMEDCOM, ATTN: MCHO-CL-P, 2050 Worth Road, Fort Sam Houston, TX 78234-5010 following the format in the sample memorandum at figure 3-2.

b. Each Uniformed Service secretary has a designee program. Requests should be initiated by the applicant through the uniform services MTF where he or she is seeking care.

c. Non-AD chaplains who are employed in the full-time provision of religious support to the U.S. Military Academy, West Point and their family members are authorized medical and dental care at Army MTFs at Government expense, except for subsistence, at the same level authorized for uniformed members and their family members.

d. Certain civilian officials within the Government are provided Secretary of Army designee status for medical and emergency dental care within CONUS. Charges will be at the "others rate." Within the National Capital Region (NCR), charges for the outpatient care provided all designated officials are waived. Charges for the inpatient care provided members of Congress inside and outside the NCR will be the "full reimbursement rate." Charges for other designated officials for inpatient care inside the NCR and for inpatient and/or outpatient care provided outside the NCR will be at the "interagency rate." Officials provided Secretary of Army designee status include—

- (1) The President.
- (2) The Vice President.
- (3) Cabinet members.
- (4) Active III Federal judges (active and retired).
- (5) U.S. Court of Military Appeals judges.
- (6) Congressmen or Congresswomen.
- (7) Secretary and Deputy Secretary of Defense.
- (8) Under Secretary of Defense for Policy.
- (9) Under Secretary of Defense Acquisition.
- (10) Director of Defense Research and Engineering.
- (11) Assistant Secretaries of Defense.
- (12) Comptroller of the DOD.
- (13) General Counsel of the DOD.
- (14) Inspector General of the DOD.
- (15) Director of Operational Test and Evaluation for the DOD.
- (16) Assistant to the Secretary of Defense for Atomic Energy.
- (17) The Secretaries, the Under Secretaries, and the Assistant Secretaries of the Military Departments.
- (18) The General Counsel of the Military Departments.

e. The Secretary of the Army has delegated the granting of Secretarial designee authority to the MTF commander for newborn infants of former soldiers and newborn infants of dependent daughters of AD born in Army MTFs. The extent of this care applies to the initial hospitalization and one well-baby check only, and the designee will be subject to the same charges as would apply to any dependent entitled to medical care.

### **3-51. Preadoptive children and court appointed wards**

The Secretary of the Army has authorized pre-adoptive children of AD and retired members of the Uniformed Services to receive medical care in Army MTFs until the adoption is finalized and they become entitled to care under 10 USC 1072. Care will be provided under the same conditions and subject to the same charges as would apply to any family member. (See para 3-11.) Court appointed wards are entitled to care as specified in paragraph 3-11 and become TRICARE eligible beneficiaries effective on the date appointed as a ward by the court.

### **3-52. Family members of certain members sentenced, discharged, or dismissed from the Uniformed Services**

Health care is authorized in MTFs and under the TRICARE Program for family members of former military members under the following conditions.

a. The member has received a dishonorable or bad-conduct discharge or was dismissed from a Uniformed Service as a result of a court-martial conviction for an offense, under either military or civilian law, involving abuse of a dependent of the member or was administratively discharged from a Uniformed Service as result of such an offense.

b. Family members of soldiers who receive a dishonorable or bad-conduct discharge or a court-martial conviction for an offense involving abuse are authorized 1 year of medical and dental care for injury or illnesses resulting from the abuse or for an adverse health condition resulting from knowledge of the abuse. This care is granted through the Secretary of the Army Designee Program. Care in MTFs will be subject to the availability of space and capability of the professional staff. Care shall terminate 1 year from the date of the sponsor's discharge or dismissal. Request for medical care under this provision should be forwarded to the address in paragraph 3-50a to include information



indicated in figure 3-2, paragraphs 4a through 4h. AR 608-1 (Army Community Services Program) outlines eligibility for medical and other benefits under this program.

### **3-53. Ineligible persons outside the United States**

In special circumstances, a major overseas commander (para 1-4b) may authorize care for an ineligible person in Army MTFs under his or her jurisdiction when he or she considers this to be in the best interest of his or her command. Charges for care provided under this paragraph will be at the full reimbursable rate and collection will be made locally.

### **3-54. Certain personnel evacuated from one area to another**

Personnel may be evacuated for medical reasons from an area in which they are eligible for medical care to an area where they are not otherwise eligible for such care. In these cases, personnel will be admitted to or furnished treatment at Army MTFs to which evacuated or while en route thereto when medical care is deemed necessary. Care should be furnished under this paragraph on a temporary basis only until such time as appropriate disposition can be accomplished. When transferring Secretarial designees of one Service to another, prior approval should be acquired from the Office of the Secretary of the Service of the gaining MTF.

### **3-55. Civilians in emergency**

Any person is authorized care in an emergency to prevent undue suffering or loss of life. Civilian emergency patients not authorized Army MTF services will be treated only during the period of the emergency. Action will be taken to transfer such patients as soon as the emergency period ends. Charges for medical care under this paragraph will be at the full reimbursable rate.

### **3-56. Volunteer subjects in approved Department of the Army research projects**

Volunteers under the provisions of AR 40-38 and AR 70-25 are authorized necessary medical care for injury or disease that is the proximate result of their participation in clinical investigation or research protocols. Medical care charges for all categories of personnel described in this chapter will be waived when they require care which is the proximate result of participation in clinical investigation or research protocols. Medical care for civilian employees who volunteer and who perform duty as a volunteer during their regularly scheduled tour of duty will be provided according to paragraph 3-24.

### **3-57. U.S. nationals in foreign penal institutions**

U.S. nationals serving with, employed by, or accompanying the Armed Forces outside the U.S. and its possessions, and their family members, when confined in foreign penal institutions, are authorized medical care of the type and quality furnished prisoners in U.S. military confinement (AR 27-50).

### **3-58. Domestic servants outside the United States**

Army MTFs located outside the U.S. are authorized to provide the following with charges as indicated in appendix B for domestic servants employed or to be employed by DOD military and civilian personnel:

- a. Preemployment health examinations.
- b. Periodic communicable disease detection examinations.
- c. Immunizations.

### **3-59. U.S. contractor civilian employees stationed in American Samoa**

Upon request of the Governor of American Samoa, U.S. contractor civilian employees stationed in American Samoa may be provided care at TAMC. Charges will be collected locally from the individual at rates prescribed in appendix B.

### **3-60. Civilians injured in alleged felonious assaults on Army installations**

When required to complete a criminal investigation, the Secretary of the Army has given commanders of Army MTFs discretionary authority to provide examination and initial treatment without charge to a civilian injured in an alleged felonious assault (for example, alleged rape) occurring on an Army installation. There is no authority to provide care for civilians in the private sector.

### **3-61. Treatment of former military personnel**

- a. Treatment is authorized for former military personnel suspected of Service connected diseases or injuries who have been separated with a permanent disability rating.
- b. Former military personnel involuntarily separated may be authorized temporary extended health benefits through the Continued Health Care Benefit Program.
- c. Former military personnel may be admitted to an Army MTF for diagnosis and treatment when the DOD has established a program(s) and a protocol to evaluate Service-connected impairments (for example, malaria, Agent Orange). Former military personnel determined ineligible for these services will be referred to the nearest VA treatment

facility. When authorized by the DA, DOD, or Congress, former military personnel and their family members may be extended benefits due to involuntary separation.

### **3-62. Returned military prisoners of war and their family members**

Returned military prisoners of war and their family members (as defined in the glossary) are eligible to receive health care in MTFs for a period of up to 5 years commencing on the date the member is separated from the Service for reasons other than retirement. These former members and their family members will be furnished care on the same priority as retired members and their family members.

a. Outpatient care will be furnished without charge. Charges for hospitalization will be at the same rates as those prescribed for retired members and their family members.

b. Movement to, from, and between MTFs will be provided only through local military transportation and military aeromedical evacuation service.

c. These individuals will be furnished care as designees of the Service where treatment is obtained and will be identified by authorization issued by the Office of the appropriate Service Secretary on an individual family basis. They will not be issued military ID cards.

d. These former members and their family members are eligible for care only in Army, Navy, and Air Force MTFs.

### **3-63. Donors and recipients of organ transplants performed in MTFs**

a. Normally, only those persons who have statutory entitlement to care in DOD MTFs or are covered by VA/DOD health care resource sharing agreements (38 USC 8111) and require this service are eligible for care in the Army Organ Transplant Program.

b. Living donors who are not DOD beneficiaries may be used as donors for DOD recipients subject to approval of the Secretary of the Army and receipt of designee status. (See para 3-50.)

c. Living organ donation by an AD soldier to a non-DOD beneficiary is permissible but requires approval from the Office of the Surgeon General (OTSG), ATTN: DASG-HS-AP, 5109 Leesburg Pike, Falls Church, VA 22041-3258. Circumstances requiring more immediate response may be approved telephonically by the OTSG (AR 40-3).

d. Former beneficiaries with failed transplants and beneficiaries who lose entitlement while awaiting a cadaver have no status under the Army Organ Transplant Program. Exceptions may be considered on a case-by-case basis under the Secretary of the Army Designee Program. However, consideration should be given to assisting these categories in establishing coverage under Medicare or other nonmilitary programs. Requests for Secretary of the Army designee status will be processed as prescribed in paragraph 3-30 and will be supported by clinical justification.

e. Foreign nationals are not eligible for transplant services.

f. The Army assumes no liability in the case of a non AD donor whose donation results in mortality. Exception to this position will apply only under circumstances giving rise to a claim or action under the Federal Tort Claims Act.

### **3-64. Civilian faculty members of the Uniformed Services University of Health Sciences**

Civilian faculty members of the Uniformed Services University of Health Sciences are authorized care in Army MTFs on a worldwide basis as Secretarial designees. Charges for care will be as stated in appendix B and will be collected locally from the individual.

### **3-65. Civilians in a national or foreign disaster**

Civilians requiring medical treatment as a result of national or foreign disasters are authorized care in Army MTFs under the policies outlined in AR 500-60. Reimbursement for care provided these individuals will be obtained from the agency in charge of the disaster relief activities.

### **3-66. Unremarried former spouse**

Certain unremarried former spouses of soldiers are authorized health benefits, depending on the length of the marriage (must be at least 20 years) and amount of time the marriage overlapped the soldier's creditable service.

a. *Twenty-twenty-twenty former spouse.* The unremarried former spouse of a member, married to the member or former member for a period of at least 20 years, during which period the member or former member performed at least 20 years of service that is creditable in determining the member's or former member's eligibility for retired or retainer pay, or equivalent pay, is entitled to care according to this chapter. (Former spouses of RC members, who have not yet attained age 60 and qualified for retired pay, are not entitled to care until the date the former member attains, or would have attained, age 60.)

b. *Twenty-twenty-fifteen former spouse.* The unremarried former spouse described in a above, except that the period of overlap of marriage and the member's creditable service was at least 15 years, but less than 20 years, is entitled to care as in paragraph 3-11 if—

(1) Final decree of divorce, dissolution, or annulment of the marriage was before April 1, 1985; or

(2) Marriage ended on, or after, September 29, 1988, entitling the former spouse to health benefits for 1 year, beginning on the date of the divorce, dissolution, or annulment.

District Office 1-Boston  
U.S. Department of Labor, OWCP  
One Congress Street, Eleventh  
Floor  
Boston, MA 02114

District Office 2-New York  
U.S. Department of Labor, OWCP  
201 Varick Street, Room 750  
New York, NY 10014

District Office 3-Philadelphia  
U.S. Department of Labor, OWCP  
Gateway Building, Room 15200  
3535 Market Street  
Philadelphia, PA 19104

District Office 6-Jacksonville  
U.S. Department of Labor, OWCP  
214 North Hogan Street, Suite  
1006  
Jacksonville, FL 32202

District Office 9-Cleveland  
U.S. Department of Labor, OWCP  
1240 East Ninth Street, Room 851  
Cleveland, OH 44199

District Office 10-Chicago  
U.S. Department of Labor, OWCP  
230 South Dearborn Street,  
Eighth Floor  
Chicago, IL 60604

District Office 11-Kansas City  
U.S. Department of Labor, OWCP  
City Center Square  
1100 Main Street, Suite 750  
Kansas City, MO 64105

District Office 12-Denver  
U.S. Department of Labor, OWCP  
1801 California Street, Suite  
915  
Denver, CO 80202

District Office 13-San Francisco  
U.S. Department of Labor, OWCP  
71 Stevenson Street, Second  
Floor  
San Francisco, CA 94105

District Office 14-Seattle  
U.S. Department of Labor, OWCP  
1111 Third Avenue, Suite 615  
Seattle, WA 98101

District Office 16-Dallas  
U.S. Department of Labor, OWCP  
525 Griffin Street, Room 100  
Dallas, TX 75202

District Office 26-Washington,  
DC  
U.S. Department of Labor, OWCP  
800 N. Capital Street, N.W.,  
Room 800  
Washington, DC. 20211

Figure 3-1. OWCP address list.

OFFICE SYMBOL (MARKS Number)

MEMORANDUM THRU (MTF PAD)

FOR (USAMEDCOMM ATTN: MCHO-CL-P, 2050 Worth Road, Fort Sam Houston,  
TX 78234-6010)

SUBJECT: Requests for Designees of the Secretary of the Army

1. References:

- a. AR 40-400;
- b. (MACOM or agency supplement to AR 40-400.)

2. Background. (Provide background information identifying the problem, condition, or reasons leading to the request.)

3. Objective. (Briefly summarize the overall purpose, goal, or benefit to be achieved in accepting this request.)

4. Basis for request. (As a minimum, the following information will be included in the request, if applicable.)

- a. Diagnosis of the condition for which care is requested and the name, office address, and telephone number of the physician who most recently treated the condition.

- b. Name, address, and age of the prospective designee and his or her relationship to a member of the Uniformed Services.

- c. Documentation from the MTF is attached verifying that the requested care is available for the prospective designee.

- d. Name, rank, SSN, Service affiliation, address, and telephone number of the military sponsor and whether separating from the Service was on a voluntary or involuntary basis.

- e. For patients who are or have been eligible for care in Army MTFs, verification through the DEERS of the expiration date for eligibility for care.

- f. Length of time for which designee status is requested.

- g. Whether or not access to the aeromedical evacuation system is necessary.

- h. Attempts made to obtain care from State and local agencies.

- i. Documentation attached that the applicant has been advised of care available under the Continued Health Care Benefits Program.

- j. Any other information or documentation that the requester believes will strengthen justification for approving the request.

SIGNATURE BLOCK

Figure 3-2. Sample format memorandum for Secretary of the Army designees

**SF 603A**

Health Record-Dental-Continuation

**SF 1034 and 1034A**

Public Voucher for Purchases and Services Other than Personal

**SF 1080**

Voucher for Transfer Between Appropriations and/or Funds

**UB-92**

Uniform Bill. (This form can be obtained from the Standard Register Company, Forms Division, through local civilian business forms suppliers.)

**VA Form 10-10**

Application for Medical Benefits. (VA forms may be obtained from the field station having jurisdiction.)

**VA Form 10-10M**

Medical Certificate and History

**VA Form 10-1204**

Referral for Community Nursing Home Care

**VA Form 21-526**

Veterans Application for Compensation or Pension

**Appendix B****Persons Authorized Care at Army MTFs**

Table B-1 serves as a quick reference for personnel who admit and bill patients at Army MTFs. (Notes and definitions not defined in the glossary are at the end of the appendix.)

Note. Updated charges can be found in the MSA table of CHCS. Figure B-1 identifies abbreviations used in the table.

**Table B-1**  
**Persons Authorized Care at Army MTFs**

| Paragraph                                    | Class of Patient                                                               | Patient Category Codes | Charges                   |                                                                                                         | Collect                                 | Report required for central reimbursement | Hearing aids, prostheses, spectacles, or orthopedic footwear                    |
|----------------------------------------------|--------------------------------------------------------------------------------|------------------------|---------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|---------------------------------------------------------------------------------|
|                                              |                                                                                |                        | Inpatient or Sub-sistence | Outpatient or Immunization                                                                              |                                         |                                           |                                                                                 |
| Section I. Members of the Uniformed Services |                                                                                |                        |                           |                                                                                                         |                                         |                                           |                                                                                 |
| 3-1 and 3-2                                  | Members of the USA, USN, USAF, and USMC (including IETs) serving on AD or ADT. | A11, N11, F11, M11     | Subsistence only.         | None while on AD. FRR for RC members after training period ends unless care is specifically authorized. | Enlisted Army, SF1080; all others DD139 | None.                                     | Yes for AD members. Yes for RC members subject to limitations in paragraph 3-2. |

Table B-1  
Persons Authorized Care at Army MTFs—Continued

| Paragraph   | Class of Patient                                                                                                                                                 | Patient Category Codes                 | Charges                   |                                                               | Collect                                                                                                                                                        | Report required for central reimbursement | Hearing aids, prostheses, spectacles, or orthopedic footwear                          |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------------------------|
|             |                                                                                                                                                                  |                                        | Inpatient or Sub-sistence | Outpatient or Immunization                                    |                                                                                                                                                                |                                           |                                                                                       |
| 3-1         | Cadets and midshipmen of USA, USN, and USAF Academies.                                                                                                           | A14, N14, F14                          | Subsistence only.         | None.                                                         | From the FAO at the appropriate Service academy for USA and USAF cadets. From the Chief of Naval Personnel, Department of the Navy for midshipmen at the USNA. | None.                                     | Yes.                                                                                  |
| 3-2         | RC members not on AD medical examinations.                                                                                                                       | A22, A23, N22, N23, M22, M23           | Subsistence only.         | None.                                                         | Locally from the individual.                                                                                                                                   | None.                                     | No.                                                                                   |
| 3-3         | SROTC members with LD conditions incurred during required field training.                                                                                        | A21, N21, F21, M21                     | Subsistence only.         | None.                                                         | From RPA.                                                                                                                                                      | DD Form 139                               | Yes, subject to limitations in paragraph 3-3.                                         |
| 3-1 and 3-2 | Members of other Uniformed Services (USCG and the commissioned corps of the PHS and the NOAA) serving on AD, ADT, and IDT, including cadets at the USCG Academy. | C11, C12, C14, C22, P11, P12, P22, B11 | IAR.                      | IAR as appropriate for USCG and PHS members. None for others. | From the PHS.                                                                                                                                                  | DD Form 7/7A                              | Yes for those on AD. Yes for those not on AD subject to limitations in paragraph 3-2. |

Section II. Applicants

|     |                                                                                 |                         |                                                                             |       |                                                                               |              |     |
|-----|---------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------------------|-------|-------------------------------------------------------------------------------|--------------|-----|
| 3-4 | Designated applicants for enrollment in SROTC programs.                         | A21, N21, F21, M21      | Subsistence only.                                                           | None. | Locality from RPA.                                                            | DD139        | No. |
| 3-5 | Applicants for cadetship at Services academies and ROTC Scholarship applicants. | A14, N14, F14, M14, A26 | Subsistence only for applicants for USMA, USNA, and USAFA. For others, IAR. | None. | Locality from MPA for USMA, USNA, and USAFA. Report all others to USAMED-COM. | DD Form 7/7A | No. |

**Table B-1**  
**Persons Authorized Care at Army MTFs—Continued**

| Paragraph | Class of Patient                                                                                              | Patient Category Codes                 | Charges                   |                            | Collect                                                     | Report required for central reimbursement | Hearing aids, prostheses, spectacles, or orthopedic footwear |
|-----------|---------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------|----------------------------|-------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------|
|           |                                                                                                               |                                        | Inpatient or Sub-sistence | Outpatient or Immunization |                                                             |                                           |                                                              |
| 3-6       | Applicants for enlistment or reenlistment in U.S. Armed Forces including applicants for enlistment in the RC. | A13, A26, N13, N26, F13, F26, M13, M26 | Subsistence only.         | None.                      | Locally from MPA, RPA, or NGPA.                             | SF1080                                    | No.                                                          |
| 3-7       | Applicants for appointment in the RA and RC, including RC members applying for AD.                            | A26, N26, F26, M26                     | Subsistence only.         | None.                      | Locally from the military agency.                           | SF1080                                    | No.                                                          |
| 3-8       | Applicants who suffer injury or acute illness.                                                                | A26, N26, F26, M26                     | Subsistence only.         | None.                      | Locally from the military agency for category of applicant. | SF1080                                    | No.                                                          |

**Section III. Retired Members of the Uniformed Services**

|     |                           |                    |                                                                   |                                                            |                                                                                                   |               |      |
|-----|---------------------------|--------------------|-------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------|------|
| 3-9 | Retired officers.         | A31, N31, F31, M31 | Subsistence only for USA, USN, USMC, and USAF officers.           | IAR or immunization rate for PHS members. None for others. | Collect subsistence from officers. For other than USA, USN, USMC, and USAF, report to USAMED-COM. | DD Form 7/7A. | Yes. |
| 3-9 | Retired enlisted members. | A31, N31, F31, M31 | None for USA, USN, USMC, and USAF Rate A-1 or E-1 for all others. | IAR or immunization rate for PHS members. None for others. | Report PHS members to USAMED-COM.                                                                 | DD Form 7/7A. | Yes. |

**Section IV. Family Members of Uniformed Service Personnel**

|      |                                                                                                      |                                                                                |                                                                            |                                                     |                                          |               |                                               |
|------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------|---------------|-----------------------------------------------|
| 3-11 | Family members of AD and retired members and of persons who died while on AD or in a retired status. | A41, A43, N41, N43, F41, F43, M41, M43, A45, A47, N45, N47, F45, F47, M45, M47 | FMR for family members of USA, USN, USMC and USAF members. IAR for others. | FMR or IAR for PHS family members. None for others. | Report PHS family members to USAMED-COM. | DD Form 7/7A. | Artificial limbs and eyes only. (See note 1.) |
|------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------|---------------|-----------------------------------------------|

Table B-1

## Persons Authorized Care at Army MTFs—Continued

| Paragraph | Class of Patient            | Patient Category Codes | Charges                                  |                            | Collect                  | Report required for central reimbursement | Hearing aids, prostheses, spectacles, or orthopedic footwear |
|-----------|-----------------------------|------------------------|------------------------------------------|----------------------------|--------------------------|-------------------------------------------|--------------------------------------------------------------|
|           |                             |                        | Inpatient or Sub-sistence                | Outpatient or Immunization |                          |                                           |                                                              |
| 3-50      | Noneligible newborn infants | K99                    | FRR or as prescribed by designee status. | None.                      | Locally from individual. | None.                                     | No.                                                          |

## Section V. Federal Civilian Employees and Their Family Members

|      |                                                                                                    |                    |                                        |       |                                   |       |     |
|------|----------------------------------------------------------------------------------------------------|--------------------|----------------------------------------|-------|-----------------------------------|-------|-----|
| 3-14 | Federal civilian employees (limited to disability retirement physicals).                           | K53                | Subsistence only. (See note 2.)        | None. | Locally from the military agency. | None. | No. |
| 3-15 | Civilian employees authorized occupational health services.                                        | K53                | Subsistence only. (See notes 2 and 3.) | None. | Locally from individual.          | None. | No. |
| 3-15 | Civilian employees provided treatment for alcoholism.                                              | K53                | IAR. FRR in CONUS. (See note 4.)       | None. | Locally from individual.          | None. | No. |
| 3-16 | Civilian employees and their family members outside the U.S. and at remote installations in CONUS. | K53, K54, K55, K56 | IAR.                                   | IAR.  | Locally from individual.          | None. | No. |
| 3-17 | Department of Interior employees stationed in American Samoa and their family members.             | K53, K54           | IAR.                                   | IAR.  | Locally from individual.          | None. | No. |

## Section VI. Foreign Nationals

|      |                                                                                                                                                                                                                                                 |          |                    |                    |                                                                       |             |      |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------|--------------------|-----------------------------------------------------------------------|-------------|------|
| 3-15 | NAF civilian employees                                                                                                                                                                                                                          | K53      | IAR. (See note 7.) | IAR. (See note 7.) | Collect locally from authorizing agency                               | None.       | No.  |
| 3-18 | Foreign military members of NATO nations in the U.S., including NATO IMET; foreign military members in the U.S. under DOD sponsorship; Partnership For Peace, and foreign military members in the U.S. in a status officially recognized by DA. | K71, K72 | FRR.               | None.              | Subsistence only from member. Report all other charges to USAMED-COM. | DD Form 7A. | Yes. |



**Table B-1**  
**Persons Authorized Care at Army MTFs—Continued**

| Paragraph | Class of Patient                                                                            | Patient Category Codes | Charges                   |                            | Collect                                                                                   | Report required for central reimbursement | Hearing aids, prostheses, spectacles, or orthopedic footwear |
|-----------|---------------------------------------------------------------------------------------------|------------------------|---------------------------|----------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------|
|           |                                                                                             |                        | Inpatient or Sub-sistence | Outpatient or Immunization |                                                                                           |                                           |                                                              |
| 3-18      | NATO family members of foreign personnel.                                                   | K73                    | FRR.                      | None.                      | Locally from individual or sponsor.                                                       | DD Form 7A unless collected locally.      | No. (See note 4.)                                            |
| 3-18      | Foreign civilians accompanying military personnel of NATO nations and their family members. | K76, K77               | FRR.                      | FRR.                       | Locally from individual.                                                                  | None.                                     | No.                                                          |
| 3-18      | IMET trainees                                                                               | K71                    | IMET.                     | IMET.                      |                                                                                           |                                           |                                                              |
| 3-18      | Family members of IMET military trainees except NATO IMET.                                  | K75                    | FRR.                      | FRR.                       | Locally from individual or sponsor.                                                       | None.                                     | No. (See note 5.)                                            |
| 3-18      | NATO IMET trainees, both military and civilian.                                             | K71                    | IMET.                     | None.                      | Collect subsistence locally from officers and civilians. Report all others to USAMED-COM. | DD Form 7/7A.                             | Yes.                                                         |
| 3-18      | Family members of NATO IMET.                                                                | K75                    | FRR.                      | None.                      | Locally from individual or sponsor.                                                       | None.                                     | No (See note 4.)                                             |
| 3-18      | FMS trainees.                                                                               | K71                    | FRR.                      | FRR.                       | Collect subsistence locally. Report all others to USAMED-COM.                             | DD Form 7/7A.                             | Yes.                                                         |
| 3-18      | Family members of FMS trainees.                                                             | K75                    | FRR.                      | FRR.                       | Locally from individual or sponsor.                                                       | None.                                     | No. (See note 4.)                                            |
| 3-18      | Foreign nationals who provide direct service to U.S. Armed Forces.                          | K74                    | FRR.                      | FRR.                       | Locally from individual when applicable.                                                  | None.                                     | No.                                                          |
| 3-18      | Special nationals                                                                           | K74                    | FLEX                      | FRR.                       | Locally from individual when applicable.                                                  | None.                                     | Yes.                                                         |
| 3-18      | KATUSA                                                                                      | K74                    | None.                     | None.                      | None.                                                                                     | None.                                     | Yes.                                                         |
| 3-18      | Foreign national in the U.S. on IMET orientation tours.                                     | K71                    | IMET.                     | IMET.                      | Locally from authorizing agency.                                                          | DD Form 7/7A.                             | No.                                                          |
| 3-20      | Liaison personnel from NATO Army force OCONUS.                                              | K72                    | SR.                       | None.                      | Collect subsistence locally from individual.                                              | DD Form 7.                                | Yes.                                                         |

Table B-1  
Persons Authorized Care at Army MTFs--Continued

| Paragraph                                            | Class of Patient                                                                                                  | Patient Category Codes | Charges                                              |                            | Collect                                                                | Report required for central reimbursement | Hearing aids, prostheses, spectacles, or orthopedic footwear |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------|----------------------------|------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------|
|                                                      |                                                                                                                   |                        | Inpatient or Sub-sistence                            | Outpatient or Immunization |                                                                        |                                           |                                                              |
| 3-20                                                 | Crews and passengers of NATO that land at U.S. or allied airfields OCONUS.                                        | K72                    | FRR.                                                 | None.                      | Collect subsistence locally from individual. Report others to USAREUR. | DD Form 7.                                | No.                                                          |
| Section VII. Beneficiaries of Other Federal Agencies |                                                                                                                   |                        |                                                      |                            |                                                                        |                                           |                                                              |
| 3-23                                                 | VA beneficiaries.                                                                                                 | K61                    | IAR.                                                 | IAR.                       | Collect locally from authorizing agency                                | DD Form 7/7A.                             | Yes.                                                         |
| 3-24                                                 | OWCP beneficiaries.                                                                                               | K62                    | IAR.                                                 | IAR.                       | Collect locally from authorizing agency                                | DD Form 7/7A supported by CA Form 16.     | Yes.                                                         |
| 3-25                                                 | PHS beneficiaries                                                                                                 |                        |                                                      |                            |                                                                        |                                           |                                                              |
|                                                      | a. Native Americans and Alaska natives in Alaska                                                                  | K67                    | IAR.                                                 | IAR.                       | Collect locally from authorizing agency.                               | DD Form 7/7A, SF 1080.                    | No.                                                          |
|                                                      | b. Inactive reserve PHS commissioned officers (limited to medical exams and immunizations).                       | P22                    | IAR when hospitalization is needed for examinations. | IAR.                       | Collect locally from authorizing agency.                               | DD Form 7/7A, SF 1080.                    | No.                                                          |
|                                                      | c. AD non-commissioned officers and crews of NOAA vessels (limited to emergency or specifically authorized care). | B11                    | IAR.                                                 | IAR.                       | Collect locally from authorizing agency.                               | DD Form 7/7A, SF 1080.                    | No.                                                          |
| 3-26                                                 | Selective Service System beneficiaries (Registrants).                                                             | A26, N26, F26, M26     | SR.                                                  | None.                      | Collect locally from authorizing agency.                               | DD Form 7/7A, SF 1080.                    | No.                                                          |
| 3-27                                                 | Beneficiaries of the Department of State Medical Program.                                                         |                        |                                                      |                            |                                                                        |                                           |                                                              |

Table B-1  
Persons Authorized Care at Army MTFs—Continued

| Paragraph | Class of Patient                                                                                                                                                                       | Patient Category Codes | Charges                   |                            | Collect                                                                                                                                                                        | Report required for central reimbursement                          | Hearing aids, prostheses, spectacles, or orthopedic footwear |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------|
|           |                                                                                                                                                                                        |                        | Inpatient or Sub-sistence | Outpatient or Immunization |                                                                                                                                                                                |                                                                    |                                                              |
|           | a. Officers and employees and family members outside the United States and after MEDEVAC to the U.S.                                                                                   | K51, K52               | IAR.                      | IAR.                       | Locally from authorizing office for in-patient care. Outpatient care for employees of the Department of State will be billed monthly to the address in footnote. (See note 6.) | SF 1080, DD Form 7A, and letter of authorization for medical care. | No.                                                          |
|           | b. Applicants for appointment to foreign service posts (limited to medical exams and immunizations).                                                                                   | K69                    | —                         | IAR.                       | Same as above.                                                                                                                                                                 | Same as above.                                                     | No.                                                          |
|           | c. Officers, employees, applicants and family members of officers and employees in the U.S.                                                                                            | K53, K54               | —                         | IAR.                       | Same as above.                                                                                                                                                                 | Same as above.                                                     | No.                                                          |
|           | d. Officers, employees, applicants, and family members of officers and employees outside the United States when care is not covered under the Department of the State Medical Program. | K51, K52               | FRR.                      | FRR.                       | Locally from individual.                                                                                                                                                       | None                                                               | No.                                                          |
| 3-28      | Peace Corps Personnel:                                                                                                                                                                 |                        |                           |                            |                                                                                                                                                                                |                                                                    |                                                              |
|           | a. Outside the U.S.                                                                                                                                                                    |                        |                           |                            |                                                                                                                                                                                |                                                                    |                                                              |
|           | (1) Volunteers, volunteer leaders, and their family members.                                                                                                                           | K69                    | IAR.                      | IAR.                       | Locally from authorizing office.                                                                                                                                               | SF 1080 supported by DD Form 77A.                                  | No.                                                          |
|           | (2) Employees and their family members who are beneficiaries of the Peace Corps.                                                                                                       | K69                    | IAR.                      | IAR.                       | Locally from individual.                                                                                                                                                       | None.                                                              | No.                                                          |
|           | (3) Peace Corps applicants.                                                                                                                                                            | K69                    | IAR.                      | IAR.                       | Locally from individual.                                                                                                                                                       | None.                                                              | No.                                                          |
|           | b. Inside the U.S.                                                                                                                                                                     |                        |                           |                            |                                                                                                                                                                                |                                                                    |                                                              |
|           | (1) Peace Corps applicants.                                                                                                                                                            | K69                    | IAR.                      | IAR.                       | Locally from individual.                                                                                                                                                       | None.                                                              | No.                                                          |

Table B-1  
Persons Authorized Care at Army MTFs--Continued

| Paragraph | Class of Patient                                                                                                  | Patient Category Codes | Charges                                           |                            | Collect                                  | Report required for central reimbursement | Hearing aids, prostheses, spectacles, or orthopedic footwear |
|-----------|-------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------|----------------------------|------------------------------------------|-------------------------------------------|--------------------------------------------------------------|
|           |                                                                                                                   |                        | Inpatient or Sub-sistence                         | Outpatient or Immunization |                                          |                                           |                                                              |
|           | (2) Volunteers, volunteer leaders, and their family members.                                                      | K69                    | IAR.                                              | IAR.                       | Locally from individual.                 | None.                                     | No.                                                          |
|           | (3) Peace Corps volunteers evacuated from stations in the South Pacific provided care at TAMC.                    | K69                    | IAR.                                              | IAR.                       | Locally from individual.                 | None.                                     | No.                                                          |
| 3-29      | Members of the U.S. Soldiers' and Airmen's Home.                                                                  | K63                    | FSR when hospitalized as beneficiary of the Home. | None.                      | Report to USAMED-COM.                    | SF 1080.                                  | No.                                                          |
| 3-30      | Department of Justice beneficiaries.<br>a. FBI agents.                                                            | K53                    | IAR.                                              | IAR.                       | Collect locally from authorizing agency. | DD Form 7/7A.                             | No.                                                          |
|           | b. Detainees whose claims are administered by the Department of Justice.                                          | K53                    | IAR.                                              | IAR.                       | Collect locally from authorizing agency. | DD Form 7/7A.                             | No.                                                          |
| 3-31      | Treasury Department beneficiaries.<br>a. Secret Service agents.                                                   | K53                    | IAR.                                              | IAR.                       | Collect locally from authorizing agency. | DD Form 7/7A.                             | No.                                                          |
|           | b. Agents of U.S. Customs Service and their prisoners.                                                            | K53                    | IAR.                                              | IAR.                       | Collect locally from authorizing agency. | DD Form 7/7A.                             | No.                                                          |
| 3-32      | Federal Aviation Agency air traffic controllers.                                                                  | K53                    | IAR.                                              | IAR.                       | Collect locally from authorizing agency. | DD Form 7/7A, SF 1080.                    | No.                                                          |
| 3-33      | Job Corps and VISTA beneficiaries.<br>a. Job Corps applicants for enrollment and VISTA applicants for employment. | K69                    | IAR.                                              | IAR.                       | Collect locally from authorizing agency. | DD Form 7/7A, SF 1080.                    | No.                                                          |
|           | b. Job Corps enrollees and VISTA personnel.                                                                       | K69                    | IAR.                                              | IAR.                       | Collect locally from authorizing agency. | DD Form 7/7A, SF 1080.                    | No.                                                          |

Table B-1  
Persons Authorized Care at Army MTFs—Continued

| Paragraph                                                    | Class of Patient                                                                                     | Patient Category Codes | Charges                   |                            | Collect                                                                                           | Report required for central reimbursement | Hearing aids, prostheses, spectacles, or orthopedic footwear |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------|---------------------------|----------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------|
|                                                              |                                                                                                      |                        | Inpatient or Sub-sistence | Outpatient or Immunization |                                                                                                   |                                           |                                                              |
| 3-34                                                         | Social Security Administration beneficiaries.                                                        | K64                    | IAR.                      | IAR.                       | Collect locally from financial intermediary as primary and the individual for any unpaid balance. | DD Form 7/7A, SF 1080, and UB-92.         | No.                                                          |
| 3-35                                                         | Micronesian citizens (when referred for specialized treatment).                                      | K68                    | IAR.                      | IAR.                       | Locally from respective island governmental agencies.                                             | SF 1080 with DD Form 7/7A.                | No.                                                          |
| Section VIII. Miscellaneous Categories of Eligible Personnel |                                                                                                      |                        |                           |                            |                                                                                                   |                                           |                                                              |
| 3-36                                                         | American Samoan citizens (when referred for specialized treatment).                                  | K68                    | IAR.                      | IAR.                       | Locally from the LBJ Tropical Medical Center, Pago-Pago, American Samoa 96799.                    | SF 1080 with DD Form 7/7A.                | No.                                                          |
| 3-37                                                         | Secret Service protectees and protectors.                                                            | K69                    | IAR.                      | IAR.                       | None. Report to local MEDDAC for inclusion on quarterly report.                                   | DD Form 7/7A.                             | No.                                                          |
| 3-38                                                         | Persons in military custody and nonmilitary Federal prisoners.                                       |                        |                           |                            |                                                                                                   |                                           |                                                              |
|                                                              | a. POWs in time of war.                                                                              | K78                    | None.                     | None.                      | Locally from MPA.                                                                                 | None.                                     | Yes.                                                         |
|                                                              | b. Retained personnel and internees.                                                                 | K66                    | None.                     | None.                      | Locally from MTF operating funds.                                                                 | None.                                     | Yes.                                                         |
|                                                              | c. Military prisoners whose punitive discharge has been executed but whose sentence has not expired. | K66                    | SR only.                  | None.                      | Locally from MTF operating funds.                                                                 | None.                                     | Yes.                                                         |
|                                                              | d. Military prisoners hospitalized beyond expiration of sentence.                                    | K66                    | FRR.                      | FRR.                       | Locally from individual.                                                                          | None.                                     | No.                                                          |
|                                                              | e. Nonmilitary Federal prisoners (emergency care only).                                              | K66                    | IAR.                      | IAR.                       | Collect locally from authorizing agency.                                                          | DD Form 7/7A; SF 1080.                    | No.                                                          |
| 3-39                                                         | Former female members of the Armed Forces.                                                           | A27, N27, F27, M27     | SR only.                  | None.                      | Locally from individual.                                                                          | None.                                     | No.                                                          |

Table B-1

## Persons Authorized Care at Army MTFs—Continued

| Paragraph | Class of Patient                                                                                                                                                                                                                                                                                                                               | Patient Category Codes | Charges                   |                            | Collect                                  | Report required for central reimbursement | Hearing aids, prostheses, spectacles, or orthopedic footwear |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|----------------------------|------------------------------------------|-------------------------------------------|--------------------------------------------------------------|
|           |                                                                                                                                                                                                                                                                                                                                                |                        | Inpatient or Sub-sistence | Outpatient or Immunization |                                          |                                           |                                                              |
|           | Newborn infants of former female members of the Armed Forces.                                                                                                                                                                                                                                                                                  | K99                    | FRR.                      | None.                      | Locally from individual.                 | None.                                     | No.                                                          |
| 3-40      | Persons whose military records are being considered for correction.                                                                                                                                                                                                                                                                            | K99                    | SR only.                  | None.                      | Locally from individual.                 | None.                                     | No.                                                          |
| 3-41      | Civilian Seamen<br>a. Military Sealift Command                                                                                                                                                                                                                                                                                                 |                        |                           |                            |                                          |                                           |                                                              |
|           | (1) Occupational Health                                                                                                                                                                                                                                                                                                                        | K63                    | SR only.                  | None.                      | Collect locally from authorizing agency. | DD Form 71 7A, SF 1030                    | No.                                                          |
|           | (2) OWCP                                                                                                                                                                                                                                                                                                                                       | K62                    | IAR.                      | IAR.                       | Report to USAMED-COM.                    | None.                                     | No.                                                          |
|           | b. Crews of Ships of United States registry.                                                                                                                                                                                                                                                                                                   |                        |                           |                            |                                          |                                           |                                                              |
|           | (1) Emergency only                                                                                                                                                                                                                                                                                                                             | K69                    | FRR.                      | FRR.                       |                                          | DD Form 71 7A.                            |                                                              |
|           | (2) OWCP                                                                                                                                                                                                                                                                                                                                       | K62                    | IAR.                      | IAR.                       | Report to USAMED-COM.                    |                                           |                                                              |
| 3-42      | Red Cross personnel and their family members<br>a. Outside the United States. Uniformed and nonuniformed full-time, paid professional field and headquarters staff; administrative and supervisory personnel; field directors; assistant field directors and staff assistants; and uniformed, full-time paid clerical and secretarial workers. | K69                    | Subsistence only.         | None.                      | Locally from individual or sponsor.      | None.                                     | No.                                                          |

Table B-1  
Persons Authorized Care at Army MTFs—Continued

| Paragraph | Class of Patient                                                                                                                                        | Patient Category Codes | Charges                   |                            | Collect                                  | Report required for central reimbursement | Hearing aids, prostheses, spectacles, or orthopedic footwear |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|----------------------------|------------------------------------------|-------------------------------------------|--------------------------------------------------------------|
|           |                                                                                                                                                         |                        | Inpatient or Sub-sistence | Outpatient or Immunization |                                          |                                           |                                                              |
|           | b. In the United States. Care may be provided in emergencies and for injuries sustained in the performances of duties at a Uniformed Services facility. |                        | FRR.                      | FRR.                       | Locally from individual or sponsor.      | None.                                     | No.                                                          |
| 3-43      | Civilian student employees.                                                                                                                             | K69                    | SR only.                  | None.                      | Locally from individual.                 | None.                                     | No.                                                          |
| 3-44      | Civilian contractor employees.<br>a. Civilian employees of U.S. Government contractors outside the United States and their family members.              | K65                    | FRR.                      | FRR.                       | Locally from contractor.                 | None.                                     | No.                                                          |
| 3-45      | b. Civilian employees of DOD contractors—examinations only.                                                                                             | K65                    | SR only.                  | None.                      | Locally from individual.                 | None.                                     | No.                                                          |
| 3-44      | c. U.S. contractor civilian employees stationed in American Samoa CARE AT TAMC ONLY.                                                                    | K65                    | FRR.                      | FRR.                       | Locally from individual.                 | None.                                     | No.                                                          |
| 3-45      | d. Civilian employees of DoD contractors of nuclear and chemical surety programs.                                                                       | K65                    | FRR.                      | FRR.                       | Locally from individual.                 | None.                                     | No.                                                          |
| 3-46      | Civilian participants in Army-sponsored activities.                                                                                                     | K69                    | SR only.                  | None.                      | Locally from individual.                 | None.                                     | No.                                                          |
| 3-47      | Claimants.<br>a. Claimant whose claims are administered by DOD.                                                                                         | K82, K83, K84          | None.                     | None.                      | None.                                    | None.                                     | No.                                                          |
|           | b. Claimants whose claims are administered by other Federal Departments.                                                                                | K64                    | IAR.                      | IAR.                       | Collect locally from authorizing agency. | DD Form 7/7A, SF 1080.                    | No.                                                          |
|           | c. Beneficiaries of private relief bills.                                                                                                               | K69                    | None.                     | None.                      | None.                                    | None.                                     | —                                                            |

Table B-1

## Persons Authorized Care at Army MTFs--Continued

| Paragraph | Class of Patient                                                                                | Patient Category Codes | Charges                                                                                                         |                            | Collect                                                              | Report required for central reimbursement | Hearing aids, prostheses, spectacles, or orthopedic footwear |
|-----------|-------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------|
|           |                                                                                                 |                        | Inpatient or Sub-sistence                                                                                       | Outpatient or Immunization |                                                                      |                                           |                                                              |
| 3-48      | Persons outside the U.S. who provide direct services to the U.S. Armed Forces.                  | K69                    | SR only.                                                                                                        | None.                      | None.                                                                | None.                                     | No.                                                          |
|           | a. Civilian representatives of various groups.                                                  | K69                    | FRR.                                                                                                            | FRR.                       | Subsistence from individual. Medical charges from area USO Director. | None.                                     | No.                                                          |
|           | b. USO professional personnel and family members.                                               | K69                    | FRR.                                                                                                            | FRR.                       | Locally from individual.                                             | None.                                     | No.                                                          |
| 3-49      | c. Educational representatives of recognized educational institutions and their family members. | K69                    | FRR.                                                                                                            | FRR.                       | Locally from individual.                                             | None.                                     | No.                                                          |
|           | American nationals covered by agreements.                                                       | K99                    | FRR.                                                                                                            | FRR.                       | Locally from individual.                                             | None.                                     | No.                                                          |
|           | Secretary of the Army designates.                                                               | K82,K81                | As prescribed in Secretary of the Army or Secretary of Defense approval or by the overseas commander concerned. |                            | Locally from individual when applicable.                             | None.                                     | If approved.                                                 |
| 3-51      | Preadoptive children and court appointed wards.                                                 | K99                    | FMR.                                                                                                            | None.                      | Locally from sponsor.                                                | None.                                     | Artificial limbs and eyes only.                              |
| 3-53      | Ineligible persons outside the United States.                                                   | K92                    | FRR.                                                                                                            | FRR.                       | Locally from individual.                                             | None.                                     | No.                                                          |
| 3-54      | Individuals evacuated from one area to another.                                                 | K53                    | Same as in the original area on a temporary basis until appropriate disposition can be made.                    |                            | As indicated for the specific category.                              | None.                                     | No.                                                          |
| 3-55      | Civilians in emergencies.                                                                       | K91                    | FRR.                                                                                                            | FRR.                       | Locally from individual.                                             | None.                                     | No.                                                          |
| 3-56      | Volunteer subjects in approved DA research project.                                             | K82                    | None.                                                                                                           | None.                      | None.                                                                | None.                                     | No.                                                          |
| 3-57      | U.S. nationals in foreign penal institutions.                                                   | K66                    |                                                                                                                 |                            |                                                                      |                                           |                                                              |



Table B-1  
Persons Authorized Care at Army MTFs—Continued

| Paragraph | Class of Patient                                                                                                                                                        | Patient Category Codes | Charges                                                                                                          |                                              | Collect                                  | Report required for central reimbursement | Hearing aids, prostheses, spectacles, or orthopedic footwear |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------|-------------------------------------------|--------------------------------------------------------------|
|           |                                                                                                                                                                         |                        | Inpatient or Sub-sistence                                                                                        | Outpatient or Immunization                   |                                          |                                           |                                                              |
| 3-58      | Domestic servants outside the United States (physical examinations and immunizations).                                                                                  | K79                    | —                                                                                                                | FRR.                                         | Locally from individual.                 | None.                                     | No.                                                          |
| 3-59      | U.S. contractor civilian employees stationed in American Samoa CARE AT TAMC ONLY.                                                                                       | K65                    | FRR.                                                                                                             | FRR.                                         | Locally from individual.                 | None.                                     | No.                                                          |
| 3-60      | Civilians injured on Army installations.                                                                                                                                | K92                    | None.                                                                                                            | None.                                        | None.                                    | None.                                     | No.                                                          |
| 3-61      | Former military personnel with extended or MHSS benefits.                                                                                                               | K99                    | As determined by DODI or Congressional Instructions.                                                             |                                              | Determined by the program.               | None.                                     | No.                                                          |
| 3-62      | Returning prisoners of war and their family members.                                                                                                                    | K69                    | FMR for family members of USA, USN, USMC, and USAF members. IAR for others.                                      | FMR for PHS family members. None for others. | Report PHS family members to USAMED-COM. | DD Form 7/7A.                             | Artificial limbs and eyes only. (See note 1.)                |
| 3-63      | Personnel who participate in organ transplant procedures (organ donors for Uniformed Services patients in Army MTFs who are not otherwise eligible for care in USMTFs). | K81, K82               | As stated in Secretary of the Army or Secretary of Defense approval in each specific case. (Also see para 3-50.) |                                              |                                          | None.                                     | No.                                                          |
| 3-64      | Civilian faculty members of the USUHS.                                                                                                                                  | K53                    | IAR.                                                                                                             | IAR.                                         | Locally from individual.                 | None.                                     | No.                                                          |
| 3-65      | Civilians in national or foreign disaster.                                                                                                                              | K91                    | FRR.                                                                                                             | FRR.                                         | Locally from disaster relief agency.     | None.                                     | No.                                                          |

Table B-1  
Persons Authorized Care at Army MTFs—Continued

| Paragraph | Class of Patient           | Patient Category Codes | Charges                                                                    |                                              | Collected                                | Report required for central reimbursement | Hearing aids, prostheses, spectacles, or orthopedic footwear |
|-----------|----------------------------|------------------------|----------------------------------------------------------------------------|----------------------------------------------|------------------------------------------|-------------------------------------------|--------------------------------------------------------------|
|           |                            |                        | Inpatient or Subsistence                                                   | Outpatient or Immunization                   |                                          |                                           |                                                              |
| 3-66      | Unremarried Former Spouses | A48, N48, F48, M48     | FMR for family members of USA, USN, USMC and USAF members. IAR for others. | FMR for PHS family members. None for others. | Report PHS family members to USAMED-COM. | DD Form 7/7A.                             | Artificial limbs and eyes only. (See note 1.)                |

Legend for Table B-1:

FLEX — Flexible  
FMR — Family Member Rate  
FRR — Full (Others) Reimbursement Rate  
RSR — Full subsistence rate inclusive of surcharge  
FTTC — Full-time training duty  
IAR — Interagency Reimbursement Rate  
IET — Initial entry training  
KATUSA — Korean Augmentation to the Army  
MEDDAC — Medical Detachment  
MPA — Military personnel, Army (appropriation)  
NGPA — National Guard Personnel, Army (appropriation)  
POW — Prisoner of war  
RA — Regular Army  
RPA — Reserve Personnel, Army (appropriation)  
SR — Subsistence rate  
USA — United State Army  
USAF — United State Air Force  
USAFA — United States Air Force Academy  
USMA — United State Military Academy  
USMC — United State Marine Corps  
USMTF — Uniformed Services medical treatment facility  
USN — United State Navy  
USNA — United State Naval Academy  
USNHS — United States Naval Hospital System

<sup>1</sup> Items other than artificial limbs and artificial eyes may be sold to family members outside the United States and at designated stations within the United States (para 3-12b).

<sup>2</sup> Reimbursement is authorized only when required in connection with continuing medical examinations.

<sup>3</sup> Reimbursement is authorized only on a per capita basis for health services provided civilian employees (or prospective employees) of Federal departments and agencies other than the Army, except employees (or prospective employees) of the Navy, Marine Corps, and Air Force in the Washington, DC, area.

<sup>4</sup> These items may be furnished on a reimbursable basis at stations within the United States that have been designated remote for purposes of furnishing such items to Uniformed Services family members.

<sup>5</sup> These items may be furnished on a reimbursable basis outside the United States and at stations in the United States that have been designated remote for the purpose of furnishing such items to the US Uniformed Services family members.

<sup>6</sup> For beneficiaries of the Department of State, outpatient bills will be forwarded directly by the MEDDAC to the Department of State, ATTN: Medical Services, Washington, DC 20520.

<sup>7</sup> Emergency care subsistence charge only. Nonemergent follow-up occupational health or worker's compensation care for NAF employees will be billed to the employer at the IAR.



Department of the Army  
Pamphlet 40-11

Medical Services

# Preventive Medicine

Headquarters  
Department of the Army  
Washington, DC  
22 July 2005

**UNCLASSIFIED**

# SUMMARY of CHANGE

DA PAM 40-11  
Preventive Medicine

This new Department of the Army pamphlet, dated 22 July 2005--

- o Outlines the goals of Army preventive medicine (chap 1).
- o Introduces traditional preventive medicine topics including disease prevention and control (chap 2).
- o Covers field preventive medicine (chap 3).
- o Covers environmental health (chap 4).
- o Defines occupational health and the preventive medicine components of the Army Occupational Health Program and provides guidance for programs and services to support that Army program (chap 5).
- o Defines and provides health surveillance and epidemiology and procedures for deployment occupational and environmental health surveillance (chap 6).
- o Promotes soldier, family, community health, and health promotion (chap 7).
- o Describes preventive medicine toxicology (chap 8) and preventive medicine laboratory services (chap 9).
- o Defines and provides guidance for health risk assessment (chap 10) and health risk communication (chap 11).
- o Defines the programs and services within the medical functional area of preventive medicine throughout the publication.
- o Provides detailed instructions, guidance, and procedures and delineates the functions necessary for implementing the policies and responsibilities outlined in AR 40-5 where such information is not published in other Army publications throughout the publication.
- o Provides reference to other Army publications containing implementing instructions, guidance, and procedures related to Army preventive medicine throughout the publication.
- o Prescribes DA Form 3897 (Tuberculosis Registry).
- o Prescribes DA Form 5402 (Barber/Beauty Shop Inspection).
- o Prescribes DD Form 2493-1 (Asbestos Exposure, Part I-Initial Medical Questionnaire).
- o Prescribes DD Form 2493-2 (Asbestos Exposure, Part II-Periodic Medical Questionnaire).

## Medical Services

### Preventive Medicine

By Order of the Secretary of the Army:

PETER J. SCHOOMAKER  
*General, United States Army*  
*Chief of Staff*

Official:

  
SANDRA R. RILEY  
*Administrative Assistant to the*  
*Secretary of the Army*

**History.** This publication is a new Department of the Army pamphlet.

**Summary.** This new pamphlet defines and establishes programs, services, functions, and procedures for implementing the essential elements of Army preventive medicine; it is to be used with AR 40-5.

**Applicability.** This pamphlet applies to all elements of the Army across the full spectrum of military operations from peacetime through major theater warfare. This pamphlet applies to all Army personnel to include the Active Army; the Army National Guard/Army National Guard of the United States and the United States Army Reserve personnel on active duty or

in drill status; the United States Military Academy cadets; the United States Army Reserve Officer Training Corps cadets, when engaged in directed training activities; foreign national military personnel assigned to Army components; and civilian personnel and nonappropriated fund personnel employed by the Army worldwide. Except for those preventive medicine services defined in Department of Defense Instruction 6055.1, for supporting Department of Defense contractor personnel during outside continental United States force deployments or specifically provided for in contracts between the Government and a contractor, this pamphlet does not generally apply to Army contractor personnel and contractor operations.

**Proponent and exception authority.** The proponent of this pamphlet is The Surgeon General. The Surgeon General has the authority to approve exceptions to this pamphlet that are consistent with controlling law and regulations. The Surgeon General may delegate the approval authority, in writing, to an assistant surgeon general, the U.S. Army Medical Department Functional Proponent for Preventive Medicine, or the equivalent of a director within the Office of The Surgeon General in the grade of colonel or the civilian grade equivalent. Activities may request a

waiver to this regulation by providing justification that includes a full analysis of the expected benefits and must include formal review by the activity's senior legal officer. All waiver requests will be endorsed by the commander or senior leader of the requesting activity and forwarded through their higher headquarters to the policy proponent. Refer to AR 25-30 for specific guidance.

**Suggested improvements.** Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to HQDA, The Surgeon General (DASG-HS), 5109 Leesburg Pike, Falls Church, VA 22041-3258.

**Distribution.** This publication is available in electronic media only, and is intended for command level C for the Active Army, the Army National Guard/Army National Guard of the United States, and the United States Army Reserve.

#### Contents (Listed by paragraph and page number)

##### Chapter 1

Introduction, page 1

Purpose • 1-1, page 1

References • 1-2, page 1

Explanation of abbreviations and terms • 1-3, page 1

Background • 1-4, page 1

Programs and services • 1-5, page 1

Planning, programming, budgeting, and executing preventive medicine resources • 1-6, page 2

## Contents—Continued

### Chapter 2

#### Disease Prevention and Control, page 2

##### Section I

##### *Communicable Disease Prevention and Control, page 2*

Introduction • 2-1, page 2

Functions • 2-2, page 3

Immunization and chemoprophylaxis • 2-3, page 3

Acute respiratory disease • 2-4, page 3

Meningococcal infection • 2-5, page 4

Malaria • 2-6, page 4

Viral hepatitis • 2-7, page 5

Sexually transmitted diseases • 2-8, page 5

Rabies • 2-9, page 6

Tuberculosis • 2-10, page 7

Biowarfare threat • 2-11, page 7

##### Section II

##### *Travel Medicine, page 8*

Introduction • 2-12, page 8

Services • 2-13, page 8

##### Section III

##### *Population Health Management, page 8*

Background • 2-14, page 8

Functions • 2-15, page 8

##### Section IV

##### *Hospital-Acquired Infection Control, page 10*

Introduction • 2-16, page 10

Functions • 2-17, page 10

Hospital infection control committee • 2-18, page 10

Reporting • 2-19, page 12

### Chapter 3

#### Field Preventive Medicine, page 12

Introduction • 3-1, page 12

Functions • 3-2, page 12

Field sanitation teams • 3-3, page 14

Field preventive medicine measures • 3-4, page 14

Individual soldier preventive medicine countermeasures • 3-5, page 17

Ice and bottled and packaged water in a tactical environment • 3-6, page 18

### Chapter 4

#### Environmental Health, page 19

Introduction • 4-1, page 19

Functions • 4-2, page 19

Drinking water • 4-3, page 19

Recreational waters • 4-4, page 21

Ice manufacture • 4-5, page 21

Wastewater • 4-6, page 22

Pest and disease vector prevention and control • 4-7, page 22

Solid waste • 4-8, page 28

Hazardous waste • 4-9, page 29

Groundwater and subsurface release of hazardous constituents • 4-10, page 29

Regulated medical waste • 4-11, page 29

## **Contents—Continued**

Waste disposal guidance • 4-12, *page 29*  
Spill control • 4-13, *page 30*  
Air quality • 4-14, *page 30*  
Environmental noise • 4-15, *page 31*  
Climatic injury prevention and control • 4-16, *page 32*  
Sanitation and hygiene • 4-17, *page 33*

## **Chapter 5**

### **Occupational Health, *page 34***

#### *Section I*

##### *The Army Occupational Health Program, page 34*

Introduction • 5-1, *page 34*  
Medical surveillance examinations and screenings • 5-2, *page 35*  
Health hazard education • 5-3, *page 37*  
Surety programs • 5-4, *page 38*  
Reproductive hazards • 5-5, *page 38*  
Bloodborne pathogens • 5-6, *page 39*  
Hearing conservation and readiness • 5-7, *page 39*  
Vision conservation and readiness • 5-8, *page 39*  
Workplace epidemiological investigations • 5-9, *page 39*  
Ergonomics • 5-10, *page 40*  
Radiation exposure and medical surveillance • 5-11, *page 40*  
Industrial hygiene • 5-12, *page 42*  
Personal protective equipment • 5-13, *page 42*  
Respiratory protection • 5-14, *page 42*  
Asbestos exposure control and surveillance • 5-15, *page 43*  
Injury prevention and control • 5-16, *page 43*  
Occupational illness and injury prevention and mitigation • 5-17, *page 43*  
Work-related immunizations • 5-18, *page 45*  
Record keeping and reporting • 5-19, *page 45*  
Worksite evaluations • 5-20, *page 46*  
Other Federal programs • 5-21, *page 46*  
Evaluation of occupational health programs and services • 5-22, *page 47*

#### *Section II*

##### *Other Occupational Health-Related Programs and Services, page 47*

Introduction • 5-23, *page 47*  
Army aviation medicine • 5-24, *page 48*  
Health hazard assessment of Army equipment and materiel • 5-25, *page 48*  
Medical facility and systems safety, health, and fire prevention • 5-26, *page 48*  
Nonoccupational illness and injury • 5-27, *page 49*

#### *Section III*

##### *Workplace Violence Prevention, page 49*

Introduction • 5-28, *page 49*  
Functions • 5-29, *page 50*

## **Chapter 6**

### **Health Surveillance and Epidemiology, *page 51***

#### *Section I*

##### *Deployment Occupational and Environmental Health Surveillance, page 51*

Introduction • 6-1, *page 51*  
Functions • 6-2, *page 52*  
Deployment guidance • 6-3, *page 54*



## **Contents—Continued**

Medical criteria for deployable DA civilian employees • 6-4, page 56

### *Section II*

*Defense Occupational and Environmental Health Readiness System, page 58*

Introduction • 6-5, page 58

Functions • 6-6, page 59

System management strategy • 6-7, page 59

### *Section III*

*Occupational Health Management Information System, page 59*

Introduction • 6-8, page 59

Functions • 6-9, page 60

### *Section IV*

*Medical Surveillance, page 60*

Introduction • 6-10, page 60

Functions • 6-11, page 61

Reportable Medical Events System • 6-12, page 61

### *Section V*

*Epidemiology, page 62*

Introduction • 6-13, page 62

Functions • 6-14, page 62

Procedures • 6-15, page 63

## **Chapter 7**

**Soldier, Family, Community Health, and Health Promotion, page 63**

### *Section I*

*Background, page 63*

Introduction • 7-1, page 63

Functions • 7-2, page 64

### *Section II*

*Soldier Health, page 64*

Introduction • 7-3, page 64

Soldier medical readiness • 7-4, page 65

Soldier dental readiness • 7-5, page 65

Community health support of Army operations • 7-6, page 65

Communicable disease prevention and control • 7-7, page 65

### *Section III*

*Family and Community Health, page 66*

Community health needs assessment • 7-8, page 66

Community health referrals • 7-9, page 66

Chronic disease prevention and control • 7-10, page 66

Case management • 7-11, page 66

Child and youth services • 7-12, page 67

Health of school-age children • 7-13, page 67

Childhood lead poisoning prevention • 7-14, page 67

Spousal and child abuse • 7-15, page 67

Family safety • 7-16, page 68

Women's health • 7-17, page 68

### *Section IV*

*Health Promotion Programs and Services, page 68*

## Contents—Continued

Health risk appraisal • 7-18, *page 68*  
Tobacco use cessation • 7-19, *page 68*  
Nutrition • 7-20, *page 69*  
Stress management • 7-21, *page 69*  
Alcohol and substance abuse prevention and control • 7-22, *page 69*  
Suicide prevention • 7-23, *page 69*  
Spiritual health and fitness • 7-24, *page 70*  
Oral health • 7-25, *page 70*

### Chapter 8

#### Preventive Medicine Toxicology, *page 70*

Introduction • 8-1, *page 70*  
Functions • 8-2, *page 71*

### Chapter 9

#### Preventive Medicine Laboratory Services, *page 72*

Introduction • 9-1, *page 72*  
Functions • 9-2, *page 72*  
Certification and accreditation • 9-3, *page 72*  
Quality control and quality management • 9-4, *page 73*  
DOD Cholinesterase Monitoring Program • 9-5, *page 73*

### Chapter 10

#### Health Risk Assessment, *page 73*

Introduction • 10-1, *page 73*  
Functions • 10-2, *page 74*  
Guidance • 10-3, *page 74*

### Chapter 11

#### Health Risk Communication, *page 75*

Introduction • 11-1, *page 75*  
Functions • 11-2, *page 75*  
Guidance • 11-3, *page 75*

## Appendixes

- A. References, *page 78*
- B. Acute Respiratory Disease Surveillance Guidelines, *page 94*
- C. Tuberculosis Surveillance and Control Guidelines, *page 100*
- D. Facility Sanitation, *page 103*
- E. Barber and Beauty Shop Sanitation, *page 105*
- F. Mobile Home Parks Sanitation, *page 109*
- G. Radiation Protection, *page 111*

## Table List

- Table 4-1: Acceptable building interior sound levels, *page 31*
- Table 11-1: Risk communication guidelines, *page 76*
- Table B-1: Streptococcal throat culture-based indices, *page 97*
- Table B-2: Suppurative complications of streptococcal infections, *page 97*
- Table B-3: Streptococcal-acute respiratory disease surveillance, *page 97*
- Table B-4: Streptococcal-acute respiratory disease control plan, *page 98*
- Table B-5: Meningococcal disease decision support matrix, *page 98*

**Contents—Continued**

**Figure List**

Figure B-1: Information flow for an infectious disease outbreak at a CONUS installation, *page 96*

**Glossary**

## Chapter 1 Introduction

### 1-1. Purpose

The purposes of this pamphlet are to—

- a. Define the programs and services within the medical functional area of preventive medicine.
- b. Identify Army publications that delineate functions and contain the detailed instructions, guidance, and procedures necessary for implementing the policies and responsibilities outlined in Army Regulation (AR) 40-5.
- c. Provide detailed preventive medicine functions, instructions, guidance, and procedures not published in other Army documents.

### 1-2. References

Required and related publications and prescribed and referenced forms are listed in appendix A.

### 1-3. Explanation of abbreviations and terms

Abbreviations and special terms used in this pamphlet are explained in the glossary.

### 1-4. Background

a. Army preventive medicine includes a broad set of capabilities, ranging from basic field sanitation techniques to comprehensive medical, behavioral health, and occupational and environmental health (OEH) exposure surveillance systems and procedures. These capabilities are focused on the medical readiness of the force to combat health threats across the full spectrum of military operations in the continental U.S. (CONUS) and outside the continental U.S. (OCONUS). They are also designed to promote and maintain the health and well-being of all personnel for whom the Army is responsible.

b. Army preventive medicine directly supports two of the three pillars of the Joint strategy for Force Health Protection (FHP), as described in the Joint capstone document, Force Health Protection - Healthy and Fit Force, Casualty Prevention, Casualty Care and Management (<http://www.dtic.mil/jcs/j4/organization/hssd/hssd.htm>).

(1) The first pillar of the Joint strategy, a healthy and fit force, is the necessary pre-condition for all other elements of FHP. Healthy and fit personnel are more resistant to disease, less prone to injury and the influence of stress, and better able to quickly recover should illness or injury occur. The process of creating a healthy and fit force begins at entry to service and continues through an individual's time in service.

(2) The second pillar of the Joint strategy for FHP, casualty prevention, protects the healthy and fit service member from occupational, environmental, and operational threats of disease and non-battle injury (DNBI). The sustainment of health and performance is essential throughout a service member's entire time in service, especially during pre-deployment, deployment, and post-deployment phases.

(3) The concept that a healthy and fit force and casualty prevention are the responsibility of both commanders and individual service members is an essential element of the Joint FHP strategy.

(4) Part of the mission statement of the U.S. Army Medical Department (AMEDD) is to project and sustain a healthy and medically protected force.

c. The goals of Army preventive medicine are—

(1) To ensure that deployable military forces in CONUS and OCONUS are in a state of optimal health and fitness, trained and equipped to protect themselves from DNBI.

(2) To sustain the health and fitness of forces deployed in CONUS and OCONUS and prevent casualties from DNBI.

(3) To ensure that Army units and personnel are trained, equipped, and capable of supporting the preventive medicine requirements of our forces across the full spectrum of military operations, CONUS, and OCONUS.

(4) To prevent and mitigate injuries and illnesses, improving and maintaining the health of all Army personnel, as defined in AR 40-5.

(5) To reduce the Army's medically related costs, in part by reducing demand for the more costly and less effective tertiary treatment services.

(6) To minimize the risks of long-term adverse health effects of military service.

### 1-5. Programs and services

a. Army preventive medicine consists of a broad scope of clinical, installation, and field public health programs and services applied in a wide range of military settings. These specific programs and services include—

- (1) Disease prevention and control.
- (2) Field preventive medicine.
- (3) Environmental health.
- (4) Occupational health.

- (5) Health surveillance and epidemiology.
- (6) Soldier, family, community health, and health promotion.
- (7) Preventive medicine toxicology.
- (8) Preventive medicine laboratory services.
- (9) Health risk assessment.
- (10) Health risk communication.

b. A brief discussion of each of the Army preventive medicine programs and services is provided in AR 40-5, paragraph 1-7, and at the beginning of each chapter in this pamphlet.

#### **1-6. Planning, programming, budgeting, and executing preventive medicine resources**

a. The Army mission, goals, and objectives drive resource requirements for dollars and personnel. The Army identifies and articulates its resource requirements to the Department of Defense (DOD) through the DOD's Planning, Programming, and Budgeting System and the Army's Planning, Programming, Budgeting, and Execution System (AR 1-1).

b. The Army Management Structure is the official Army framework for interrelating programming, budgeting, accounting, and manpower control through a standard classification of all Army activities and functions. The Defense Finance and Accounting Service (DFAS)-Indianapolis Center (IN) Manual 37-100-FY, published annually, is the fiscal code manual that provides the coding structure for a wide variety of Army and DFAS users.

c. The first level of detail in the coding structure defined by DFAS-IN Manual 37-100-FY consists of 11 major programs for which the DOD programs resources by fiscal year (FY). A subset of the many program elements in Program 8 (Training, Medical, and other General Personnel Activities) reflects the various medical support missions of DOD and the resources related to those missions. The Army preventive medicine programs and services receive resources through the Congressional appropriations for the Operations and Maintenance, Army account; the Army Working Capital Fund; and the Defense Health Program (DHP).

(1) Military Public/Occupational Health is the medical program element in the DHP through which Army preventive medicine programs and services are provided resources. The program element code (also known as an Army Management Structure Code or AMSCO) for Military Public/Occupational Health is 847705. The definition of the Military Public/Occupational Health program element 847705 is provided in the DHP section of the DFAS-IN Manual 37-100-FY chapter on Office of the Secretary of Defense (OSD), DOD, and Other Agency Accounts.

(2) The DHP section of the DFAS-IN Manual 37-100-FY chapter on OSD, DOD, and Other Agency Accounts also breaks down the 847705 program element into an extensive list of subactivities or functions that are identified in the program element code by two-digit decimal numbers added to 847705. For example, Hearing Conservation is identified as 847705.24 and Environmental Health Engineering as 847705.30.

d. The AMEDD articulates medical funding requirements through the DHP Program Objective Memorandum process, managed by the Office of the Assistant Secretary of Defense for Health Affairs or OASD(HA). Funding for the DHP is provided from DOD through OASD(HA) directly to the services' medical departments.

e. A preventive medicine resource model exists to assist in determining local resource requirements. The model is a predictive, population-based and geographically based model of local mission requirements. The model relies on regulations, laws, and strategic and command guidance to identify the preventive medicine functions and tasks that must be performed. A series of formulas, relating to the functions and tasks, is used to estimate the dollars and personnel required to complete the preventive medicine mission.

f. Preventive medicine resource requirements and allocated funds are to be described and documented locally using the DHP activity structure and codes in DFAS-IN Manual 37-100-FY. The activity structure and codes provide a consistent structure for preventive medicine budget execution tracking and program analysis and review across the AMEDD.

## **Chapter 2**

### **Disease Prevention and Control**

#### **Section 1**

#### **Communicable Disease Prevention and Control**

##### **2-1. Introduction**

Communicable diseases can rapidly degrade the medical readiness of military units and their ability to carry out their mission. Communicable diseases can also cause significant suffering and excess utilization of military health care services among the beneficiary population. The prevention and control of communicable diseases are conducted

(a) Design and operate fixed laundry operations according to AR 210-50.

(b) Design and operate field laundry operations according to FM 42-414.

(c) Laundry operations should follow commercial laundry processes.

1. Use bleach and/or chemical detergent/sanitizers for laundry with high potential levels of microorganisms, such as gym towels and clothing, and laundry from transient quarters, refugee camps, disaster relief operations, prisons, and field operations.

2. Design and test new field laundries to allow for the washing of field uniforms without the use of bleach. The medical commander or preventive medicine representative determines if chemical sanitizers/bleach are required for specific field laundry operations.

(8) *Confinement facilities.* Sanitary inspection requirements for Army detention and confinement facilities are outlined in AR 190-47.

(9) *Food service sanitation.*

(a) Provide quality food service at all levels of command. The scope of Army food service is defined by TB MED 530 to include all food operations within the Army and areas under its control.

(b) The essential elements for Army food service sanitation are described in TB MED 530. Additional guidance on field food service operations is presented in FM 4-02.56 and FM 21-10/MCRP 4-11.1D.

(c) Preventive medicine personnel provide sanitary inspections of Army food service operations, including cook-chill operations as defined in TB MED 530. Commissary and troop issue subsistence activities, including delicatessen operations in commissaries and storage of food in Army food service operations, are the responsibility of the supporting veterinary activity.

(10) *Sports facilities, gymnasiums, and fitness centers.* Sanitary requirements for sports facilities, gymnasiums and fitness centers can be found in appendix D.

(11) *Tattooing and piercing businesses.*

(a) Tattooing and application of permanent makeup is prohibited on Army installations.

(b) When these operations are legal and operating off the installation, the preventive medicine service coordinates with the local health department having jurisdiction and conducts joint inspections for safety, cleanliness and sterilization of needles, control of bloodborne pathogens and spread of infectious disease organisms including HIV and hepatitis.

(c) The preventive medicine service recommends the commander place "off-limits" any facility that presents a health risk to service personnel. Specific information can be obtained by contacting the USACHPPM (MCHB-CS-OSD), Aberdeen Proving Ground, MD 21010-5403.

## **Chapter 5**

### **Occupational Health**

#### **Section I**

#### **The Army Occupational Health Program**

##### **5-1. Introduction**

a. The Army Occupational Health Program consists of occupational illness and injury prevention and control programs and services provided by a variety of professional disciplines. These programs and services are necessary to anticipate, identify, assess, communicate, mitigate and control occupational disease and injury threats to Army personnel. These threats may occur in a standard worksite or a deployed setting and may include chemical, biological, radiological, psychological and physical hazards. Occupational health services provided are tailored to the hazards that are anticipated or identified for the defined population with a focus on prevention.

b. The Army Occupational Health Program includes services that promote the health and safety of the individual, the unit, the workplace, and the community. Services may focus on education regarding hazards, or medical surveillance to facilitate early detection of adverse outcomes associated with the occupational environment. In the event that adverse injury or illness outcomes occur, services aim to restore health and productivity. These services may be individual, unit-based or population-based.

c. The Deputy Assistant Secretary of the Army for Environment, Safety, and Occupational Health provides policy, goals, guidance, and management oversight of the Army Occupational Health Program, as the Army component of the DOD Safety and Occupational Health Program.

d. The objectives of the Army Occupational Health Program are to—

(1) Ensure that Army personnel are physically, mentally, and psychologically suited to their work at the time of their assignment, and that physical and behavioral health are monitored to detect early signs of job-related injury or illness.

(2) Protect Army personnel from adverse effects of health and safety hazards in the work environment to include field operations, garrison, industrial, and administrative workplaces.

(3) Ensure proper medical care, rehabilitation, and return-to-duty programs for the occupationally ill and injured.

(4) Reduce loss (manpower and economic) caused by occupationally related injuries and illnesses of Army personnel.

(5) Prevent decreased combat readiness caused by occupational illness and injury of Army personnel throughout the full spectrum of military operations.

e. Programs and services include, but are not limited to—

(1) Medical surveillance examinations and screenings.

(2) Health hazard education.

(3) Surety programs.

(4) Reproductive hazards.

(5) Bloodborne pathogens.

(6) Hearing conservation and readiness.

(7) Vision conservation and readiness.

(8) Workplace epidemiological investigations.

(9) Ergonomics.

(10) Radiation exposure and medical surveillance.

(11) Industrial hygiene.

(12) Personal protective equipment.

(13) Respiratory protection.

(14) Asbestos exposure control and surveillance.

(15) Injury prevention and control.

(16) Occupational illness and injury prevention and mitigation.

(17) Work-related immunizations.

(18) Record keeping and reporting.

(19) Worksite evaluations.

(20) Other Federal programs.

(21) Evaluation of occupational health programs and services.

f. The control of exposures to known occupational hazards utilizes a hierarchy of control, with the use of personal protective equipment as the least preferable solution.

g. As the basis of Army occupational safety and health criteria, the provisions of the Occupational Safety and Health Act and the regulations, standards, and criteria promulgated by the Occupational Safety and Health Administration (OSHA) are followed. The Federal regulations promulgated by the NRC (10 CFR), the FDA (21 CFR) and the Department of Transportation (49 CFR) set additional standards and requirements for ionizing and nonionizing radiation. The current American Conference of Governmental Industrial Hygienists (ACGIH®) threshold limit values (TLVs®) are the criteria that apply within the Army when OSHA standards are less protective or no OSHA standards exist. AR 11-9 establishes the exposure standards for both ionizing and nonionizing radiation. When other alternate or supplemental criteria are necessitated by military uniqueness, existing standards and regulations are followed until justification is forwarded through command channels and OTSG approval is obtained.

h. ACGIH® and TLV® are registered trademarks of the American Conference of Governmental Industrial Hygienists, Cincinnati, Ohio.

## 5-2. Medical surveillance examinations and screenings

a. *Introduction.* The primary purpose for developing a medical surveillance program is to implement risk-based medical screening or examination for Army personnel. The primary focus is early detection of occupational diseases or illnesses that may be associated with work tasks or workplace exposures of a physical, chemical, biological, or radiological nature. Secondary purposes include—

(1) Documentation of occupational exposures for use as a part of the post-deployment and post-service medical assessments, medical studies, and health risk assessments.

(2) Evaluation of the effectiveness of protective and risk mitigation procedures.

(3) Provision of health risk information useful for commanders in deployed settings for assessing occupational health risks posed by military operations.

b. *References.* AR 40-5 directs the implementation of the DOD Occupational Health Manual (DOD 6055.5-M). Other references that provide policy, guidance, and information regarding job-related examinations are as follows:

(1) *Title 5 CFR 339.* Title 5 CFR 339 provides the requirements and procedures concerning medical qualification determinations, including medical standards, authority to require and offer examinations, medical evaluation programs, and waiver procedures.

(2) Title 5 CFR 930.108. Title 5 CFR 930.108 provides requirements and procedures for periodic medical evaluations.

(3) The U.S. Office of Personnel Management Operating Manual, section VI. This section provides a summary of the occupational series with medical requirements.

(4) Title 29 CFR 1910.

(5) AR 11-34.

(6) DA Pam 40-501.

(7) DA Pam 40-506.

(8) TB MED 509.

(9) TB MED 510.

(10) TB MED 523.

(11) TB MED 524.

(12) AR 11-9 (MEDCOM Regulation 40-42 for MEDCOM-specific guidance).

*c. Procedures.*

(1) The medical practitioner must know the person's job title, the type of work performed, and individual exposures. Components of the medical surveillance for any Army personnel are based on data characterizing the exposure, recommended or required items related to that hazard, and sound medical judgment. Industrial hygiene data is critical to separate potential exposures from actual exposures. The designated occupational health physician reviews the industrial hygiene data and regulatory requirements annually and when operations change to determine the scope and frequency of work-related medical examinations. Medical judgment synthesizes the total exposures, individual risk factors, job demands, and stresses.

(2) Determining evaluation content and developing protocols.

(a) Installation occupational health and safety personnel are jointly responsible for identifying work areas where workers need medical examinations because of specific hazardous exposures. Local occupational medical personnel establish examination content and frequency based on an understanding of the job demands, exposures to the workers, the medical effects of specific exposures, the impact of specific medical conditions on job performance and safety and legal and regulatory requirements.

(b) Examination protocols may include employee health promotion and personnel programs. Local medical personnel must be aware of collective bargaining agreements and support agreements that entitle specific employee groups to health benefit programs or other medical benefits. If medical examinations are deemed inappropriate or of little value, documentation of the rationale used in making the decision will be maintained locally.

(3) Industrial hygiene data is essential to determine potential and actual exposures. Occupational health personnel use such data in reviewing changes in operations. Occupational health personnel also use this data for their annual reviews of regulatory requirements and policies to determine the scope and frequency of work-related examinations.

(4) A follow-up system should be implemented for all health examination and screening programs to identify and report their effectiveness and to assure indicated counseling and referral.

(5) Termination examinations are provided on termination of assignment or termination of employment for all employees who have been included in a periodic job-related medical surveillance program, unless an examination has been conducted within the past 90 days. The 90-day exception does not apply in cases where the content of the periodic examination differs from the termination examination (for example, high-risk microwave or laser workers) or where a more stringent requirement exists.

(6) Military personnel will require further pre-assignment, periodic, pre- and post-deployment follow-up, and termination examinations that are specific for potential chemical, physical, biological, or radiological hazards, in addition to the routine entrance and periodic examinations prescribed by AR 40-501.

(7) Civilian employees assigned to positions requiring specific physical fitness standards are provided examinations in addition to pre-placement, job transfer, periodic, and termination examinations. If necessary, job-related examinations may be made a condition of employment. Employees not required to have pre-placement examinations should be scheduled for baseline health screening evaluations, if resources permit. The baseline examinations may include a health history, blood pressure determination, vision screening, and hearing tests.

(8) Fitness for duty and disability retirement examinations are accomplished following the guidance in 5 CFR 339. DA Pams 40-8 and 40-173 provide guidance for medical examinations for Army personnel potentially exposed to chemical surety materials.

(9) While not a requirement for civilian employees, health maintenance examinations are encouraged, subject to availability of health services resources. Such examinations may include single or multiple disease screening or more detailed medical evaluations, and can be offered on an age-related basis or to specific target groups.

*d. Standards and criteria.*

(1) Specific exposure standards and criteria are used for occupational health screening and medical examinations. OSHA permissible exposure limits (PELs) are used by the Army except when the current ACGIH® TLVs® are more stringent. Below is a list of governing bodies and organizations that publish standards and criteria with the name of the



respective standards or criteria. AR 11-9 provides exposure and screening standards for ionizing and nonionizing radiation that are based on Federal requirements.

(a) OSHA PELs, 29 CFR 1910.1000, Z-tables. PELs are 8-hour time-weighted averages (TWAs). Some chemicals have short-term exposure limits (STELs) and ceiling limits. More information is available at <http://www.osha.gov/>.

(b) ACGIH® TLVs®, current year TLVs® and biological exposure indices (BEIs®). TLVs® are 8-hour TWAs. Some chemicals have STELs and ceiling limits. (These criteria apply to the Army when more stringent than corresponding OSHA standards.) The current version of the TLVs® for chemical substances and physical agents as well as BEIs® can be ordered from the ACGIH®. Ordering information and costs can be found at <http://www.acgih.org/resources>.

(c) NIOSH-recommended exposure limits (RELs), Pocket Guide to Chemical Hazards. RELs are TWA concentrations for up to a 10-hour workday during a 40-hour workweek. Some chemicals have STELs and ceiling limits. NIOSH publications are available at <http://www.cdc.gov/niosh/>.

(d) American Industrial Hygiene Association (AIHA), workplace environmental exposure level (WEEL) guides, which are 8-hour TWAs. Some chemicals have STELs and ceiling limits. Purchasing information for current AIHA emergency response planning guidelines, WEEL guides, and related handbooks is provided through the publications and advertising link on the AIHA Web site: <http://www.aiha.org>.

(2) Additional guidance may be found in DA Pams 40-501, 40-503, and 40-506; TB MED 502/DLAM 1000.2 and TB MED 509; American National Standards Institute (ANSI) Z87.1; National Fire Protection Association (NFPA) standards (<http://www.nfpa.org/Codes/index.asp>); and other Federal standards such as EPA and U.S. Office of Housing and Urban Development standards (<http://www.hud.gov/>) for levels of lead, dusts and health hazards.

(3) Clinical medical practices are guided by the CPGs of the American College of Occupational and Environmental Medicine (ACOEM). Purchasing information for ACOEM CPGs may be found through the publications link on the ACOEM Web site: <http://www.acoem.org>.

(4) AR 11-9 and 10 CFR 20 summarize the NRC's allowable level of intake and derived air concentrations to be used in assessing internal ionizing radiation exposures. AR 11-9 also provides guidance for monitoring potential ionizing radiation exposures in declared pregnant personnel.

(5) AR 11-9 summarizes nonionizing radiation exposure limits used in the Army. Personnel radiation exposure standards for lasers are in TB MED 524.

(6) DA Pams 40-8 and 40-173 provide exposure limits for chemical warfare agents.

(7) BEI® is a registered trademark of the American Conference of Governmental Industrial Hygienists, Cincinnati, Ohio.

### 5-3. Health hazard education

At a minimum, Army personnel must receive training and education in the following areas:

a. *Communication of hazard.* Federal regulations (10 CFR 19, 29 CFR 1910.1030, 29 CFR 1910.1200) and AR 11-9 require all personnel to receive, at a minimum, initial training regarding potential workplace hazards associated with chemicals, ionizing and nonionizing radiation, and bloodborne pathogens, as well as physical hazards associated with chemicals. The training also must include the protective measures to be taken and personal protective equipment to be used to control exposures.

(1) These regulations also require that such information be readily available to Army personnel in the form of MSDSs. If an Army installation is producing a chemical or hazardous material, that installation must provide the appropriate hazard information and communication. Preventive medicine personnel may assist in this training.

(2) Installation safety personnel normally provide hazard communication training. Preventive medicine personnel may assist in this training.

(3) The regulations require additional training when new hazards are introduced into the work environment.

(4) Occupational medicine personnel may assist in the communication of deployment-related hazards post-deployment.

(5) 10 CFR 19, 29 CFR 1910, 49 CFR 172, and NRC licenses have specific training requirements for ionizing and nonionizing radiation hazard communication.

b. *Hearing conservation.* As required by 29 CFR 1910.95, all personnel who work in noise-hazardous areas and operations receive initial and annual training on the effects of noise on hearing, the purpose of hearing protection, the advantages and disadvantages of various hearing protection devices, the mandatory requirement to wear assigned hearing protectors, and the purpose of audiograms. DA Pam 40-501 provides further guidance.

c. *Reproductive hazards.* Federal regulations (10 CFR 19 and AR 40-5) require that individuals (male and female) be informed of the potential adverse health effects (which includes reproductive effects) of exposures to hazards known to have such effects. Title 29, CFR 1910.1200, provides general requirements for hazard communication.

(1) AR 40-501 provides information on profiling pregnant soldiers, limitations to protect their health and the health of the fetus, and profiling postpartum soldiers.

(2) The NRC Regulatory Guide 8.13 and 29 CFR 1910 require that all pregnant personnel (those who officially declare their pregnancies in writing) are to be trained regarding the potential harmful effects of ionizing radiation on

the fetus. DA Pam 40-18/Defense Logistics Agency Instruction (DLAI) 1000.30 provides Army implementing guidance for this requirement.

(3) Title 29, CFR 1910.1025, mandates that training in the hazards of lead include information specific to adverse reproductive effects on both males and females.

(4) AR 40-562/AFJI 48-110/BUMEDINST 6230.15/CG COMDTINST M6230.4E requires counseling of females regarding the safety, benefits, and potential risks associated with immunizations during pregnancy.

(5) Title 29, CFR 1910.1030 addresses hazard communication requirements regarding potential exposure to blood-borne pathogens.

(6) Title 29, CFR 1910.1047 provides specific hazard communication requirements for ethylene oxide hazards, including reproductive hazards.

(7) Title 29, CFR 1910 provides training requirements in addition to general hazard communication information for specific chemicals that are known or potential carcinogens, many of which have been associated with reproductive hazards as well.

(8) Information to assist health care providers in identifying and understanding the reproductive hazards associated with a variety of waste anesthetic gases and hazardous drugs, such as cytotoxic drugs, in MTFs can be found at the following USACHPPM Web site: <http://chppm-www.apgea.army.mil/documents/TG/TECHGUID/TG149.pdf>. The information at this site may assist health care providers in complying with the general hazardous communication requirements of 29 CFR 1910.1200.

#### 5-4. Surety programs

a. Chemical surety, biological surety, and nuclear surety are specialized programs designed to ensure that chemical and biological warfare materials and nuclear material and reactors are handled securely and that personnel working with these materials are protected appropriately. AR 50-5 prescribes the Army Nuclear Surety Program. AR 50-6 prescribes the Army Chemical Surety Program. AR 385-61 establishes and provides guidance for the Army's Chemical Agent Safety Program. AR 385-69 establishes and provides guidance for the Army's Biological Defense Safety Program.

b. The medical aspects of these programs include the Personnel Reliability Program, special handling and screening of medical records, and treatment of potential and actual casualties.

c. The Personnel Reliability Program supports the Army's surety programs. The goal of the Personnel Reliability Program is to ensure that those individuals who have access or control of surety program materials meet the highest standards of reliability and can safely perform their surety program duties. The components of the Personnel Reliability Program include—

(1) Initial screening of medical records.

(2) Evaluation of personnel for evidence of reliability.

(3) Continuing evaluation and periodic screening of personnel performing surety program duties.

d. Additional guidance related to the Army's surety programs may be found in DA Pams 40-8, 40-173, and 50-6.

#### 5-5. Reproductive hazards

a. Both males and females are vulnerable to reproductive hazards. Some of the potential effects on the male reproductive system include sterility and sperm mutagenesis, both of which can cause infertility. All employees are to be informed about potential work area reproductive hazards. Pregnant employees and their fetuses may require special protection in the work environment. Females who breast-feed their infants and who are exposed to certain chemical hazards should be treated as pregnant employees. Key components of reproductive hazard surveillance and control include:

(1) Identifying work areas or occupations that present potential health reproductive hazards.

(2) Counseling all employees during pre-placement or periodic job-related examinations about the nature of any potential hazards to reproduction.

(3) Informing females about availability of job accommodation or transfer if indicated in the event of pregnancy, as long as the woman declares her pregnancy. Job accommodations, such as transfers, can only occur if the woman declares her pregnancy in writing to her supervisor.

(4) Instituting policy or procedure to ensure prompt notification to the health clinic by pregnant employees as soon as the pregnancy is known.

(5) Assessing the employee's job assignment and work environment when pregnancy is known.

(6) Providing recommendations to the profiling officer regarding job-related hazards to pregnant active-duty personnel.

(7) Providing periodic follow-up and counseling as indicated including pregnancy outcome evaluation.

b. The employee at risk must be informed and must understand that workplace hazards may include bloodborne pathogens (for example, hepatitis and HIV); airborne infectious diseases such as rubeola, rubella, and varicella-zoster; and other chemical or physical hazards not specified by OSHA. Vibration has been associated with abortions if in the

frequency range of 5 to 10 hertz (Hz). Exposure to the following substances has also been associated with spontaneous abortion:

- (1) Lead (inorganic).
- (2) Ethylene oxide.
- (3) Ionizing radiation.
- (4) Waste anesthetic gases.
- (5) Mercury.

c. Additional guidance may be found in AR 11-9, AR 40-501, TB MED 510, and 29 CFR 1910.

#### 5-6. Bloodborne pathogens

a. The prevention and control of bloodborne pathogen exposure and infections is conducted according to the Federal regulations published in 29 CFR 1910.1030. These regulations apply to all employees with reasonably anticipated occupational exposure to blood and other potentially infectious materials. Exposure risk depends on an employee's job activities, not the physical place of employment. The Morbidity and Mortality Weekly Report (MMWR) from June 29, 2001, published recommendations for managing employees after an exposure. Additional technical information for Army preventive medicine personnel may also be found at the following USACHPPM Web site: <http://chppm-www.apgea.army.mil/documents/TG/TECHGUID/TG190.pdf>.

b. The goal of the program is to limit occupational exposure to blood and other potentially infectious materials that may result in the transmission of bloodborne pathogens that could lead to disease or death.

c. Prevention and control of bloodborne pathogen exposures is accomplished through—

(1) *Employee education and training.* The employer must provide an initial and annual training program to employees at risk of occupational exposure. Training is provided during working hours at no cost to the employee.

(2) *A written program to include an exposure control plan.* A written exposure control plan is required to be established and implemented with procedures aimed at eliminating or minimizing employee exposures.

(3) *Immunizations.* Federal standards require employers to make available the hepatitis B vaccine series to all employees who are at risk for occupational exposure, and provide post-exposure evaluation and follow-up to all exposed employees. Additionally, hepatitis B immunization is mandatory for Army medical and dental personnel hired after 1 January 1997 (Health Affairs Policy 97-006).

(4) *Response to exposures.* Following a report of occupational exposure to blood or body fluids, prompt and confidential medical evaluation with subsequent monitoring of the exposed employee is required. Medical evaluation should occur promptly after an exposure, since post-exposure prophylaxis against HIV and hepatitis B, if indicated, is most effective if administered promptly.

d. Timely reporting and accurate record keeping are necessary for preventing exposures, providing timely and appropriate responses to exposures, and analyzing outcomes and trends.

#### 5-7. Hearing conservation and readiness

a. The Army Hearing Conservation Program is designed to protect hearing through the coordinated application of program elements, procedures, and guidelines published in DA Pam 40-501. The program is implemented through the Defense Occupational and Environmental Health Readiness System (DOEHRS)-Hearing Conservation (DOEHRS-HC) application. Program elements are delineated in DA Pam 40-501.

b. Hearing conservation program managers use the Hearing Conservation Program Evaluation Profile (<http://usachppm.apgea.army.mil/hcp/hcpep>) to annually assess and document the compliance of their local hearing conservation programs with regulatory requirements. The use of this tool supports compliance with 29 CFR 1960.79, subpart J, which requires all Federal programs to perform annual self-assessments of their safety and occupational health programs.

#### 5-8. Vision conservation and readiness

An effective Army Vision Conservation and Readiness Program (VCRP) promotes and optimizes vision and optical readiness. The VCRP is essential to assure a safe and healthful working environment and applies to garrison, field training, and deployment environments. An effective VCRP is implemented and administered using the procedures, principles, and guidance provided in DA Pam 40-506 and 29 CFR 1910 and includes occupational vision, eye safety, and environmental vision components.

#### 5-9. Workplace epidemiological investigations

a. Commonly accepted epidemiological methods and tools are used to investigate incidences of infectious diseases, occupational illnesses, and injuries presumed to be associated with the workplace. Such investigations address both the acute and short-term health outcomes as well as chronic health and reproductive health impacts.

b. Preventive medicine personnel conduct such workplace epidemiological investigations in coordination with safety personnel. These investigations are used to identify, assess, and document trends and analyze the occurrence and incidence of such illnesses and injuries. It is extremely important to determine whether the health outcomes are actual

or perceived. Situations that present an imminent danger to Army personnel are reported through Army safety officials according to AR 385-10.

c. Infectious diseases in workers can affect the incidence and severity of occupational and environmental exposure health outcomes. Consequently, infectious diseases in workers must be considered in analyzing potential OEH hazards as well as investigating noninfectious disease health outcomes. Infectious diseases in workers can also interfere with or mask efforts to detect clusters of noninfectious disease health outcomes. Some infectious diseases may actually be work-related.

d. Effective risk communication is a critical part of any epidemiological investigation of possible workplace infectious diseases, occupational illnesses, and injuries.

## 5-10. Ergonomics

a. In a memorandum signed on 4 February 1997, the Deputy Under Secretary of Defense (Environmental Security) established the Ergonomics Program interim requirements and procedures for the control of work-related musculoskeletal injury and illnesses. On 18 May 1998, the Deputy Assistant Secretary of the Army (Environment, Safety and Occupational Health) signed a policy memorandum outlining the Army's roles and responsibilities. These memorandums directed that, as a minimum, the Ergonomics Program would—

- (1) Interface with existing programs.
- (2) Include a written plan with goals and objectives.
- (3) Address the five critical program elements—workplace analysis, hazard prevention and control, health care management, education and training, and program evaluation. The degree of emphasis on each critical program element varies according to the hazards and concerns at each installation.

b. DA Pam 40-21 provides guidance and procedures for implementing the Army Ergonomics Program.

## 5-11. Radiation exposure and medical surveillance

### a. Introduction.

(1) AR 11-9 provides policy and guidance for a comprehensive Army Radiation Safety Program. The program is directed at safeguarding personnel and property from ionizing and nonionizing radiation hazards.

(2) Radiation sources are identified and exposures prevented or controlled according to the guidance in AR 11-9, DA Pam 40-18/DLAI 1000.30, and TB MED 521. Specific guidance for MEDCOM personnel can be found in MEDCOM Regulation 40-42.

(3) Appendix G provides specific guidance on the control of radiation sources, protective clothing and equipment, radiation detection and measuring equipment, and radiologic facility shielding analysis. For additional standards, criteria, guidance, and procedures for controlling exposures to nonionizing radiation, refer to TB MED 523, TB MED 524, ANSI Z136.1, ANSI Z136.2, ANSI Z136.3, ANSI Z136.6, ANSI B11.21, and Military Handbook (MIL-HDBK)-828A.

### b. Functions.

(1) In order to implement the prescribed policies and procedures in AR 11-9, an activity or installation commander who operates, maintains, or stores radiation-producing equipment—

(a) Designates a primary radiation safety officer (RSO) and alternate in writing as required by the applicable NRC license. Though not specifically required by all NRC licenses, designating an alternate RSO is an effective means to ensure program continuity and command and control of radiation sources in the absence of the primary RSO.

(b) Provides the RSO with training, equipment, and support staff commensurate with the extent of their responsibilities.

(c) Designates an on-site RSO for personnel under his or her command assigned to activities at non-Army locations that may involve radiation exposure. The on-site RSO's responsibilities include reviewing safety plans and safety procedures as well as ensuring that those personnel receive proper dosimetry and bioassay support.

(2) Commanders of medical activities with nuclear medicine services provide a full-time RSO who meets the training and experience requirements of 10 CFR 35.

(3) The RSO—

(a) Manages the Radiation Safety Program according to AR 11-9 and other applicable Federal and Army regulations, guidance, NRC licenses, and Army radiation authorization conditions.

(b) Maintains complete program files, including current records of radiation source inventories, SOPs, records of instructions for radiation source users, and all other records required for compliance with applicable Federal, state, and Army regulations.

(4) Commander, USACHPPM, provides technical assistance in the area of radiation safety, specifically to—

(a) Assist Commander, MEDCOM, in conducting triennial evaluations of each installation to ensure compliance with nonionizing radiation safety standards.

(b) Forward bioassay results and radiation dose assessments to the Ionizing Radiation Dosimetry Branch (IRDB),

U.S. Army Primary Standards Laboratory, Test, Measurement, and Diagnostic Equipment, Redstone Arsenal; the licensee (if applicable); the responsible RSO; and the MTF or occupational health clinic

- (c) Evaluate ionizing and nonionizing radiation sources.
- (d) Provide information and guidance regarding ionizing and nonionizing radiation safety.
- (e) Investigate alleged laser or radiofrequency radiation overexposures.
- (f) Maintain radiation safety reports and surveys.

c. *Licenses and authorizations.* Any organization requiring an NRC license or Army radiation authorization consults with the appropriate MACOM radiation safety staff officer and refers to AR 11-9.

d. *Ionizing radiation exposure surveillance.* Ionizing radiation exposure surveillance is conducted according to AR 11-9, DA Pam 40-18/DLAI 1000.30, and specific NRC license and Army radiation authorization requirements. Appendix G provides more specific guidance. The following Army procedures are necessary to implement established policies for exposure surveillance:

(1) All ionizing radiation exposure information is medical information that relates to the health status of Army personnel and is necessary for current and future health risk assessments. As such, this information will be treated according to AR 40-66.

(2) AR 11-9 provides guidance for determining when external ionizing radiation dosimetry is necessary, including specific guidance for declared pregnant females. Results of this dosimetry provide exposure estimates that are used for medical assessments of risk. The following procedures are necessary for standardized external ionizing radiation dosimetry across the Army.

(a) Army units must use the dosimetry services of the IRDB unless specifically exempted by TSG.

(b) TSG may grant exemptions (for periods up to two years) to use a laboratory or contract service, if the laboratory or contract service can demonstrate compliance with the technical requirements outlined in AR 11-9 and can be appropriately certified to conduct these measurements (for example, certified by the National Voluntary Laboratory Accreditation Program).

(3) AR 11-9 provides guidance for when bio-monitoring of internal ionizing radiation exposure is necessary, including specific guidance for declared pregnant females. The following are established as necessary procedures for standardized internal radiation exposure bio-monitoring across the Army.

(a) When not a regulatory or NRC license requirement, only a trained, privileged provider may approve sample collection for in-vitro bioassay analysis and interpret bioassay results.

(b) Trained medical personnel collect in-vitro bioassay samples according to proper medical sample collection procedures.

(c) In-vitro bioassay samples are sent to USACHPPM for analysis (specific technical information is available at <http://chppm-www.apgea.army.mil/documents/TG/TECHGUID/TG211.pdf>).

(d) TSG may grant exceptions (for periods up to two years) to use another laboratory if the laboratory can demonstrate the ability to perform the bioassay procedures specified in AR 11-9.

(e) All bioassay results (from in-vitro and in-vivo testing) must be placed in the patient's medical record and forwarded to the Army IRDB according to procedures outlined in AR 11-9.

(4) AR 11-9 requires the documentation of dosimeter use and occupationally related ionizing radiation exposure. See DA Pam 40-18/DLAI 1000.30 for detailed guidance on record retention, disposition, transfer and inspection.

(5) Specific items to be placed in personnel medical records include—

(a) Dosimetry and bioassay records as required in AR 11-9, paragraph 5-2.

(b) Results of ionizing radiation dosimetry monitoring. This includes the annual summary of external ionizing radiation exposure, results of in-vitro and in-vivo bioassays, and the assignment of administrative doses.

(c) A chargeout card can be placed in the medical records to indicate the location where current dosimetry records can be reviewed (that is, located in the office of records for the NRC licensee).

(6) The RSO ensures, through participation in the contracting process, that adequate provisions for proper exposure monitoring are included in any contract through which contractor personnel are at risk of radiation exposure.

(7) Contracting agencies that provide dosimetry and bioassay monitoring services for contract personnel provide copies of the results and records to the activity RSO.

e. *IRDB support of ionizing radiation exposure surveillance.* The IRDB provides capabilities essential to ionizing radiation dosimetry in the Army. The IRDB's information, archiving, search, and retrieval functions are the cornerstone of the Army's ability to archive and use ionizing radiation dosimetry data for health risk assessment, management, and communication. These capabilities include—

(1) Providing exposure histories on all Army and contractor personnel to comply with NRC archiving requirements as well as AR 11-9 reporting requirements during deployments and after deployments. The IRDB provides exposure histories when requested by a duly appointed RSO or a medical official when required for official business.

(2) Maintaining data with sufficient detail to allow reporting exposure by individual, by occupational code, and by unit of assignment.

(3) Interfacing with medical surveillance and medical reporting systems so that exposure data can be rapidly shared with medical authorities and authorized VA personnel.

(4) Providing external, internal and total exposure dosimetry and bioassay results. For bioassay results, the IRDB is able to provide the data upon which the exposure analysis is based. The IRDB also provides the basis for administrative doses when such doses are assigned.

*f. Ionizing radiation medical surveillance.* Routine medical examinations for individuals occupationally exposed to ionizing radiation are usually not necessary. A reported overexposure does not necessarily indicate the need for a medical examination. The circumstances associated with the reported overexposure and the estimated organ or whole-body dose should help determine the type and extent of any examination, as well as the types of laboratory or medical tests.

(1) The supporting medical commander, in consultation with the RSO—

(a) Determines if a medical examination is necessary for individuals occupationally exposed to radiation.

(b) Refers any individual suspected of having received a radiation dose in excess of the limits specified in AR 11-9 to a physician.

(2) The supporting medical commander and the supporting occupational health physician—

(a) Determine the appropriate level of examination and treatment.

(b) Consider the following factors when determining an appropriate medical examination—

1. The total actual or suspected dose.

2. Types of radiation to which the individual was exposed.

3. Portion of the body exposed.

4. Target organ dose.

5. Time elapsed between the exposure and notification.

6. Other appropriate factors.

(c) Ensure that personnel potentially exposed to nonionizing radiation receive appropriate medical examinations as specified in DODI 6055.11 and TSG policy directives.

(d) Ensure that copies of reports documenting reported overexposures are forwarded to USACHPPM for archiving whether or not an actual overexposure occurred. Documenting a determination that a suspected overexposure did not occur is as important as documenting actual overexposures.

*g. Nonionizing radiation medical surveillance.*

(1) The medical commander and occupational health personnel ensure that personnel potentially exposed to nonionizing radiation receive appropriate medical examinations as specified in ANSI Z136.1, AR 11-9, MEDCOM Regulation 40-42, TB MED 523, and TB MED 524.

(2) No suitable personal dosimeters exist for measuring individual exposures to nonionizing radiation.

## 5-12. Industrial hygiene

Industrial hygiene consists of the anticipation, recognition, evaluation, and control of those environmental factors and stresses associated with work operations that may cause sickness, impaired health and well-being, or significant discomfort and inefficiency among workers or among the citizens of the community. Industrial hygienists function as a team with the occupational health staff, occupational medicine staff and installation safety. Refer to DA Pam 40-503 for detailed implementing instructions and guidance for industrial hygiene services for the Army.

## 5-13. Personal protective equipment

*a.* The use of personal protective equipment is an integral part of the local safety and occupational health program for all soldiers and civilian employees. Industrial hygienists and safety personnel determine when, where, and what type of equipment is used. Individuals who deliberately or carelessly violate regulations regarding the wearing of personal protective equipment may be subject to disciplinary action (AR 690-700).

*b.* Installation or activity safety personnel, with assistance from local industrial hygiene personnel—

(1) Designate areas requiring the use of personal protective equipment, such as eye-hazardous areas or areas requiring the use of a hard hat.

(2) Ensure that all personal protective equipment is used as required and stored and maintained properly.

*c.* Occupational health nurses (OHNs) and occupational medicine physicians evaluate the workers' ability to safely wear personal protective equipment.

## 5-14. Respiratory protection

A respiratory protection program involves much more than issuing a respirator to an employee. The preferred methods to reduce risk of exposure to airborne contaminants are reducing the air concentrations of hazardous substances by substitution with a less toxic substance and engineering and administrative controls. However, when respirators must be used to control exposures, the appropriate respirator must be selected according to the exposure, and must be appropriately fitted to the employee. Qualified medical and safety personnel are essential to an effective respiratory

protection program. The employee must be trained regarding how to use and properly maintain the respirator. Medical clearance is also an essential part of the respiratory protection program. The Army Respiratory Protection Program is described in detail in AR 11-34.

#### **5-15. Asbestos exposure control and surveillance**

The MTF commander ensures that occupational health personnel—

a. Administer medical questionnaires, such as DD Form 2493-1 (Asbestos Exposure, Part I-Initial Medical Questionnaire) and DD Form 2493-2 (Asbestos Exposure, Part II-Periodic Medical Questionnaire), to all employees who—

(1) Are potentially or actually exposed to asbestos above the OSHA PEL or above the excursion limit.  
(2) May be engaged in or should engage in Class I, II, or III asbestos work, as defined in 29 CFR 1910.1001 and 29 CFR 1926.1101.

(3) Participate in the installation asbestos management program as outlined in AR 200-1, AR 420-70, and TB MED 513.

b. Maintain these forms in the civilian employee's medical record and the military health record.

c. Perform health risk assessments of asbestos-containing building materials to determine the need for corrective action.

#### **5-16. Injury prevention and control**

Injuries and musculoskeletal illnesses are major causes of diminished readiness in the Army. A comprehensive Army injury prevention campaign can be waged against this preventable detriment to readiness and costs through improved fixed installation and deployment injury surveillance, population-based injury prevention analysis, identification of injury prevention "best practices" and tools, and education products.

a. *Functions.*

(1) The leadership and staffs of the Army Safety Center and the USACHPPM coordinate in supporting injury reduction planning and initiatives for the Army. The two organizations support each other with technical consultants in addressing workplace safety, risk communication, and investigation of accidents or incidents that cause injuries or other adverse health effects.

(2) Commanders, supervisors, and other leaders, assisted and advised by medical staff, are the first and critical line of defense in reducing impact from injuries through education and training of personnel, early recognition of symptoms of injury, and timely application of preventive measures.

(3) Commanders reduce the risk of injury and—

(a) Publish a unit-level annual directive on the prevention of injuries.

(b) Provide unit commanders an annual orientation class on the control of injuries using safety and medical personnel.

(c) Ensure all newly assigned personnel are aware of the warning signs for injuries and ways to prevent injuries.

b. *Elements.*

(1) Successful installation injury prevention and control efforts include local policies, attentive case management, fraud investigation, light-duty assignments, position restructuring, and regular meetings of those involved in the local injury prevention and control program.

(2) Injury prevention and control efforts include—

(a) Cooperation at the local level between occupational health, safety, personnel, management and local Office of Workers' Compensation Program (OWCP) offices.

(b) Prompt provision of medical care for employees and soldiers afflicted with occupational injuries and illnesses on a priority basis per AR 40-400. Initial and follow-up care are provided for civilians as resources permit.

(c) Educational efforts to teach best practices in injury reduction, case management and related topics.

(d) Consultation with occupational health specialists for installations with particular problem areas.

(e) Use of medical surveillance and epidemiology tools to obtain relevant injury data, perform trend analysis, target specific interventions, and evaluate effectiveness of those interventions.

#### **5-17. Occupational illness and injury prevention and mitigation**

a. *Federal Employees Compensation Act Program.*

(1) The Federal Employees Compensation Act (FECA) provides monetary compensation, medical care and assistance, vocational rehabilitation, and reemployment rights to Federal employees who sustain disabling injuries as a result of their Federal employment. The Department of Labor (DOL) OWCP administers FECA claims.

(2) The FECA program is financed by the Employees' Compensation Fund, which consists of funds appropriated by Congress directly, or indirectly, through a charge back to the various agencies. Each year, the Secretary of Labor furnishes a statement to each DOD component regarding payments made from the Fund.

b. *Functions.*

(1) The installation commander ensures that—



(a) Maximal effort is made to keep injured employees on the job, and that limited-duty positions are made available (DOD 1400.25-M, subchapter (SC) 810.3.4.4).

(b) Position restructuring is considered for employees who have been permanently partially disabled because of a job-related injury or illness (DOD 1400.25-M, SC 810.3.4.5).

(c) An installation FECA work group is established, if installation FECA claims exceed \$1 million (DOD 1400.25-M, SC 810.3.4.6).

(2) Those involved in the installation-level effort to prevent and mitigate injuries meet regularly as a group to review and analyze injury trends, causes, light-duty assignments, position restructuring, case management activities and outcomes, FECA costs, trends, and plans; and to develop cost containment initiatives (DOD 1400.25-M, SC 810.3.4.6).

(3) Occupational health clinics work with local commanders to reduce FECA costs by—

(a) Assisting organization and installation FECA coordinators with the medical aspects of case management, including *controversion* when appropriate.

(b) Coordinating with the installation safety office to identify and correct occupational safety and health problems (including ergonomic ones) that may cause further injuries or illnesses.

(c) Reviewing OWCP medical reports for appropriateness.

c. *Procedures to reduce civilian injury rates and FECA costs.*

(1) Effective management of FECA costs requires close coordination among supervisors, resource managers, personnel offices, installation safety, occupational health, FECA coordinators, and commanders. Most accidents and the claims that follow are preventable through strong hazard identification and abatement, safety education programs, enforcement of safety rules, and a progressive ergonomics program.

(2) Each installation should have a FECA work group tailored to the installation's needs (DOD 1400.25-M, SC 810.3.4.6).

(a) Department of the Defense policy requires a FECA work group on installations whose claims exceed \$1 million.

(b) The purpose of this work group is to review injury and claim trends, establish and track goals, and develop cost-containment initiatives to reduce FECA claims and costs to the command.

(c) Representatives from civilian personnel (usually the Installation Compensation Program Administrator (ICPA)), safety, occupational health, industrial hygiene, resource management and law enforcement (fraud investigation) should be included.

(d) Installation FECA work groups usually meet quarterly.

d. *Documenting and reporting occupational injury or illness for military personnel.* AR 385-40, chapter 2, requires that occupational injury or illness (fatal or nonfatal) of Army military personnel be documented and reported. AR 385-40, paragraph 2-10, prescribes the use of an installation log of occupational injuries and illnesses to record such injuries or illnesses to military personnel. Definitions of reportable occupational illness and injury are found in AR 385-40, chapter 2 and the glossary.

e. *The role of the occupational health clinic in injury cost reduction.* The occupational health clinics and local commanders work together to reduce costs by—

(1) Assisting supervisors in advising injured civilian employees that the installation MTF is available for examination and treatment of their injury or illness. Treatment at the installation MTF is not mandatory for the employee. Employees may choose to see a private physician. Supervisors ensure the safe transport of employees to the health care provider of choice.

(2) Offering emergency care to injured civilian employees who choose to see a private physician but cannot get an appointment on the day of the injury. Emergency care may be provided until the injured employee can see the private physician of choice.

(a) Selection of an on-site provider for emergency care does not constitute an employee's choice of physician.

(b) Any communication between occupational health clinic personnel and private physicians must be in writing with a copy furnished to the regional OWCP office. Occupational health personnel will not contact private providers directly or by telephone.

(3) Supporting an installation *light duty* program.

(a) An installation light duty program is designed to provide injured civilian employees with duties the employees can safely perform in order to reduce medical and compensation costs. Most injured workers can return to some form of useful work if the command makes it available.

(b) Coordination with the OHN and industrial hygienist to conduct a thorough job analysis to determine what accommodations are needed is an essential part of reducing FECA costs.

(4) Assisting the ICPA, when requested, with medical aspects of case management, including *controversion* when appropriate and meeting regularly with the ICPA when possible.

(a) Controversion of claims is the process by which an agency may object to paying continuation-of-pay for regulatory reasons.

(b) The supervisor is responsible for controverting a claim on the U.S. Department of Labor (DOL) Form CA-1



(Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation) and submitting the detailed supporting information to the OWCP.

(c) The occupational health physician can review OWCP medical reports to provide an opinion to the ICPA as to whether second opinion and referee medical findings are consistent with employment restrictions recommended by the treating physician.

(5) Coordinating with the installation safety office to identify and correct occupational safety and health problems (including ergonomic ones) that may cause further injuries or illnesses.

*f. Illness absence monitoring.* Medical support of illness absence monitoring for civilian employees includes—

(1) Screening, treatment (see para 5-17g, below) and referral of employees who become ill during duty hours to the health care provider chosen by the employee.

(2) Evaluation of employee health status on return to duty after any absence due to job-related illness or injury that could impair job performance according to U.S. Equal Employment Opportunity Commission (EEOC) guidelines. (See EEOC Enforcement Guidance.)

(3) Recommendations regarding work limitations.

*g. Medical directives.* Comprehensive medical directives for emergency care and treatment of occupational and nonoccupational illnesses and injuries by the nursing staff are prepared, signed, reviewed annually, and revised by the responsible physician to—

(1) Assure proper handling of emergencies in the absence of, or prior to the arrival of, a physician.

(2) Direct the care to be given for minor incidents not requiring the personal attention of a physician.

(3) Authorize other activities by the nursing staff.

*h. First aid.* In general, the placement of first aid kits in work areas is discouraged. Exceptions can be made where work areas are geographically located distant from an MTF or where extremely hazardous exposures may occur and require immediate treatment for exposure. Local medical personnel approve first aid kits placed in work areas, their contents, intended use, and maintenance procedures. The only personnel approved for rendering first aid treatment are those who have completed approved first aid training. All first aid treatment rendered is reported to occupational health personnel.

#### **5-18. Work-related immunizations**

*a.* Appropriate immunizations are provided personnel with increased risk of infection related to potential job hazards or when required by official foreign travel. Other immunizations may be offered to civilian personnel to reduce absence due to sickness. Refer to AR 40-562/AFJ 48-110/BUMEDINST 6230.15/CG COMDTINST M6230.4E and CDC guidelines in the MMWR. The MMWR is available at <http://www.cdc.gov/mmwr>.

*b.* DA Pam 385-69 contains guidance concerning immunizations for workers in biodefense programs.

*c.* Civilians traveling under military sponsorship are provided appropriate immunizations and chemoprophylactic medications.

#### **5-19. Record keeping and reporting**

*a. General instructions.* While Civilian Personnel (Civilian Personnel Advisory Center or Civilian Personnel Operations Center) maintains accountability for employee records, the occupational health clinic, the industrial hygienist, the RSO, and the installation safety officer support this function. Title 29 CFR 1960, sections 65-74, establish uniform requirements for the collection and compilation of Federal employees' occupational safety and health records. AR 40-66 outlines medical record keeping, confidentiality, and reporting requirements. AR 40-68 outlines quality assurance procedures for records maintenance.

*b. Special instructions for ionizing radiation exposures.* AR 11-9 establishes special record keeping and reporting requirements for occupational exposures to ionizing radiation. Specific radiation exposure record keeping and reporting instructions for use by MEDCOM RSOs are found in MEDCOM Regulation 40-42. The following instructions pertain to the retention, disposition, information disclosure, transfer, and inspection of records pertaining to occupational exposures to ionizing radiation.

(1) *Record retention.*

(a) The automated dosimetry record (ADR) and bioassay results are permanent parts of the occupationally exposed individual's health record or civilian medical file. This includes all previous versions of dosimetry and exposure records. All previous copies of these records are retained in each occupationally exposed individual's health record or civilian medical file or with the dose records custodian. (AR 40-66 and AR 25-400-2 contain DA procedures.)

(b) If a DA or Defense Logistics Agency (DLA) civilian individual is not included in a Federal civilian occupational health service, the dose records should be kept in the individual's Official Personnel Folder.

(c) For a non-Federal worker (for example, contractor), the RSO ensures that records maintained at the IRDB are accurate.

(d) The IRDB permanently maintains all raw dosimeter readings obtained from personnel badges. The IRDB permanently retains, in the case of personnel threshold limit doses, the glow curve data for those threshold limit dose readings that require notification of OTSG. The IRDB should—

1. Retain this data on a media that can be processed by electronic data processing equipment.

2. Permanently maintain the databases containing the records of exposure of past and present employees of DA and DLA or Government-owned, contractor-operated employees in their entirety on a media that can be processed by electronic data processing equipment.

3. Microfilm paper records generated by the IRDB in providing dosimetry services; then dispose of the paper records according to AR 25-400-2.

(2) *Record disposition.*

(a) AR 40-66 and Civil Service regulations govern the disposition of "stray" exposure records for DA military and civilian personnel.

(b) Civilian personnel directives govern the disposition of these records for retired or separated civilian individuals.

(c) Dose records for retired or separated DA or DLA military personnel are placed in the individual's health records.

(3) *Disclosing information on records.*

(a) The RSO coordinates with the IRDB or custodian to provide each individual who required monitoring a written, annual report of the occupational dose, as required by 10 CFR 19 or 29 CFR 1910. Include the following in this report—

1. The name of the installation or activity at which the individual was provided personnel dosimetry.

2. The name of the individual and individual's social security number.

3. The individual's exposure information.

4. The following statement: "This report is furnished to you under the provisions of the Nuclear Regulatory Commission regulation 10 CFR 19 or Department of Labor regulation (29 CFR 1910). You should preserve this report for further reference."

(b) For instructions regarding reports upon employment termination, refer to DA Pam 40-18/DLAI 1000.30, paragraph 4-6.

(4) *Record transfer.*

(a) The RSO and the dose records custodian transfer records according to AR 25-400-2. Upon notification of an occupationally exposed individual transfer, the RSO and the dose records custodian—

1. Place the annual and current ADRs (and any previous versions of ADRs) and any bioassay results in the military health record or civilian medical file.

2. Prepare a copy of the above documents for the gaining installation or organization.

(b) The gaining organization ensures that the records are complete by reviewing them upon receipt. If the ADR and bioassay results are missing, the gaining organization's dose record custodian will request in writing that the losing organization's RSO, indicated on the chargeout record, forward these records.

(c) DD Form 877 (Request for Medical/Dental Records or Information) may be used to request these records from the MEDCEN, MEDDAC, or U.S. Army Dental Activity (DENTAC). See AR 40-66 for further information about the request and release of medical and dental records and information.

(5) *Record inspection.* The installation or activity commander has the authority to authorize inspecting officials to review dose records and bioassay results. Such inspecting officials must have a valid need to review such records. If these records are maintained in the military health records or civilian medical files, the document custodian provides access to these dose records.

## 5-20. Worksite evaluations

a. Worksite visits/evaluations are conducted annually by occupational health, industrial hygiene, and safety personnel. Additional worksite evaluations are conducted as operations change. Each visit is documented, and the worksite supervisor is provided a written report. At a minimum, these evaluations should include hazardous material identification, type of engineering controls needed if applicable, type of personal protective equipment required, and posting of appropriate signs needed (that is, noise-hazardous area, eye protection required). Appropriate entries should be made in the Health Hazard Information Module (HHIM) until DOEHS-Industrial Hygiene (IH) is fielded. Appropriate entries are then made in DOEHS-IH.

b. AR 385-10, DA Pam 40-503, and DODI 6055.1 contain additional guidance.

## 5-21. Other Federal programs

a. DA implements occupational safety and health standards by any of the following methods when there is no DA-published regulation or other guidance:

(1) Issuance of an OSHA standard.

(2) Publication of an OTSG policy letter providing guidance that incorporates the OSHA standard.

b. Additional guidance may be found in AR 385-10, chapter 3, and at the CDC Web site at <http://www.cdc.gov/niosh/>.

## **5-22. Evaluation of occupational health programs and services**

a. Self-audits and external assessments of Army occupational health programs and services are essential tools in evaluating the outcomes and effectiveness of programs and services from both local and Army-wide perspectives. Such evaluations also assist installation commanders and local occupational health program managers in improving the quality of their occupational health programs and services.

b. The local occupational health program manager establishes local program goals and metrics and conducts an annual self-assessment of installation-level programs and services.

(1) The installation industrial hygiene program manager conducts an annual self-assessment of installation-level industrial hygiene programs and services.

(a) The assessment is completed and documented using the Industrial Hygiene Status Report self-assessment questionnaire, located on the DOEHRS secure Web site. Access to the Industrial Hygiene Status Report is restricted to account holders. Instructions for obtaining an account are provided through a link on the DOEHRS secure Web site homepage at <https://doehrswww.apgea.army.mil/dohrsdr>.

(b) The USACHPPM Industrial Hygiene Program sends an electronic notification letter annually to installation industrial hygiene program managers with instructions for completing the assessment on the DOEHRS secure Web site. The USACHPPM Industrial Hygiene Program analyzes the annual industrial hygiene assessments across the Army and distributes the analyses through the industrial hygienists at the regional medical commands (RMCs).

(2) The installation occupational health program manager completes and documents an annual self-assessment of installation-level occupational health programs and services.

(a) The assessment is completed using the self-assessment checklist in the Occupational Health Program Status Report Web-based application available at the following Web site: <https://echppm.apgea.army.mil/apps/ohsac>. Each Army occupational health clinic completes this self-assessment annually by 31 October, providing the results through the local MTF commander to the RMC preventive medicine service. Results are also sent electronically to USACHPPM. Results should be shared with the installation commander. The local MTF commander determines improvements to be made based on the self-assessment.

(b) The local occupational health program manager can access the Occupational Health Self-Assessment Checklist at the secure URL after obtaining an account in the USACHPPM extranet at <http://ehppmwww.apgea.army.mil/extranet>. Extranet user guidance is available from the USACHPPM Deputy Chief of Staff for Information Management, Infrastructure Management Division.

(3) USACHPPM consolidates and analyzes these annual assessments to assist the Functional Proponent for Preventive Medicine in identifying Army-wide industrial hygiene and occupational health program strengths and weaknesses and planning systemic program improvements and problem resolution.

c. The local occupational health program can request consultative assistance as well as external audits and evaluations of the overall installation program or of individual services. USACHPPM can provide such external audits and evaluations when requested by the local occupational health program manager, the local medical commander, or the installation commander.

d. Each occupational health service completes a formal external evaluation using RMC, MEDCOM, or USACHPPM assets every three years at a minimum.

## **Section II**

### **Other Occupational Health-Related Programs and Services**

## **5-23. Introduction**

a. Army preventive medicine includes other occupationally related programs and services that are not part of the formal DOD Safety and Occupational Health Program or the formal Army Occupational Health Program. These programs and services include—

(1) Army aviation medicine.

(2) HHA of Army equipment and materiel.

(3) Medical facility and systems safety, health, and fire prevention.

(4) Nonoccupational injury and illness.

b. Army aviation medicine is considered to be a preventive medicine discipline focusing on improving and sustaining aviator health and performance.

c. The Army HHA Program provides system and materiel health risk assessments to prevent illness or injury once the system or materiel is fielded for Army use. This program is unique among the Services.

d. Preventive medicine services supporting medical facility and systems safety, health, and fire prevention are focused on MTF compliance with the JCAHO health and safety criteria.

e. Definitive diagnosis and treatment of nonoccupational illness and injury cases are not within the scope of the Army Occupational Health Program. There are exceptions in cases of emergencies, minor disorders, minor treatments, and cases of employees with substance abuse problems. Paragraph 5-27 provides additional information.

f. At the discretion of the MTF commander, a variety of occupational health-related, clinical and nonclinical health promotion and wellness services may be provided to civilian employees at Government cost. These services may include cholesterol testing; hypertension screening; and tobacco use cessation services such as clinical visits, group counseling, information, and medications.

#### **5-24. Army aviation medicine**

##### *a. Introduction.*

(1) Army aviation medicine applies to aircrew performing aviation or air traffic control duties in DA aircraft, aircraft leased by the DA, or in Army air traffic control facilities. This includes Active Army and Reserve personnel, DA civilians, contract civilians under employment by the DA, or firms under contract to DA.

(2) Aeromedical standards, policies, and procedures are provided in AR 40-501 and AR 40-3.

##### *b. Functions.*

(1) TSG is responsible for the Army Aviation Medicine Program and is the proponent for all aeromedical policies and standards. The aviation medicine consultant to TSG assists TSG in formulating policies and standards and provides technical supervision of all aspects of the Army Aviation Medicine Program.

(2) Medical commanders, command surgeons, and aviation unit commanders implement Army aviation medicine at the local level by providing trained personnel, equipment, and facilities for the proper conduct of the program.

(3) All aviation personnel are given ambulatory care or flight evaluations by or under the direct supervision of a flight surgeon if available. If such care is not available, other health care providers ensure that the requirements in AR 40-3 and the responsibilities in AR 40-501 are met.

#### **5-25. Health hazard assessment of Army equipment and materiel**

*a. Introduction.* The Army implements a formal HHA Program in support of the Army Materiel Acquisition Decision Process according to AR 40-10.

*b. Functions.* OTSG has the staffing, planning, programming, budgeting, and execution responsibilities for this program as prescribed in AR 40-10.

#### **5-26. Medical facility and systems safety, health, and fire prevention**

##### *a. Introduction.*

(1) AMEDD unit safety program management functions and responsibilities comply with AR 385-10.

(2) AMEDD unit accident reporting and record keeping procedures and responsibilities comply with AR 385-40.

(3) Electrical safety in fixed medical facilities complies with the criteria in JCAHO Comprehensive Accreditation Manual for Hospitals (CAMH) and Comprehensive Accreditation Manual for Ambulatory Care (CAMAC); NFPA Standards 70, 99, and 110; and 29 CFR 1910.

(4) Fire safety in fixed medical facilities complies with AR 420-90; CAMH; CAMAC; NFPA Standards 10, 13, 30, 72, 80, 82, 90A, 96, 101® (2000 edition) and 5000; MIL-HDBK-1008C, MIL-HDBK-1191, and 29 CFR 1910.

(5) General safety in fixed medical facilities complies with CAMH or CAMAC, 29 CFR 1910, and the AR-385 series.

(6) Environmental health in fixed medical facilities complies with the criteria in TB MED 2, TB MED 530, CAMH and CAMAC.

(7) Industrial hygiene in fixed medical facilities complies with the criteria in DA Pams 40-501 and 40-503; TB MEDs 266, 502/DLAM 1000.2, and 510; U.S. Department of Health and Human Services (DHHS) (NIOSH) Publications 75-137, 77-140, 77-200; and 29 CFR 1910.

(8) Radiation health in fixed medical facilities complies with the criteria in AR 11-9; TB MEDs 521, 523, 524, and 525; and 10 CFR 19, 20, 21, 30, and 35. Additional MEDCOM guidance is published in MEDCOM Regulation 40-42.

(9) Every attempt should be made to comply with the intent of codes and standards for fixed or mobile medical facilities.

(10) NFPA 101® is a registered trademark of the National Fire Protection Association, Quincy, Massachusetts.

##### *b. Functions.*

(1) The medical facility commander—

(a) Establishes and oversees a medical facility safety and occupational health advisory council (SOHAC).

(b) Approves and signs all written minutes of the SOHAC meetings.

(c) Verifies that the hospital has written safety policies that include procedures for the safety of patients and accident reporting procedures.

(d) Confirms that the hospital provides all employees with a safety orientation program.

(e) Formally authorizes the safety officer or safety manager to act upon hazardous conditions within the hospital.

(f) Communicates and enforces a written policy that bans smoking throughout the hospital and all its buildings. A licensed practitioner may, subject to the approval of the medical facility commander, authorize an exception to this policy for valid medical reasons.

(g) Confirms that the hospital has a written management plan for each of the seven disciplines required by the JCAHO (for example, safety, security, hazardous materials and waste, emergency preparedness, life safety, medical equipment, and utility systems) and that an evaluation of each discipline is submitted annually to the safety committee.

(2) The medical facility SOHAC—

(a) Consists of representatives from administration, preventive medicine service, medical staff, nursing staff, engineering and maintenance, housekeeping, and nutrition care.

(b) Meets at least annually and keeps written minutes of its meetings.

(c) Reports the findings of the committee and appropriate recommended corrective actions in its meeting minutes.

(d) Has all meeting minutes signed and approved by the hospital commander.

(e) Develops and provides a safety orientation program for all new employees.

(3) Preventive medicine service personnel coordinate with the installation/hospital safety office or manager and engineering and maintenance personnel to identify and eliminate hazards.

(4) Supervisors—

(a) Provide or coordinate and document safety education for all their employees.

(b) Instruct all employees regarding the hazards inherent in their jobs and the safety rules pertaining to their specific duties.

(c) Coordinate education related to job hazards with occupational health personnel, the safety manager or officer, and the infection control nurse when appropriate.

### 5-27. Nonoccupational illness and injury

Definitive diagnosis and treatment of nonoccupational illness and injury cases are not within the scope of the Army Occupational Health Program except for—

a. *Emergencies.* Employees are given the medical attention required to prevent loss of life or limb or relieve suffering until placed under the care of their personal physicians.

b. *Minor disorders.* First aid or palliative treatment may be given if the condition is one for which the employee would not reasonably be expected to seek attention from a personal physician, or to reduce absenteeism by enabling the employee to complete the current work shift before consulting a personal physician. Requests for repetitive treatment of nonoccupational disorders are to be discouraged.

c. *Minor treatments or services.* Examples of these include, but are not limited to, administering allergy treatments, monitoring blood pressure, and providing physiotherapy. These treatments or services may be furnished at the discretion of the responsible physician if resources are available. The employee's personal physician submits a request for such service in writing before such services are provided. The employee provides any required medications.

d. *Cases of employees with substance abuse problems.* Such employees are to be encouraged to seek assistance and counsel from local substance abuse program staffs. Occupational health personnel can provide initial counseling and referral of employees to treatment and counseling resources. AR 600-85 and DA Pam 600-85 provide additional guidance.

## Section III

### Workplace Violence Prevention

#### 5-28. Introduction

a. Workplace violence is one type of violence that can occur in military communities. Some installations have active workplace violence prevention initiatives as part of their risk reduction strategies. Law enforcement, safety, and the chaplain's office are the principal participants in such installation programs. The following discussion presents guidance to help preventive medicine personnel support installation commanders in establishing and conducting effective workplace violence prevention activities.

b. Where installation workplace violence prevention programs exist, the five-step Army risk management process forms the context within which installation commanders work to identify and deal with individual high-risk behaviors. Those five steps, applied to behavioral risk reduction, are: identify risk behaviors; assess those behaviors; make a risk management decision (see AR 385-10, para 2-3d); implement controls; and supervise and evaluate outcomes.

c. Medical commanders and staff should support and participate in installation workplace violence prevention processes as well as provide such processes for the health care work environment.

d. Effective behavioral risk management in any work environment depends upon the following elements:

(1) Commander and supervisor commitment.

(2) An interagency coordinated approach.

(3) Soldier and civilian employee involvement.

(4) Worksite analysis.

(5) Hazard prevention and control.

(6) Safety and health training.

- (7) Incident reporting.
- (8) Emergency response.
- (9) Follow-up and investigation.
- (10) Record keeping.
- e. Guidance for planning and implementing workplace violence prevention processes can be found in—
  - (1) Army Civilian Personnel Office guidance (<http://cpol.army.mil/library/permis/>).
  - (2) The U.S. Office of Personnel Management guide for agency planners for dealing with workplace violence (<http://www.opm.gov/ehs/workplac>).
  - (3) DOL-OSHA guidelines for preventing workplace violence for health care and social service workers (<http://www.osha.gov/SLTC/workplaceviolence/>).

## 5-29. Functions

a. Installation commanders, who choose to do so, establish local workplace violence prevention processes that reflect the unique demands of their military communities.

(1) A command-directed installation-wide workplace violence prevention strategy emphasizes command responsibilities, use of existing resources, and the application of the Army risk management process.

(2) Behavior leading to workplace violence may be categorized and addressed differently depending upon whether the employee is active-duty or civilian.

(3) The Army has some programs and agencies already in place to reduce the potential for workplace violence, such as the Army Substance Abuse Program, Army Community Services, installation and unit chaplains, and behavioral health services in MTFs.

b. The installation commander choosing to implement a local workplace violence prevention program should consider establishing an installation-level workplace violence prevention and response team to assist in identifying and assessing workplace violence indicators and implementing and evaluating prevention activities. This team can also provide effective management and information flow between commanders and their military communities.

c. The medical commander's support of an installation workplace violence prevention program can include the following:

(1) Representation on an installation workplace violence prevention team by occupational health nursing, behavioral health services, and social work services. Preventive medicine, occupational medicine, community health nursing, and other clinical services support may also be requested.

(2) Assistance with staff and victim education, staff mediation, consultation, referral, team building, and post-incident debriefings.

(3) A workplace violence prevention program and response plan for the health care work environment, especially for high-risk areas such as behavioral health clinics and wards.

d. Preventive medicine staff can assist medical commanders in establishing and implementing workplace violence prevention programs and response plans within the health care work environment.

(1) Violence within the health care work environment can come from co-workers, patients and other customers, relatives of patients, and strangers. The health care work environment includes outreach activities in which health care providers, such as social workers, CHNs, environmental science officers, and preventive medicine technicians, can be at significant risk of violence while performing their duties outside of the MTF.

(2) Preventive medicine personnel should work closely with MTF safety personnel and with installation safety and law enforcement staff in workplace violence hazard anticipation, identification, control, and the education of managers and employees.

(3) Guidance for preventing workplace violence for health care workers can be obtained from the OSHA Web site referenced in 5-28e(3), above. This guidance includes—

- (a) Case histories of health care workplace violence.
- (b) Categories of violence that present the greatest threats in health care workplaces.
- (c) Factors that may increase a health care worker's risk for workplace violence.
- (d) Core elements of an effective violence prevention program.
- (e) Worksite analysis and risk assessment procedures.
- (f) Development and deployment of installation prevention programs and response plans.
- (g) Training and education instructions.
- (h) Record-keeping and program evaluation methods.





**SUPERSEDED**  
**DEPARTMENT OF THE ARMY**  
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY  
FORT DRUM, NEW YORK 13602-5004



REPLY TO  
ATTENTION OF

FD MEDDAC Regulation No. 40-1

29 March 1988

**Medical Services**  
**REPORTING OF COMMUNICABLE DISEASES**

1. **PURPOSE.** To prescribe the mechanism for reporting communicable diseases and other conditions of public health and command significance.

2. **APPLICABILITY.** This regulation applies to health care providers at all MEDDAC treatment facilities, Fort Drum, New York.

3. **GENERAL.**

a. Reportable conditions are:

(1) Diseases of major public health concern because of their epidemic potential.

(2) Conditions of Command concern because of their occupational relationship. These conditions are listed in Appendix A and B.

b. All suspected or confirmed cases will be telephonically reported to the Preventive Medicine Service as soon as possible by the health care provider who initially makes the diagnosis.

4. **RESPONSIBILITIES.**

a. **MEDDAC Commander:** Appoint a physician to act as consultant and provide direct assistance with investigation of all suspected foodborne/waterborne outbreaks.

b. **Health Care Providers.** Report to Preventive Medicine Service all cases of conditions listed in Appendix A and B which they have diagnosed and documented in the patient's record. All health care providers are encouraged to notify the Preventive Medicine Service of any cases or conditions listed in Appendix A and B that they suspect have not been reported.

c. **Chief, Preventive Medicine Service.**

(1) Contact all reported cases.

(2) Obtain pertinent information.

**SUPERSEDED**



FD MEDDAC Reg No. 40-1

29 March 1988

(3) Conduct epidemiological investigation, when appropriate.

(4) Identify disease contacts and arrange for prophylaxis if required.

(5) Provide consultation upon request.

(6) Forward reports as required to County and State Health Departments, the Centers for Disease Control, and to the Patient Administration Division for submission of MED-16 to higher headquarters, as appropriate.

c. Chief, Patient Administration Division..

(1) Prepare RCS MED-16 (R4), Special Telegraphic Report of Selected Condition, as received from Preventive Medicine Service and forward to appropriate headquarters as required by AR 40-400.

(2) Forward information copy of RCS MED-16 (R4) to Chief, Preventive Medicine Service.

(3) Screen clinical record cover sheets, retrieve those with a diagnosis of a reportable condition and forward a copy to the Preventive Medicine Service.

## 5. PROCEDURES.

a. To report a case, call the Preventive Medicine Service at 772-6968/6404/6984, operating hours are from 0730-1600, Monday through Friday. The report should include the following information:

(1) Inpatient: Name, sponsor's SSAN, sex, age, ward, hospital, diagnosis, status (e.g., active duty, dependent, civilian) and name of primary medical care provider.

(2) Outpatient: Same as above plus home telephone number.

b. If information concerning the condition or its control is required, the caller should request to speak to the Chief of Preventive Medicine, Chief of Community Health Nurse or the NCOIC of Preventive Medicine.

c. The Preventive Medicine Service will prepare and submit the following reports as indicated:

(1) New York State Communicable Disease Report forms and forward to local County/State office.

29 March 1988

FD MEDDAC Reg No. 40-1

(2) RCS Med-3 (R7) Morbidity Report (Appendix C) submitted monthly with the Command Health Report to FORSCOM and HSC Headquarters.

(3) DA Form 2789-2-R (Medical Summary - Section III) (Appendix D) submitted to Patient Administration Division monthly with the Med-302 (R4) Report.

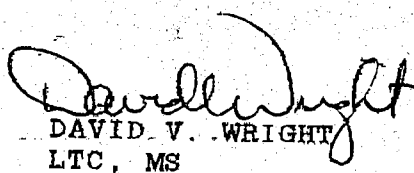
(4) RCS Med-16 (R4) submitted as necessary to Patient Administration Division.

# 6. REFERENCES.

- a. AR 40-5, Preventive Medicine, 30 August 1986.
- b. AR 40-400, Patient Administration, 11 February 1972.
- c. New York State - Reportable Diseases.

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The proponent of this regulation is Chief, Preventive Medicine Service, U.S. Army MEDDAC, Fort Drum, New York. Users of this regulation are invited to send comments and suggestions on DA Form 2028 (Recommended changes to Publications) through channels to Commander, U.S. Army MEDDAC, ATTN: HSID-IM, Fort Drum, New York 13602-5004.  
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FOR THE COMMANDER:

  
DAVID V. WRIGHT  
LTC, MS

Deputy Commander of Administration

DISTRIBUTION A

29 March 1988

## APPENDIX A

Military Reportable Conditions  
and Outbreaks

## A. Reportable Conditions

1. AIDS/HIV
2. Anthrax
3. Botulism
4. Brucellosis
5. Cholera
6. Coccidioidomycosis
7. Dengue
8. Diphtheria
9. Guillain-Barre Syndrome
10. Infectious Encephalitis/Arthropodborne
11. Legionnaires Disease
12. Leishmaniasis
13. Leprosy
14. Leptospirosis
15. Malaria
16. Measles (Rubeola)
17. Melioidosis
18. Meningococcal Infection
19. Penicillinase
20. Plague
21. Poliomyelitis
22. Psittacosis
23. Q Fever
24. Rabies
25. Relapsing Fever
26. Rift Valley Fever
27. Rocky Mountain Spotted Fever
28. Rubella
29. Schistosomiasis
30. Smallpox
31. Tetanus
32. Trypanosomiasis
33. Tularemia
34. Typhoid Fever
35. Typhus
36. Viral Hemorrhagic Fever
37. Yellow Fever
38. Heat and Solar Injuries
39. Cold Injuries
40. Non-ionizing/Ionizing Radiation
41. Attempted Suicide/Suicide

29 March 1988

## APPENDIX B

## New York State Reportable Diseases

|                                         |                            |                      |
|-----------------------------------------|----------------------------|----------------------|
| Amebiasis                               | Lyme Disease               | Tetanus              |
| Anthrax                                 | Lymphogranuloma venereum   | Toxic Shock Syndrome |
| Babesiosis                              | Malaria                    | Tularemia            |
| Botulism                                | Meningitis                 | Tuberculosis         |
| Campylobacteriosis                      | Aseptic                    | Current disease      |
| Chancroid                               | Hemophilus                 | (specify site)       |
| Chickenpox                              | Meningococcal              | Typhoid              |
| Cholera                                 | Other (specify type)       | Typhus               |
| Diphtheria                              | Meningococcemia            | Yellow Fever         |
| Encephalitis                            | Mumps                      | Yersiniosis          |
| Giardiasis                              | Pertussis (whooping cough) |                      |
| Conococcal                              | Plague                     |                      |
| Granuloma inguinale                     | Polio myelitis             | Specimen must be     |
| Hemophilus Influenza (invasive disease) | Psittacosis                | submitted to an      |
| Hepatitis (A,B,NonA,NonB)               | Rabies                     | approved laboratory  |
| Histoplasmosis, new cases               | Reyes Syndrome             |                      |

29 March 1988

FD MEDDAC Reg No. 40-1

**B. Reportable Outbreaks**

1. Food/Water-borne Outbreaks
2. Hepatitis Outbreaks
3. Acute Respiratory Disease Outbreaks/Viral Exanthems
4. Case clusters/Asceptic Meningitis
5. Rash Illnesses
6. Fevers
7. Nosocominal Infections
8. Occupationally related illnesses

29 March 1988

FD MEDDAC Reg No. 40-1

## New York State Reportable Diseases (Con't)

|                                |                                     |
|--------------------------------|-------------------------------------|
| Hospital-associated infections | Rocky Mountain spotted fever        |
| Kawasaki Syndrome              | Rubella/Congenital Rubella Syndrome |
| Legionellosis                  | Salmonellosis                       |
|                                | Shigellosis                         |

| <b>MORBIDITY REPORT</b><br>(Rates and Number of Cases)<br><small>For use of this form, see HSC Suppl 1 to AR 40-5; proponent agency is DCSCS.</small>                                      |               |                | <b>FEEDER REPORT</b><br>RCS: MED-3 (R7) |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------|-----------------------------------------|--|
| MONTH _____                                                                                                                                                                                |               |                | DATE PREPARED _____                     |  |
| INSTALLATION _____                                                                                                                                                                         |               |                | PREPARER _____                          |  |
| MILITARY STRENGTH _____                                                                                                                                                                    |               |                | TELEPHONE NUMBER _____                  |  |
| <b>Rate (and number of cases)<sup>1</sup></b><br>Hospitalized and Non-Hospitalized<br>Active Duty Army                                                                                     |               |                |                                         |  |
|                                                                                                                                                                                            | Current Month | Previous Month | Corresponding Month<br>Previous Year    |  |
| DIAGNOSIS                                                                                                                                                                                  | ( )           | ( )            | ( )                                     |  |
| Acute Respiratory Disease                                                                                                                                                                  | ( )           | ( )            | ( )                                     |  |
| Gonorrhea                                                                                                                                                                                  | ( )           | ( )            | ( )                                     |  |
| Syphilis                                                                                                                                                                                   | ( )           | ( )            | ( )                                     |  |
| <b>Number of Cases<sup>2</sup></b><br>Hospitalized and Non-Hospitalized<br>Active Duty Army                                                                                                |               |                |                                         |  |
| Active Pulmonary TB (new cases)                                                                                                                                                            | ( )           | ( )            | ( )                                     |  |
| TB Skin Test Converters                                                                                                                                                                    | ( )           | ( )            | ( )                                     |  |
| Active Pulmonary TB (old cases)                                                                                                                                                            | ( )           | ( )            | ( )                                     |  |
| Leishmaniasis                                                                                                                                                                              | ( )           | ( )            | ( )                                     |  |
| Leptospirosis                                                                                                                                                                              | ( )           | ( )            | ( )                                     |  |
| Malaria                                                                                                                                                                                    | ( )           | ( )            | ( )                                     |  |
| Meningococcal Infections                                                                                                                                                                   | ( )           | ( )            | ( )                                     |  |
| Cold Injuries                                                                                                                                                                              | ( )           | ( )            | ( )                                     |  |
| Heat Injuries                                                                                                                                                                              | ( )           | ( )            | ( )                                     |  |
| <b>Number of cases<sup>3</sup></b><br>Hospitalized and Non-Hospitalized<br>Active Duty Army, dependents, retirees, others                                                                  |               |                |                                         |  |
| Acquired Immune Deficiency Syndrome                                                                                                                                                        | ( )           | ( )            | ( )                                     |  |
| Hepatitis A                                                                                                                                                                                | ( )           | ( )            | ( )                                     |  |
| Hepatitis B                                                                                                                                                                                | ( )           | ( )            | ( )                                     |  |
| Hepatitis Non-A, Non-B                                                                                                                                                                     | ( )           | ( )            | ( )                                     |  |
| Measles (Rubella)                                                                                                                                                                          | ( )           | ( )            | ( )                                     |  |
| Rubella                                                                                                                                                                                    | ( )           | ( )            | ( )                                     |  |
| Penicillinase-Producing Neisseria Gonorrhea                                                                                                                                                | ( )           | ( )            | ( )                                     |  |
| Animal Bites - On Post                                                                                                                                                                     | ( )           | ( )            | ( )                                     |  |
| Animal Bites - Off Post                                                                                                                                                                    | ( )           | ( )            | ( )                                     |  |
| Animal Bites - Anti-Rabies RX Rqr                                                                                                                                                          | ( )           | ( )            | ( )                                     |  |
| <b>OUTBREAKS (Provide details in CHR narrative)</b>                                                                                                                                        |               |                |                                         |  |
| Aseptic Meningitis                                                                                                                                                                         | ( )           | ( )            | ( )                                     |  |
| Fevers of Unknown Origin                                                                                                                                                                   | ( )           | ( )            | ( )                                     |  |
| Food- or Water-borne Gastroenteritis                                                                                                                                                       | ( )           | ( )            | ( )                                     |  |
| Influenza                                                                                                                                                                                  | ( )           | ( )            | ( )                                     |  |
| Nosocomial Infections <sup>4</sup>                                                                                                                                                         | %             | %              | %                                       |  |
| <b>Remarks:</b>                                                                                                                                                                            |               |                |                                         |  |
| 1. All rates expressed as number of Active Duty Army cases per 1000 military strength per month <span style="float: right;">(no. mil cases in month x 1000)<br/>military population</span> |               |                |                                         |  |
| 2. Report only number of Active Duty Army cases.                                                                                                                                           |               |                |                                         |  |
| 3. Report number of cases Active Duty Army, dependents, retirees, others.                                                                                                                  |               |                |                                         |  |
| 4. Nosocomial infections (%) expressed as number of Hospital-acquired infections during the month per 100 discharges during month.                                                         |               |                |                                         |  |







**SUPERSEDED**

FD MEDDAC Regulation 40-1

DEPARTMENT OF THE ARMY  
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY  
FORT DRUM, NEW YORK 13602-5004

MEDDAC Regulation 40-1

28 November 2000

Medical Services  
REPORTING COMMUNICABLE DISEASES

1. HISTORY. This issue publishes a revision of Fort Drum Regulation 40-1. It was revised to ensure it reflected current regulatory requirements and proper procedures within the Fort Drum Medical Department Activity (MEDDAC). This issue is a complete rewrite of the previous regulation.

2. PURPOSE. To prescribe procedures for identification, epidemiological investigation, and reporting of all mandated reportable diseases. This document supersedes MEDDAC Regulation 40-1, dated 29 March 1988.

3. APPLICABILITY. This policy applies to all health care beneficiaries (HCBs), both military and non-military, within the MEDDAC's health service region who have been identified with a disease that affects the readiness of the fighting force as well as the general health of the community.

4. REFERENCES.

- a. AR 40-5, Preventive Medicine.
- b. AR 600-110, Identification, Surveillance and Administration of Personnel Infected with Human Immunodeficiency Virus (HIV).
- c. AR 340-21, The Army Privacy Program System Notices and Exemption Rules.
- d. Mortality and Morbidity Weekly Report (MMWR), January 23, 1998, Vol. 47, No RR-1; 1998, Guidelines for Treatment of Sexually Transmitted Diseases.
- e. New York Sanitary Code (10NYCRR2).
- f. U.S. Army Medical Command Memorandum, June 17, 1998, Tri-Service Reportable Events List.

5. GENERAL.

## FD MEDDAC Regulation 40-1

a. Reportable conditions are diseases of major public health concern because of endemicity and/or potential for epidemic spread. These conditions are of command concern because of their occupational relationship and must be reported to Community Health Nursing (CHN), the official reporting agent for MEDDAC. The U.S. Army Center for Health Promotion and Preventive Medicine (CHPPM) and the New York State Department of Health (NYSDoH) are the agencies that specify the conditions and mandate reporting of these conditions.

b. Identification of patients with reportable diseases is required so that:

(1) epidemiological information for disease control may be obtained and exchanged with federal and state public health authorities.

(2) epidemiological investigations are conducted in order to identify and follow up with contacts to ensure community and intra-family spread of certain communicable diseases is curtailed through the use of treatment, immunization and health education.

### 6. RESPONSIBILITIES

a. The Commander will ensure the implementation of the disease reporting system.

b. The Chief, Preventive Medicine (PM), is responsible for:

(1) developing guidelines and monitoring the functioning of the disease reporting system.

(2) investigating reportable conditions reported by health care providers at MEDDAC.

(3) providing guidance to the Commander/Directors/Managers regarding disease reporting and investigating.

c. The Chief, Laboratory, will ensure all diagnostic laboratory test results for reportable conditions are provided in a timely manner to CHN.

d. All health care providers who are responsible for diagnosing and treating patients must report required reportable conditions and assist in the identification and prophylaxis/treatment of disease contacts in accordance with the procedures in this regulation.

e. The Chief, Community Health Nurse, will:

(1) ensure education, counseling, follow-up and contact investigations are conducted on all identified patients when relevant to reportable disease.

(2) ensure CHNs and designated interviewers are adequately trained, prepared and knowledgeable about infections and follow-up.

f. The designated Community Health Nurse will:

(1) on a routine basis, survey the Composite Health Care System (CHCS) to identify all confirmed and potential infections.

(2) provide education, counseling, follow-up and contact investigation of all cases referred to PM.

(3) ensure that all information provided by the patient during the interview is documented on an SF 600 and secured as confidential medical information in accordance with AR 340-21.

(4) maintain statistics for monthly reports and report all infections to the appropriate agency for data collection.

7. PROCEDURES. The conditions and diseases that must be reported to CHN are listed in Appendix A. Appendix A further identifies, in bold type, conditions and diseases that need to be reported to CHN immediately.

a. The clinician must notify PM of all reportable diseases, conditions and outbreaks as soon as it is suspected that the disease/condition exists. It is beneficial for the health care provider to contact PM while the patient is present, unless this would significantly delay the notification, to obtain the required information and coordinate a time and place for further interview and education if necessary.

(1) For diseases requiring immediate notification, during duty hours, contact PM at 772-6984. After duty hours, contact the Medical Officer of the Day (MOD), who can contact the PM on-call staff member. For Walter Reed Army Medical Center assistance with disease outbreaks, call DSN 662-3964 or commercial (202) 782-3964 (during duty hours). For CHPPM assistance with disease outbreaks, call DSN 584-1053 or commercial (410) 436-1053 (during duty hours).

(2) The diagnosing and treating health care provider is responsible for reporting to PM and for providing the following information: the patient's name, sponsor's name and social security number, patient's sex, name of the reporting clinic, diagnosis, disease-specific pertinent clinical information when indicated (e.g., Lyme Disease or sexually transmitted diseases), status (e.g., active duty, dependent, civilian), home telephone number and the name of primary health care provider.

b. To report listed conditions and diseases from Appendix A to CHN, practitioners need to fill out the appropriate DA Form 3763 and send it to PM, Bldg P-36, or call CHN at 772-6404 with the information described on the DA Form 3763. Appendix B provides an example of DA Form 3763.

c. Management of data:

(1) The laboratory enters positive results in CHCS.

(3) The CHN gathers necessary data to accomplish reporting and follow-up care. This information is loaded into the Reportable Medical Events System. All reports to CHPPM are via this method, unless an outbreak or high priority disease is involved. Categories will be created for those entities that CHPPM does not require but the civilian community requires to be reported.

(3) Jefferson County Heath Public Health (JCPH). All demographic variables to be reported to the JCPH will be entered on the form DOH-389 (Appendix C) or phoned in the JCPH at 315-786-3720. Mail DOH-389 in small sealed envelope and placed inside a large sealed envelope to:

Jefferson County Public Health  
ATTN: Dawn Remington  
531 Meade St.  
Watertown, NY 13601  
(315) 786-3720

8. SAFETY CONSIDERATIONS. None.

## APPENDIX A

## REPORTABLE DISEASES

Report all listed diseases to Community Health Nursing Service  
772-6984

*\*Bold italic diseases = Report immediately*

*\*Bold type diseases = Report within 24hrs*

| Condition/Disease                                  | NY State Department of Health | CHPPM/RMES |
|----------------------------------------------------|-------------------------------|------------|
| Amebiasis                                          | X                             | X          |
| Animal bites for which rabies prophylaxis is given | X                             |            |
| <b><i>Anthrax</i></b>                              | X                             | X          |
| Babesiosis                                         | X                             |            |
| Biological warfare agent exposure                  |                               | X          |
| <b><i>Botulism</i></b>                             | X                             | X          |
| Brucellosis                                        | X                             | X          |
| Campylobacter/Campylobacteriosis                   | X                             | X          |
| Carbon monoxide poisoning                          |                               | X          |
| Chancroid                                          | X                             |            |
| Chemical agent exposure                            |                               | X          |
| Chlamydia, Genital infections                      | X                             | X          |
| <b><i>Cholera</i></b>                              | X                             | X          |
| Coccidioidomycosis                                 |                               | X          |
| Cold weather injury (all)                          |                               | X          |
| a. CWI, frostbite                                  |                               |            |
| b. CWI, hypothermia                                |                               |            |
| c. CWI, immersion type                             |                               |            |
| d. CWI, unspecified                                |                               |            |
| Cryptosporidiosis                                  | X                             | X          |
| Cyclosporiasis                                     | X                             | X          |
| Dengue fever                                       |                               | X          |
| <b><i>Diphtheria</i></b>                           | X                             | X          |
| E. Coli 0157:H7                                    | X                             | X          |
| Ehrlichiosis                                       | X                             | X          |
| <b><i>Encephalitis</i></b>                         | X                             | X          |
| Filariasis                                         |                               | X          |
| <b><i>Foodborne illness</i></b>                    | X                             |            |
| Giardiasis                                         | X                             | X          |
| Gonorrhea                                          | X                             | X          |
| Haemophilus influenzae, type B (invasive disease)  | X                             | X          |
| Hantavirus Disease                                 | X                             | X          |
| Heat injuries                                      |                               | X          |
| a. Heat exhaustion                                 |                               |            |
| b. Heat stroke                                     |                               |            |
| Hemolytic Uremic Syndrome (HUS)                    | X                             |            |
| Hemorrhagic Fever                                  |                               | X          |

## FD MEDDAC Regulation 40-1

| Condition/Disease                    | NY State Department of Health | CHPPM/RMES |
|--------------------------------------|-------------------------------|------------|
| Hepatitis A-acute                    | X                             | X          |
| <b>Hepatitis A in a food handler</b> | X                             |            |
| Hepatitis B, Acute                   | X                             | X          |
| Pregnant Hep B Carrier               | X                             |            |
| Hepatitis C-acute                    | X                             | X          |
| HIV                                  | X                             |            |
| Hospital-associated infections       | X                             |            |
| Influenza                            |                               | X          |
| Lead poisoning                       |                               | X          |
| Legionellosis                        | X                             | X          |
| Leishmaniasis (all)                  |                               | X          |
| a. Leish, cutaneous                  |                               |            |
| b. Leish, mucocutaneous              |                               |            |
| c. Leish, visceral                   |                               |            |
| d. Leish, unspecified                |                               |            |
| Leprosy                              |                               | X          |
| Leptospirosis                        |                               | X          |
| Listeriosis                          | X                             | X          |
| Lyme disease                         | X                             | X          |
| Lymphogranuloma Venereum             | X                             |            |
| Malaria (all)                        | X                             | X          |
| a. Malaria, vivax                    |                               |            |
| b. Malaria, falciparum               |                               |            |
| c. Malaria, malariae                 |                               |            |
| d. Malaria, ovale                    |                               |            |
| e. Malaria, unspecified              |                               |            |
| <b>Measles</b>                       | X                             | X          |
| Meningitis                           | X                             |            |
| a. Aseptic or viral                  |                               |            |
| b. <i>Haemophilus</i>                |                               |            |
| c. <i>Meningococcal</i>              |                               |            |
| d. Other (specify type)              |                               |            |
| <b>Meningococcal disease</b>         |                               | X          |
| a. Meningitis                        |                               |            |
| b. Septicemia                        |                               |            |
| <b>Meningococcemia</b>               | X                             |            |
| Mumps                                | X                             | X          |
| Pertussis                            | X                             | X          |
| <b>Plague</b>                        | X                             | X          |
| Pneumococcal pneumonia, active       |                               | X          |
| duty                                 |                               |            |
| <b>Poliomyelitis</b>                 | X                             | X          |
| Psittacosis                          | X                             |            |
| Q fever                              |                               | X          |
| <b>Rabies, human</b>                 | X                             | X          |
| Relapsing fever                      |                               | X          |
| Rheumatic fever, acute               |                               | X          |
| Rift Valley fever                    |                               | X          |
| Rocky Mountain Spotted Fever         | X                             | X          |
|                                      | X                             | X          |
| Salmonellosis                        | X                             | X          |

## FD MEDDAC Regulation 40-1

| Condition/Disease                                                                                 | NY State Department of Health                                                                          | CHPPM/RMES        |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------|
| Schistosomiasis                                                                                   |                                                                                                        | X                 |
| Shigellosis                                                                                       | X                                                                                                      | X                 |
| Smallpox                                                                                          |                                                                                                        | X                 |
| <b>Rubella</b> (include congenital Rubella syndrome)                                              | X                                                                                                      | X                 |
| Staphylococcus aureus (due to strains showing reduced susceptibility or resistance to vancomycin) | X                                                                                                      |                   |
| Streptococcal infection (invasive disease)                                                        | X                                                                                                      | X                 |
| a. Group A beta-hemolytic strep                                                                   |                                                                                                        |                   |
| b. Group B Strep                                                                                  |                                                                                                        |                   |
| c. Streptococcus pneumoniae                                                                       |                                                                                                        |                   |
| <b>Syphilis (all)</b>                                                                             | X                                                                                                      | X                 |
| a. Syphilis, prim/sec                                                                             | Immediate notification only if any non-treponemal test >1:16 or any positive prenatal or delivery test |                   |
| b. Syphilis, latent                                                                               |                                                                                                        |                   |
| c. Syphilis, tertiary                                                                             |                                                                                                        |                   |
| d. Syphilis, congenital                                                                           |                                                                                                        |                   |
| Tetanus                                                                                           | X                                                                                                      | X                 |
| Toxic shock syndrome                                                                              | X                                                                                                      | X                 |
| Trichinosis                                                                                       | X                                                                                                      | X                 |
| Trypanosomiasis                                                                                   |                                                                                                        | X                 |
| <b>Tuberculosis, current disease (specify site)</b>                                               | X                                                                                                      | X                 |
| Tularemia                                                                                         | X                                                                                                      | X                 |
| <b>Typhoid fever</b>                                                                              | X                                                                                                      | X                 |
| Typhus fever                                                                                      |                                                                                                        |                   |
| Urethritis, non-gonococcal (NGU)                                                                  |                                                                                                        | X                 |
| Vaccine adverse event                                                                             |                                                                                                        | X                 |
| Varicella, active duty only                                                                       |                                                                                                        | X                 |
| Vibriosis                                                                                         | X                                                                                                      |                   |
| Warts, genital                                                                                    |                                                                                                        | CHN for education |
| Yellow fever                                                                                      | X                                                                                                      | X                 |
| Yersiniosis                                                                                       | X                                                                                                      |                   |



## APPENDIX B

(SEE PRIVACY ACT STATEMENT ON REVERSE)

| COMMUNITY HEALTH NURSING - CASE REFERRAL                                                                                                                                                                                                                                                                                                                                                                             |                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General                                                                                                                                                                                                                                                                                                                       |                                                  |
| TO: (Name and location)                                                                                                                                                                                                                                                                                                                                                                                              | FROM: (Name and location)                        |
| 1. NAME OF PATIENT (Last, First, Middle Initial)                                                                                                                                                                                                                                                                                                                                                                     | 2. ADDRESS OF PATIENT (Give specific directions) |
| 3. DATE OF BIRTH                                                                                                                                                                                                                                                                                                                                                                                                     | 4. HOME PHONE                                    |
| 5. NAME OF SPONSOR (Last, First, Middle Initial)                                                                                                                                                                                                                                                                                                                                                                     |                                                  |
| 6. GRADE AND SSN                                                                                                                                                                                                                                                                                                                                                                                                     | 7. OFFICE PHONE                                  |
| 8. ORGANIZATION                                                                                                                                                                                                                                                                                                                                                                                                      |                                                  |
| 9. AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION<br>I hereby authorize the release of the medical information relevant to this referral to the _____<br>_____<br>Signature of Patient (or person authorized to consent for patient) Date                                                                                                                                                                          |                                                  |
| 10. REASON FOR REFERRAL; OTHER SIGNIFICANT DATA                                                                                                                                                                                                                                                                                                                                                                      |                                                  |
| 11. SIGNATURE OF INITIATOR                                                                                                                                                                                                                                                                                                                                                                                           |                                                  |
| 12. DATE                                                                                                                                                                                                                                                                                                                                                                                                             |                                                  |
| 13. LOCATION OF RECORDS (Check applicable box(es)).<br>MEDICAL RECORDS <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT IN FILES OF THIS INSTALLATION.<br>FAMILY RECORDS <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT IN FILES OF THIS INSTALLATION.<br><small>This form in and of itself DOES NOT constitute a contract with the Army for payment of services to be rendered.</small> |                                                  |

DA FORM 3763, SEP 79  
USARPA V1.00

REPLACES DA FORM 3763, 1 SEP 75 AND DA FORM 3763-R, 28 SEP 75, WHICH ARE OBSOLETE.

# FD MEDDAC Regulation 40-1

## 14. REPORT OF FINDINGS AND RECOMMENDATIONS

## 15. SIGNATURE OF INDIVIDUAL COMPLETING ITEM 14.

## 16. DATE

### DATA REQUIRED BY THE PRIVACY ACT OF 1974

1. AUTHORITY: 5 US Code 301; 10 US Code 1071; 42 US Code; 44 US Code 3101.
2. PRINCIPAL PURPOSE(S): Provides a means for medical and allied medical personnel to refer individuals and families for Army community health nursing services.
3. ROUTINE USES: a. To refer patients or family units to other military and civilian health and welfare agencies or to Army community health nurses at other military installations.  
b. A case referral which contains medical information requires written consent of the patient or legal representative prior to release to a civilian agency.  
c. A doctor's signature is required when medication and/or treatments are ordered.  
d. To provide continuity of care, minimize duplication of effort and furnish accurate information to other health care providers.  
e. When case is completed or inactive, one copy of record is returned to the initiator (item 2, above) and duplicate copies of record are destroyed when no longer needed.
4. MANDATORY OR VOLUNTARY DISCLOSURE: Voluntary however failure to provide information may prevent continuity of care, cause duplication of effort and prevent accuracy of information to other health care providers.

NEW YORK STATE DEPARTMENT OF HEALTH  
BUREAU OF COMMUNICABLE DISEASE CONTROL

County of Residence \_\_\_\_\_

Serial # \_\_\_\_\_

Date Form Received \_\_\_\_\_

Supplemental Form Received \_\_\_\_\_

Patient's name \_\_\_\_\_

Telephone \_\_\_\_\_

Last \_\_\_\_\_

First \_\_\_\_\_

Address: (Number & Street) \_\_\_\_\_

☐ City

☐ Town

☐ Village

☐ Hamlet

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Census Tract

District

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| <b>Occupation/Setting:</b><br>1 <input type="checkbox"/> Food Service<br>2 <input type="checkbox"/> Day Care<br>3 <input type="checkbox"/> Health Care<br>4 <input type="checkbox"/> Student/School<br>5 <input type="checkbox"/> Inmate<br>6 <input type="checkbox"/> Other Occ.<br>7 <input type="checkbox"/> Unknown | <b>Race</b><br>1 <input type="checkbox"/> White<br>2 <input type="checkbox"/> Black<br>3 <input type="checkbox"/> American Indian/Alaskan<br>4 <input type="checkbox"/> Asian/Pacific Islander<br>5 <input type="checkbox"/> Other<br>6 <input type="checkbox"/> Unknown | <b>Ethnicity</b><br>1 <input type="checkbox"/> Hispanic<br>2 <input type="checkbox"/> Non-Hispanic<br>3 <input type="checkbox"/> Unknown | <b>Sex</b><br>1 <input type="checkbox"/> Male<br>2 <input type="checkbox"/> Female<br>3 <input type="checkbox"/> Unknown | <b>Pregnant</b><br>1 <input type="checkbox"/> Yes<br>2 <input type="checkbox"/> No<br>3 <input type="checkbox"/> Unknown |
|                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                          | <b>Hospitalized?</b> 1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N                                                           |                                                                                                                          | <b>Admission Date</b> ____/____/____                                                                                     |
|                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                          | <b>Name of Hospital</b> _____                                                                                                            |                                                                                                                          | <b>PFI Code</b> _____                                                                                                    |
|                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                          |                                                                                                                                          |                                                                                                                          | <b>Chart #</b> _____                                                                                                     |

Disease \_\_\_\_\_

Disease Code \_\_\_\_\_

Date of first symptom \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Diagnosis \_\_\_\_/\_\_\_\_/\_\_\_\_

Site of Infection \_\_\_\_\_

Comments (Agent, laboratory data, treatment, etc) \_\_\_\_\_

Where was disease acquired if not in above municipality \_\_\_\_\_

Reporting Individual \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Date of Report \_\_\_\_/\_\_\_\_/\_\_\_\_

Check if you need more cards ☐

| For Local Health Unit Use                                                                                                        |                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Outbreak Related</b><br>1 <input type="checkbox"/> Yes<br>2 <input type="checkbox"/> No<br>3 <input type="checkbox"/> Unknown | <b>Case Status</b><br>1 <input type="checkbox"/> Confirmed<br>2 <input type="checkbox"/> Probable<br>3 <input type="checkbox"/> Suspected<br>9 <input type="checkbox"/> Unknown |
| Local Health Unit Signature _____                                                                                                |                                                                                                                                                                                 |
| Date Report Received ____/____/____                                                                                              |                                                                                                                                                                                 |

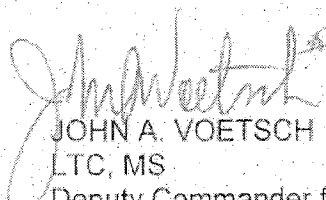
DOH389 (9/97)

CENTRAL OFFICE COPY

DC 103

The proponent for this agency is Preventive Medicine Service, the Infection Control Committee, and the MEDDAC Infection Control Officer. Send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, U.S. Army Medical Department Activity, ATTN: MCID-PM, 11050 Mt Belvedere Blvd, Fort Drum, New York 13602-5004.

FOR THE COMMANDER:

  
JOHN A. VOETSCH  
LTC, MS  
Deputy Commander for  
Administration

DISTRIBUTION:

A



DEPARTMENT OF THE ARMY  
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY  
FORT DRUM, NEW YORK 13602-5004

MEDDAC Regulation 40-1

5 February 2004

Medical Services  
REPORTING OF REPORTABLE CONDITIONS

1. HISTORY. This document supersedes all previous documents.
2. PURPOSE. To prescribe procedures for identification, epidemiological investigation, and reporting of all mandated reportable conditions. This document supersedes MEDDAC Regulation 40-1, dated 28 November 2000.
3. APPLICABILITY. This policy applies to all health care beneficiaries (HCBs), both military and non-military, within the MEDDAC's health service region who have been identified with a condition that affects the readiness of the fighting force as well as the general health of the community.
4. REFERENCES.
  - a. AR 40-5, Preventive Medicine
  - b. AR 600-110, Identification, Surveillance and Administration of Personnel Infected with Human Immunodeficiency Virus (HIV)
  - c. AR 340-21, The Army Privacy Program System Notices and Exemption Rules
  - d. Mortality and Morbidity Weekly Report (MMWR), 10 May 2002 Vol. 51 No. RR-6 Sexually Transmitted Diseases Treatment Guidelines 2002. New York Sanitary Code (10NYCRR2)
  - e. U.S. Army Medical Command Memorandum, 17 June 1998, Tri-Service Reportable Events List
5. GENERAL.
  - a. Reportable conditions are diseases of major public health concern because of endemicity and/or potential for epidemic spread. These conditions are of command concern because of their occupational relationship and must be reported to Community Health Nursing (CHN), the official reporting agent for MEDDAC. The U.S. Army Center

for Health Promotion and Preventive Medicine (CHPPM) and the New York State Department of Health (NYSDoH) are the agencies that specify the conditions and mandate reporting of these conditions.

b. Identification of patients with reportable condition is required so that:

(1) epidemiological information for disease and or condition control may be obtained and exchanged with federal and state public health authorities.

(2) epidemiological investigations are conducted in order to identify and follow-up with contacts to ensure community and intra-family spread of certain communicable diseases is curtailed through the use of treatment, immunization and health education and to educate of the prevention of future diseases or conditions.

## 6. RESPONSIBILITIES.

a. The Commander will ensure the implementation of the disease reporting system.

b. The Chief, Preventive Medicine (PM), is responsible for:

(1) developing guidelines and monitoring the functioning of the condition reporting system.

(2) investigating reportable conditions reported by health care providers at MEDDAC.

(3) providing guidance to the Commander/Directors/Managers regarding condition reporting and investigating.

c. The Chief, Laboratory, will ensure all diagnostic laboratory test results for reportable conditions are provided in a timely manner to CHN.

d. All health care providers who are responsible for diagnosing and treating patients must report required reportable conditions and assist in the identification and prophylaxis/treatment of disease contacts in accordance with the procedures in this regulation.

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(1) ensure education, counseling, follow-up and contact investigations are conducted on all identified patients when relevant to reportable conditions.

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(3) ensure that all information provided by the patient during the interview is documented on an SF 600 and secured as confidential medical information in accordance with AR 340-21.

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(2) The diagnosing and treating health care provider is responsible for reporting to PM and for providing the following information: the patient's name; sponsor's name and social security number; patient's sex; name of the reporting clinic; diagnosis; disease-specific pertinent clinical information when indicated, e.g., Lyme Disease or sexually transmitted diseases; status, e.g., active duty, dependent, civilian; home telephone number and the name of primary health care provider.

b. To report listed conditions and diseases from Appendix A to CHN, practitioners need to fill out the appropriate DA Form 3763 and send it to PM, Clark Hall, or call CHN at 772-6404 with the information described on the DA Form 3763. Appendix B provides an example of DA Form 3763.

c. Management of data:

(1) The laboratory enters positive results in CHCS.



(2) The CHN gathers necessary data to accomplish reporting and follow-up care. This information is loaded into the Reportable Medical Events System. All reports to CHPPM are via this method, unless an outbreak or high priority disease is involved. Categories will be created for those entities that CHPPM does not require but the civilian community requires to be reported.

(3) Jefferson County Heath Public Health (JCPH): All demographic variables to be reported to the JCPH will be entered on the form DOH-389 (Appendix C) or phoned in the JCPH at 315-786-3720. Mail DOH-389 in small sealed envelope and placed inside a large sealed envelope to:

Jefferson County Public Health  
ATTN: Dawn Remington  
531 Meade St.  
Watertown, NY 13601  
(315) 786-3720

8. SAFETY CONSIDERATIONS. None.

**APPENDIX A****REPORTABLE CONDITIONS**

Report all listed conditions to Community Health Nursing Service  
772-6404

**\*Bold italic diseases = Report immediately**

**\*Bold type diseases = Report within 24hrs**

| Condition/Disease                                                                                                      | NY State Department of Health | CHPPM/RMES |
|------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------|
| Amebiasis                                                                                                              | X                             | X          |
| Animal bites for which rabies prophylaxis is given                                                                     | X                             |            |
| <b>Anthrax</b>                                                                                                         | X                             | X          |
| Babesiosis                                                                                                             | X                             |            |
| Biological warfare agent exposure                                                                                      |                               | X          |
| <b>Botulism</b>                                                                                                        | X                             | X          |
| Brucellosis                                                                                                            | X                             | X          |
| Campylobacter/Campylobacteriosis                                                                                       | X                             | X          |
| Carbon monoxide poisoning                                                                                              |                               | X          |
| Chancroid                                                                                                              | X                             |            |
| Chemical agent exposure                                                                                                |                               | X          |
| Chlamydia, Genital infections                                                                                          | X                             | X          |
| <b>Cholera</b>                                                                                                         | X                             | X          |
| Coccidioidomycosis                                                                                                     |                               | X          |
| Cold weather injury (all)<br>a. CWI, frostbite<br>b. CWI, hypothermia<br>c. CWI, immersion type<br>d. CWI, unspecified |                               | X          |
| Cryptosporidiosis                                                                                                      | X                             | X          |
| Cyclosporiasis                                                                                                         | X                             | X          |
| Dengue fever                                                                                                           |                               | X          |
| <b>Diphtheria</b>                                                                                                      | X                             | X          |
| E. Coli 0157:H7                                                                                                        | X                             | X          |
| Ehrlichiosis                                                                                                           | X                             | X          |
| <b>Encephalitis</b>                                                                                                    | X                             | X          |
| Filariasis                                                                                                             |                               | X          |
| <b>Foodborne Illness</b>                                                                                               | X                             |            |
| Giardiasis                                                                                                             | X                             | X          |
| Gonorrhea                                                                                                              | X                             | X          |
| Haemophilus influenzae, type B (invasive disease)                                                                      | X                             | X          |
| Hantavirus Disease                                                                                                     | X                             | X          |
| Heat injuries<br>a. Heat exhaustion<br>b. Heat stroke                                                                  |                               | X          |
| Hemolytic Uremic Syndrome (HUS)                                                                                        | X                             |            |
| Hemorrhagic Fever                                                                                                      |                               | X          |

| Condition/Disease                    | NY State Department of Health | CHPPM/RMES |
|--------------------------------------|-------------------------------|------------|
| Hepatitis A-acute                    | X                             | X          |
| <b>Hepatitis A in a food handler</b> | X                             |            |
| Hepatitis B, Acute                   | X                             | X          |
| Pregnant Hep B Carrier               | X                             |            |
| Hepatitis C-acute                    | X                             | X          |
| HIV                                  | X                             |            |
| Hospital-associated infections       | X                             |            |
| Influenza                            |                               | X          |
| Lead poisoning                       |                               | X          |
| Legionellosis                        | X                             | X          |
| Leishmaniasis (all)                  |                               | X          |
| a. Leish, cutaneous                  |                               |            |
| b. Leish, mucocutaneous              |                               |            |
| c. Leish, visceral                   |                               |            |
| d. Leish, unspecified                |                               |            |
| Leprosy                              |                               | X          |
| Leptospirosis                        |                               | X          |
| Listeriosis                          | X                             | X          |
| Lyme disease                         | X                             | X          |
| Lymphogranuloma Venereum             | X                             |            |
| Malaria (all)                        | X                             | X          |
| a. Malaria, vivax                    |                               |            |
| b. Malaria, falciparum               |                               |            |
| c. Malaria, malariae                 |                               |            |
| d. Malaria, ovale                    |                               |            |
| e. Malaria, unspecified              |                               |            |
| <b>Measles</b>                       | X                             | X          |
| Meningitis                           | X                             |            |
| a. Aseptic or viral                  |                               |            |
| <b>b. Haemophilus</b>                |                               |            |
| <b>c. Meningococcal</b>              |                               |            |
| d. Other (specify type)              |                               |            |
| <b>Meningococcal disease</b>         |                               | X          |
| a. Meningitis                        |                               |            |
| b. Septicemia                        |                               |            |
| <b>Meningococcemia</b>               | X                             |            |
| Mumps                                | X                             | X          |
| Pertussis                            | X                             | X          |
| <b>Plague</b>                        | X                             | X          |
| Pneumococcal pneumonia, active       |                               | X          |
| duty                                 |                               |            |
| <b>Poliomyelitis</b>                 | X                             | X          |
| Psittacosis                          | X                             |            |
| Q fever                              |                               | X          |
| <b>Rabies, human</b>                 | X                             | X          |
| Relapsing fever                      |                               | X          |
| Rheumatic fever, acute               |                               | X          |
| Rift Valley fever                    |                               | X          |
| Rocky Mountain Spotted Fever         | X                             | X          |
|                                      | X                             | X          |
| Salmonellosis                        | X                             | X          |

| Condition/Disease                                                                                                                | NY State Department of Health                                                                               | CHPPM/RMES        |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------|
| Schistosomiasis                                                                                                                  |                                                                                                             | X                 |
| Shigellosis                                                                                                                      | X                                                                                                           | X                 |
| Smallpox                                                                                                                         |                                                                                                             | X                 |
| <b>Rubella</b> (include congenital Rubella syndrome)                                                                             | X                                                                                                           | X                 |
| Staphylococcus aureus (due to strains showing reduced susceptibility or resistance to vancomycin)                                | X                                                                                                           |                   |
| Streptococcal infection (invasive disease)<br>a. Group A beta-hemolytic strep<br>b. Group B Strep<br>c. Streptococcus pneumoniae | X                                                                                                           | X                 |
| <b>Syphilis (all)</b><br>a. Syphilis, prim/sec<br>b. Syphilis, latent<br>c. Syphilis, tertiary<br>d. Syphilis, congenital        | X<br>Immediate notification only if any non-treponemal test >1:16 or any positive prenatal or delivery test | X                 |
| Tetanus                                                                                                                          | X                                                                                                           | X                 |
| Toxic shock syndrome                                                                                                             | X                                                                                                           | X                 |
| Trichinosis                                                                                                                      | X                                                                                                           | X                 |
| Trypanosomiasis                                                                                                                  |                                                                                                             | X                 |
| <b>Tuberculosis, current disease (specify site)</b>                                                                              | X                                                                                                           | X                 |
| Tularemia                                                                                                                        | X                                                                                                           | X                 |
| <b>Typhoid fever</b>                                                                                                             | X                                                                                                           | X                 |
| Typhus fever                                                                                                                     |                                                                                                             |                   |
| Urethritis, non-gonococcal (NGU)                                                                                                 |                                                                                                             | X                 |
| Vaccine adverse event                                                                                                            |                                                                                                             | X                 |
| Varicella, active duty only                                                                                                      |                                                                                                             | X                 |
| Vibriosis                                                                                                                        | X                                                                                                           |                   |
| Warts, genital                                                                                                                   |                                                                                                             | CHN for education |
| Yellow fever                                                                                                                     | X                                                                                                           | X                 |
| Yersiniosis                                                                                                                      | X                                                                                                           |                   |

## APPENDIX B

(SEE PRIVACY ACT STATEMENT ON REVERSE)

**COMMUNITY HEALTH NURSING – CASE REFERRAL**

For use of this form, see AR 40-407: the proponent agency is the Office of The Surgeon General

|                                                                                                                                                                                                                                                                                                                                                       |                 |                                                  |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------|----------|
| TO: (Name and location)                                                                                                                                                                                                                                                                                                                               |                 | FROM: (Name and location)                        |          |
| 1. NAME OF PATIENT (Last, First, Middle Initial)                                                                                                                                                                                                                                                                                                      |                 | 2. ADDRESS OF PATIENT (Give specific directions) |          |
| 3. DATE OF BIRTH                                                                                                                                                                                                                                                                                                                                      | 4. HOME PHONE   |                                                  |          |
| 5. NAME OF SPONSOR (Last, First, Middle Initial)                                                                                                                                                                                                                                                                                                      |                 |                                                  |          |
| 6. GRADE AND SSN                                                                                                                                                                                                                                                                                                                                      | 7. OFFICE PHONE |                                                  |          |
| 8. ORGANIZATION                                                                                                                                                                                                                                                                                                                                       |                 |                                                  |          |
| 9. AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION<br>I hereby authorize the release of the medical information relevant to this referral to the _____<br>_____<br><i>Signature of Patient (or person authorized to consent for patient)</i> <span style="float: right;"><i>Date</i></span>                                                          |                 |                                                  |          |
| 10. REASON FOR REFERRAL; OTHER SIGNIFICANT DATA                                                                                                                                                                                                                                                                                                       |                 |                                                  |          |
|                                                                                                                                                                                                                                                                                                                                                       |                 |                                                  |          |
| 11. SIGNATURE OF INITIATOR                                                                                                                                                                                                                                                                                                                            |                 |                                                  | 12. DATE |
| 13. LOCATION OF RECORDS (Check applicable box(es))                                                                                                                                                                                                                                                                                                    |                 |                                                  |          |
| MEDICAL RECORDS <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT IN FILES OF THIS INSTALLATION.<br>FAMILY RECORDS <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT IN FILES OF THIS INSTALLATION.<br><i>This form in and of itself DOES NOT constitute a contract with the Army for payment of services to be rendered.</i> |                 |                                                  |          |

DA FORM 3763, SEP 79

USAPP V1.00

REPLACES DA FORM 3763, 1 SEP 75 AND DA FORM 3763-R, 26 SEP 75, WHICH ARE OBSOLETE.

## 14. REPORT OF FINDINGS AND RECOMMENDATIONS.

15. SIGNATURE OF INDIVIDUAL COMPLETING ITEM 14.

16. DATE

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

1. AUTHORITY: 5 US Code 301; 10 US Code 1071; 42 US Code; 44 US Code 3101.
2. PRINCIPAL PURPOSE(S): Provides a means for medical and allied medical personnel to refer individuals and families for Army community health nursing services.
3. ROUTINE USES:
  - a. To refer patients or family units to other military and civilian health and welfare agencies or to Army community health nurses at other military installations.
  - b. A case referral which contains medical information requires written consent of the patient or legal representative prior to release to a civilian agency.
  - c. A doctor's signature is required when medication and/or treatments are ordered.
  - d. To provide continuity of care, minimize duplication of effort and furnish accurate information to other health care providers.
  - e. When case is completed or inactive, one copy of record is returned to the initiator (item 2, above) and duplicate copies of record are destroyed when no longer needed.
4. MANDATORY OR VOLUNTARY DISCLOSURE: Voluntary however failure to provide information may prevent continuity of care, cause duplication of effort and prevent accuracy of information to other health care providers.

## APPENDIX C

NEW YORK STATE DEPARTMENT OF HEALTH  
BUREAU OF COMMUNICABLE DISEASE CONTROL

County of Residence \_\_\_\_\_

## CONFIDENTIAL CASE REPORT

|                |                                  |
|----------------|----------------------------------|
| Serial # _____ | Date Form Received _____         |
|                | Supplemental Form Received _____ |

Patient's name \_\_\_\_\_ ( ) \_\_\_\_\_

\_\_\_\_\_  
 Telephone Last First

Address: (Number &amp; Street) \_\_\_\_\_

☐ City

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

☐ Town

Zip Code

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

☐ Village

|  |  |  |  |  |  |
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|--|--|--|--|--|--|

☐ Hamlet

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|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

City, Town, or Village

Date of Birth

Age

Census Tract

District

|                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                          |                                                                                                                                          |                                                                                                                          |                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>Occupation/Setting:</b><br>1 <input type="checkbox"/> Food Service<br>2 <input type="checkbox"/> Day Care<br>3 <input type="checkbox"/> Health Care<br>4 <input type="checkbox"/> Student/School<br>5 <input type="checkbox"/> Inmate<br>6 <input type="checkbox"/> Other Occ: _____<br>7 <input type="checkbox"/> Unknown | <b>Race</b><br>1 <input type="checkbox"/> White<br>2 <input type="checkbox"/> Black<br>3 <input type="checkbox"/> American Indian/Alaskan<br>4 <input type="checkbox"/> Asian/Pacific Islander<br>5 <input type="checkbox"/> Other<br>6 <input type="checkbox"/> Unknown | <b>Ethnicity</b><br>1 <input type="checkbox"/> Hispanic<br>2 <input type="checkbox"/> Non-Hispanic<br>3 <input type="checkbox"/> Unknown | <b>Sex</b><br>1 <input type="checkbox"/> Male<br>2 <input type="checkbox"/> Female<br>3 <input type="checkbox"/> Unknown | <b>Pregnant</b><br>1 <input type="checkbox"/> Yes<br>2 <input type="checkbox"/> No<br>3 <input type="checkbox"/> Unknown |
| Hospitalized? 1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                          | Admission Date _____ / _____ / _____                                                                                                     |                                                                                                                          |                                                                                                                          |
| Name of Hospital _____                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                          | PFI Code _____                                                                                                                           |                                                                                                                          | Chart # _____                                                                                                            |
| Disease _____                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                          | Disease Code _____                                                                                                                       |                                                                                                                          |                                                                                                                          |

Date of first symptom \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Diagnosis \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Site of Infection \_\_\_\_\_

Comments (Agent, laboratory data, treatment, etc.) \_\_\_\_\_

Where was disease acquired if not in above municipality \_\_\_\_\_

Reporting Individual \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Date of Report \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Check if you need more cards ☐

| For Local Health Unit Use                                                                                                        |                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Outbreak Related</b><br>1 <input type="checkbox"/> Yes<br>2 <input type="checkbox"/> No<br>3 <input type="checkbox"/> Unknown | <b>Case Status</b><br>1 <input type="checkbox"/> Confirmed Local Health Unit Signature _____<br>2 <input type="checkbox"/> Probable<br>3 <input type="checkbox"/> Suspected Date Report Received ____ / ____ / ____<br>4 <input type="checkbox"/> Unknown |

The proponent for this agency is Preventive Medicine Service, the Infection Control Committee, and the MEDDAC Infection Control Officer. Send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, U.S. Army Medical Department Activity, ATTN: MCID-PM, 11050 Mt Belvedere Blvd, Fort Drum, New York 13602-5004.

FOR THE COMMANDER:

RANDOLPH G. HOWARD, JR  
LTC, MS  
Deputy Commander for  
Administration

DISTRIBUTION:

A





DEPARTMENT OF THE ARMY  
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY  
FORT DRUM, NEW YORK 13602-5004

MEDDAC Regulation 40-1

30 January 2006

Medical Services  
REPORTING OF REPORTABLE CONDITIONS

1. HISTORY. This document supersedes all previous documents.
2. PURPOSE. To prescribe procedures for identification, epidemiological investigation, and reporting of all mandated reportable conditions. This document supersedes MEDDAC Regulation 40-1, dated 28 November 2000.
3. APPLICABILITY. This policy applies to all health care beneficiaries (HCBs), both military and non-military, within the MEDDAC's health service region who have been identified with a condition that affects the readiness of the fighting force as well as the general health of the community.
4. REFERENCES.
  - a. AR 40-5, Preventive Medicine
  - b. AR 600-110, Identification, Surveillance and Administration of Personnel Infected with Human Immunodeficiency Virus (HIV)
  - c. AR 340-21, The Army Privacy Program System Notices and Exemption Rules
  - d. Mortality and Morbidity Weekly Report (MMWR), 10 May 2002 Vol. 51 No. RR-6 Sexually Transmitted Diseases Treatment Guidelines 2002, New York Sanitary Code (10NYCRR2)
  - e. U.S. Army Medical Command Memorandum, 17 June 1998, Tri-Service Reportable Events List
5. GENERAL.
  - a. Reportable conditions are diseases of major public health concern because of endemicity and/or potential for epidemic spread. These conditions are of command concern because of their occupational relationship and must be reported to Community Health Nursing (CHN), the official reporting agent for MEDDAC. The U.S. Army Center for Health Promotion and Preventive Medicine (CHPPM) and the New York State Department of Health (NYSDoH) are the agencies that specify the conditions and mandate reporting of these conditions.

b. Identification of patients with reportable condition (Appendix A) is required so that:

(1) epidemiological information for disease and or condition control may be obtained and exchanged with federal and state public health authorities.

(2) epidemiological investigations are conducted in order to identify and follow-up with contacts to ensure community and intra-family spread of certain communicable diseases is curtailed through the use of treatment, immunization and health education and to educate of the prevention of future diseases or conditions.

## 6. RESPONSIBILITIES.

a. The Commander will ensure the implementation of the disease reporting system.

b. The Chief, Preventive Medicine (PM), is responsible for:

(1) developing guidelines and monitoring the functioning of the condition reporting system.

(2) investigating reportable conditions reported by health care providers at MEDDAC.

(3) providing guidance to the Commander/Directors/Managers regarding condition reporting and investigating.

c. The Chief, Laboratory, will ensure all diagnostic laboratory test results for reportable conditions are provided in a timely manner to CHN.

d. All health care providers who are responsible for diagnosing and treating patients must report required reportable conditions and assist in the identification and prophylaxis/treatment of disease contacts in accordance with the procedures in this regulation.

e. The Chief, Community Health Nursing, will:

(1) ensure education, counseling, follow-up and contact investigations are conducted on all identified patients when relevant to reportable conditions.

(2) ensure CHNs and designated interviewers are adequately trained, prepared and knowledgeable about reportable conditions and follow-up.

f. The designated Community Health Nurse will:

(1) on a routine basis, survey the Composite Health Care System (CHCS) to identify all confirmed and potential infections.

(2) provide education, counseling, follow-up and contact investigation on all cases referred to PM.

(3) ensure that all information provided by the patient during the interview is documented on an SF 600 and secured as confidential medical information in accordance with AR 340-21.

(4) maintain statistics for monthly reports and report all infections to the appropriate agency for data collection.

7. PROCEDURES. The conditions and diseases that must be reported to CHN are listed in Appendix A. Appendix A further identifies, in bold type, conditions and diseases that need to be reported to CHN immediately.

a. The clinician must notify PM of all reportable diseases, conditions and outbreaks as soon as it is suspected that the disease/condition exists. It is beneficial for the health care provider to contact PM while the patient is present, unless this would significantly delay the notification, to obtain the required information and coordinate a time and place for further interview and education if necessary.

(1) For diseases requiring immediate notification, during duty hours, contact PM at 772-6984. After duty hours, contact the Medical Officer of the Day (MOD), who can contact the PM on-call staff member. For Walter Reed Army Medical Center assistance with disease outbreaks, call DSN 662-3964 or commercial (202) 782-3964 (during duty hours). For CHPPM assistance with disease outbreaks, call DSN 584-1053 or commercial (410) 436-1053 (during duty hours).

(2) The diagnosing and treating health care provider is responsible for reporting to PM and for providing the following information: the patient's name; sponsor's name and social security number; patient's sex; name of the reporting clinic; diagnosis; disease-specific pertinent clinical information when indicated, e.g., Lyme Disease or sexually transmitted diseases; status, e.g., active duty, dependent, civilian; home telephone number and the name of primary health care provider.

b. To report listed conditions and diseases from Appendix A to CHN, practitioners need to fill out the appropriate DA Form 3763, Community Health Nursing – Case Referral (Appendix B), and send it to PM, Clark Hall, or call CHN at 772-6404 with the information described on the DA Form 3763.

c. Management of data:

(1) The laboratory enters positive results in CHCS.

(2) The CHN gathers necessary data to accomplish reporting and follow-up care. This information is loaded into the Reportable Medical Events System. All reports to CHPPM are via this method, unless an outbreak or high priority disease is involved.

Categories will be created for those entities that CHPPM does not require but the civilian community requires to be reported.

(3) Jefferson County Public Health (JCPH): All demographic variables to be reported to the JCPH will be entered on the form DOH-389 (Appendix C) or phoned in the JCPH at 315-786-3720. Mail DOH-389 in small sealed envelope and placed inside a large sealed envelope to:

Jefferson County Public Health  
ATTN: Dawn Remington  
531 Meade St.  
Watertown, NY 13601  
(315) 786-3720

8. SAFETY CONSIDERATIONS. None.

## APPENDIX A

## REPORTABLE CONDITIONS

Report all listed conditions to Community Health Nursing Service

772-6404

**\*Bold italic diseases = Report immediately****\*Bold type diseases = Report within 24hrs**

| Condition/Disease                                                                                                      | NY State Department of Health        | CHPPM/RMES        |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------|
| Amebiasis                                                                                                              | X                                    | X                 |
| Animal bites for which rabies prophylaxis is given                                                                     | X                                    |                   |
| <b>Anthrax</b>                                                                                                         | X                                    | X                 |
| Babesiosis                                                                                                             | X                                    |                   |
| Biological warfare agent exposure                                                                                      |                                      | X                 |
| <b>Botulism</b>                                                                                                        | X                                    | X                 |
| Brucellosis                                                                                                            | X                                    | X                 |
| Campylobacter/Campylobacteriosis                                                                                       | X                                    | X                 |
| Carbon monoxide poisoning                                                                                              |                                      | X                 |
| Chancroid                                                                                                              | X                                    |                   |
| Chemical agent exposure                                                                                                |                                      | X                 |
| Chlamydia, Genital infections                                                                                          | X                                    | X                 |
| <b>Cholera</b>                                                                                                         | X                                    | X                 |
| Coccidioidomycosis                                                                                                     |                                      | X                 |
| Cold weather injury (all)<br>a. CWI, frostbite<br>b. CWI, hypothermia<br>c. CWI, immersion type<br>d. CWI, unspecified |                                      | X                 |
| Cryptosporidiosis                                                                                                      | X                                    | X                 |
| Cyclosporiasis                                                                                                         | X                                    | X                 |
| Dengue fever                                                                                                           |                                      | X                 |
| <b>Diphtheria</b>                                                                                                      | X                                    | X                 |
| E. Coli 0157:H7                                                                                                        | X                                    | X                 |
| Ehrlichiosis                                                                                                           | X                                    | X                 |
| <b>Encephalitis</b>                                                                                                    | X                                    | X                 |
| Filariasis                                                                                                             |                                      | X                 |
| <b>Foodborne Illness</b>                                                                                               | X                                    |                   |
| Giardiasis                                                                                                             | X                                    | X                 |
| Gonorrhea                                                                                                              | X                                    | X                 |
| Haemophilus influenzae, type B (invasive disease)                                                                      | X                                    | X                 |
| Hantavirus Disease                                                                                                     | X                                    | X                 |
| Heat injuries<br>a. Heat exhaustion<br>b. Heat stroke                                                                  |                                      | X                 |
| Hemolytic Uremic Syndrome (HUS)                                                                                        | X                                    |                   |
| Hemorrhagic Fever                                                                                                      |                                      | X                 |
| <b>Condition/Disease</b>                                                                                               | <b>NY State Department of Health</b> | <b>CHPPM/RMES</b> |
| Hepatitis A-acute                                                                                                      | X                                    | X                 |

## FD MEDDAC Regulation 40-1

|                                     |                                      |                   |
|-------------------------------------|--------------------------------------|-------------------|
| Hepatitis A in a food handler       | X                                    |                   |
| Hepatitis B, Acute                  | X                                    | X                 |
| Pregnant Hep B Carrier              | X                                    |                   |
| Hepatitis C-acute                   | X                                    | X                 |
| HIV                                 | X                                    |                   |
| Hospital-associated infections      | X                                    |                   |
| Influenza                           |                                      | X                 |
| Lead poisoning                      |                                      | X                 |
| Legionellosis                       | X                                    | X                 |
| Leishmaniasis (all)                 |                                      | X                 |
| a. Leish, cutaneous                 |                                      |                   |
| b. Leish, mucocutaneous             |                                      |                   |
| c. Leish, visceral                  |                                      |                   |
| d. Leish, unspecified               |                                      |                   |
| Leprosy                             |                                      | X                 |
| Leptospirosis                       |                                      | X                 |
| Listeriosis                         | X                                    | X                 |
| Lyme disease                        | X                                    | X                 |
| Lymphogranuloma Venereum            | X                                    |                   |
| Malaria (all)                       | X                                    | X                 |
| a. Malaria, vivax                   |                                      |                   |
| b. Malaria, falciparum              |                                      |                   |
| c. Malaria, malariae                |                                      |                   |
| d. Malaria, ovale                   |                                      |                   |
| e. Malaria, unspecified             |                                      |                   |
| <b>Measles</b>                      | X                                    | X                 |
| Meningitis                          | X                                    |                   |
| a. Aseptic or viral                 |                                      |                   |
| b. <i>Haemophilus</i>               |                                      |                   |
| c. <i>Meningococcal</i>             |                                      |                   |
| d. Other (specify type)             |                                      |                   |
| <b>Meningococcal disease</b>        |                                      | X                 |
| a. Meningitis                       |                                      |                   |
| b. Septicemia                       |                                      |                   |
| <b>Meningococcemia</b>              | X                                    |                   |
| Mumps                               | X                                    | X                 |
| Pertussis                           | X                                    | X                 |
| <b>Plague</b>                       | X                                    | X                 |
| Pneumococcal pneumonia, active duty |                                      | X                 |
| <b>Poliomyelitis</b>                | X                                    | X                 |
| Psittacosis                         | X                                    |                   |
| Q fever                             |                                      | X                 |
| <b>Rabies, human</b>                | X                                    | X                 |
| Relapsing fever                     |                                      | X                 |
| Rheumatic fever, acute              |                                      | X                 |
| Rift Valley fever                   |                                      | X                 |
| Rocky Mountain Spotted Fever        | X                                    | X                 |
|                                     | X                                    | X                 |
| Salmonellosis                       | X                                    | X                 |
| <b>Condition/Disease</b>            | <b>NY State Department of Health</b> | <b>CHPPM/RMES</b> |
| Schistosomiasis                     |                                      | X                 |
| Shigellosis                         | X                                    | X                 |
| Smallpox                            |                                      | X                 |

|                                                                                                   |                                                                                                        |                   |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------|
| <b>Rubella</b> (include congenital Rubella syndrome)                                              | X                                                                                                      | X                 |
| Staphylococcus aureus (due to strains showing reduced susceptibility or resistance to vancomycin) | X                                                                                                      |                   |
| Streptococcal infection (invasive disease)                                                        | X                                                                                                      | X                 |
| a. Group A beta-hemolytic strep                                                                   |                                                                                                        |                   |
| b. Group B Strep                                                                                  |                                                                                                        |                   |
| c. Streptococcus pneumoniae                                                                       |                                                                                                        |                   |
| <b>Syphilis (all)</b>                                                                             | X                                                                                                      | X                 |
| a. Syphilis, prim/sec                                                                             | Immediate notification only if any non-treponemal test >1:16 or any positive prenatal or delivery test |                   |
| b. Syphilis, latent                                                                               |                                                                                                        |                   |
| c. Syphilis, tertiary                                                                             |                                                                                                        |                   |
| d. Syphilis, congenital                                                                           |                                                                                                        |                   |
| Tetanus                                                                                           | X                                                                                                      | X                 |
| Toxic shock syndrome                                                                              | X                                                                                                      | X                 |
| Trichinosis                                                                                       | X                                                                                                      | X                 |
| Trypanosomiasis                                                                                   |                                                                                                        | X                 |
| <b>Tuberculosis, current disease (specify site)</b>                                               | X                                                                                                      | X                 |
| Tularemia                                                                                         | X                                                                                                      | X                 |
| <b>Typhoid fever</b>                                                                              | X                                                                                                      | X                 |
| Typhus fever                                                                                      |                                                                                                        |                   |
| Urethritis, non-gonococcal (NGU)                                                                  |                                                                                                        | X                 |
| Vaccine adverse event                                                                             |                                                                                                        | X                 |
| Varicella, active duty only                                                                       |                                                                                                        | X                 |
| Vibriosis                                                                                         | X                                                                                                      |                   |
| Warts, genital                                                                                    |                                                                                                        | CHN for education |
| Yellow fever                                                                                      | X                                                                                                      | X                 |
| Yersiniosis                                                                                       | X                                                                                                      |                   |



## APPENDIX B

(SEE PRIVACY ACT STATEMENT ON REVERSE)

## COMMUNITY HEALTH NURSING – CASE REFERRAL

For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General

|                                                                                                                                                                                                                                             |                 |                                                  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------|--|
| TO: (Name and location)                                                                                                                                                                                                                     |                 | FROM: (Name and location)                        |  |
| 1. NAME OF PATIENT (Last, First, Middle Initial)                                                                                                                                                                                            |                 | 2. ADDRESS OF PATIENT (Give specific directions) |  |
| 3. DATE OF BIRTH                                                                                                                                                                                                                            | 4. HOME PHONE   |                                                  |  |
| 5. NAME OF SPONSOR (Last, First, Middle Initial)                                                                                                                                                                                            |                 |                                                  |  |
| 6. GRADE AND SSN                                                                                                                                                                                                                            | 7. OFFICE PHONE |                                                  |  |
| 8. ORGANIZATION                                                                                                                                                                                                                             |                 |                                                  |  |
| 9. AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION<br>I hereby authorize the release of the medical information relevant to this referral to the _____<br>_____<br>Signature of Patient (or person authorized to consent for patient) Date |                 |                                                  |  |
| 10. REASON FOR REFERRAL; OTHER SIGNIFICANT DATA                                                                                                                                                                                             |                 |                                                  |  |
|                                                                                                                                                                                                                                             |                 |                                                  |  |
|                                                                                                                                                                                                                                             |                 |                                                  |  |
| 11. SIGNATURE OF INITIATOR                                                                                                                                                                                                                  |                 | 12. DATE                                         |  |
| 13. LOCATION OF RECORDS (Check applicable box(es))                                                                                                                                                                                          |                 |                                                  |  |
| MEDICAL RECORDS <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT IN FILES OF THIS INSTALLATION.                                                                                                                                |                 |                                                  |  |
| FAMILY RECORDS <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT IN FILES OF THIS INSTALLATION.                                                                                                                                 |                 |                                                  |  |
| This form in and of itself DOES NOT constitute a contract with the Army for payment of services to be rendered.                                                                                                                             |                 |                                                  |  |

DA FORM 3763, SEP 79

REPLACES DA FORM 3763, 1 SEP 75 AND DA FORM 3763-R, 26 SEP 75, WHICH ARE OBSOLETE.

USAPP V1.00

## 14. REPORT OF FINDINGS AND RECOMMENDATIONS

15. SIGNATURE OF INDIVIDUAL COMPLETING ITEM 14.

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

16. DATE

1. AUTHORITY: 5 US Code 301; 10 US Code 1071; 42 US Code; 44 US Code 3101.
2. PRINCIPAL PURPOSE(S): Provides a means for medical and allied medical personnel to refer individuals and families for Army community health nursing services.
3. ROUTINE USES:
  - a. To refer patients or family units to other military and civilian health and welfare agencies or to Army community health nurses at other military installations.
  - b. A case referral which contains medical information requires written consent of the patient or legal representative prior to release to a civilian agency.
  - c. A doctor's signature is required when medication and/or treatments are ordered.
  - d. To provide continuity of care, minimize duplication of effort and furnish accurate information to other health care providers.
  - e. When case is completed or inactive, one copy of record is returned to the initiator (item 2, above) and duplicate copies of record are destroyed when no longer needed.
4. MANDATORY OR VOLUNTARY DISCLOSURE: Voluntary however failure to provide information may prevent continuity of care, cause duplication of effort and prevent accuracy of information to other health care providers.

USAPPC V1.00

## APPENDIX C

NEW YORK STATE DEPARTMENT OF HEALTH  
BUREAU OF COMMUNICABLE DISEASE CONTROL

County of Residence \_\_\_\_\_

## CONFIDENTIAL CASE REPORT

Serial # \_\_\_\_\_

Date Form Received \_\_\_\_\_

Supplemental Form Received \_\_\_\_\_

Patient's name \_\_\_\_\_  
Last First

Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_

Address: (Number &amp; Street) \_\_\_\_\_

☐ City\_\_\_\_\_  
Zip Code☐ Town☐ Village\_\_\_\_\_  
Census Tract District☐ Hamlet

City, Town, or Village Date of Birth Age

Occupation/  
Setting:

- 1 ☐ Food Service  
 2 ☐ Day Care  
 3 ☐ Health Care  
 4 ☐ Student/School  
 5 ☐ Inmate  
 6 ☐ Other Occ: \_\_\_\_\_  
 7 ☐ Unknown

Race

- 1 ☐ White  
 2 ☐ Black  
 3 ☐ American  
 4 ☐ Indian/Alaskan  
 5 ☐ Asian/Pacific  
 6 ☐ Islander  
 7 ☐ Other  
 8 ☐ Unknown

Ethnicity

- 1 ☐ Hispanic  
 2 ☐ Non-Hispanic  
 9 ☐ Unknown

Sex

- 1 ☐ Male  
 2 ☐ Female  
 9 ☐ Unknown

Pregnant

- 1 ☐ Yes  
 2 ☐ No  
 9 ☐ Unknown

Hospitalized?

1 Y 2 N

Admission Date

Name of Hospital

PFI Code

Chart #

Disease \_\_\_\_\_

Disease Code

Date of first symptom \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Diagnosis \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Site of Infection \_\_\_\_\_

Comments (Agent, laboratory data, treatment, etc) \_\_\_\_\_

Where was disease acquired if not in above municipality \_\_\_\_\_

Reporting Individual \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

Date of Report \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Check if you need more cards ☐

## For Local Health Unit Use

Outbreak Related

- 1 ☐ Yes  
 2 ☐ No  
 9 ☐ Unknown

Case Status

- 1 ☐ Confirmed  
 2 ☐ Probable  
 3 ☐ Suspected  
 9 ☐ Unknown

Local Health Unit Signature \_\_\_\_\_

Date Report Received \_\_\_\_ / \_\_\_\_ / \_\_\_\_



DEPARTMENT OF THE ARMY  
U.S. ARMY MEDICAL ACTIVITY  
FORT DRUM, NEW YORK 13602-5004

FD MEDDAC Regulation 40-4

20 May 1999

Medical Services  
MEDDAC AND DENTAC EMPLOYEE HEALTH PROGRAM

1. HISTORY. This regulation supersedes FD MEDDAC Reg 40-4, dated 15 April 1988.
2. PURPOSE. To establish procedures and responsibilities for the implementation of an employee health program for health care personnel at Fort Drum, New York.
3. REFERENCES.
  - a. AR 40-4, Army Medical Department Facilities/Activities
  - b. AR 40-5, Preventive Medicine
  - c. FD MEDDAC Reg 40-17, Infection Control in Health Care Facilities
  - d. FD MEDDAC Reg 40-25, Bloodborne Pathogen Exposure Control Program
  - e. FD MEDDAC Reg 40-30, Tuberculosis and Airborne Pathogen Exposure Control Program
4. SCOPE. The provisions of this regulation apply to all personnel assigned, attached, or otherwise employed by the U.S. Army MEDDAC, U.S. Army DENTAC, and Troop Medical Clinics (TMCs), Fort Drum, New York.
5. GENERAL. The protection of health care providers is of prime importance due to their high potential for exposure to infectious diseases, hazardous substances and dangerous equipment, and the potential for subsequently affecting patients, other health care personnel, members of their families and community contacts. The goal of the MEDDAC/DENTAC Employee Health Program is to foster the health, safety, productivity and wellness of MEDDAC/DENTAC workers, their families and the community, and protection of the environment. This mission is accomplished by the following activities:
  - a. Identification, evaluation, prevention, and management of occupational, environmental, and personal health risks.
  - b. Promotion of the maximum recovery and re-integration of the individual into a fully productive life by the management and treatment of illness and injury.

c. Assurance of quality care, conservation of resources and reduction of unnecessary costs by efficient management of health care.

d. Creation of healthy work cultures and promotion of healthy life-styles.

e. Expansion and application of the knowledge of toxicology, communicable diseases, epidemiology, ergonomics, biostatistics, and related disciplines of occupational and environmental medicine.

f. Promotion of continuous quality improvement by use of outcome assessments, practice guidelines, integrated health data systems, and other methods.

g. Provision of expert counsel to employees, families, labor organizations, and the community.

h. Development and implementation of a pattern of environmental responsibility.

## 6. RESPONSIBILITIES.

a. Director of Health Services, Fort Drum, NY, will assure implementation of an employee health program for health care personnel at Fort Drum.

b. Chief, Preventive Medicine Service will:

(1) Have overall responsibility for the MEDDAC/DENTAC Employee Health Program.

(2) Supervise the operation of Occupational Health Service.

(3) Provide reports of nosocomial infections and other workplace related infectious exposures to the MEDDAC Infection Control Committee, including any investigative findings.

c. Chief, Occupational Health (OH) will:

(1) Implement the Employee Health Program.

(2) Perform Placement Health Evaluations upon initial appointment or reassignment to a new duty position to ensure that personnel are physically and psychologically suited to perform their job duties with safety for themselves and others.

(3) Conduct annual Standard Army Safety and Occupational Health Inspections (SASOHI), Occupational Health Medical Work Site Visits (OH-MWSV), and evaluate industrial hygiene surveys on all work sites throughout the MEDDAC/DENTAC, and subsequently recognize, evaluate, and prescribe corrective procedures for the control of occupational health hazards.

(4) Investigate special problems and employee complaints related to suspected occupational hazards and coordinate with management and others concerned to alleviate the problem.

(5) Notify supervisors and employees of scheduled job-related medical surveillance examinations.

(6) Notify the supervisor and Chief, Human Resources, for MEDDAC military and civilian personnel, or XO/ISG, DENTAC, for DENTAC military and civilian personnel, when a health evaluation indicates that an employee does not meet the medical fitness requirements or that an employee's continued performance in a specific job will be hazardous to his/her health or the health of others.

(7) Coordinate with military and civilian medical personnel, Civilian Personnel Advisory Center (CPAC), Command Safety Office, and command and supervisory personnel concerning the treatment of and administrative procedures related to occupational illnesses, injuries, and infectious disease exposures that may affect job performance.

(8) Collect and analyze data on occupational illnesses and injuries and perform epidemiological investigations to identify patterns and recommend preventive measures when applicable.

(9) Interview each pregnant employee to determine if hazardous conditions exist in the work environment and provide appropriate recommendations to the supervisor and the Chief, Human Resources, for MEDDAC personnel or XO/ISG, DENTAC, for DENTAC personnel.

(10) Evaluate and monitor the health of employees returning to work following an injury or illness as defined in this regulation.

(11) Provide individual and group education and counseling to supervisors and employees concerning job-related health hazards.

(12) Provide medical evaluation of military and civilian personnel who have a possible infectious disease or infectious disease exposure.

(13) Provide follow-up and continuation of treatment or prophylaxis for military and civilian personnel who are injured or become ill on the job.

(a) Provide comprehensive treatment of occupational illnesses and injuries for military personnel.

(b) Civilian employees who are authorized military medical care will be evaluated and provided comprehensive treatment as resources allow.

(c) Civilian employees who are not authorized military medical care will be referred to civilian health care resources, paid for under the Office of Worker's Compensation Program, if needed treatment will require more than initial plus one follow-up visit.

(14) Determine final work restrictions for the injury, illness, or exposure.

(15) Evaluate military and civilian personnel working in patient care areas to determine suitability to return to duty after an illness.

(16) Investigate cases of work-related, communicable disease exposure in coordination with the Infection Control (IC) Officer and ensure prophylaxis or treatment as appropriate to employees and other contacts.

(17) Provide reports of infectious disease occurrence and investigations to the IC Committee.

d. MEDDAC and DENTAC Safety Managers will:

(1) Conduct annual SASOHs.

(2) Evaluate and prescribe corrective procedures for the control of occupational safety hazards.

(3) Establish an occupational injury and illness reporting system and provide technical assistance in occupational injury and illness investigation and reporting.

e. Chief, Human Resources, will:

(1) Provide OH monthly with a current list of the in-processing, transfer, or out-processing MEDDAC military and civilian personnel.

(2) Ensure that all new MEDDAC personnel in-process through OH.

(3) Take appropriate administrative actions for personnel found to have temporary or permanent medical conditions affecting job performance.

(4) Provide OH monthly with a current list of personnel other than MEDDAC employees working in the TMCs.

f. Commander, DENTAC, will:

(1) Provide OH monthly with a current list of the in-processing, transfer, or out-processing DENTAC military and civilian personnel.



(2) Ensure that all new DENTAC personnel in-process through OH.

(3) Take appropriate administrative actions for personnel found to have temporary or permanent medical conditions affecting job performance.

g. Employees will:

(1) Report to their supervisor the occurrence of all injuries and illnesses that result from or may affect the performance of their duties. These injuries and illnesses must be reported at the earliest possible time, whether or not they have resolved. Health care workers must report to OH during duty hours or the Immediate Care Clinic (ICC) after duty hours for clearance to return to duty after any illness absence.

(2) Use personal protective measures to prevent or mitigate job-related health hazard exposures.

(3) Notify supervisor of any suspected health hazardous condition.

(4) Report for all scheduled health evaluations and immunizations upon notification.

(5) As applicable inform OH and supervisor of pregnancy as soon as possible.

(6) Comply with the reporting requirements as outlined in the regulation when returning to duty after sick leave.

h. Supervisors will:

(1) Keep their employees informed about occupational health hazards in activities under their control.

(2) Notify OH of suspected health hazards in their work areas.

(3) Enforce the use of personal protective measures by employees.

(4) Ensure that employees report to OH for required health evaluations and immunizations.

(5) Refer all pregnant employees under their supervision to OH as soon as the pregnancy is known for an evaluation and recommendation concerning their employees' work environment.

(6) Provide all personnel under their supervision with the training necessary to perform their jobs in a safe and healthy manner. This training and annual re-training will include informing them of the hazards to which they may be exposed, symptoms following exposure, and measures to prevent or mitigate the hazardous effects of the exposure.

(7) Ensure that all new personnel in-process through OH.

(8) Evaluate their personnel daily for work-related injury or illness.

(9) Refer all personnel with a work-related injury or illness to ICC for initial diagnostic evaluation, treatment and determination of work restriction. The ICC will subsequently refer these personnel to OH for follow-up treatment and final determination of work restriction.

(10) Regardless of duration of absence refer personnel who work in patient care areas prior to return to duty after an illness to OH or ICC for work clearance.

(11) Assist civilian personnel with the completion of forms necessary to file a Workers' Compensation claim as appropriate.

(12) Notify OH of all employees who were placed on work restrictions or exclusion from work by any source of medical care other than OH (i.e., personal physician, hospital, clinic, ICC).

(13) Notify OH of all other employees not involved in paragraph (5), (10) or (12) above who were off work due to an injury or illness in excess of 4 days.

i. Chief, ICC, will:

(1) Provide initial medical evaluation of military and civilian personnel who are injured or become ill on the job.

(2) Provide initial medical evaluation of military and civilian personnel who have a possible infectious disease or infectious disease exposure.

(3) Provide initial treatment or prophylaxis as appropriate.

(4) In the absence of an available OH medical officer, determine initial work restrictions for injury, illness, infectious disease, or infectious disease exposures.

(5) In the absence of an available OH medical officer evaluate military and civilian personnel working in patient care areas to determine suitability to return to duty after an illness.

j. Chief, Logistics Division, and Chief, Clinical Operations, will: Ensure that contractual personnel comply with contract provisions and that the contract contains appropriate specifications for personnel health qualifications and sanitation.

k. Infection Control Officer will:

(1) Provide technical assistance to all sections in prevention and control of infection in patients and personnel.

(2) Monitor infectious disease occurrences among patients and personnel and perform epidemiological investigations of infectious disease outbreaks in coordination with the Preventive Medicine Service.

1. MEDDAC IC Committee will recommend or approve guidelines for protection of employees against communicable disease hazards and monitor infection control practices and procedures among patients and personnel.

## 7. PROGRAM IMPLEMENTATION.

a. SASOHI Program. Appendix A outlines the procedure for inspections.

b. Placement evaluations and medical surveillance. Appendix B outlines the procedure for health evaluations and screening of employees.

c. Managing injuries, illnesses, and exposures. Appendix C outlines the procedure for evaluating and treating employees hurt or exposed to diseases on the job.

d. Infection Control. Appendix D reviews the role of the Employee Health Program in preventing nosocomial and job-related infectious diseases.

e. Immunization and immunity testing policy. Table 1 lists the appropriate recommendations for immunity-related interventions in employees.

f. Work restrictions. Table 2 lists the appropriate restrictions for clinical, subclinical, and potentially incubating communicable infections among employees.

## APPENDIX A

### MEDDAC STANDARD ARMY SAFETY AND OCCUPATIONAL HEALTH INSPECTIONS (SASOHI) PROGRAM.

1. PURPOSE. This program is responsible for identifying all potential occupational health and safety hazards in the workplace and providing guidance for the protection against and abatement of identified hazards.

2. INDUSTRIAL HYGIENE AND SAFETY INSPECTIONS. Annual inspections of all work sites will be conducted by industrial hygiene personnel from the Preventive Medicine Service in coordination with the MEDDAC Safety Manager, who is responsible for performing an annual safety inspection. Occupational health hazards and safety deficiencies identified during these surveys will be evaluated and recommendations for their control will be recorded on DA Form 4754, Violation Inventory Log, which will be incorporated into the SASOHI report. This report will be forwarded to the appropriate activity for corrective action.

#### 3. OCCUPATIONAL HEALTH MEDICAL WORK-SITE VISITS (OH-MWSV).

a. OH personnel will conduct annual surveys of all work sites.

b. The purpose of the survey is to:

(1) Familiarize OH medical staff with the workplace.

(2) Evaluate the work environment and assist the supervisor in the detection and appraisal of potential health hazards to derive the maintenance of a safe and healthful work environment.

(3) Discuss health concerns relating to the work environment with the supervisor and workers.

(4) Verify occupational medicine examination programs (if applicable) are necessary and are being complied with by managers.

(5) Identify health hazards that may warrant new program implementation by medical authorities.

(6) Review updated personnel rosters.

## APPENDIX B

PLACEMENT HEALTH EVALUATIONS AND  
JOB RELATED MEDICAL SURVEILLANCE

1. PURPOSE. The purpose of placement evaluations, which are performed upon initial appointment or reassignment to a new duty position, is to ensure that personnel are physically and psychologically suited to perform their job duties with safety to themselves and others. The purpose of periodic job related health evaluations is to detect early evidence of any adverse effect of the occupational environment upon the worker's health and to assess the worker's physical capabilities in order to ensure continued safe and healthful job performance. The nature and extent of placement evaluations, as well as the necessity, scope, and frequency of periodic evaluations will be determined by OH based on the following.

- a. The chemical, biological, and physical hazards of the job.
- b. Medical Surveillance Guidelines from the Center for Health Promotion and Preventive Medicine (CHPPM), Department of Defense (DoD), Occupational Safety and Health Administration (OSHA), and National Institute of Occupational Safety and Health (NIOSH).
- c. Office of Personnel Management (OPM) regulations.

2. IMMUNIZATIONS AND TB SCREENING. Immunizations against diseases for which certain health care personnel are at increased risk of exposure are listed in Table 1. These will be ordered through OH. Specific immunizations that are job-related requirements are noted. Guidelines for TB testing and control are contained in FD MEDDAC Reg 40-30.

3. PLACEMENT HEALTH EVALUATIONS. Civilian applicants requiring preplacement evaluations will report to OH, who will perform or arrange for the performance of all necessary examinations and will inform CPAC of the results. Applicants for positions not requiring preplacement evaluations will in-process through OH for a baseline health evaluation. Military health care personnel will in-process with their health record through OH, who will coordinate necessary baseline screening and immunizations updates. For all other personnel, prior to the start of duties or assignments, referral will be made to OH for ensuring completion of the necessary TB skin testing and appropriate immunizations listed in Table 1 and FD MEDDAC Reg 40-30. As applicable, referrals will be made by:

- a. the Contracting Officer's Representative (COR) for personal service health care providers and housekeeping contract personnel.
- b. the MEDDAC or DENTAC departments to which students are assigned.
- c. the Red Cross Volunteer Coordinator.

4. MEDICAL SURVEILLANCE. For military and civilian personnel, OH will identify the positions requiring job-related medical surveillance and will schedule, notify, and perform the necessary evaluations. Notification of the time and location will be provided to personnel and their supervisors. Personnel working in the TMCs will be notified through the Chief, Primary Care. Supervisors will ensure that personnel are released for their medical surveillance evaluations and will provide a site for the evaluations upon request. Occupational Health will provide supervisors with a monthly list of employees who failed to receive their medical surveillance. When the results of an evaluation indicate that a civilian employee does not meet medical fitness requirements or that continued performance in a specific job will be hazardous (to the health of the employee or others), OH will promptly forward written recommendations concerning the employee to CPAC for appropriate action and will notify the employee's supervisor. Every two years, or as indicated by job type, the COR and the Red Cross Volunteer Coordinator will refer personnel to OH for ensuring that they have completed the necessary TB skin testing and appropriate immunizations listed in Table 1 and FD MEDDAC Reg 40-30.

#### 5. PREGNANCY SURVEILLANCE PROGRAM.

a. PURPOSE. To preserve the health of the pregnant employee and her fetus by preventing unnecessary or excessive exposure to hazardous elements in the work environment. Referrals of pregnant employees to the Pregnancy Surveillance Program can be made by calling OH. The Industrial Hygiene (IH) section of Preventive Medicine Service and OH will perform an assessment of the work environment.

b. CIVILIAN EMPLOYEES. Civilian employees will make an appointment with OH. After analysis of the employee's work environment and job requirements, OH will forward written recommendations for work modifications, temporary reassignment or administrative leave to the CPAC and the employee's supervisor. The employee should report to OH concerning any complications of pregnancy and notify OH prior to initiating maternity leave. Before returning to work, the employee should bring a certificate from her physician indicating date of delivery and medical clearance to return to assigned duties.

c. MILITARY PERSONNEL. Occupational Health will interview military personnel. They will provide appropriate amendments to the temporary pregnancy profile given by the military physician. Coordination with the primary physician will be accomplished prior to any amendments to profiles.

## APPENDIX C

### MANAGEMENT OF JOB-RELATED ILLNESSES, INJURIES, AND EXPOSURES

1. PURPOSE. The purpose of this program is to protect the health of health care personnel and their patients through the prompt diagnosis and treatment of all job-related illnesses and injuries, prophylaxis for certain preventable disease exposures, and the appropriate work restrictions when required.

#### 2. OCCUPATIONAL AND NON-OCCUPATIONAL ILLNESS AND INJURY TREATMENT.

##### a. CIVILIAN EMPLOYEES.

(1) All injuries or illnesses sustained in performance of official duties will be reported promptly to the employee's immediate supervisor. For employees with medical conditions requiring emergency medical attention, contact 911 for transfer to a local hospital as soon as medically feasible. All employees with illnesses or injuries affecting their job performance but ~~not requiring immediate emergency care must report to the ICC. All DA civilian employees:~~ upon reporting to the ICC must identify themselves as a DA civilian employee with an on the job injury or illness, even if that employee holds a dual status (i.e., DA civilian and active duty Army retiree, DA civilian and active duty Army family member, etc.). The supervisor will accompany the employee to the ICC. Once the employee reports the illness or injury to the ICC and has obtained an initial medical assessment, the employee may choose to continue treatment at the ICC, OH, or by a physician of his or her choice. In the event of a job-related injury or illness, the ICC will ensure that the Civilian-Employee Injury/Illness Reporting Packet is provided to the employee for completion at the time of treatment. Employees are responsible for providing the forms to the physician, ensuring their completion and returning them to the Federal Employee Compensation Act (FECA) Administrator (772-5352). If an emergency precludes compliance and the employee proceeds without the Civilian Employee Injury/Illness Reporting Packet, the supervisor will immediately notify the FECA Administrator of this fact and the FECA Administrator and supervisor will initiate the required forms together. In the event of a job-related injury or illness, the ICC will ensure initiation of a SF 513, Medical Consultation. This form will be forwarded to OH for verification of physical limitations and determination of duty status for return to work (i.e., full duty or modified duty).

(2) If a civilian employee sustains a job-related injury and he or she will have civilian medical expenses or will receive time off (past date of injury) they must be referred to the FECA Administrator (772-5352) for case management.

(3) Management of Parenteral and Mucous Membrane Potential Disease Exposure. Any civilian employee sustaining a parenteral (e.g., needlestick or cut) or mucous membrane (e.g., splash to the eye or mouth) exposure to blood or other body fluids which is the direct result of

employment should be evaluated and given the appropriate prophylaxis and follow-up as described in FD MEDDAC Reg 40-25.

(4) Non-occupational Illness or Injury Treatment. All non-occupational illnesses or injuries affecting job performance will be reported promptly to the employee's immediate supervisor. For employees with medical conditions requiring emergency medical attention, contact 911 for transfer to a local hospital as soon as medically feasible.

(5) Palliative treatment. Employees with non-occupational illnesses or injuries affecting their job performance but not requiring immediate emergency care may be referred to ICC or OH by their supervisor for palliative care sufficient to enable them to complete the work shift. If further medical care is necessary, employees will be referred to their personal physician. Employees must present a DD Form 689 (Individual Sick Slip) filled out by their supervisor when seeking medical care.

b. MILITARY PERSONNEL.

(1) Illness or Injury Treatment. Military personnel will receive diagnosis and treatment of all illnesses or injuries through their authorized primary medical clinic during normal duty hours and the ICC after normal duty hours, and on weekends and holidays. Illness and injuries that are job-related will be reported to Preventive Medicine Service utilizing DA Form 3075, IAW AR 40-5.

(2) Management of Parenteral and Mucous Membrane Potential Disease Exposure. All military personnel sustaining a parenteral (e.g., needlestick or cut) or mucous membrane (e.g., splash to the eye or mouth) exposure to blood or other body fluids which is the direct result of employment should be evaluated and given the appropriate prophylaxis and follow-up as described in FD MEDDAC Reg 40-25.

c. COMMUNICABLE DISEASE EXPOSURE.

(1) Supervisors will evaluate their employees daily for possible communicable disease exposures. The guidelines in Table 2 should be used to identify appropriate work restrictions for diagnosed cases of communicable disease exposure. Supervisors will refer all personnel with a possible exposure to ICC for initial diagnostic evaluation and treatment and determination of work restriction IAW Table 2. The ICC will subsequently refer these personnel to OH for follow-up and final determination of work restriction. During duty hours, the ICC will coordinate the medical evaluation with OH. Civilian employees will be referred to their personal physician for subsequent treatment or to OH. Civilian employees who temporarily must be removed from duty for the good of the clinic during the incubation period of certain diseases listed in Table 2 will be required to take sick or annual leave. Under similar circumstances, military personnel will be placed on convalescent leave.



(2) All patient care personnel returning to duty after an illness, regardless of duration of absence, must have a medical clearance prior to resuming their duties. Supervisors will refer these personnel using a DD 689, Individual Sick Slip, to OH during duty hours or the ICC after duty hours for clearance. The ICC or OH will provide the employee with a DD 689 annotating "Cleared for Duty" to be given to the supervisor. Employees with a work release from a private physician will be allowed to resume work but will be referred to OH with work release statement during normal duty hours.

(3) Occupational Health must maintain surveillance of employee illness absences in order to identify the occurrence of disease outbreaks. Consequently, supervisors of non-patient care personnel must notify OH of all employees who are off work due to illness in excess of 4 days.

(4) Occupational Health will investigate all cases of work-related infectious disease or communicable disease exposure in coordination with the IC Officer and will ensure appropriate prophylaxis and treatment as appropriate for employees and their contacts. OH will provide reports of infectious disease occurrences among the staff and investigation outcomes to the IC Committee.

### 3. SICKNESS ABSENCE MONITORING PROGRAM.

a. PURPOSE. Monitoring of employees returning after illness or injury is done to assure that they are able to return to work, to identify any physical limitations for work, to identify any communicable disease, to identify any chronic disease or other health problems, and to provide health counseling.

b. ALL EMPLOYEES: Supervisors will evaluate all employees returning to work after sickness absence to ensure that they are able to return to work and that no communicable disease condition exists. All direct care personnel must clear through OH prior to return to duty. In addition, all employees returning to work after absences due to occupational illness or injuries and/or who have been absent in excess of 4 days due to illness will contact OH prior to commencing work. Supervisor should schedule appointments with OH and employees should provide medical documents for approval of return to work.

## APPENDIX D

### INFECTION CONTROL AND HEALTH EDUCATION PROGRAMS

#### 1. OBJECTIVES OF AN EMPLOYEE HEALTH PROGRAM FOR INFECTION CONTROL.

a. The infection control objectives of an employee health program are part of the MEDDAC'S general program for infection control.

b. For these objectives to be met, the support of the administration, medical staff, and other employees is essential. The objectives include:

(1) Stressing maintenance of sound habits in personal hygiene and individual responsibility in infection control.

(2) Monitoring and investigating infectious diseases, potentially harmful infectious exposures, and outbreaks of infection among personnel.

(3) Providing care to personnel for work-related illnesses or exposures.

(4) Identifying infection risks related to employment and instituting appropriate preventive measures.

(5) Containing costs by eliminating unnecessary procedures and by preventing infectious diseases that result in absenteeism and disability.

#### 2. ELEMENTS OF AN EMPLOYEE HEALTH PROGRAM FOR INFECTION CONTROL.

a. Certain elements of a health program for MEDDAC personnel will assist in effectively attaining infection control goals.

b. These elements are as follows:

(1) Infection control and employee health education.

(2) Immunization programs.

(3) Guidelines for work restriction because of infectious disease.

(4) Protocols for surveillance and management of job-related illnesses and exposures to infectious diseases.

### 3. EMPLOYEE HEALTH AND INFECTION CONTROL EDUCATION.

a. Personnel are more likely to comply with an infection control program if they understand its rationale. Thus, staff education is the central focus of the infection control program. Clearly written policies, guidelines, procedures and Standard Operating Procedures are needed for uniformity, efficiency, and effective coordination of activities. Since job categories vary, not all personnel require the same degree of instruction in infection control. Education programs are matched to the needs of each group.

b. Education for infection control is required IAW AR 40-5 and 29 CFR 1910.1030, the OSHA Bloodborne Pathogen Standard.

c. Education for infection control is the responsibility of each section. The section IC Coordinator is responsible for coordinating infection control orientation of new personnel and annual training. Procedures for infection control education of in-processing personnel and annual education of all personnel is described in FD MEDDAC Reg 40-17.

d. Occupational Health provides health counseling on an individual basis during placement and periodic medical evaluation. Health education classes are available upon request from OH.

### 4. IMMUNIZATION PROGRAMS.

a. Since health care providers and other MEDDAC and DENTAC personnel are at risk of exposure to and possible transmission of vaccine-preventable diseases due to their contact with patients or material from patients with infections, maintenance of immunity is an essential part of a health care organization's employee health and infection control program. Immunization guidelines, including required immunization for personnel employed, assigned, attached or otherwise working at USA MEDDAC or DENTAC, Fort Drum, are contained in Table 1.

b. Immunization status of all personnel, including civilian employees, military personnel, students, and Red Cross Volunteers will be determined at the time of in-processing through OH. Immunization requirements for contract personnel will be included in their contract and will be monitored by the COR (e.g., Logistics Division for housekeeping contractors). Occupational Health will determine immunity through review of the employee's medical record and immunization record and by obtaining titers for measles, rubella, mumps, hepatitis B, and Varicella when appropriate.

c. OH or the Immunization Clinic, based on the request of OH, will provide immunizations for all eligible personnel.

5. TUBERCULOSIS AND OTHER AIRBORNE PATHOGENS. Policies pertaining to airborne pathogens are contained in FD MEDDAC Reg 40-30.

6. BLOODBORNE PATHOGENS. Policies pertaining to bloodborne pathogens are contained in FD MEDDAC Reg 40-25.

7. HEALTH EDUCATION PROGRAM.

a. PURPOSE. The purpose of this program is to provide individual and group health education aimed at preventing occupational illness and injury, promoting general health, and familiarizing personnel with available health care resources. The primary responsibility for providing education about job-related health hazards rests with supervisors aided by OH, Safety, IH and IC staff.

b. ORIENTATION OF NEW PERSONNEL. Occupational Health will provide information to newly assigned personnel about the MEDDAC/DENTAC Employee Health Program individually when the employee in-processes through OH and during the MEDDAC Orientation.

c. ORIENTATION AND TRAINING FOR SUPERVISORS. Occupational Health, Safety, IH and IC staff will provide specific training sessions on job-related health hazards and their abatement upon request.

d. HEALTH EDUCATION ABOUT JOB-RELATED HEALTH HAZARDS. Personnel performing potentially hazardous jobs are to be apprised of the health hazards to which they may be exposed, symptoms following exposure, and measures to prevent or mitigate the hazardous effects of the exposure. Supervisors are responsible for providing employees with this training. This can be done through in-service education sessions and by providing written information in the form of pamphlets, bulletin board notices, fact sheets, etc. Technical guidance and educational materials on employee health hazard education to assist supervisors are available from OH, Safety, IH, and the IC Officer. Individual counseling for employees is provided by OH during the job-related medical surveillance examinations and is available upon request from OH, Safety, IH and the IC Officer.

e. GENERAL HEALTH PROMOTION EDUCATION. The provision of information, guidance, and counseling support to assist workers improve and maintain their health is an important aspect of any occupational health program. Occupational Health will give appropriate individual guidance during every medical encounter with the employee. Group sessions concerning specific health topics of interest will be provided, as resources permit, upon request.

**TABLE 1**  
**IMMUNIZATION POLICY**

| DISEASE/AGENT     | MILITARY REQUIREMENTS/RECOMMENDATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CIVILIAN REQUIREMENTS/RECOMMENDATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Hepatitis B       | <p>Required for all non-immune military personnel. Screening for a protective hepatitis B titer will be performed as appropriate to determine immunity.</p> <p>Pregnancy is not considered a contraindication to the use of the vaccine for persons who are otherwise eligible.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p>Required to be offered to all non-immune civilian personnel in occupations that involve frequent contact with human blood, blood products or other body fluids. Screening for a protective hepatitis B titer will be performed as appropriate to determine immunity. Civilian personnel who decline to accept hepatitis B immunization must sign a declination statement. The employee may elect at any later time to receive the immunization.</p> <p>Pregnancy is not considered a contraindication to the use of the vaccine for persons who are otherwise eligible.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Influenza         | Required for all military personnel annually unless documented allergic to eggs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Strongly recommended for all civilian personnel, especially direct health care providers, annually.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Measles (Rubeola) | <p>Required for all military personnel born in 1957 or later who have direct patient contact and who:</p> <ol style="list-style-type: none"> <li>Do not have documentation of one of the following: <ol style="list-style-type: none"> <li>Physician diagnosed measles.</li> <li>Laboratory evidence of measles immunity.</li> <li>Adequate immunizations with 2 doses of live measles vaccine after the first birthday.</li> </ol> </li> <li>State they are not pregnant (females).</li> </ol> <p>Screening for a protective measles titer will be performed as appropriate to determine immunity.</p> <p>Because of the theoretical risk to the fetus, measles vaccine will not be given to pregnant women, and women receiving the vaccine will be counseled not to become pregnant within 3 months.</p> <p>Personnel who have no documentation of vaccination or other evidence of measles immunity will be vaccinated at the time of employment and re-vaccinated or re-tested no less than 1 month later.</p> <p>Measles vaccine will be given in combination with rubella and mumps vaccine (measles-mumps-rubella (MMR) trivalent vaccine) unless documented immunity to rubella and mumps.</p> | <p>Strongly recommended for all civilian personnel, especially direct health care providers, annually.</p> <p>Required for all civilian employees, house-keeping, contract personnel, students, and volunteers born in 1957 or later who have direct patient contact and:</p> <ol style="list-style-type: none"> <li>Do not have documentation of one of the following: <ol style="list-style-type: none"> <li>Physician diagnosed measles.</li> <li>Laboratory evidence of measles immunity.</li> <li>Adequate immunizations with 2 doses of live measles vaccine after the first birthday.</li> </ol> </li> <li>State they are not pregnant (females).</li> </ol> <p>Screening for a protective measles titer will be performed as appropriate to determine immunity.</p> <p>Because of the theoretical risk to the fetus, measles vaccine will not be given to pregnant women, and women receiving the vaccine will be counseled not to become pregnant within 3 months.</p> <p>Personnel who have no documentation of vaccination or other evidence of measles immunity will be vaccinated at the time of employment and re-vaccinated or re-tested no less than 1 month later.</p> <p>Measles vaccine will be given in combination with rubella and mumps vaccine (measles-mumps-rubella (MMR) trivalent vaccine) unless documented immunity to rubella and mumps.</p> |
| Mumps             | <p>Required for all military personnel who:</p> <ol style="list-style-type: none"> <li>Give a negative history for mumps and have not been immunized.</li> <li>Do not have laboratory evidence of immunity against mumps.</li> <li>Are not pregnant.</li> </ol> <p>Screening for a protective mumps titer will be performed as appropriate to determine immunity.</p> <p>Because of the theoretical risk to the fetus, mumps vaccine will not be given to pregnant women, and women receiving the vaccine will be counseled not to become pregnant within 3 months.</p> <p>Mumps vaccine will be given in combination with rubella and measles vaccine (measles-mumps-rubella (MMR) trivalent vaccine) unless documented immunity to rubella and measles.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p>Required for all civilian personnel who have direct patient contact and:</p> <ol style="list-style-type: none"> <li>Give a negative history for mumps and have not been immunized.</li> <li>Do not have laboratory evidence of immunity against mumps.</li> <li>Are not pregnant.</li> </ol> <p>Screening for a protective mumps titer will be performed as appropriate to determine immunity.</p> <p>Because of the theoretical risk to the fetus, mumps vaccine will not be given to pregnant women, and women receiving the vaccine will be counseled not to become pregnant within 3 months.</p> <p>Mumps vaccine will be given in combination with rubella and measles vaccine (measles-mumps-rubella (MMR) trivalent vaccine) unless documented immunity to rubella and measles.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

TABLE 1 (Continued)  
IMMUNIZATION POLICY

| DISEASE/AGENT      | MILITARY REQUIREMENTS/RECOMMENDATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CIVILIAN REQUIREMENTS/RECOMMENDATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Poliomyelitis      | Required for all military personnel to have completed a primary series.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Recommended for civilian personnel who may have direct contact with patients who may be excreting polioviruses to have completed a primary series. The inactivated polio (IPV) vaccine is recommended for personnel requiring polio immunization.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Rabies             | Required for military veterinary personnel involved in animal handling to receive initial pre-exposure prophylaxis and a rabies antibody titer evaluation every 2 years with subsequent booster if titer is inadequate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Required for civilian veterinary personnel involved in animal handling to receive initial pre-exposure prophylaxis and a rabies antibody titer evaluation every 2 years with subsequent booster if titer is inadequate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Rubella            | <p>Required for all military personnel who have direct patient contact and who:</p> <ol style="list-style-type: none"> <li>Do not have documentation of one of the following: <ol style="list-style-type: none"> <li>Laboratory evidence of measles immunity.</li> <li>Adequate immunizations with live virus vaccine on or after their first birthday.</li> </ol> </li> <li>State they are not pregnant (females).</li> </ol> <p>Screening for a protective rubella titer will be performed as appropriate to determine immunity.</p> <p>Because of the theoretical risk to the fetus, rubella vaccine will not be given to pregnant women, and women receiving the vaccine will be counseled not to become pregnant within 3 months.</p> <p>Rubella vaccine will be given in combination with measles and mumps vaccine (measles-mumps-rubella (MMR) trivalent vaccine) unless documented immunity to measles and mumps.</p> | <p>Required for all civilian employees, house-keeping, contract personnel, students, and volunteers who have direct patient contact and:</p> <ol style="list-style-type: none"> <li>Do not have documentation of one of the following: <ol style="list-style-type: none"> <li>Laboratory evidence of measles immunity.</li> <li>Adequate immunizations with live virus vaccine on or after their first birthday.</li> </ol> </li> <li>State they are not pregnant (females).</li> </ol> <p>Screening for a protective rubella titer will be performed as appropriate to determine immunity.</p> <p>Because of the theoretical risk to the fetus, rubella vaccine will not be given to pregnant women, and women receiving the vaccine will be counseled not to become pregnant within 3 months.</p> <p>Rubella vaccine will be given in combination with measles and mumps vaccine (measles-mumps-rubella (MMR) trivalent vaccine) unless documented immunity to measles and mumps.</p> |
| Tetanus-Diphtheria | <p>Required for all military personnel to have had a primary series and booster every 10 years or as medically indicated for wound management.</p> <p>Tetanus-diphtheria (Td) toxoid is recommended for booster immunizations.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p>Recommended for civilian personnel to have had a primary series and a booster every 10 years or as medically indicated for wound management.</p> <p>Tetanus-diphtheria (Td) toxoid is recommended for booster immunizations.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Varicella          | <p>Required for all military personnel who do not have documentation of one of the following:</p> <ol style="list-style-type: none"> <li>Physician diagnosed varicella.</li> <li>Laboratory evidence of varicella immunity.</li> <li>Immunization for varicella.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>Required for all civilian personnel who do not have documentation of one of the following:</p> <ol style="list-style-type: none"> <li>Physician diagnosed varicella.</li> <li>Laboratory evidence of varicella immunity.</li> <li>Immunization for varicella.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

**TABLE 2**  
**GUIDELINES FOR WORK RESTRICTIONS DUE TO INFECTIOUS DISEASE**

| Disease/Problem                                                                        | Relieve From Direct Patient Contact | Work Restriction Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Duration                                                                                                            |
|----------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Acquired Immune Deficiency Syndrome Or AIDS-related complex Or HIV antibody positivity | No<br><br>Yes                       | In general, personnel may continue their regular assignments. In situations where it is not indicated to return to a clinical assignment, the Preventive Medicine Service will perform coordination for reassignment. Personnel in clinical assignments who have no exudative lesions or weeping dermatitis will wear gloves for procedures that involve trauma to tissues or direct contact with membranes or non-intact skin of all patients.<br><br>Personnel who have exudative lesions or weeping dermatitis will refrain from all direct patient care and from handling patient care equipment. | Until lesions heal.                                                                                                 |
| Conjunctivitis, infectious                                                             | Yes                                 | Personnel can be employed in non-patient care areas.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Until discharge ceases.                                                                                             |
| Diarrhea, Acute Stage (diarrhea with other symptoms)                                   | Yes                                 | Personnel can be employed in non-patient care/non-food service areas. Special attention to hand washing in all areas.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Until symptoms resolve and infection with salmonella is ruled out.                                                  |
| Convalescent stage Salmonella (non-typhoidal)                                          | No                                  | Personnel should not take care of high-risk patients.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Until stool is free of the infecting organism on 2 consecutive cultures not less than 24 hours apart.               |
| Enteroviral infections                                                                 | No                                  | Personnel should not take care of infants and newborns.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Until symptoms resolve.                                                                                             |
| Exudative lesions or Weeping dermatitis                                                | Yes                                 | Personnel who have exudative lesions or weeping will refrain from all patient care & from handling patient care equipment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Until lesions heal.                                                                                                 |
| Hepatitis, viral Hepatitis A                                                           | Yes                                 | Personnel can be employed in non-patient care/non-food service areas.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Until 7 days after onset of jaundice.                                                                               |
| Hepatitis B Acute                                                                      | No                                  | Personnel who have no exudative lesions on the hands will wear gloves for procedures that involve trauma to tissues or contact with mucous membranes or non-intact skin.<br><br>Personnel who have exudative lesions on the hands will either wear gloves for all direct patient contact and when handling equipment that will touch mucous membranes or non-intact skin or abstain from all direct patient care.                                                                                                                                                                                     | Until antigenemia resolves.<br><br>Until lesions heal.                                                              |
| Chronic antigenemia                                                                    | No                                  | Same as acute illness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Until antigenemia resolves.                                                                                         |
| Hepatitis C                                                                            | No                                  | Same as acute hepatitis B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Period of infectivity has not been determined.                                                                      |
| Herpes simplex Genital Hands (herpetetic whitlow)                                      | No<br>Yes                           | (NOTE: It is not known whether gloves prevent transmission.) Lesion should be kept covered with non-occlusive (gauze) dressing. Personnel can be employed in non-patient care areas.                                                                                                                                                                                                                                                                                                                                                                                                                  | Until lesions heal.                                                                                                 |
| Orofacial                                                                              | No                                  | Personnel will not take care of high-risk patients. Personnel must not touch their lesions, unless to apply medication and strict handwashing must be practiced after touching lesions. Lesions will be covered.                                                                                                                                                                                                                                                                                                                                                                                      | Until lesions heal.                                                                                                 |
| Mumps Active                                                                           | Yes                                 | Personnel will be relieved from all duties.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Until 9 days after onset of parotitis.                                                                              |
| Postexposure (susceptible personnel)                                                   | Yes                                 | Personnel will be relieved from all duties.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | From the 12 <sup>th</sup> through the 26 <sup>th</sup> day after exposure or until 9 days after onset of parotitis. |

**TABLE 2 (Continued)**  
**GUIDELINES FOR WORK RESTRICTIONS DUE TO INFECTIOUS DISEASE**

| Disease/Problem                                                                 | Relieve From Direct Patient Contact | Work Restriction Instructions                                                                   | Duration                                                                                                                                              |
|---------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pertussis (Whooping Cough)<br>Active                                            | Yes                                 | Personnel will be relieved from all duties.                                                     | From the beginning of the catarrhal stage through the 3 <sup>rd</sup> week after onset of paroxysms or until 7 days after start of effective therapy. |
| Postexposure (asymptomatic personnel)                                           | No                                  |                                                                                                 |                                                                                                                                                       |
| Postexposure (symptomatic personnel)                                            | Yes                                 | Personnel will be relieved from all duties.                                                     | Same as active pertussis.                                                                                                                             |
| Rubeola<br>Active                                                               | Yes                                 | Personnel will be relieved from all duties.                                                     | Until 5 days after the rash appears.                                                                                                                  |
| Postexposure (susceptible personnel)                                            | Yes                                 | Personnel will be relieved from all duties.                                                     | From the 7 <sup>th</sup> through the 21 <sup>st</sup> day after exposure and/or 5 days after rash appears.                                            |
| Rubeola (Measles)<br>Active                                                     | Yes                                 | Personnel will be relieved from all duties.                                                     | Until 7 days after the rash appears.                                                                                                                  |
| Postexposure (susceptible personnel)                                            | Yes (Consider Vaccine)              | Personnel will be relieved from all duties.                                                     | From the 5 <sup>th</sup> through the 21 <sup>st</sup> day after exposure and/or 7 days after the rash appears.                                        |
| Scabies                                                                         | Yes                                 | Personnel will be relieved from all duties.                                                     | Until 24 hours after adequate treatment is started.                                                                                                   |
| Staphylococcus aureus Skin lesions (MRSA or others)                             | Yes                                 | Personnel can work in non-patient care/non-food service areas.                                  | Until lesions have resolved.                                                                                                                          |
| Staphylococcus aureus Colonization (MRSA or others)                             | Yes (If associated with outbreak)   | Personnel can work in non-patient care/non-food service areas.                                  | Must be cleared by OH.                                                                                                                                |
| Streptococcal Disease, Group A                                                  | Yes                                 | Personnel can work in non-patient care/non-food service areas.                                  | Until 24 hours after adequate treatment is started.                                                                                                   |
| Tuberculosis                                                                    | Yes                                 | Personnel will be relieved from all duties.                                                     | To be handled on a case by case basis by OH.                                                                                                          |
| Upper respiratory infections                                                    | No                                  | Good handwashing at all times for patient care.                                                 | Until acute symptoms resolve.                                                                                                                         |
| Varicella (Chickenpox)<br>Active                                                | Yes                                 | Personnel will be relieved from all duties.                                                     | Until all lesions dry and crust.                                                                                                                      |
| Postexposure (susceptible personnel-unprotected respiratory and lesion contact) | Yes                                 | Personnel will be relieved from all duties.                                                     | From the 10 <sup>th</sup> through the 21 <sup>st</sup> day after exposure or if varicella occurs until all lesions dry and crust.                     |
| Zoster (Shingles)<br>Active                                                     | No                                  | Appropriate barrier must be used (gauze); personnel should not take care of high-risk patients. | Until all lesions dry and crust.                                                                                                                      |



The proponent of this publication is the Preventive Medicine Service. Send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, U.S. Army Medical Department Activity, ATTN: MCID-PM, 11050 Mt Belvedere Blvd, Fort Drum, New York 13602-5004.

FOR THE COMMANDER:

OFFICIAL:

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Administration

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A



**SUPERSEDED**

FD MEDDAC Regulation 40-4

DEPARTMENT OF THE ARMY  
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY  
FORT DRUM, NEW YORK 13602-5004

FD MEDDAC Regulation 40-4

7 April 2000

Medical Services  
EMPLOYEE HEALTH PROGRAM

1. HISTORY. This regulation supersedes FD MEDDAC Reg 40-4, dated 15 April 1988.
2. PURPOSE. To establish procedures and responsibilities for the implementation of an employee health program for health care personnel at Fort Drum, New York.
3. REFERENCES.
  - a. AR 40-4, Army Medical Department Facilities/Activities
  - b. AR 40-5, Preventive Medicine
  - c. FD MEDDAC Reg 40-17, Infection Control in Health Care Facilities
  - d. FD MEDDAC Reg 40-25, Bloodborne Pathogen Exposure Control Program
  - e. FD MEDDAC Reg 40-30, Tuberculosis and Airborne Pathogen Exposure Control Program
4. SCOPE. The provisions of this regulation apply to all personnel assigned, attached, or otherwise employed by the U.S. Army Medical Department Activity (MEDDAC) and Dental Activity (DENTAC), Fort Drum, New York.
5. GENERAL. The protection of health care providers is of prime importance due to their high potential for exposure to infectious diseases, hazardous substances and dangerous equipment, and the potential for subsequently affecting patients, other health care personnel, members of their families and community contacts. The goal of the MEDDAC/DENTAC Employee Health Program is to foster the health, safety, productivity and wellness of MEDDAC/DENTAC workers, their families and the community, and protection of the environment. This mission is accomplished by the following activities:
  - a. Identification, evaluation, prevention, and management of occupational, environmental, and personal health risks.

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## FD MEDDAC Reg 40-4

- b. Promotion of the maximum recovery and reintegration of the individual into a fully productive life by the management and treatment of illness and injury.
- c. Assurance of quality care, conservation of resources and reduction of unnecessary costs by efficient management of health care.
- d. Creation of healthy work cultures and promotion of healthy lifestyles.
- e. Expansion and application of the knowledge of toxicology, communicable diseases, epidemiology, ergonomics, biostatistics, and related disciplines of occupational and environmental medicine.
- f. Promotion of continuous quality improvement by use of outcome assessments, practice guidelines, integrated health data systems, and other methods.
- g. Provision of expert counsel to employees, families, labor organizations, and the community.
- h. Development and implementation of a pattern of environmental responsibility.

## 6. RESPONSIBILITIES.

- a. Director of Health Services (MEDDAC Commander), Fort Drum, NY, will assure implementation of an employee health program for health care personnel at Fort Drum.
- b. Chief, Preventive Medicine Service, will:
  - (1) Have overall responsibility for the MEDDAC/DENTAC Employee Health Program.
  - (2) Supervise the operation of Occupational Health Service.
  - (3) Provide reports of nosocomial infections and other workplace related infectious exposures to the MEDDAC Infection Control Committee, including any investigative findings.
- c. Chief, Occupational Health (OH), will:
  - (1) Implement the Employee Health Program.
  - (2) Perform Placement Health Evaluations upon initial appointment or reassignment to a new duty position to ensure that personnel are physically and psychologically suited to perform their job duties with safety for themselves and others.

## FD MEDDAC Reg 40-4

(3) Conduct annual Standard Army Safety and Occupational Health Inspections (SASOHI), Occupational Health Medical Work Site Visits (OH-MWSV), and evaluate industrial hygiene surveys on all work sites throughout the MEDDAC/DENTAC, and subsequently recognize, evaluate, and prescribe corrective procedures for the control of occupational health hazards.

(4) Investigate special problems and employee complaints related to suspected occupational hazards and coordinate with management and others concerned to alleviate the problem.

(5) Notify supervisors and employees of scheduled job-related medical surveillance examinations.

(6) Notify the supervisor and Chief, Human Resources Division, for MEDDAC military and civilian personnel, or XO/1SG, DENTAC, for DENTAC military and civilian personnel, when a health evaluation indicates that an employee does not meet the medical fitness requirements or that an employee's continued performance in a specific job will be hazardous to his/her health or the health of others.

(7) Coordinate with military and civilian medical personnel, Civilian Personnel Advisory Center (CPAC), Command Safety Office, and command and supervisory personnel concerning the treatment of and administrative procedures related to occupational illnesses, injuries, and infectious disease exposures that may affect job performance.

(8) Collect and analyze data on occupational illnesses and injuries and perform epidemiological investigations to identify patterns and recommend preventive measures when applicable.

(9) Interview each pregnant employee to determine if hazardous conditions exist in the work environment and provide appropriate recommendations to the supervisor and the Chief, Human Resources, for MEDDAC personnel or XO/1SG, DENTAC, for DENTAC personnel.

(10) Evaluate and monitor the health of employees returning to work following an injury or illness as defined in this regulation.

(11) Provide individual and group education and counseling to supervisors and employees concerning job-related health hazards.

(12) Provide medical evaluation of military and civilian personnel who have a possible infectious disease or infectious disease exposure.

(13) Provide follow-up and continuation of treatment or prophylaxis for military

**FD MEDDAC Reg 40-4**

and civilian personnel who are injured or become ill on the job.

(a) Provide comprehensive treatment of occupational illnesses and injuries for military personnel.

(b) Civilian employees who are authorized military medical care will be evaluated and provided comprehensive treatment as resources allow.

(c) Civilian employees who are not authorized military medical care will be referred to civilian health care resources, paid for under the Office of Worker's Compensation Program, if needed treatment will require more than initial plus one follow-up visit.

(14) Determine final work restrictions for the injury, illness, or exposure.

(15) Evaluate military and civilian personnel working in patient care areas to determine suitability to return to duty after an illness.

(16) Investigate cases of work-related, communicable disease exposure in coordination with the Infection Control (IC) Officer and ensure prophylaxis or treatment as appropriate to employees and other contacts.

(17) Provide reports of infectious disease occurrence and investigations to Infection Control Committee.

d. MEDDAC and DENTAC Safety Managers will:

(1) Conduct annual SASOHIs.

(2) Evaluate and prescribe corrective procedures for the control of occupational safety hazards.

(3) Establish an occupational injury and illness reporting system and provide technical assistance in occupational injury and illness investigation and reporting.

e. Chief, Human Resources Division, will:

(1) Provide OH monthly with a current list of the in-processing, transfer, or out-processing MEDDAC military and civilian personnel.

(2) Ensure that all new MEDDAC personnel in-process through OH.

(3) Take appropriate administrative actions for personnel found to have temporary or permanent medical conditions affecting job performance.

**FD MEDDAC Reg 40-4**

(4) Ensure that employees report to OH for required health evaluations and immunizations.

(5) Refer all pregnant employees under their supervision to OH as soon as the pregnancy is known for an evaluation and recommendation concerning their employees' work environment.

(6) Provide all personnel under their supervision with the training necessary to perform their jobs in a safe and healthy manner. This training and annual retraining will include informing them of the hazards to which they may be exposed, symptoms following exposure, and measures to prevent or mitigate the hazardous effects of the exposure.

(7) Ensure that all new personnel in-process through OH.

(8) Evaluate their personnel daily for work-related injury or illness.

(9) Refer all personnel with a work-related injury or illness to the UCC for initial diagnostic evaluation, treatment and determination of work restriction. The UCC will subsequently refer these personnel to OH for follow-up treatment and final determination of work restriction.

(10) Regardless of duration of absence, refer personnel who work in patient care areas prior to return to duty after an illness to OH or UCC for work clearance.

(11) Assist civilian personnel with the completion of forms necessary to file a Workers' Compensation Claim, as appropriate.

(12) Notify OH of all employees who were placed on work restrictions or exclusion from work by any source of medical care other than OH (i.e., personal physician, hospital, clinic, UCC).

(13) Notify OH of all other employees not involved in paragraphs 5h(5), (10) or (12) above who were off work due to an injury or illness in excess of 4 days.

i. Chief, UCC, will:

(1) Provide initial medical evaluation of military and civilian personnel who are injured or become ill on the job.

(2) Provide initial medical evaluation of military and civilian personnel who have a possible infectious disease or infectious disease exposure.

(3) Provide initial treatment or prophylaxis as appropriate.

## FD MEDDAC Reg 40-4

(4) In the absence of an available OH medical officer, determine initial work restrictions for injury, illness, infectious disease, or infectious disease exposures.

(5) In the absence of an available OH medical officer, evaluate military and civilian personnel working in patient care areas to determine suitability to return to duty after an illness.

j. Chief, Logistics Division, and Chief, Clinical Operations, will: Ensure that contractual personnel comply with contract provisions and that the contract contains appropriate specifications for personnel health qualifications and sanitation.

k. Infection Control Officer will:

(1) Provide technical assistance to all sections in prevention and control of infection in patients and personnel.

(2) Monitor infectious disease occurrences among patients and personnel and perform epidemiological investigations of infectious disease outbreaks in coordination with the Preventive Medicine Service.

l. MEDDAC Infection Control Committee will recommend or approve guidelines for protection of employees against communicable disease hazards and monitor infection control practices and procedures among patients and personnel.

## 7. PROGRAM IMPLEMENTATION.

a. SASOHI Program. Appendix A outlines the procedure for inspections.

b. Placement evaluations and medical surveillance. Appendix B outlines the procedure for health evaluations and screening of employees.

c. Managing injuries, illnesses, and exposures. Appendix C outlines the procedure for evaluating and treating employees hurt or exposed to diseases on the job.

d. Infection Control. Appendix D reviews the role of the Employee Health Program in preventing nosocomial and job-related infectious diseases.

e. Immunization and immunity testing policy. Table 1 lists the appropriate recommendations for immunity-related interventions in employees.

f. Work restrictions. Table 1 lists the appropriate restrictions for clinical, subclinical, and potentially incubating communicable infections among employees.





## FD MEDDAC Reg 40-4

## APPENDIX A

MEDDAC STANDARD ARMY SAFETY AND  
OCCUPATIONAL HEALTH INSPECTIONS (SASOHI) PROGRAM

1. PURPOSE. This program is responsible for identifying all potential occupational health and safety hazards in the workplace and providing guidance for the protection against and abatement of identified hazards.

2. INDUSTRIAL HYGIENE AND SAFETY INSPECTIONS. Annual inspections of all work sites will be conducted by industrial hygiene personnel from the Preventive Medicine Service in coordination with the MEDDAC Safety Manager, who is responsible for performing an annual safety inspection. Occupational health hazards and safety deficiencies identified during the inspection will be evaluated and recommendations for their control will be recorded on DA Form 4754, Violation Inventory Log, which will be incorporated into the SASOHI report. This report will be forwarded to the appropriate activity for corrective action.

## 3. OCCUPATIONAL HEALTH MEDICAL WORK SITE VISITS (OH-MWSV).

a. OH personnel will conduct annual surveys of all work sites.

b. The purpose of the survey is to:

(1) Familiarize OH medical staff with the workplace.

(2) Evaluate the work environment and assist the supervisor in the detection and appraisal of potential health hazards to derive the maintenance of a safe and healthful work environment.

(3) Discuss health concerns relating to the work environment with the supervisor and workers.

(4) Verify occupational medicine examination programs (if applicable) are necessary and complied with by managers.

(5) Identify health hazards that may warrant new program implementation by medical authorities.

(6) Review updated personnel rosters.



## FD MEDDAC Reg 40-4

## APPENDIX B

PLACEMENT HEALTH EVALUATIONS AND  
JOB-RELATED MEDICAL SURVEILLANCE

1. **PURPOSE.** The purpose of placement evaluations, which are performed upon initial appointment or reassignment to a new duty position, is to ensure that personnel are physically and psychologically suited to perform their job duties with safety to themselves and others. The purpose of periodic job-related health evaluations is to detect early evidence of any adverse effect of the occupational environment upon the worker's health and to assess the worker's physical capabilities in order to ensure continued safe and healthy job performance. It determines the nature and extent of placement evaluations, as well as the necessity, scope, and frequency of periodic evaluations based on the following:

- a. The chemical, biological, and physical hazards of the job.
- b. Medical Surveillance Guidelines from the Center for Health Promotion and Preventive Medicine (CHPPM), Department of Defense (DoD), Occupational Safety and Health Administration (OSHA), and National Institute of Occupational Safety and Health (NIOSH).
- c. Office of Personnel Management (OPM) regulations.

2. **IMMUNIZATIONS AND TB SCREENING.** Immunizations against diseases for which certain health care personnel are at increased risk of exposure are listed in Table 1. These will be ordered through OH. Specific immunizations that are job-related requirements are noted. Guidelines for TB testing and control are contained in FD MEDDAC Reg 40-30.

3. **PLACEMENT HEALTH EVALUATIONS.** Civilian applicants requiring preplacement evaluations will report to OH, who will perform or arrange for the performance of all necessary examinations and will inform CPAC of the results. Applicants for positions not requiring preplacement evaluations will in-process through OH for a baseline health evaluation. Military health care personnel will in-process with their health record through OH, who will coordinate necessary baseline screening and immunizations updates. For all other personnel, prior to the start of duties or assignments, referral will be made to OH for ensuring completion of the necessary TB skin testing and appropriate immunizations listed in Table 1 and FD MEDDAC Reg 40-30. As applicable, referrals will be made by:

- a. The Contracting Officer's Representative (COR) for personal service health care providers and housekeeping contract personnel.

## FD MEDDAC Reg 40-4

b. The MEDDAC or DENTAC sections to which students are assigned.

c. The Red Cross Volunteer Coordinator.

4. **MEDICAL SURVEILLANCE.** For military and civilian personnel, OH will identify the positions requiring job-related medical surveillance and will schedule, notify, and perform the necessary evaluations. Notification of the time and location will be provided to personnel and their supervisors. Supervisors will ensure that personnel are released for their medical surveillance evaluations and will provide a site for the evaluations upon request. Occupational Health will provide supervisors with a monthly list of employees who failed to receive their medical surveillance. When the results of an evaluation indicate that a civilian employee does not meet medical fitness requirements or that continued performance in a specific job will be hazardous (to the health of the employee or others), OH will promptly forward written recommendations concerning the employee to CPAC for appropriate action and will notify the employee's supervisor. Every 2 years, or as indicated by job type, the COR and the Red Cross Volunteer Coordinator will refer personnel to OH to ensure completion of the necessary TB skin testing and appropriate immunizations listed in Table 1 and FD MEDDAC Reg 40-30.

## 5. PREGNANCY SURVEILLANCE PROGRAM.

a. **PURPOSE.** To preserve the health of the pregnant employee and her fetus by preventing unnecessary or excessive exposure to hazardous elements in the work environment. Referrals of pregnant employees to the Pregnancy Surveillance Program can be made by calling OH. The Industrial Hygiene (IH) section of Preventive Medicine Service and OH will perform an assessment of the work environment.

b. **CIVILIAN EMPLOYEES.** Civilian employees will make an appointment with OH. After analysis of the employee's work environment and job requirements, OH will forward written recommendations for work modifications, temporary reassignment or administrative leave to the CPAC and the employee's supervisor. The employee should report to OH concerning any complications of pregnancy and notify OH prior to initiating maternity leave. Before returning to work, the employee should bring a certificate from her physician indicating date of delivery and medical clearance to return to assigned duties.

c. **MILITARY PERSONNEL.** Occupational Health will interview military personnel. They will provide appropriate amendments to the temporary pregnancy profile given by the military physician. Coordination with the primary physician will be accomplished prior to any amendments to profiles.

## FD MEDDAC Reg 40-4

## APPENDIX C

## MANAGEMENT OF JOB-RELATED ILLNESSES, INJURIES, AND EXPOSURES

1. **PURPOSE.** The purpose of this program is to protect the health of health care personnel and their patients through the prompt diagnosis and treatment of all job-related illnesses and injuries, prophylaxis for certain preventable disease exposures, and the appropriate work restrictions when required.

2. **OCCUPATIONAL AND NON-OCCUPATIONAL ILLNESS AND INJURY TREATMENT.**

a. **CIVILIAN EMPLOYEES.**

(1) All injuries or illnesses sustained in performance of official duties will be reported promptly to the employee's immediate supervisor. For employees with medical conditions requiring emergency medical attention, contact 911 for transfer to a local hospital as soon as medically feasible. All employees with illnesses or injuries affecting their job performance but not requiring immediate emergency care must report to the UCC. All DA civilian employees, upon reporting to the UCC, must identify themselves as a DA civilian employee with an on-the-job injury or illness, even if that employee holds a dual status (i.e., DA civilian and active duty Army retiree, DA civilian and active duty Army family member, etc.). The supervisor will accompany the employee to the UCC. Once the employee reports the illness or injury to the UCC and has obtained an initial medical assessment, the employee may choose to continue treatment at the UCC, OH, or by a physician of his or her choice. In the event of a job-related injury or illness, the UCC will ensure that the Civilian Employee Injury/Illness Reporting Packet is provided to the employee for completion at the time of treatment. Employees are responsible for providing the forms to the physician, ensuring their completion and returning them to the Federal Employee Compensation Act (FECA) Administrator (772-5352). If an emergency precludes compliance and the employee proceeds without the Civilian Employee Injury/Illness Reporting Packet, the supervisor will immediately notify the FECA Administrator of this fact and the FECA Administrator and supervisor will initiate the required forms together. In the event of a job-related injury or illness, the UCC will ensure initiation of a SF 513, Medical Consultation (contained in the Civilian Employee Injury/Illness Reporting Packet). This form will be forwarded to OH for verification of physical limitations and determination of duty status for return to work (i.e., full duty or modified duty).

(2) If a civilian employee sustains a job-related injury and he or she will have civilian medical expenses or will receive time off (past date of injury), they must be referred to the FECA Administrator (772-5352) for case management.

**FD MEDDAC Reg 40-4**

(3) **Management of Parenteral and Mucous Membrane Potential Disease Exposure.** Any civilian employee sustaining a parenteral (e.g., needle stick or cut) or mucous membrane (e.g., splash to the eye or mouth) exposure to blood or other body fluids which is the direct result of employment should be evaluated and given the appropriate prophylaxis and follow-up as described in FD MEDDAC Reg 40-25.

(4) **Non-occupational Illness or Injury Treatment.** All non-occupational illnesses or injuries affecting job performance will be reported promptly to the employee's immediate supervisor. For employees with medical conditions requiring emergency medical attention, contact 911 for transfer to a local hospital as soon as medically feasible.

(5) **Palliative treatment.** Employees with non-occupational illnesses or injuries affecting their job performance but not requiring immediate emergency care may be referred to UCC or OH by their supervisor for palliative care sufficient to enable them to complete the work shift. If further medical care is necessary, employees will be referred to their personal physician. Employees must present a DD Form 689 (Individual Sick Slip), filled out by their supervisor, when seeking medical care.

**b. MILITARY PERSONNEL.**

(1) **Illness or Injury Treatment.** Military personnel will receive diagnosis and treatment of all illnesses or injuries through their authorized primary medical clinic during normal duty hours and the UCC after normal duty hours, and on weekends and holidays. Illness and injuries that are job-related will be reported to Preventive Medicine Service utilizing DA Form 3075, in accordance with (IAW) AR 40-5.

(2) **Management of Parenteral and Mucous Membrane Potential Disease Exposure.** All military personnel sustaining a parenteral (e.g., needle stick or cut) or mucous membrane (e.g., splash to the eye or mouth) exposure to blood or other body fluids which is the direct result of employment should be evaluated and given the appropriate prophylaxis and follow-up as described in FD MEDDAC Reg 40-25.

**c. COMMUNICABLE DISEASE EXPOSURE.**

(1) Supervisors will evaluate their employees daily for possible communicable disease exposures. The guidelines in Table 1 should be used to identify appropriate work restrictions for diagnosed cases of communicable disease exposure. Supervisors will refer all personnel with a possible exposure to UCC for initial diagnostic evaluation and treatment and determination of work restriction IAW Table 1. The UCC will subsequently refer these personnel to OH for follow-up and final determination of work restriction. During duty hours, the UCC will coordinate the medical evaluation with OH.

## FD MEDDAC Reg 40-4

Civilian employees will be referred to their personal physician for subsequent treatment or to OH. Civilian employees who temporarily must be removed from duty for the good of the clinic during the incubation period of certain diseases listed in Table 1 will be required to take sick or annual leave. Under similar circumstances, military personnel will be placed on convalescent leave.

(2) All patient care personnel returning to duty after an illness, regardless of duration of absence, must have a medical clearance prior to resuming their duties. Supervisors will refer these personnel using a DD Form 689, Individual Sick Slip, to OH during duty hours or the UCC after duty hours for clearance. The UCC or OH will provide the employee with a DD Form 689 annotating "Cleared for Duty," to be given to the supervisor. Employees with a work release from a private physician will be allowed to resume work only after being cleared by OH with a work release statement during normal duty hours.

(3) Occupational Health must maintain surveillance of employee illness absences in order to identify the occurrence of disease outbreaks. Consequently, supervisors of administrative personnel must notify OH of all employees who are off work due to illness in excess of 4 days.

(4) Occupational Health will investigate all cases of work-related infectious disease or communicable disease exposure in coordination with the IC Officer and will ensure appropriate prophylaxis and treatment as appropriate for employees and their contacts. OH will provide reports of infectious disease occurrences among the staff and investigation outcomes to the Infection Control Committee.

### 3. SICKNESS ABSENCE MONITORING PROGRAM

a. **PURPOSE.** Monitoring of employees returning after illness or injury is done to assure that they are able to return to work, to identify any physical limitations for work, to identify any communicable disease, to identify any chronic disease or other health problems, and to provide health counseling.

b. **ALL EMPLOYEES.** Supervisors will evaluate all employees returning to work after sickness absence to ensure that they are able to return to work and that no communicable disease condition exists. All direct-care personnel must clear through OH prior to return to duty. In addition, all employees returning to work after absences due to occupational illness or injuries and/or who have been absent in excess of 4 days due to illness will contact OH prior to commencing work. Supervisor should schedule appointments with OH and employees should provide medical documents for approval of return to work.





## FD MEDDAC Reg 40-4

## APPENDIX D

## INFECTION CONTROL AND HEALTH EDUCATION PROGRAMS

## 1. OBJECTIVES OF AN EMPLOYEE HEALTH PROGRAM FOR INFECTION CONTROL.

a. The infection control objectives of an employee health program are part of the MEDDAC'S general program for infection control.

b. For these objectives to be met, the support of the administration, medical staff, and other employees is essential. The objectives include:

(1) Stressing maintenance of good habits in personal hygiene and individual responsibility in infection control.

(2) Monitoring and investigating infectious diseases, potentially harmful infectious exposures, and outbreaks of infection among personnel.

(3) Providing care to personnel for work-related illnesses or exposures.

(4) Identifying infection risks related to employment and instituting appropriate preventive measures.

(5) Containing costs by eliminating unnecessary procedures and by preventing infectious diseases that result in absenteeism and disability.

## 2. ELEMENTS OF AN EMPLOYEE HEALTH PROGRAM FOR INFECTION CONTROL.

a. Certain elements of a health program for MEDDAC personnel will assist in effectively attaining infection control goals.

b. These elements are as follows:

(1) Infection control and employee health education.

(2) Immunization programs.

(3) Guidelines for work restriction because of infectious disease.

(4) Protocols for surveillance and management of job-related illnesses and exposures to infectious diseases.

## FD MEDDAC Reg 40-4

**3. EMPLOYEE HEALTH AND INFECTION CONTROL EDUCATION.**

a. Personnel are more likely to comply with an infection control program if they understand its rationale. Thus, staff education is the central focus of the infection control program. Clearly written policies, guidelines, procedures and standard operating procedures are needed for uniformity, efficiency, and effective coordination of activities. Since job categories vary, not all personnel require the same degree of instruction in infection control. Education programs are matched to the needs of each group.

b. Education for infection control is required IAW AR 40-5 and 29 CFR 1910.1030, the OSHA Bloodborne Pathogen Standard.

c. Education for infection control is the responsibility of each section. The section IC Coordinator is responsible for coordinating infection control orientation of new personnel and annual training. Procedures for infection control education of in-processing personnel and annual education of all personnel is described in FD MEDDAC Reg 40-17.

d. Occupational Health provides health counseling on an individual basis during placement and periodic medical evaluation. Health education classes are available upon request from OH.

**4. IMMUNIZATION AND TUBERCULOSIS SCREENING PROGRAMS.**

a. **PURPOSE.** These programs outline the immunizations and tuberculosis screening requirements for all military personnel permanently assigned to the MEDDAC, DENTAC, and Veterinary Services (VET SVCS), Fort Drum, NY, and other military personnel, civilian employees, contractors, students, and volunteers with duty within the buildings at MEDDAC, DENTAC, and VET SVCS, Fort Drum, NY, where patient care is provided. These programs do not cover additional deployment immunizations that would be required for specific deployment situations.

b. **APPLICABILITY:** The provisions of these programs apply to:

(1) All MEDDAC and DENTAC permanently assigned military personnel.

(2) Any other military personnel not mentioned above working/training or observing at the MEDDAC and DENTAC on temporary or permanent basis.

(3) MEDDAC and DENTAC civilian employees, contract personnel, students and volunteers.

**FD MEDDAC Reg 40-4****c. REFERENCES.**

- (1) DODI 6205.2, Immunization Requirements, 9 Oct 86.
- (2) AR 40-5, Preventive Medicine, 15 Oct 90 and Change 1, 28 Jan 91.
- (3) AR 40-562, Immunizations and Chemoprophylaxis, 1 Nov 95.
- (4) Hepatitis B Immunization Policy for Department of Defense Medical and Dental Personnel, 23 Oct 96.
- (5) Centers for Disease Control and Prevention, Immunization of Health Care Workers - Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC) (MMWR 1991; 40 (No. RR-16)).
- (6) Centers for Disease Control and Prevention. Guideline for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities, 1994, MMWR 1994; 43 (No. RR-13).
- (7) Department of Labor, Occupational Safety and Health Administration, 29 CFR Part 1910.1030, Bloodborne Pathogens.

**d. TERMS.**

- (1) Direct Patient Contact. Personnel with direct patient contact are those personnel whose work may require physical contact with the patient for the provision of patient care e.g., physicians, nurses, physical therapists, respiratory therapists.
- (2) Direct Patient Services. Personnel who provide direct patient services or personnel whose work requires them to provide services directly to the patient but does not entail physical contact for the provision of services, e.g., pharmacists, clinic receptionists, social workers, dieticians.

**e. PROCEDURES.**

- (1) Military Personnel and Civilian Personnel.
  - (a) Military personnel and civilian personnel will be screened for immunity, provided applicable immunizations and tested for TB at the time of in-processing/initial assignment by OH. Annual review of immunity and TB skin test status will be performed by OH for civilian personnel and during Soldier Readiness Processing (SRP) for military personnel.

## FD MEDDAC Reg 40-4

(b) For required immunizations and TB skin testing, non-immune personnel and negative TB skin test personnel, respectively, will be required to have the immunization and TB skin test as a condition of employment.

(c) For recommended immunizations and TB skin testing, immunizations and TB skin testing will be provided at the time that personnel process through OH (i.e., in-processing and annually) or SRP unless the person requests not to receive a specific immunization or TB skin test. For recommended immunizations (except influenza) and TB skin testing, documentation of whether the employee received or opted not to receive an immunization/TB skin test will be maintained in the employee health record. Influenza vaccine will be offered to all MEDDAC and DENTAC personnel annually during a mass immunization program. All immunizations and TB skin tests administered will be documented on the SF 601, Immunization Record, and PHS 731, International Certificates of Vaccination.

(d) Immunizations will only be provided to Reserve Component or other than MEDDAC and DENTAC active duty personnel who can be assured of completing the immunization series; however, the unit is responsible for ensuring that their personnel meet the requirements prior to in-processing to MEDDAC and DENTAC.

(2) Contractors, Volunteers and Students. The provisions of this policy will be incorporated into all contracts and agreements, and compliance will be monitored by the OH.

#### f. IMMUNIZATIONS.

(1) Immunization requirements and recommendations are outlined below.

(2) Non-immune individuals will be exempt from the required immunizations only if they have a documented medical contraindication to the immunization.

## FD MEDDAC Reg 40-4

|             | Permanent<br>Party<br>Military                                                                                                                                        | Reserve<br>Component<br>& Other<br>Temporary Military                                                                                                      | Civilian<br>Employees                                                                                                                                                                                                                                                                                                                                                                   | Contractors/Volunteers/<br>Students                                                                                                                                                                                                                                                                                                                                                |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Hepatitis A | Required for all non-immune personnel.                                                                                                                                | Recommended for non-immune personnel who work with live Hepatitis A virus in laboratory setting.                                                           | Recommended for non-immune personnel who work with live Hepatitis A virus in a laboratory setting.                                                                                                                                                                                                                                                                                      | Recommended for non-immune personnel who work with live Hepatitis A virus in a laboratory setting.                                                                                                                                                                                                                                                                                 |
| Hepatitis B | Required for all non-immune service members who hold qualifications or assignments in medical or dental fields or have occupational exposure to bloodborne pathogens. | Required for all non-immune service members who hold assignments in medical or dental career fields or have occupational exposure to bloodborne pathogens. | Required for all non-immune personnel with duties involving direct patient contact who began activity on or after 1 Jan 97. Required to be offered to all personnel identified as having occupational exposure to bloodborne pathogens and strongly encouraged for currently employed personnel with duties involving direct patient contact. Statement of declination must be on file. | Required for all non-immune personnel with duties involving direct patient contact who began their activity on or after 1 Jan 97. Required to be offered to all personnel identified as having occupational exposure to bloodborne pathogens and strongly encouraged for current personnel with duties involving direct patient contact. Statement of declination must be on file. |

Occupational exposure is defined as reasonably anticipated skin, eye, mucous membrane or parental contact with blood or other potentially infectious materials that may result from the performance of an employee's duties in accordance with 29 CFR 1910.1030, Bloodborne Pathogens Standard.

Personnel who have any of the following three conditions are exempt from the Hepatitis B immunization requirement: (1) known positive Hepatitis B surface antigen, (2) past history of recovery from Hepatitis B, with known positive Hepatitis B surface antibody, or (3) disease or medical conditions that would make Hepatitis B immunization inadvisable in the judgement of the person's physician.

## FD MEDDAC Reg 40-4

|           | Permanent<br>Party<br>Military         | Reserve<br>Component<br>& Other<br>Temporary Military                                                                         | Civilian<br>Employees                                                                                                              | Contractors/Volunteers/<br>Students                                                                                    |
|-----------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Influenza | Required for personnel annually.       | Required for all other active duty personnel and for RC personnel on active duty for 30 days or more during Influenza season. | Strongly recommended for all non-immune personnel who have direct patient contact. Recommended for all other non-immune personnel. | Required for all non-immune personnel who have direct patient contact. Recommended for all other non-immune personnel. |
| Measles   | Required for all non-immune personnel. | Required for all non-immune personnel.                                                                                        | Strongly recommended for all non-immune personnel who have direct patient contact. Recommended for all other non-immune personnel. | Required for all non-immune personnel who have direct patient contact. Recommended for all other non-immune personnel. |

Immunity to measles requires documentation of one of the following: (1) physician-diagnosed measles, (2) laboratory evidence of measles immunity, or (3) receipt of two doses of live measles vaccine on or after the first birthday for personnel born during or after 1957 and one dose of live measles vaccine on or after the first birthday for personnel born before 1957.

|       | Permanent<br>Party<br>Military         | Reserve<br>Component<br>& Other<br>Temporary Military | Civilian<br>Employees                                                                                                              | Contractors/Volunteers/<br>Students                                                                                    |
|-------|----------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Mumps | Required for all non-immune personnel. | Required for all non-immune personnel.                | Strongly recommended for all non-immune personnel who have direct patient contact. Recommended for all other non-immune personnel. | Required for all non-immune personnel who have direct patient contact. Recommended for all other non-immune personnel. |

Immunity to mumps requires documentation of one of the following: (1) physician-diagnosed mumps, (2) laboratory evidence of mumps immunity, or (3) receipt of one dose of live mumps vaccine on or after first birthday. Personnel born before 1957 can be considered immune. Mumps vaccine will be given in combination with measles and rubella vaccine (measles-mumps-rubella (MMR) trivalent vaccine) unless documented immunity to measles and rubella.

## FD MEDDAC Reg 40-4

|       | Permanent Party<br>Military                                                                                                                                                                                                                                                                    | Reserve Component<br>& Other Temporary<br>Military                    | Civilian<br>Employees                                                                                                                                                                                                                                                                 | Contractors/Volunteers/<br>Students                                                                                                                                                                                                                                                   |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Polio | Required for all personnel to have completed the basic 3-dose series. Recommended that personnel who may be potentially exposed to patients who may be excreting wild polio viruses or laboratory personnel handling specimens that may contain wild polio viruses have a single booster dose. | Required for all personnel to have completed the basic 3-dose series. | Recommended that personnel who may be potentially exposed to patients who may be excreting wild polio viruses or laboratory personnel handling specimens that may contain wild polio viruses have completed a basic 3-dose series and if previously vaccinated a single booster dose. | Recommended that personnel who may be potentially exposed to patients who may be excreting wild polio viruses or laboratory personnel handling specimens that may contain wild polio viruses have completed a basic 3-dose series and if previously vaccinated a single booster dose. |

Primary vaccination and boosters will be with inactivated polio vaccine (IPV)

|         | Permanent Party<br>Military            | Reserve Component<br>& Other Temporary<br>Military | Civilian<br>Employees                                                                                                              | Contractors/Volunteers/<br>Students                                                                                    |
|---------|----------------------------------------|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Rubella | Required for all non-immune personnel. | Required for all non-immune personnel.             | Strongly recommended for all non-immune personnel who have direct patient contact. Recommended for all other non-immune personnel. | Required for all non-immune personnel who have direct patient contact. Recommended for all other non-immune personnel. |

Immunity to Rubella requires documentation of one of the following: (1) laboratory evidence of rubella immunity, or (2) receipt of one dose of live rubella vaccine on or after first birthday.

Rubella vaccine will be given in combination with measles and mumps vaccine (measles-mumps-rubella (MMR) trivalent vaccine) unless documented immunity to measles and mumps.



## FD MEDDAC Reg 40-4

|                        | Permanent<br>Party<br>Military                                                           | Reserve<br>Component<br>& Other<br>Temporary<br>Military                                 | Civilian<br>Employees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Contractors/Volunteers/<br>Students                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Tetanus-<br>Diphtheria | Required for all personnel to have the basic 3-dose series and a booster every 10 years. | Required for all personnel to have the basic 3-dose series and a booster every 10 years. | Recommended for personnel with jobs that put them at increased risk for bites, puncture wounds, lacerations, e.g., veterinary animal care providers, maintenance/construction workers, and housekeepers to have a basic 3-dose series and a booster every 10 years.<br><br>Health care providers, except veterinary animal care providers, are not at substantially higher risk than the general adult population of acquiring diphtheria or tetanus; therefore, civilian personnel must seek this immunization from their private physician. | Recommended for personnel with jobs that put them at increased risk for bites, puncture wounds, lacerations, e.g., veterinary animal care providers, maintenance/construction workers, and housekeepers to have a basic 3-dose series and a booster every 10 years.<br><br>Health care providers, except veterinary animal care providers, are not at substantially higher risk than the general adult population of acquiring diphtheria or tetanus; therefore, civilian personnel must seek this immunization from their private physician. |
| Varicella              | Recommended for all non-immune personnel.                                                | Recommended for all non-immune personnel.                                                | Recommended for all non-immune personnel.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Recommended for all non-immune personnel.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

Immunity to varicella requires documentation of one of the following: (1) a positive history of disease, (2) laboratory evidence of varicella immunity, or (3) receipt of two doses of varicella vaccine.

## FD MEDDAC Reg 40-4

## g. TUBERCULOSIS (TB) SCREENING.

(1) Tuberculosis screening consists of the placement of a TB skin test (PPD) and reading of that test as outlined below. Individuals with a documented history of a positive PPD skin test, i.e., TB infection, will be exempt from TB skin testing. A history of vaccination with Bacillus of Calmette and Guerin (BCG) is not a contraindication to TB skin testing.

(2) Baseline TB skin testing will be administered upon in-processing as described below.

(3) Periodic TB skin testing will be performed based on risk assessment of personnel. Personnel with a documented history of TB infection will be skin tested or offered skin testing at least annually as outlined below. Personnel designated as High or Intermediate Risk based on CDC criteria will be tested every 3 months or 6 months respectively and will be tested within 30 days of the termination of employment or leaving the military.

(4) Tuberculosis testing will also be performed when an employee undergoes an exposure incident (unless there is a documented negative TB skin test within the past 3 months) and if the result is negative, another skin test 3 months later. Employees who are identified by job title or location as part of a cluster investigation of PPD conversions, will be tested every 3 months until it is determined that there are no new converters and/or no identifiable cause for the conversions. Testing of the group(s) will return to their baseline frequency of testing after two tests, 3 months apart, with no new converters.

FD MEDDAC Reg 40-4

|                             | Permanent<br>Party<br>Military                                                                                                                                                                                                    | Reserve<br>Component<br>& Other<br>Temporary<br>Military                                                                                                                                                        | Civilian<br>Employees                                                                                                                                                                                                                                                                                                                                                                            | Contractors/Volunteers/<br>Students                                                                                                                                                                                                                                                                              |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Baseline<br>TB Skin<br>Test | Required for all personnel to receive a baseline PPD upon in-processing to MEDDAC and DENTAC. Two-step testing is required under conditions noted below. <sup>1</sup>                                                             | Required for all personnel to receive a baseline PPD test upon in-processing to MEDDAC and DENTAC unless they have documentation of a PPD done within the previous 12 months. Two-step testing is not required. | Required for all personnel to be offered a baseline PPD. Strongly recommended for all personnel who have direct patient contact or provide direct patient services. <sup>3</sup> Recommended for all other personnel. Two-step testing will be done for personnel without a documented negative PPD within the last 12 months.                                                                   | Required for all personnel who have direct patient contact or provide direct patient services <sup>3</sup> to receive a baseline PPD upon in-processing to MEDDAC and DENTAC. Recommended for all other personnel without a documented negative PPD within the last 12 months. Two-step testing is not required. |
| Periodic<br>TB Skin<br>Test | Required for all personnel to receive a TB skin test annually or more frequently as noted above if in an intermediate or high-risk category. <sup>2</sup> Two-step testing is required under conditions noted below. <sup>1</sup> | Not applicable                                                                                                                                                                                                  | Required for all personnel to be offered TB skin test annually or more frequently as noted above if in an intermediate or high-risk category. <sup>2</sup> Strongly recommended for all personnel who have direct patient contact or provide direct patient services. <sup>3</sup> Recommended for all other personnel. Two-step testing will be done under conditions noted below. <sup>2</sup> | Required for all personnel who have direct patient contact or provide direct patient services <sup>3</sup> to receive a TB skin test annually or more frequently as noted above if in an intermediate or high-risk category. <sup>2</sup> Recommended for all other personnel.                                   |

## FD MEDDAC Reg 40-4

1 Persons age 35 years or older who have not had a documented negative PPD within the last 5 years will require a second PPD (two step PPD) if the first test is less than 10mm.

2 Staff permanently assigned to the following areas are considered to be at moderate risk: UCC, CTMC, and Laboratory (Mycobacterial Section). High risk areas or occupational groups are those in which: (1) the PPD test conversion rate is significantly greater than areas or groups in which the occupational exposure to *M. tuberculosis* is unlikely or than previous conversion rates for the same area or group, and epidemiologic evaluation suggests nosocomial transmission; (2) a cluster of PPD conversions has occurred, and epidemiologic evaluation suggests nosocomial transmission of *M. tuberculosis*; or (3) possible person-to-person transmission of *M. tuberculosis* has been detected.

3 Direct patient contact: Personnel with direct patient contact are those personnel whose work may require physical contact with the patient for the provision of patient care, e.g., physicians, nurses, physical therapists, respiratory therapists. Direct patient services: Personnel who provide direct patient services are personnel whose work requires them to provide services directly to the patient but does not entail physical contact for the provision of service, e.g., pharmacist, clinical receptionists, social workers, dietitians.

## FD MEDDAC Reg 40-4

5. BLOODBORNE PATHOGENS. Policies pertaining to bloodborne pathogens are contained in FD MEDDAC Reg 40-25.

6. HEALTH EDUCATION PROGRAM.

a. PURPOSE. The purpose of this program is to provide individual and group health education aimed at preventing occupational illness and injury, promoting general health, and familiarizing personnel with available health care resources. The primary responsibility for providing education about job-related health hazards rests with supervisors aided by OH, Safety, IH and IC staff.

b. ORIENTATION OF NEW PERSONNEL. Occupational Health will provide information to newly assigned personnel about the MEDDAC/DENTAC Employee Health Program individually when the employee in-processes through OH and during MEDDAC Orientation.

c. ORIENTATION AND TRAINING FOR SUPERVISORS. Occupational Health, Safety, IH and IC staff will provide specific training sessions on job-related health hazards and their abatement upon request.

d. HEALTH EDUCATION ABOUT JOB-RELATED HEALTH HAZARDS. Personnel performing potentially hazardous jobs are to be apprised of the health hazards to which they may be exposed, symptoms following exposure, and measures to prevent or mitigate the hazardous effects of the exposure. Supervisors are responsible for providing employees with this training. This can be done through in-service education sessions and by providing written information in the form of pamphlets, bulletin board notices, fact sheets, etc. Technical guidance and educational materials on employee health hazard education to assist supervisors are available from OH, Safety, IH, and the IC Officer. Individual counseling for employees is provided by OH during the job-related medical surveillance examinations and is available upon request from OH, Safety, IH and the IC Officer.

e. GENERAL HEALTH PROMOTION EDUCATION. The provision of information, guidance, and counseling support to assist workers improve and maintain their health is an important aspect of any occupational health program. Occupational Health will give appropriate individual guidance during every medical encounter with the employee. Group sessions concerning specific health topics of interest will be provided, as resources permit, upon request.

## FD MEDDAC Reg 40-4

## APPENDIX E

## LATEX SAFETY POLICY

1. **PURPOSE.** This policy outlines guidelines for identifying, reducing and/or eliminating the health risks associated with latex sensitivity and allergy in MEDDAC and DENTAC patients and employees.

2. **APPLICABILITY.** The provisions of this policy apply to assigned and attached elements of MEDDAC and DENTAC, its tenant activities, and to other commands, installations, and activities provided occupational health support by MEDDAC and DENTAC, Fort Drum. The term "employee" refers to both military, civilian personnel, and volunteers unless otherwise stated.

3. **BACKGROUND.** Natural rubber latex hypersensitivity is a growing health problem since the late 1980s, affecting certain high-risk patient groups as well as occupations to include health care providers on Active Duty and other personnel working with natural rubber products. Sensitization among health care workers has increased from below 3% in the early 1980s to over 10-15% in the 1990s. There is a well-recognized organizational and institutional requirement to identify patients and employees at risk and to provide latex safe patient care areas and employee working conditions (when possible). The major sources of latex allergens are sterile and non-sterile gloves; however, both the home and work environment have other potential hazards for those subjects with a life-threatening anaphylaxis history or potential risk. Measures to reduce latex-allergen exposure are gaining widespread recognition as the risks to patients and employees are being identified and documented. Significant costs have been attributed to liabilities of organizations and retraining of personnel. Supervisors at all levels must be aware of latex hazards in the workplace and ensure that the guidance from this policy is followed.

4. **DEFINITIONS.**

a. **Latex** - Natural latex rubber is a particular type of rubber that has been manufactured from the sap of the *hevea brasiliensis* tree. The sap contains low molecular weight soluble proteins, which are the likely allergen cause. New rubber products, especially very soft ("dipped") products, contain the greatest proportion of these soluble proteins.

b. **Latex Sensitive Populations/High Risk Population for Latex Reactions and Anaphylaxis** - It is reported that there is a higher risk of sensitivity in health care workers especially surgical personnel, patients with a history of congenital anomalies i.e., Cystic Fibrosis, Spinal Bifida, etc., people who have undergone multiple surgical procedures, rubber plant workers, janitorial workers, food handlers, and individuals allergic to avocados, bananas or chestnuts (due to cross reactivity). Patients with a history of

## FD MEDDAC Reg 40-4

intraoperative anaphylaxis of uncertain etiology may be at increased risk for latex reaction.

## 5. SPECTRUM OF SENSITIVITY.

a. Irritant Contact Dermatitis (non-immunologic) versus allergic contact hypersensitivity due to latex or other sensitizing antigens - the development of dry, itchy irritated areas on the skin, usually the hands. This reaction is caused by skin irritation from using gloves and possibly by exposure to other workplace products and chemicals. This reaction can also be caused from repeated hand washing and drying, incomplete hand drying, use of cleaners and sanitizers, and exposure to powders added to the gloves. This is not a true allergy.

b. Chemical Sensitivity Dermatitis - Allergic contact dermatitis (delayed hypersensitivity) results from exposure to chemicals added to latex during harvesting, processing, or manufacturing. These chemicals can cause skin reactions similar to those caused by poison ivy. As with poison ivy, it can begin 24 to 48 hours after contact and may progress to oozing skin blisters or spread away from the area of skin touched by the latex.

c. Latex Allergy - This is a more serious reaction to latex than Irritant Contact Dermatitis or Allergic Contact Dermatitis. Certain proteins in latex may cause sensitization (positive blood or skin test, with or without symptoms). Although the amount of exposure needed to cause sensitization or symptoms is not known, exposures at even very low levels can trigger allergic reactions in some sensitized individuals. Reactions usually begin within minutes of exposure to latex, but they can occur hours later and can produce various symptoms. Mild reactions to latex involve skin redness, hives, or itching. More severe reactions may involve respiratory symptoms such as runny nose, sneezing, itchy eyes, scratchy throat, and asthma (i.e., difficult breathing, coughing spells, and wheezing). Shock may occur.

## 6. RESPONSIBILITIES.

### a. Supervisors will:

(1) Be aware of environmental risks that exist with regard to latex exposure and arrange for latex-free alternatives as deemed necessary for patients and staff.

(2) Encourage all employees with suspected latex allergy to report to Occupational Health.

(3) Maintain proper documentation of employee work status.

(4) Ensure that latex-free personal protective equipment is available in all work sites with latex allergy.

**FD MEDDAC Reg 40-4****b. Primary Health Care Providers will:**

- (1) Perform initial evaluation of suspected latex allergy of any patient/staff member.
- (2) Refer patients to Allergy Service and employees to Occupational Health for evaluation if indicated.

**c. Chief, Occupational Health, will:**

- (1) Screen all employees in-processing and annually thereafter, using the Occupational Health Latex/Rubber Hypersensitivity Screening Questionnaire.
- (2) Provide education-training materials on latex allergy issues.
- (3) Evaluate employees with symptoms suspected to be due to latex allergy using the Latex Allergy Case Report Form.
- (4) Refer employees to Allergy Service for specialist evaluation if indicated.
- (5) Evaluate work site of employees diagnosed with latex allergy.
- (6) Notify supervisors of employee's need for accommodation for latex allergy if indicated.
- (7) Keep statistics on workforce, latex allergy incidence and prevalence.

**d. Employees will:**

- (1) Become familiar with procedures for preventing latex allergy.
- (2) Take all necessary steps to protect themselves from excessive latex exposure and allergy in the workplace.
- (3) Follow good housekeeping practices and ensure that areas contaminated with latex dust (i.e., upholstery, carpets, surfaces and equipment) are kept dusted.
- (4) Opt for nonlatex gloves for activities not likely to involve contact with infectious materials if available.
- (5) Wash hands after using gloves.
- (6) Learn to recognize the symptoms of latex allergy: skin rashes; hives; flushing; itching; nasal, eye, or sinus symptoms; asthma; and shock.



## FD MEDDAC Reg 40-4

(7) Report to their supervisor and OH any suspicion of development of latex allergy.

(8) Inform their supervisor and co-workers of any documented latex allergy.

(9) Consider wearing a medical alert bracelet to alert your co-workers.

e. Chief, Logistics Division, will develop a system to ensure that non-latex products are identified, procured, and available to patient care areas.

## 7. PATIENT MANAGEMENT.

a. Identify patients at risk. All patients and significant others should be questioned regarding allergy to latex products. Sample questions include:

(1) Have you experienced allergic itching, erythema, swelling, shortness of breath, feeling faint, nausea, vomiting or wheezing after surgery, dental work, or contact with a latex product (such as rubber gloves, balloons, toys, condoms, diaphragm, infant nipples)?

(2) Have you undergone three or more operations with general anesthesia?

(3) Do you have asthma, hay fever, eczema or recurrent hives?

(4) Do you experience a rash, swelling, itching or breathing problems after eating bananas, avocados, chestnuts, kiwi, apricots, peaches, cherries, pineapple, grapes or passion fruit?

(5) Are you exposed to latex products, especially latex gloves, during the performance of your routine job duties?

b. Precautions should be taken on patients when a latex allergy is suspected or identified. Ensure all personnel on the ward/clinic are aware of the allergy. The following steps should be taken:

(1) Document Latex Allergy in patient's record.

(2) Educate patient and family of reasons for special precautions.

(3) Place clear, visible signs in any areas where the patient will receive care (i.e., door, bed/gurney, chart, etc.) to warn of potential for latex reaction.

(4) If patient is to be scheduled for surgery, patient should be scheduled as first case of the day.

## FD MEDDAC Reg 40-4

## c. Promote a Latex-free Safe Environment.

- (1) Remove all latex products from the patient's environment.
- (2) If there are latex products or surfaces remaining, cover them.
- (3) If the patient is to be transferred to another area, notify personnel in advance of the patient's arrival so that the appropriate equipment can be gathered and the proper environment established prior to the patient's arrival.

## d. Provide Latex-free Alternatives for Care of Allergic Patients.

- (1) ~~Non-latex gloves will be available and worn at all times when caring for a latex-allergic patient.~~ For activities not requiring sterility or sterile latex-free gloves, use vinyl or nitrile.
  - (2) Use a non-latex blood pressure cuff or gently wrap patient's arm with cotton-roller gauze or batting.
  - (3) Cover areas of rubber-exposed stethoscope tubing.
  - (4) Use a silastic foley if a urethral catheter is ordered.
  - (5) Use a vinyl glove or velcro tourniquet in place of latex.
  - (6) Do not puncture rubber medication stoppers with needle or a needleless system.
  - (7) Tape all ports, insert stopcocks for IV medications.
  - (8) Do not infuse antibiotics in minibags with rubber stoppers. Request that pharmacy premix antibiotics or other medications in IV bags without latex stoppers.
- e. Discharge Planning. The patient and the family should have discharge teaching made available regarding latex in their environment. Instructions should include:
- (1) Counseling at risk individuals to avoid contact with latex items as much as possible to prevent sensitization.
  - (2) Educational teaching materials
  - (3) Procurement of Medic Alert Bracelet
  - (4) Follow-up consultation with Allergy Immunology Service, if needed.

## FD MEDDAC Reg 40-4

- (5) In event of an emergency, inform health care team of latex allergy/sensitivity.
- (6) Consult for follow-up home visit for further evaluation of environment.

## FD MEDDAC Reg 40-4

OCCUPATIONAL HEALTH LATEX/RUBBER HYPERSENSITIVITY SCREENING  
QUESTIONNAIRE

AGE \_\_\_\_\_ SEX \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_ WORK TELEPHONE \_\_\_\_\_

MEDDAC EMPLOYEE (circle) YES NO

WORK AREA LOCATION \_\_\_\_\_

LATEX EXPOSURE LOCATION \_\_\_\_\_

TYPE OF LATEX PRODUCT \_\_\_\_\_

Job Category: (please circle) specialty \_\_\_\_\_

Physician, Physician Assistant, Nurse Practitioner, Nurse, Laboratory Worker, Housekeeping,  
Maintenance Worker, \_\_\_\_\_

other \_\_\_\_\_

1. How many years have you worked in a hospital or clinic? \_\_\_\_\_

2. Have you ever had an ADVERSE reaction to a LATEX PRODUCT at home or work?  
YES NO

If YES, complete 3 and 4. If NO, skip to number 5.

3. Indicate the symptoms you have experienced with rubber or other latex containing products  
(circle)

a. Skin: hives rash swelling redness irritation

b. Mouth, Nose: itchy tears watery redness

c. Lungs: asthma wheezing cough shortness of breath chest discomfort

d. Heart: chest pain palpitations low blood pressure fast pulse lightheadedness

e. Stomach: nausea vomiting diarrhea abdominal pain

4. Have you been previously evaluated for latex allergy (blood or skin test)?  
YES NO5. How frequent is (or has been) your contact with latex materials?  
RARE WEEKLY DAILY6. Do you have a history of seasonal allergic rhinitis?  
YES NO7. Do you have a history of asthma?  
YES NO8. Do you have a history of year-round allergic rhinitis (constant runny nose)?  
YES NO9. Do you have a history (current or past) of eczema, atopic dermatitis or allergic skin rashes?  
YES NO

10. Do you have any food allergies? Bananas kiwi avocado chestnuts papaya  
other \_\_\_\_\_ YES NO

11. Do you have any chronic medical problems where repeated exposure to latex containing  
products occurs?

YES NO

If yes, describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

-----STAFF USE ONLY BELOW THIS LINE-----

Previous documented latex allergy:

YES NO

Referred to allergy clinic:

YES NO

MCID-PM FM 730-R  
30 OCT 99

FD MEDDAC Reg 40-4

## LATEX ALLERGY CASE REPORT FORM

NAME \_\_\_\_\_ DATE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ CLINIC \_\_\_\_\_

SEX \_\_\_\_\_

INDEX DATE (date of onset of symptoms) \_\_\_\_\_

MEDDAC EMPLOYEE (yes or no) \_\_\_\_\_ PATIENT (yes or no) \_\_\_\_\_

OCCUPATION \_\_\_\_\_

WORK AREA LOCATION \_\_\_\_\_

LATEX EXPOSURE LOCATION \_\_\_\_\_

TYPE OF LATEX PRODUCT \_\_\_\_\_

## Reaction Type

|                                             |                                            |
|---------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Urticaria          | <input type="checkbox"/> Asthma            |
| <input type="checkbox"/> Contact Dermatitis | <input type="checkbox"/> Systemic reaction |
| <input type="checkbox"/> Rhinitis           | <input type="checkbox"/> Laryngeal edema   |

|                                   |                                             |                                   |
|-----------------------------------|---------------------------------------------|-----------------------------------|
| Past Contact Dermatitis To Gloves | <input type="checkbox"/> YES                | <input type="checkbox"/> NO       |
| Skin Test to Latex Extract        | <input type="checkbox"/> mm wheal           | <input type="checkbox"/> mm flare |
| Latex Specific IgE Antibody       | <input type="checkbox"/> % negative control |                                   |

## Prior Atopic Disease

|                                   |                                       |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Rhinitis | <input type="checkbox"/> Drug allergy |
|-----------------------------------|---------------------------------------|

(list) \_\_\_\_\_

|                                            |                                             |
|--------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Systemic reaction | <input type="checkbox"/> Contact dermatitis |
| <input type="checkbox"/> Urticaria         | <input type="checkbox"/> Angioedema         |
| <input type="checkbox"/> Eczema            | <input type="checkbox"/> Conjunctivitis     |
| <input type="checkbox"/> Asthma            | <input type="checkbox"/> Food allergy       |

(list) \_\_\_\_\_

## Treatment Prescribed

|                                                                   |                                                    |
|-------------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Avoidance                                | <input type="checkbox"/> Carry Epinephrine         |
| <input type="checkbox"/> ID Bracelet                              | <input type="checkbox"/> Pre-operative medications |
| <input type="checkbox"/> Antihistamines                           | <input type="checkbox"/> Bronchodilators           |
| <input type="checkbox"/> Topical Steroids (skin)                  |                                                    |
| <input type="checkbox"/> Topical Steroids (Respiratory)           |                                                    |
| <input type="checkbox"/> Modification of Present Work Environment |                                                    |
| <input type="checkbox"/> Change of Work Location                  |                                                    |

MCID-PM FM 729-R 30 OCT 99



1 March 2004

FD MEDDAC Regulation 40-4

DEPARTMENT OF THE ARMY  
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY  
FORT DRUM, NEW YORK 13602-5004

FD MEDDAC Regulation 40-4

1 March 2004

Medical Services  
MEDDAC AND DENTAC EMPLOYEE HEALTH PROGRAM

1. HISTORY: This regulation supersedes FD MEDDAC Reg 40-4, dated 1 Feb 2003.
2. PURPOSE: To establish procedures and responsibilities for the timely and prompt management of an employee health program for health care personnel at Fort Drum, New York.
3. REFERENCES:
  - a. AR 40-4, Army Medical Department Facilities/Activities, 1 January 1980
  - b. AR 40-5, Preventive Medicine, 5 October 1990
  - c. FD MEDDAC Reg 40-43, Infection Control Manual
  - d. FD MEDDAC Reg 40-25, Bloodborne Pathogen Exposure Control Program
  - e. FD MEDDAC Reg 40-30, Tuberculosis and Airborne Pathogen Exposure Control Program
4. SCOPE: The provisions of this regulation apply to all personnel assigned, attached, or otherwise employed by the U.S. Army Medical Department Activity (USA MEDDAC), U.S. Army Dental Activity (USA DENTAC), and Troop Medical Clinics (TMCs), Fort Drum, New York.
5. GENERAL: The protection of health care providers is of prime importance due to their high potential for exposure to infectious diseases, hazardous substances and dangerous equipment, and the potential for subsequently affecting patients, other health care personnel, members of their families and community contacts. The goal of the MEDDAC/DENTAC Employee Health Program is to foster the health, safety, productivity and wellness of MEDDAC/DENTAC workers, their families and the community, and protection of the environment. This mission is accomplished by the following activities:
  - a. Identification, evaluation, prevention, and management of occupational, environmental, and personal health risks.



b. Promotion of the maximum recovery and reintegration of the individual into a fully productive life by the prompt management and treatment of illness and injury.

c. Assurance of quality care, conservation of resources and reduction of unnecessary costs by efficient management of health care.

d. Creation of healthy work cultures and promotion of healthy lifestyles.

e. Expansion and application of the knowledge of toxicology, communicable diseases, epidemiology, ergonomics, biostatistics, and related disciplines of occupational and environmental medicine.

f. Promotion of continuous quality improvement by use of outcome assessments, practice guidelines, integrated health data systems, and other methods.

g. Provision of expert counsel to employees, families, labor organizations, and the community.

h. Development and implementation of a pattern of environmental responsibility.

## 6. RESPONSIBILITIES:

a. Chief of Occupational Health Services, Fort Drum, NY, will assure implementation of an employee health program for health care personnel at Fort Drum.

b. Chief, Preventive Medicine Service, will:

(1) have overall responsibility for the MEDDAC/DENTAC Employee Health Program.

(2) supervise the operation of Occupational Health Service.

(3) provide reports of nosocomial infections and other workplace related infectious exposures to the MEDDAC Infection Control Committee, including any investigative findings.

c. Chief, Occupational Health (OH), will:

(1) maintain the Employee Health Program.

(2) perform Placement Health Evaluations upon initial appointment or reassignment to a new duty position to ensure that personnel are physically and psychologically suited to perform their job duties with safety for themselves and others.

(3) conduct annual Standard Army Safety and Occupational Health Inspections (SASOHI), Occupational Health Medical Work Site Visits (OH-MWSV), and evaluate industrial hygiene surveys on all work sites throughout the MEDDAC/DENTAC, and subsequently recognize, evaluate, and prescribe corrective procedures for the control of occupational health hazards.

(4) investigate special problems and employee complaints related to suspected occupational hazards and coordinate with management and others concerned to alleviate the problem.

(5) notify supervisors and employees of scheduled job-related medical surveillance examinations.

(6) notify the supervisor and Chief, Human Resources (HR) Division, for MEDDAC military and civilian personnel or Executive Officer (XO)/First Sergeant (1SG), DENTAC, for DENTAC military and civilian personnel, when a health evaluation indicates that an employee does not meet the medical fitness requirements or that an employee's continued performance in a specific job will be hazardous to his/her health or the health of others.

(7) coordinate with military and civilian medical personnel, Civilian Personnel Advisory Center (CPAC), Command Safety Office, and command and supervisory personnel concerning the treatment of and administrative procedures related to occupational illnesses, injuries, and infectious disease exposures that may affect job performance.

(8) collect and analyze data on occupational illnesses and injuries and perform epidemiological investigations to identify patterns and recommend preventive measures when applicable.

(9) interview each pregnant employee, once the employee has declared pregnancy to Occupational Health, to determine if hazardous conditions exist in the work environment and provide appropriate recommendations to the supervisor and the Chief, HR, for MEDDAC personnel or XO/1SG, DENTAC, for DENTAC personnel.

(10) evaluate and monitor the health of employees returning to work following an injury or illness as defined in this regulation.

(11) provide individual and group education and counseling to supervisors and employees concerning job-related health hazards.

(12) provide medical evaluation of military and civilian personnel who have a possible infectious disease or infectious disease exposure.

(13) provide follow-up and continuation of treatment or prophylaxis for military and civilian personnel who are injured or become ill on the job.

(a) arrange for comprehensive treatment of occupational illnesses and injuries for military personnel.

(b) civilian employees who are authorized military medical care will be evaluated and provided comprehensive treatment as resources allow.

(c) civilian employees who are not authorized military medical care will be referred to civilian health care resources, this will be paid for under the Office of Workers' Compensation Program if needed treatment will require more than initial plus one follow-up visit.

(14) determine final work restrictions for the injury, illness, or exposure.

(15) evaluate military and civilian personnel working in patient care areas to determine suitability to return to duty after an illness.

(16) investigate cases of work-related communicable disease exposure in coordination with the Infection Control (IC) Officer and ensure prophylaxis or treatment as appropriate to employees and other contacts.

(17) provide reports of infectious disease occurrence and investigations to the IC Committee.

(18) develop and oversee new tobacco cessation program.

d. MEDDAC and DENTAC Safety Officers will:

(1) conduct annual SASOHIs.

(2) evaluate and prescribe corrective procedures for the control of occupational safety hazards.

(3) establish an occupational injury and illness reporting system and provide technical assistance in occupational injury and illness investigation and reporting.

e. Chief, HR, will:

(1) provide OH monthly a current list of inprocessing, transferring, or out-processing MEDDAC military and civilian personnel.

(2) ensure that all new MEDDAC personnel inprocess through OH.

(3) take appropriate administrative actions for personnel found to have temporary or permanent medical conditions affecting job performance.

(4) provide OH monthly a current list of 10<sup>th</sup> Mountain Division medical personnel other than MEDDAC employees working in the TMCs.

f. Commander, DENTAC, will:

(1) provide OH monthly a current list of the inprocessing, transferring, or out-processing DENTAC military and civilian personnel.

(2) ensure that all new DENTAC personnel in-process through OH.

(3) take appropriate administrative actions for personnel found to have temporary or permanent medical conditions affecting job performance.

g. Employees will:

(1) report to their supervisor the occurrence of all injuries and illnesses that result from or may affect the performance of their duties. These injuries and illnesses must be reported at the earliest possible time, whether or not they have been resolved. Health care workers must report to OH during duty hours or the Urgent Care Clinic (UCC) after duty hours for clearance to return to duty after any absence due to illness.

(2) use personal protective measures to prevent or mitigate job-related health hazard exposures.

(3) notify supervisor of any suspected health-hazardous condition.

(4) report for all scheduled health evaluations and immunizations upon notification.

(5) if they wish to declare pregnancy, inform OH and supervisor of pregnancy as soon as possible.

(6) comply with the reporting requirements as outlined in the regulation when returning to duty after sick leave.

h. Supervisors will:

(1) keep their employees informed about occupational health and safety hazards in activities under their control.

(2) notify OH and the Safety Officer of suspected health hazards in their work areas.

- (3) enforce the use of personal protective measures by employees.
  - (4) ensure that employees report to OH for required health evaluations and immunizations.
  - (5) refer all pregnant employees under their supervision to OH as soon as the employee declares their pregnancy for an evaluation and recommendation concerning their employees' work environment.
  - (6) provide all personnel under their supervision with the training necessary to perform their jobs in a safe and healthy manner. This annual training will include informing them of the hazards to which they may be exposed, symptoms following exposure, and measures to prevent or mitigate the hazardous effects of the exposure.
  - (7) ensure that all new personnel in process through OH.
  - (8) evaluate their personnel daily for work-related injuries or illnesses.
  - (9) refer all personnel with a work-related injury or illness to UCC for initial diagnostic evaluation, treatment and determination of work restriction. The UCC will subsequently refer these personnel to OH for follow-up treatment and final determination of work restriction.
  - (10) regardless of duration of absence, refer personnel who work in patient care areas to OH or UCC for work clearance prior to return to duty after an illness.
  - (11) assist civilian personnel with the completion of forms necessary to file a Workers' Compensation claim, as appropriate.
  - (12) notify OH of all employees who were placed on work restrictions or exclusion from work by any source of medical care other than OH (i.e. personal physician, hospital, clinic, UCC).
  - (13) notify OH of all other employees not involved in paragraphs 6g(5), 6g(10) or 6g(12) who were off work due to an injury or illness in excess of 4 days.
  - (14) promptly notify OH and the Safety Officer of all on-the-job injuries.
- i. Chief, UCC, will:
- (1) provide initial medical evaluation of military and civilian personnel who are injured or become ill on the job.
  - (2) provide initial medical evaluation of military and civilian personnel who have a possible infectious disease or infectious disease exposure.

(3) provide initial treatment or prophylaxis as appropriate.

j. Chief, Logistics Division, and Chief, Clinical Operations, will: ensure that contractual personnel comply with contract provisions and that the contract contains appropriate specifications for personnel health qualifications and sanitation.

k. Infection Control Officer will:

(1) provide technical assistance to all sections in prevention and control of infection in patients and personnel.

(2) monitor infectious disease occurrences among patients and personnel and perform epidemiological investigations of infectious disease outbreaks in coordination with the Preventive Medicine Service.

l. MEDDAC IC Committee will recommend or approve guidelines for protection of employees against communicable disease hazards and monitor infection control practices and procedures among patients and personnel.

## 7. PROGRAM IMPLEMENTATION:

a. SASOHI Program: Appendix A outlines the procedure for inspections.

b. Placement evaluations and medical surveillance: Appendix B outlines the procedure for health evaluations and screening of employees.

c. Managing injuries, illnesses, and exposures: Appendix C outlines the procedure for evaluating and treating employees hurt or exposed to diseases on the job.

d. Infection Control: Appendix D reviews the role of the Employee Health Program in preventing nosocomial and job-related infectious diseases.

e. Immunization and immunity testing policy: Table 1 lists the appropriate recommendations for immunity-related interventions in employees.

f. Work restrictions: Table 2 lists the appropriate restrictions for clinical, subclinical, and potentially incubating communicable infections among employees.

## APPENDIX A

MEDDAC'S STANDARD ARMY SAFETY AND  
OCCUPATIONAL HEALTH INSPECTIONS (SASOHI) PROGRAM

1. PURPOSE: This program is responsible for identifying all potential occupational health and safety hazards in the workplace and providing guidance for the protection against and abatement of identified hazards.

2. INDUSTRIAL HYGIENE AND SAFETY INSPECTIONS: Routine inspections of all work sites will be conducted by industrial hygiene personnel from the Preventive Medicine Service in coordination with the MEDDAC Safety Officer, who is responsible for performing quarterly safety inspections. Occupational health hazards and safety deficiencies identified during these surveys will be evaluated and recommendations for their control will be recorded on DA Form 4754, Violation Inventory Log, which will be incorporated into the SASOHI report. This report will be forwarded to the appropriate activity for corrective action.

3. OCCUPATIONAL HEALTH MEDICAL WORK SITE VISITS (OH MWSV):

a. OH personnel will conduct routine surveys of all work sites.

b. The purpose of the survey is to:

(1) familiarize OH medical staff with the workplace.

(2) evaluate the work environment and assist the supervisor in the detection and appraisal of potential health hazards to derive the maintenance of a safe and healthful work environment.

(3) discuss health concerns relating to the work environment with the supervisor and workers.

(4) verify occupational medicine examination programs (if applicable) are necessary and are being complied with by managers.

(5) identify health hazards that may warrant new program implementation by medical authorities.

(6) review updated personnel rosters.

## APPENDIX B

PLACEMENT HEALTH EVALUATIONS AND  
JOB RELATED MEDICAL SURVEILLANCE

1. PURPOSE: The purpose of placement evaluations, which are performed upon initial appointment or reassignment to a new duty position, is to ensure that personnel are physically and psychologically suited to perform their job duties with safety to themselves and others. The purpose of periodic job related health evaluations is to detect early evidence of any adverse effect of the occupational environment upon the worker's health and to assess the worker's physical capabilities in order to ensure continued safe and healthful job performance. The nature and extent of placement evaluations, as well as the necessity, scope, and frequency of periodic evaluations will be determined by OH based on the following:

- a. The chemical, biological, and physical hazards of the job.
- b. Medical Surveillance Guidelines from the Center for Health Promotion and Preventive Medicine (CHPPM), the Department of Defense (DoD), the Occupational Safety and Health Administration (OSHA), and the National Institute of Occupational Safety and Health (NIOSH).
- c. Office of Personnel Management (OPM) regulations.

2. IMMUNIZATIONS AND TUBERCULOSIS (TB) SCREENING: Immunizations against diseases for which certain health care personnel are at increased risk of exposure are listed in Table 1. These will be ordered through OH. Specific immunizations that are job-related requirements are noted. Guidelines for TB testing and control are contained in FD MEDDAC-Reg 40-30.

3. PLACEMENT HEALTH EVALUATIONS: Civilian applicants requiring preplacement evaluations will report to OH, who will perform or arrange for the performance of all necessary examinations and will inform CPAC of the results. Applicants for positions not requiring preplacement evaluations will inprocess through OH for a baseline health evaluation. Military health care personnel will inprocess with their health record through OH, who will coordinate necessary baseline screening and immunizations updates. For all other personnel, prior to the start of duties or assignments, referral will be made to OH for ensuring completion of the necessary TB skin testing and appropriate immunizations listed in Table 1 and FD MEDDAC Reg 40-30. As applicable, referrals will be made by:

- a. the Contracting Officer's Representative (COR) for personal service health care providers and housekeeping contract personnel.



b. the MEDDAC or DENTAC departments to which students are assigned.

c. the Red Cross Volunteer Coordinator.

4. **MEDICAL SURVEILLANCE:** For military and civilian personnel, OH will identify the positions requiring job related medical surveillance and will schedule, notify, and perform the necessary evaluations. Notification of the time and location will be provided to personnel and their supervisors. Personnel working in the Troop Medical Clinic's will be notified through the Chief, Primary Care. Supervisors will ensure that personnel are released for their medical surveillance evaluations and will provide a site for the evaluations upon request. Occupational Health will provide supervisors with a monthly list of employees who failed to receive their medical surveillance. When the results of an evaluation indicate that a civilian employee does not meet medical fitness requirements or that continued performance in a specific job will be hazardous (to the health of the employee or others), OH will promptly forward written recommendations concerning the employee to CPAC for appropriate action and will notify the employee's supervisor. Every 2 years, or as indicated by job type, the COR and the Red Cross Volunteer Coordinator will refer personnel to OH to ensure that they have completed the necessary TB skin testing and appropriate immunizations listed in Table 1 and FD MEDDAC Reg 40-30.

#### 5. PREGNANCY SURVEILLANCE PROGRAM:

a. **PURPOSE.** To preserve the health of the pregnant employee and her fetus by preventing unnecessary or excessive exposure to hazardous elements in the work environment. Referrals of pregnant employees to the Pregnancy Surveillance Program can be made by calling OH. The Industrial Hygiene (IH) section of Preventive Medicine Service and OH will perform an assessment of the work environment.

b. **CIVILIAN EMPLOYEES** OH services are available to civilian employees who wish to declare their pregnancy. Civilian employees can make an appointment with OH. After analysis of the employee's work environment and job requirements, OH will forward written recommendations for work modifications, temporary reassignment or administrative leave to the CPAC and the employee's supervisor. The employee should report to OH concerning any complications of pregnancy and notify OH prior to initiating maternity leave. Before returning to work, the employee should bring a certificate from her physician indicating date of delivery and medical clearance to return to assigned duties.

c. **MILITARY PERSONNEL:** Occupational Health will interview military personnel. They will provide appropriate amendments to the temporary pregnancy profile given by the military physician. Coordination with the primary physician will be accomplished prior to any amendments to profiles.

## APPENDIX C

## MANAGEMENT OF JOB-RELATED ILLNESSES, INJURIES, AND EXPOSURES

1. PURPOSE: The purpose of this program is to protect the health of health care personnel and their patients through the prompt diagnosis and treatment of all job-related illnesses and injuries, prophylaxis for certain preventable disease exposures, and the appropriate work restrictions when required.

2. OCCUPATIONAL AND NON-OCCUPATIONAL ILLNESS AND INJURY TREATMENT:

a. CIVILIAN EMPLOYEES:

(1) All injuries or illnesses sustained in performance of official duties will be reported promptly to the employee's immediate supervisor. For employees with medical conditions requiring emergency medical attention, contact 911 for transfer to a local hospital as soon as medically feasible. All employees with illnesses or injuries affecting their job performance but not requiring immediate emergency care must report to the UCC. All DA civilian employees upon reporting to the UCC must identify themselves as a DA civilian employee with an on-the-job injury or illness, even if that employee holds a dual status (i.e., DA civilian and active duty Army retiree, DA civilian and active duty Army family member, etc.). The supervisor will accompany the employee to the UCC. Once the employee reports the illness or injury to the UCC and has obtained an initial medical assessment, the employee may choose to continue treatment at the UCC, OH, or by a physician of his or her choice. In the event of a job-related injury or illness, the UCC will ensure that the Civilian Employee Injury/Illness Reporting Packet is provided to the employee for completion at the time of treatment. Employees are responsible for providing the forms to the physician, ensuring their completion and returning them to the Federal Employee Compensation Act (FECA) Administrator (772-5352). If an emergency precludes compliance and the employee proceeds without the Civilian Employee Injury/Illness Reporting Packet, the supervisor will immediately notify the FECA Administrator of this fact and the FECA Administrator and supervisor will initiate the required forms together. In the event of a job-related injury or illness, the UCC will ensure initiation of a SF 513, Medical Consultation. This form will be forwarded to OH for verification of physical limitations and determination of duty status for return to work (i.e., full duty or modified duty).

(2) If a civilian employee sustains a job-related injury and he or she will have civilian medical expenses or will receive time off (past date of injury), they must be referred to the FECA Administrator (772-5352) for case management.

(3) Management of Parenteral and Mucous Membrane Potential Disease Exposure: Any civilian employee sustaining a parenteral (e.g., needlestick or cut) or

mucous membrane exposure (e.g., splash to the eye or mouth) to blood or other body fluids which is the direct result of employment, should be evaluated and given the appropriate prophylaxis and follow-up as described in FD MEDDAC Reg 40-25.

(4) Non-occupational Illness or Injury Treatment: All non-occupational illnesses or injuries affecting job performance will be reported promptly to the employee's immediate supervisor. For employees with medical conditions requiring emergency medical attention, contact 911 for transfer to a local hospital as soon as medically feasible.

(5) Palliative treatment: Employees with non-occupational illnesses or injuries affecting their job performance but not requiring immediate emergency care may be referred to UCC or OH by their supervisor for palliative care to enable them to complete the work shift. If further medical care is necessary, employees will be referred to their personal physician. Employees must present a DD Form 685 (Individual Sick Slip) filled out by their supervisor when seeking medical care.

#### b. MILITARY PERSONNEL:

(1) Illness or Injury Treatment: Military personnel will receive diagnosis and treatment of all illnesses or injuries through their authorized primary medical clinic during normal duty hours and the UCC after normal duty hours, and on weekends and holidays. Illnesses and injuries that are job related will be reported to Preventive Medicine Service, Occupational Health, utilizing DA Form 3075 and in accordance with (IAW) AR 40-5.

(2) Management of Parenteral and Mucous Membrane Potential Disease Exposure: All military personnel sustaining a parenteral (e.g., needlestick or cut) or mucous membrane exposure (e.g., splash to the eye or mouth) to blood or other body fluids which is the direct result of employment, should be evaluated and given the appropriate prophylaxis and follow-up as described in FD MEDDAC Reg 40-25.

#### c. COMMUNICABLE DISEASE EXPOSURE

(1) Supervisors will evaluate their employees daily for possible communicable disease exposures. The guidelines in Table 2 should be used to identify appropriate work restrictions for diagnosed cases of communicable disease exposure. Supervisors will refer all personnel with a possible exposure to UCC for initial diagnostic evaluation and treatment and determination of work restriction IAW Table 2. The UCC will subsequently refer these personnel to OH for follow-up and final determination of work restriction. During duty hours, the UCC will coordinate the medical evaluation with OH. Civilian employees will be referred to their personal physician for subsequent treatment or to OH. Civilian employees who temporarily must be removed from duty for the good of the clinic, during the incubation period of certain diseases listed in Table 2, will be required to take sick or annual leave. Under similar circumstances, military personnel will be placed on convalescent leave.

(2) All patient care personnel returning to duty after an illness, regardless of duration of absence, must have a medical clearance prior to resuming their duties. Supervisors will refer these personnel using a DD 689, Individual Sick Slip, to OH during duty hours (0700 – 1530) or the UCC after duty hours and weekends for return to work clearance. The UCC or OH will provide the employee with a DD 689 annotating "Cleared for Duty" to be given to the supervisor. Employees with a work release from a private physician will be allowed to resume work but will be referred to OH with work release statement during normal duty hours.

(3) Occupational Health must maintain surveillance of employee illness absences in order to identify the occurrence of disease outbreaks. Consequently, supervisors of non-patient care personnel must notify OH of all employees who are off work due to illness in excess of 4 days.

(4) Occupational Health will investigate all cases of work-related infectious disease or communicable disease exposure in coordination with the IC Officer and will ensure appropriate prophylaxis and treatment as appropriate for employees and their contacts. OH will provide reports of infectious disease occurrences among the staff and investigation outcomes to the IC Committee.

### 3. SICKNESS ABSENCE MONITORING PROGRAM:

a. PURPOSE: Monitoring of employees returning after illness or injury is done to assure that they are able to return to work, to identify any physical limitations for work, to identify any communicable disease, to identify any chronic disease or other health problems, and to provide health counseling.

b. ALL EMPLOYEES: Supervisors will evaluate all employees returning to work after sickness absence to ensure that they are able to return to work and that no communicable disease condition exists. All direct care personnel must clear through OH prior to return to duty. In addition, all employees returning to work after absences due to occupational illness or injuries and/or who have been absent in excess of 4 days due to illness will contact OH prior to commencing work. Supervisor should schedule appointments with OH and employees should provide medical documents for approval of return to work.

## APPENDIX D

## INFECTION CONTROL AND HEALTH EDUCATION PROGRAMS

## 1. OBJECTIVES OF AN EMPLOYEE HEALTH PROGRAM FOR IC:

a. The employee health program is part of the MEDDAC'S general program for infection control.

b. For these objectives to be met, the support of the administration, medical staff, and other employees is essential. The objectives include:

(1) stressing maintenance of sound habits in personal hygiene and individual responsibility in IC.

(2) monitoring and investigating infectious diseases, potentially harmful infectious exposures, and outbreaks of infection among personnel.

(3) providing care to personnel for work-related illness and injuries.

(4) identifying infection risks related to employment and instituting appropriate preventive measures.

(5) containing costs by eliminating unnecessary procedures and by preventing infectious diseases that result in absenteeism and disability.

## 2. ELEMENTS OF AN EMPLOYEE HEALTH PROGRAM FOR IC

a. Certain elements of a health program for MEDDAC personnel will assist in effectively attaining IC goals.

b. These elements are as follows:

(1) infection control and employee health education

(2) immunization programs

(3) guidelines for work restriction because of infectious disease

(4) protocols for surveillance and management of job-related illnesses and exposures to infectious diseases

## 3. EMPLOYEE HEALTH AND IC EDUCATION:

a. Personnel are more likely to comply with an IC program if they understand its rationale. Thus, staff education is the central focus of the IC program. Clearly written policies, guidelines, procedures and Standard Operating Procedures are needed for uniformity, efficiency, and effective coordination of activities. Since job categories vary, not all personnel require the same degree of instruction in IC. Education programs are matched to the needs of each group.

b. Education for IC is required IAW AR 40-5 and 29 CFR 1910.1030, the OSHA Bloodborne Pathogen Standard.

c. Education for IC is the responsibility of each section. The section IC Coordinator is responsible for coordinating IC orientation of new personnel and annual training. Procedures for IC education of inprocessing personnel and annual education of all personnel are described in FD MEDDAC Reg 40-43.

d. Occupational Health provides health counseling on an individual basis during placement and periodic medical evaluation. Health education classes are available upon request from OH.

#### 4. IMMUNIZATION PROGRAMS:

a. Since HCPs and other MEDDAC and DENTAC personnel are at risk of exposure to and possible transmission of vaccine-preventable diseases due to their contact with patients or material from patients with infections, maintenance of immunity is an essential part of a health care organization's employee health and IC program. Immunization guidelines, including required immunization for personnel employed, assigned, attached or otherwise working at USA MEDDAC or DENTAC, Fort Drum, are contained in Table 1.

b. Immunization status of all personnel, including civilian employees, military personnel, students, and Red Cross volunteers will be determined at the time of inprocessing through OH. Immunization requirements for contract personnel will be included in their contract and will be monitored by the COR (e.g., Logistics Division for housekeeping contractors). Occupational Health will determine immunity through review of the employee's medical and immunization records and by obtaining titers for measles, rubella, mumps, hepatitis B, and Varicella, when appropriate.

c. OH or the Immunization Clinic, based on the request of OH, will provide immunizations for all eligible personnel.

5. TUBERCULOSIS (TB) AND OTHER AIRBORNE PATHOGENS: Policies pertaining to airborne pathogens are contained in FD MEDDAC Reg 40-30.

a. Tuberculosis screening consists of the placement of a TB skin test (PPD) and reading of that test as outlined below. Individuals with a documented history of a positive PPD skin test, i.e., TB infection, will be exempt from TB skin testing. A history of vaccination with Bacillus of Calmette and Guerin (BCG) is not a contraindication to TB skin testing.

b. Baseline TB skin testing will be administered upon inprocessing as described below.

c. Periodic TB skin testing will be performed based on risk assessment of potential for exposure to *M. tuberculosis*. All personnel with a potential for TB exposure will be skin tested or offered skin testing at least annually as outlined below. Personnel in areas designated as high or intermediate risk based on Center for Disease Control (CDC) criteria will be tested every 3 or 6 months, respectively and will be tested within 30 days of the termination of employment or leaving the military.

d. TB testing will also be performed when an employee undergoes an exposure incident (unless there is a documented negative TB skin test within the past 3 months) and if the result is negative, another skin test 3 months later. Employees who are identified, by job title or location, as part of a cluster investigation of PPD conversions will be tested every 3 months until it is determined that there are no new converters and/or no identifiable cause for the conversions. Testing of the group(s) will return to their baseline frequency of testing after two tests, 3 months apart, with no new converters.

| Permanent Party<br>Military |                                                                                                                                                                                                                      | Reserve Component<br>& Other Temporary Military                                                                                                                                                          | Civilian<br>Employees                                                                                                                                                                                                                                                                                                                                                  | Contractors/Volunteers/<br>Students                                                                                                                                                                                                                                                                                                                                                       |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Baseline TB<br>Skin Test    | Required for all personnel to receive a baseline PPD on inprocessing to MEDDAC/DENTAC. Two-step testing is required under conditions noted below. <sup>+</sup>                                                       | Required for all personnel to receive a baseline PPD test on inprocessing to MEDDAC/DENTAC unless they have documentation of a PPD done within the previous 12 months. Two-step testing is not required. | Baseline PPD required for all civilian personnel who have direct patient contact or provide direct patient services. <sup>#</sup> It is strongly recommended for all other civilian personnel. Two-step testing will be done for personnel without a documented negative PPD within the last 12 months.                                                                | Required for all personnel who have direct patient contact or provide direct patient services <sup>#</sup> to receive a baseline PPD on inprocessing to MEDDAC/DENTAC. Strongly recommended for all other personnel without a documented negative PPD within the last 12 months. Two-step testing will be done for personnel without a documented negative PPD within the last 12 months. |
| Periodic TB<br>Skin Test    | Required for all personnel to receive a TB skin test annually or more frequently as noted above if in an intermediate or high-risk category. Two-step testing is required under conditions noted below. <sup>+</sup> | <b>Not applicable</b>                                                                                                                                                                                    | Required for all civilian personnel who have direct patient contact or provide direct patient services <sup>#</sup> to receive a TB skin test annually or more frequently as noted above if in an intermediate or high-risk category.* Strongly recommended for all other civilian personnel. Two-step testing will be done under conditions noted below. <sup>+</sup> | Required for all personnel who have direct patient contact or provide direct patient services <sup>#</sup> to receive a TB skin test annually or more frequently as noted above if in an intermediate or high-risk category. Strongly recommended for all other personnel.                                                                                                                |

\*Staff permanently assigned to the following areas is considered to be at moderate risk: Urgent Care Clinic and Laboratory. High risk areas or occupational groups are those in which (a) the PPD test conversion rate is significantly greater than areas or groups in which the occupational exposure to M.tuberculosis is unlikely or previous conversion rates for the same area or group, and epidemiologic evaluation suggests nosocomial transmission; (b) a cluster of PPD conversions has occurred, and epidemiologic evaluation suggests nosocomial transmission of M.tuberculosis; or (c) possible person-to-person transmission of M.tuberculosis has been detected.

+ Persons age 35 years or older who have not had a documented negative PPD within the last 5 years will require a second PPD (two step PPD) if the first test is less than 10mm.

# Direct patient contact: Personnel with direct patient contact are those personnel whose work may require physical contact with the patient for the provision of patient care, e.g., physicians, nurses, physical therapists, and respiratory therapists.

Direct patient services: Personnel who provide direct patient services are personnel whose work requires them to provide services directly to the patient but does not entail physical contact for the provision of service, e.g., pharmacist, clinical receptionist, social worker, and dietitian.



6. **BLOODBORNE PATHOGENS:** Policies pertaining to bloodborne pathogens are contained in FD MEDDAC Reg 40-25.

7. **HEALTH EDUCATION PROGRAM:**

a. **PURPOSE:** The purpose of this program is to provide individual and group health education aimed at preventing occupational illness and injury, promoting general health, and familiarizing personnel with available health care resources. The primary responsibility for providing education about job related health hazards rests with supervisors aided by OH, Safety, IH and IC staff.

b. **ORIENTATION OF NEW PERSONNEL:** Occupational Health will provide information to newly assigned personnel about the MEDDAC/DENTAC Employee Health Program individually when the employee inprocesses through OH and during the MEDDAC Orientation.

c. **ORIENTATION AND TRAINING FOR SUPERVISORS:** Occupational Health, Safety, IH and IC staff will provide specific training sessions on job related health hazards and their abatement upon request.

d. **HEALTH EDUCATION ABOUT JOB-RELATED HEALTH HAZARDS:** Personnel performing potentially hazardous jobs are to be apprised of the health hazards to which they may be exposed, symptoms following exposure, and measures to prevent or mitigate the hazardous effects of the exposure. Supervisors are responsible for providing employees with this training. This can be done through in-service education sessions and by providing written information in the form of pamphlets, bulletin board notices, fact sheets, etc. Technical guidance and educational materials on employee health hazard education to assist supervisors are available from OH, Safety, IH, and the IC Officer. Individual counseling for employees is provided by OH during the job related medical surveillance examinations and is available upon request from OH, Safety, IH and the IC Officer.

e. **GENERAL HEALTH PROMOTION EDUCATION:** The provision of information and guidance and counseling support to assist workers improve and maintain their health are important aspects of any occupational health program. Occupational Health will give appropriate individual guidance during every medical encounter with the employee. Group sessions concerning specific health topics of interest will be provided, as resources permit, upon request.

**TABLE 1**  
**IMMUNIZATION POLICY**

| DISEASE/<br>AGENT    | MILITARY<br>REQUIREMENTS/RECOMMENDATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CIVILIAN REQUIREMENTS/<br>RECOMMENDATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Hepatitis B          | <p>Required for all non-immune military personnel. Screening for a protective hepatitis B titer will be performed as appropriate to determine immunity.</p> <p>Pregnancy is not considered a contraindication to the use of the vaccine for persons who are otherwise eligible.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p>Required to be offered to all non-immune civilian personnel hired before Jan 97 in occupations that involve frequent contact with human blood, blood products and other body fluids. Screening for a protective hepatitis B titer will be performed as appropriate to determine immunity. Civilian personnel who decline to accept hepatitis B immunization must sign a declination statement. The employee may elect at any later time to receive the immunization.</p> <p>Required by all employees with direct patient contact hired after January 1997.</p> <p>Pregnancy is not considered a contraindication to the use of the vaccine for persons who are otherwise eligible.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Influenza            | Required for all military personnel annually unless documented allergic to eggs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Strongly recommended for all civilian personnel, especially direct HCPs, annually.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Measles<br>(Rubeola) | <p>Required for all military personnel born in 1957 or later who have direct patient contact and who:</p> <ol style="list-style-type: none"> <li>1. Do not have documentation of one of the following: <ol style="list-style-type: none"> <li>a. Physician diagnosed measles.</li> <li>b. Laboratory evidence of measles immunity.</li> <li>c. Adequate immunizations with 2 doses of live measles vaccine after the first birthday.</li> </ol> </li> <li>2. State they are not pregnant (females).</li> </ol> <p>Screening for a protective measles titer will be performed as appropriate to determine immunity.</p> <p>Because of the theoretical risk to the fetus, measles vaccine will not be given to pregnant women, and women receiving the vaccine will be counseled not to become pregnant within 1 month.</p> <p>Personnel who have no documentation of vaccination or other evidence of measles immunity will be vaccinated at the time of employment and re-vaccinated or re-tested no less than 1 month later.</p> <p>Measles vaccine will be given in combination with rubella and mumps vaccine (measles-mumps-rubella (MMR) trivalent vaccine) unless documented immunity to rubella and mumps.</p> | <p>Required for all civilian employees who have direct patient contact and:</p> <ol style="list-style-type: none"> <li>1. Give a negative history of measles and have not been immunized.</li> <li>2. Do not have laboratory evidence of immunity against measles.</li> <li>3. Are not pregnant.</li> </ol> <p>Required for all civilian employees, housekeeping, contract personnel, students, and volunteers born in 1957 or later who have direct patient contact and:</p> <ol style="list-style-type: none"> <li>1. Do not have documentation of one of the following: <ol style="list-style-type: none"> <li>a. Physician diagnosed measles.</li> <li>b. Laboratory evidence of measles immunity.</li> <li>c. Adequate immunizations with 2 doses of live measles vaccine after first birthday.</li> </ol> </li> <li>2. State they are not pregnant (females).</li> </ol> <p>Screening for a protective measles titer will be performed as appropriate to determine immunity.</p> <p>Because of the theoretical risk to the fetus, measles vaccine will not be given to pregnant women and women receiving the vaccine will be counseled not to become pregnant within 1 month.</p> <p>Personnel who have no documentation of vaccination or other evidence of measles immunity will be vaccinated at the time of employment and re-vaccinated or re-tested no less than 1 month later. Measles vaccine will be given in combination with rubella and mumps vaccine (measles-mumps-rubella (MMR) trivalent vaccine) unless documented immunity to rubella and mumps.</p> |

TABLE 1 (Continued)

| DISEASE/<br>AGENT | MILITARY<br>REQUIREMENTS/RECOMMENDATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CIVILIAN REQUIREMENTS/<br>RECOMMENDATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mumps             | <p>Required for all military personnel who:</p> <ol style="list-style-type: none"> <li>1. Give a negative history for mumps and have not been immunized.</li> <li>2. Do not have laboratory evidence of immunity against mumps.</li> <li>3. Are not pregnant.</li> </ol> <p>Screening for a protective mumps titer will be performed as appropriate to determine immunity.</p> <p>Because of the theoretical risk to the fetus, mumps vaccine will not be given to pregnant women, and women receiving the vaccine will be counseled not to become pregnant within 1 month.</p> <p>Mumps vaccine will be given in combination with rubella and measles vaccine (measles-mumps-rubella (MMR) trivalent vaccine) unless documented immunity to rubella and measles.</p>                                                                                                                                                                    | <p>Required for all civilian personnel who have direct patient contact and:</p> <ol style="list-style-type: none"> <li>1. Give a negative history for mumps and have not been immunized.</li> <li>2. Do not have laboratory evidence of immunity against mumps.</li> <li>3. Are not pregnant.</li> </ol> <p>Screening for a protective mumps titer will be performed as appropriate to determine immunity.</p> <p>Because of the theoretical risk to the fetus, mumps vaccine will not be given to pregnant women, and women receiving the vaccine will be counseled not to become pregnant within 1 month.</p> <p>Mumps vaccine will be given in combination with rubella and measles vaccine (measles-mumps-rubella (MMR) trivalent vaccine) unless documented immunity to rubella and measles.</p>                                                                                                                                                                                             |
| Poliomyelitis     | Required for all military personnel to have completed a primary series.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Recommended for civilian personnel who may have direct contact with patients who may be excreting polioviruses to have completed a primary series. The inactivated polio vaccine (IPV) is recommended for personnel requiring polio immunization.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Rabies            | Required for military veterinary personnel involved in animal handling to receive initial pre-exposure prophylaxis and a rabies antibody titer evaluation every 2 years with subsequent booster if titer is inadequate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Required for civilian veterinary personnel involved in animal handling to receive initial pre-exposure prophylaxis and a rabies antibody titer evaluation every 2 years with subsequent booster if titer is inadequate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Rubella           | <p>Required for all military personnel who have direct patient contact and who:</p> <ol style="list-style-type: none"> <li>1. Do not have documentation of one of the following: <ol style="list-style-type: none"> <li>a. Laboratory evidence of measles immunity</li> <li>b. Adequate immunizations with live virus vaccine on or after their first birthday.</li> </ol> </li> <li>2. State they are not pregnant (females).</li> </ol> <p>Screening for a protective rubella titer will be performed as appropriate to determine immunity.</p> <p>Because of the theoretical risk to the fetus, rubella vaccine will not be given to pregnant women, and women receiving the vaccine will be counseled not to become pregnant within 1 month.</p> <p>Rubella vaccine will be given in combination with measles and mumps vaccine (measles-mumps-rubella (MMR) trivalent vaccine) unless documented immunity to measles and mumps.</p> | <p>Required for all civilian employees, house-keeping, contract personnel, students, and volunteers who have direct patient contact and:</p> <ol style="list-style-type: none"> <li>1. Do not have documentation of one of the following: <ol style="list-style-type: none"> <li>a. Laboratory evidence of measles immunity</li> <li>b. Adequate immunizations with live virus vaccine on or after their first birthday.</li> </ol> </li> <li>2. State they are not pregnant (females).</li> </ol> <p>Screening for a protective rubella titer will be performed as appropriate to determine immunity.</p> <p>Because of the theoretical risk to the fetus, rubella vaccine will not be given to pregnant women, and women receiving the vaccine will be counseled not to become pregnant within 1 month.</p> <p>Rubella vaccine will be given in combination with measles and mumps vaccine (measles-mumps-rubella (MMR) trivalent vaccine) unless documented immunity to measles and mumps.</p> |

TABLE 1 (Continued)

| DISEASE/<br>AGENT      | MILITARY<br>REQUIREMENTS/RECOMMENDATIONS                                                                                                                                                                                    | CIVILIAN REQUIREMENTS/<br>RECOMMENDATIONS                                                                                                                                                                                    |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Tetanus-<br>Diphtheria | Required for all military personnel to have had a primary series and booster every 10 years or as medically indicated for wound management.<br><br>Tetanus-diphtheria (Td) toxoid is recommended for booster immunizations. | Recommended for civilian personnel to have had a primary series and a booster every 10 years or as medically indicated for wound management.<br><br>Tetanus-diphtheria (Td) toxoid is recommended for booster immunizations. |
| Varicella              | Required for all military personnel who do not have documentation of one of the following:<br>1. Physician diagnosed varicella.<br>2. Laboratory evidence of varicella immunity.<br>3. Immunization for varicella.          | Required for all civilian personnel who do not have documentation of one of the following:<br>1. Physician diagnosed varicella.<br>2. Laboratory evidence of varicella immunity.<br>3. Immunization for varicella.           |

## GUIDELINES FOR WORK RESTRICTIONS DUE TO INFECTIOUS DISEASE

22

TABLE 2 (Continued)  
GUIDELINES FOR WORK RESTRICTIONS DUE TO INFECTIOUS DISEASE

| Disease/Problem                       | Relieve From Direct Patient Contact | Work Restriction Instructions               | Work Restriction Instructions                                                                                                                         |
|---------------------------------------|-------------------------------------|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mumps Active                          | Yes                                 | Personnel will be relieved from all duties. | Until 9 days after onset of parotitis.                                                                                                                |
| Postexposure (susceptible personnel)  | Yes                                 | Personnel will be relieved from all duties. | From the 12 <sup>th</sup> through the 26 <sup>th</sup> day after exposure or until 9 days after onset of parotitis.                                   |
| Pertussis (Whooping Cough) Active     | Yes                                 | Personnel will be relieved from all duties. | From the beginning of the catarrhal stage through the 3 <sup>rd</sup> week after onset of paroxysms or until 7 days after start of effective therapy. |
| Postexposure (asymptomatic personnel) | No                                  |                                             |                                                                                                                                                       |
| Postexposure (symptomatic personnel)  | Yes                                 | Personnel will be relieved from all duties. | Same as active pertussis.                                                                                                                             |
| Rubella Active                        | Yes                                 | Personnel will be relieved from all duties. | Until 5 days after the rash appears.                                                                                                                  |
| Postexposure (susceptible personnel)  | Yes                                 | Personnel will be relieved from all duties. | From the 7 <sup>th</sup> through the 21 <sup>st</sup> day after exposure and/or 5 days after rash appears.                                            |
| Rubeola (Measles) Active              | Yes                                 | Personnel will be relieved from all duties. | Until 7 days after the rash appears.                                                                                                                  |
| Postexposure (susceptible personnel)  | Yes (consider vaccine)              | Personnel will be relieved from all duties. | From the 5 <sup>th</sup> through the 21 <sup>st</sup> day after exposure and/or 7 days after the rash appears.                                        |

TABLE 2 (Continued)

## GUIDELINES FOR WORK RESTRICTIONS DUE TO INFECTIOUS DISEASE

| Disease/Problem                                                                 | Relieve From Direct Patient Contact | Work Restriction Instructions                                                                   | Work Restriction Instructions                                                                                                     |
|---------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Scabies                                                                         | Yes                                 | Personnel will be relieved from all duties.                                                     | Until 24 hours after adequate treatment is started.                                                                               |
| Staphylococcus aureus Skin lesions (MRSA or others)                             | No                                  | Appropriate barrier must be used (gauze); personnel should not take care of high-risk patients. | Until lesions have resolved.                                                                                                      |
| Staphylococcus aureus Colonization (MRSA or others)                             | Yes (If associated with outbreak)   | Personnel can work in non-patient care/non-food service areas.                                  | Must be cleared by OH.                                                                                                            |
| Streptococcal Disease, Group A                                                  | Yes                                 | Personnel can work in non-patient care/non-food service areas.                                  | Until 24 hours after adequate treatment is started.                                                                               |
| Tuberculosis                                                                    | Yes                                 | Personnel will be relieved from all duties.                                                     | To be handled on a case-by-case basis by OH.                                                                                      |
| Upper respiratory infection                                                     | No                                  | Good handwashing at all times for patient care.                                                 | Until acute symptoms resolve.                                                                                                     |
| Varicella (Chickenpox) Active                                                   | Yes                                 | Personnel will be relieved from all duties.                                                     | Until all lesions dry and crust.                                                                                                  |
| Postexposure (susceptible personnel-unprotected respiratory and lesion contact) | Yes                                 | Personnel will be relieved from all duties.                                                     | From the 10 <sup>th</sup> through the 21 <sup>st</sup> day after exposure or if varicella occurs until all lesions dry and crust. |
| Zoster (Shingles) Active                                                        | No                                  | Appropriate barrier must be used (gauze); personnel should not take care of high-risk patients. | Until all lesions dry and crust.                                                                                                  |

1 March 2004

The proponent of this publication is the Preventive Medicine Service. Send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, U.S. Army Medical Department Activity, ATTN: MCID-PM, 11050 Mt Belvedere Blvd, Fort Drum, New York 13602-5004.

FOR THE COMMANDER:

OFFICIAL:

RANDOLPH G. HOWARD, JR.  
LTC, MS  
Deputy Commander for  
Administration

DISTRIBUTION:

A





DEPARTMENT OF THE ARMY  
UNITED STATES ARMY MEDICAL DEPARTMENT ACTIVITY  
FORT DRUM, NEW YORK 13602-5004

FD MEDDAC Circular 40-1

23 March 2001

Medical Services  
PLAN FOR THE PROVISION OF PATIENT CARE SERVICES

1. HISTORY. This supersedes the previous edition of this publication dated 19 April 2000.

2. PURPOSE.

a. This circular provides an overview of U.S. Army Medical Department Activity's (USA MEDDAC) policies and procedures concerning the provision of health care services to its patient population. It is not meant to replace the current series of Army Regulations and other official policies for the provision of patient care services but rather is intended to compile key elements from each of them to provide a synopsis of how patient care will be provided.

b. Our Plan for Provision of Patient-Care Services (PPPCS) addresses the continuity of patient care from a cross-functional and multidisciplinary standpoint. It also demonstrates a coordinated approach to patient care in concert with the organization's strategic plan and outlines the resources required to execute them.

3. REFERENCES. Listed at Appendix A.

4. RESPONSIBILITIES.

a. The MEDDAC Commander will:

(1) Provide the framework for planning, directing, coordinating, and improving health care services that are responsive to community and patient needs and that improve patient health outcomes.

(2) Ensure that services are planned based on the population served, the mission of the MEDDAC, identified patient care needs, and available resources.

b. The Deputy Commander for Clinical Services (DCCS) will:

(1) Serve as the Chief of the Medical Staff. Orchestrate the provision of patient care services to the military community by ensuring that timely access to care, thorough

evaluation of the patient's condition, competent treatment by a professional and caring staff, and the appropriate discharge planning and patient education are provided. This is achieved through the development of a seamless network of interconnected clinical and administrative departments and services which emphasize cross-functional coordination and collaboration of the care they provide.

(2) Implement the Commander's guidance for the determination of a community health care needs assessment in order to thoroughly understand what patient care services are needed and desired by the patient population. Design services to fulfill those needs, and ensure those services address the nine "Dimensions of Performance" which are: efficacy, appropriateness, availability, timeliness, effectiveness, continuity, safety, efficiency, respect, and caring as recommended by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

(3) Develop recommendations for the appropriate complement of professional staff required to provide the medical care identified. Ensure the continued competency of the medical staff. Recommend the medical equipment necessary to support the medical staff and ensure those elements are in coordination with the organization's mission and available resources.

(4) Coordinate developing, purchasing, monitoring, and evaluating contracted health care services required to provide medical care to beneficiaries.

(5) Plan and manage processes to measure, assess, and improve the health care provided by the USA MEDDAC.

c. The Deputy Commander for Administration (DCA) will:

(1) Coordinate the activities of the administrative and support services required to sustain the clinical staff in the provision of quality patient care services.

(2) Organize, direct, and staff the following areas:

(a) Management of the Environment of Care to include: equipment management, utilities management, and security management.

(b) Management of Resources, both human and fiscal, to include: management of civilians to budget, management of budget, and management of Plans, Training, Mobilization, and Security.

(c) Logistics to include facilities management and construction.

(d) Information Systems Management to include automated and manual systems.

(e) Management of Internal Controls.

(f) Patient Administration functions to include all aspects of medical records management.

d. The Deputy Commander for Patient Services (DCPS) will:

(1) Serve as Nurse Executive.

(2) Ensure the coordination and provision of all necessary clinical education programs.

(3) Oversee the organization's Performance Improvement and Utilization Management Programs.

(4) Manage Preventive Medicine Services, Nutrition Care Services, and Ancillary Services to include laboratory and radiology.

(5) Advise the Commander on policies, procedures, activities, staffing, and matters pertaining to or affecting nursing and outpatients.

(6) Plan, represent, interpret, and define standards of nursing practice, programs, and activities.

(7) Organize, direct, supervise, and evaluate nursing personnel.

(8) Collaborate with the DCCS and department chiefs to provide maximum nursing support for health care plans, policies, and treatment programs.

(9) Consult with the DCA and chiefs of administrative divisions or branches to coordinate requirements for support and improvement of nursing services.

e. The Chiefs of the Clinical Departments and Services will:

(1) Participate in the development and implementation of the policies and priorities of the Command regarding the provision of patient care services to the catchment population.

(2) Integrate the department/service into the primary functions of the MEDDAC by ensuring that all patients are provided treatment in a coordinated and collaborative manner with other departments and services.

(3) Implement and maintain an active performance improvement program within the department/service which participates in cross-functional, multidisciplinary activities to improve overall patient outcomes and organizational performance.

(4) Determine the required qualifications and competencies of the department/service and recommend the number of sufficiently qualified and competent personnel to provide care/service. Recommend the amount of space and other resources required to provide the treatment services.

(5) Ensure provision of appropriate orientation and continuing education to all persons within the department/service to include the knowledge and skills required to perform his/her responsibilities, the effective and safe use of all equipment used in his/her activity; the prevention of contamination and transfer of infection, and other lifesaving interventions. Ensure evaluation of clinical performance of all non-privileged health care personnel through a competency based monitoring and evaluation program.

(6) Provide utilization review and productivity information for quarterly review and analysis.

(7) Participate in the selection of resources which are not provided by the organization.

(8) Update their departmental scopes of practice and care on an annual basis.

## 5. ENTRY INTO THE HEALTH CARE TREATMENT SYSTEM:

a. Organization of Patient Care Services. As a federally owned and operated military medical treatment facility, the USA MEDDAC has been assigned the responsibility of providing directly, or coordinating for, the comprehensive medical care required by all beneficiaries entitled to care under the military regulations within the catchment area. Providing ambulatory outpatient care services, the USA MEDDAC is organized around the model of a civilian health maintenance organization (HMO) whereby its recipients are assigned a primary care manager who is part of a primary care provider panel which is available to meet the beneficiaries' primary care needs. Specialty care is provided on a referral basis within the USA MEDDAC or other military/civilian facilities within the catchment area.

b. Enrollment into Primary Care Services. All entitled beneficiaries within the patient catchment area of the clinic are eligible to participate in the program. Primary care is provided throughout the catchment area. Patients access primary care through the Family Practice, Conner Troop Medical, Aviation Troop Medical, and the Urgent Care

Clinics. Each clinic, as appropriate, is staffed by family practitioners, pediatricians, licensed general medical officers, physician assistants, and nurse practitioners. The staffing mix is based on analysis of patient population data for the area served.

c. Consultation with Specialty Services. When the needs of the patient exceed the scope of care provided by the primary care provider, a consultation will be made to the appropriate specialty care service. If the patient cannot be seen within the timeline established by TRICARE standards consistent with the patient's health care needs, the patient will be referred to either another military medical facility or a civilian provider, whichever is most appropriate.

d. Urgent Care Services: Urgent medical care is available for all eligible beneficiaries and bona fide emergent cases regardless of eligibility 7 days a week in the Urgent Care Clinic (UCC). Patients who are beyond the scope of service of the UCC will be transferred to a higher level of care as appropriate.

#### 6. ASSESSMENT OF PATIENTS' HEALTH CARE NEEDS:

a. Health care providers will perform an initial assessment of the patient to include, at a minimum, the physical (to include pain), psychological (including age related/age-specific cognitive and communicative skills or development), health care assessment, and social status of the patient. Identified problems will be documented on the master problem list in the outpatient medical record. The scope and intensity of further assessment of the patient will then be based upon his/her diagnosis, the treatment setting, the patient's desire for treatment, and the patient's response to previous treatment. These factors will also determine the requirement for additional in-depth assessment, incorporating such specialty services as dietary, physical therapy, social work services and/or diagnostic testing.

At each visit, the health care provider will review the master problem list and obtain the chief complaint in order to determine the most appropriate course of treatment. The need for reassessment is dictated by the patient's complaint, the treatment and their clinical condition and is then reflected in the plan for follow-up care indicated in the outpatient treatment record.

b. The registered nurse makes final determination, consultation, and prioritization of nursing needs and skill levels to determine workload distribution to meet patients' needs.

Nursing care is provided at the UCC, Community Health Nursing, and Occupational Health. Nursing care requires substantial specialized knowledge of the biological, physical, behavioral, psychological and social science of the nursing theory

as a basis for assessment, diagnosis, planning, intervention, and evaluation in promotion and maintenance of health.

c. Qualified nursing staff members (Licensed Practical Nurses (LPNs), 91Cs, 91Bs, and medical assistants) provide nursing support to patients in accordance with level of skill and within their scope of practice.

Nursing support is provided throughout the MEDDAC. Nursing support involves the collection of data or the implementation of a technical skill not dependent upon assessment or critical thinking skills.

d. Assessment of Specific Populations: Patients who are receiving treatment for alcohol or other drug dependencies are assessed and/or reassessed in accordance with AR 600-85, Alcohol and Drug Abuse Prevention and Control Program.

e. Assessment of Victims of Alleged or Suspected Abuse or Neglect: The assessment of patients who are alleged or suspected to be the victims of abuse or neglect will be assessed in accordance with FD MEDDAC Regulation 40-35, Identification and Reporting of Child, Spouse, and Elder Abuse/Neglect.

## 7. TREATMENT OF HEALTH CARE NEEDS.

a. Outpatient services are provided in accordance with individual clinic scopes of practice and service (Appendices B through Y). The majority of our services are provided in Guthrie Ambulatory Health Care Clinic, Conner Troop Medical Clinic, Aviation Troop Medical Clinic, Wilcox Clinic, and our OB/GYN Satellite Clinic located at Samaritan Medical Center. All of these facilities are within a 5-mile radius and are located on Fort Drum with the exception of the OB/GYN Satellite Clinic. Several external contracts and agreements with local medical facilities have been established to provide inpatient services, labor and delivery, specialty care, and select ancillary services that exceed our service scope. The USA MEDDAC also provides administrative oversight and occupational health at Watervliet Arsenal. This site is located approximately 200 miles from Fort Drum.

b. Patients Served: The patient population includes approximately 28,000 active duty military, retired military, and family members of both. This population encompasses all age groups, but primarily consists of a young healthy patient.

c. Complexity of Patient Care Needs: Primary and specialty care, as described in individual scopes of practice and service, are provided on an outpatient basis only.

d. Meeting Patients' Needs/Methods Used to Assess Patient Care Needs: Patient needs are identified through several mechanisms, some of which are: issues discussed at the Family Symposium, concerns presented to the Patient Representative, data received via the Military Health Service Report Card, and Commander's Suggestion Boxes. Patients are also invited to express their needs through the Commander's Open Door Policy.

e. Support Services Provided: Clinical areas receive support from ancillary services which include: Laboratory, Radiology, Pharmacy, and Clinical Education. Further support is provided from Logistics; Resource Management; Patient Administration; Information Management; Human Resources; Plans, Training, Mobilization and Security; Clinical Operations, and Performance Improvement.

f. Availability of Staff: The USA MEDDAC is staffed with approximately 350 military and civilian personnel. In general, operational hours are from 0730-1600 daily, Monday through Friday, excluding federal holidays. Urgent care services are provided on a continuous basis.

g. Recognized Standards or Guidelines for Practice: The USA MEDDAC follows AR 40-3, Medical, Dental and Veterinary Care; other applicable regulations; federal laws; JCAHO Ambulatory Care standards as well as a myriad of other guidelines and standards for practice.

## 6. EDUCATION OF PATIENT AND FAMILY.

a. The health care team will share the responsibilities for patient/family education by determining the educational needs of the patient and family. They will educate the patient/family and evaluate the effectiveness of patient/family teaching instruction. The health care provider will document barriers to learning on the master problem list.

b. The goal of educating the patient and family is to improve patient health outcomes by promoting recovery, speeding return to function, promoting healthy behavior, and appropriately involving the patient in his/her care and care decisions. Patient and family education should:

(1) Facilitate the patient's/family's understanding of the patient's health status, health care options, and consequences of options, if selected.

(2) Encourage participation in the decision making process about health care options.

(3) Increase the family's potential to follow the therapeutic health care options.



(4) Increase the patient's/family's ability to cope with the patient's status/prognosis/outcome.

(5) Enhance the patient's/family's role in continuing care.

(6) Promote a healthy lifestyle.

(7) Transitional planning.

## 7. PATIENTS' RIGHTS AND ORGANIZATIONAL ETHICS.

a. The USA MEDDAC respects the rights of the patient and recognizes that each patient is an individual with unique health care needs. Because of the importance of respecting each patient's personal dignity, the organization strives to provide considerate, respectful care which is focused on the patient's individual needs. The staff affirms the patient's right to make decisions regarding his/her medical care, including the decision to discontinue treatment. In addition, the organization actively assists the patient in the exercise of his/her rights and works to inform the patient of any responsibilities incumbent on him/her in the exercise of those rights.

b. Confidentiality: The organization recognizes the extreme need to maintain patient and other information in a confidential manner. As such, privileged information will be maintained in the strictest confidence. Access and use of this information is limited only to those individuals authorized to review and act upon such information.

### c. Access to and Responsibilities of Ethics Committee:

(1) If a conflict of interest seems likely, the Executive Committee or its designated representative will review potential conflicts. In the event a conflict has a direct implication on patient care, the Ethics Committee may convene to resolve the issue.

(2) The Committee performs the following functions:

(a) Review, discuss, and/or consult on conflicts between the attending physician's assessment and that of an incompetent patient's next of kin or guardian.

(b) Undertake consultation on the "substituted judgment doctrine" if an incompetent patient has no family or legal guardian.

(c) Provide policy review/interpretation as needed concerning ethical principles in the care of patient and staff rights.

(d) Provide information for health care personnel and families about the means available within the clinic to assist them in making the best possible decisions, given the circumstances, regarding treatment options.

(e) Consultative function: concurrent/retrospective review where withdrawal or life-sustaining treatment is under consideration.

d. Advance Directives:

(1) An Advanced Directive is a written statement of a patient's wishes regarding health care that becomes effective at the time the patient is unable to make health care decisions. Advance Directives can include: Do Not Resuscitate Orders, Durable Powers of Attorney, and Living Wills.

(2) Patients are not required by law, Army Regulation, or clinic policy to have an advance directive in order to receive care. However, an advance directive is the effective way to ensure desires concerning medical treatment are honored.

(3) If a patient requests an advance directive, the health care provider should discuss the medical treatment wishes with the patient and others as appropriate. If presented or requested, the copy of the advance directive should be placed in the medical record. Providers should inform patients that their advance directives are primarily designed for use at an inpatient facility and will not be honored at our facility. If the patient and health care provider disagree with any advance directive, the patient has the right to request to be treated by another health care provider. The patient or health care provider may also seek advice from the USA MEDDAC Ethics Committee. Patients should be instructed that if needed, assistance is available at the Legal Assistance Office, Building T-130. Office hours are 0800-1600, Monday through Friday (except holidays).

(4) Patients shall be informed about the following as appropriate:

- Their rights and responsibilities
- Informed consent
- Confidentiality of information
- Ethics Committee
- Advanced Directives

8. RESOURCING. Resourcing is based on capitated budgeting which is developed from a cost per beneficiary served. The costing includes direct care dollars, TRICARE financing, and the civilian replacement value of the military work force. Adjustments are made to the budget year for inflation/pay raises, projected changes in military strength, projected changes in beneficiary population served, and changes in directed missions.

INDEX FOR  
SCOPES OF SERVICE/SCOPES OF PRACTICE

| <u>APPENDIX NUMBER</u> | <u>TITLE</u>                                           |
|------------------------|--------------------------------------------------------|
| B                      | Audiology Scope of Service                             |
| C                      | Audiology Scope of Practice                            |
| D                      | Aviation Troop Medical Clinic Scope of Service         |
| E                      | Aviation Troop Medical Clinic Scope of Practice        |
| F                      | Behavioral Health Department Scope of Service          |
| G                      | Behavioral Health Department Scope of Practice         |
| H                      | Community Health Nursing Scope of Service              |
| I                      | Community Health Nursing Scope of Practice             |
| J                      | Connor Troop Medical Clinic Scope of Service           |
| K                      | Connor Troop Medical Clinic Scope of Practice          |
| L                      | Family Practice Clinic Scope of Service                |
| M                      | Family Practice Clinic Scope of Practice               |
| N                      | Fort Drum Occupational Health Clinic Scope of Service  |
| O                      | Fort Drum Occupational Health Clinic Scope of Practice |
| P[                     | Obstetric/Gynecology Clinic Scope of Service           |
| Q                      | Obstetric/Gynecology Clinic Scope of Practice          |
| R                      | Orthopedic Scope of Service                            |
| S                      | Orthopedic Scope of Practice                           |

23 March 2001

FD MEDDAC Circular 40-1

|   |                                                         |
|---|---------------------------------------------------------|
| T | Physical Therapy Scope of Service                       |
| U | Physical Therapy Scope of Practice                      |
| V | Urgent Care Clinic Scope of Service                     |
| W | Urgent Care Clinic Scope of Practice                    |
| X | Watervliet Occupational Health Clinic Scope of Service  |
| Y | Watervliet Occupational Health Clinic Scope of Practice |

## APPENDIX N

### Fort Drum Occupational Health Clinic Scope of Service

1. Scope of Services. We are a multi-disciplinary provider of direct and indirect programs that benefit Fort Drum's employees. We utilize processes directed toward prevention of occupational illness and/or injury, health maintenance and prevention/monitoring of occupational hazards. Programs include medical examinations, reproductive hazard surveillance, hearing and vision conservation, ergonomics, medical work-site visits, illness/absence monitoring, respiratory protection, employee modified duty, patient education, immunizations, employee in/out processing.

2. Population Served. Fort Drum civilian & military workforce.

3. Location of Service(s) Performed. Fort Drum clinical services at Wilcox Clinic (Building P-36) and all other services are performed at specific work sites on the installation.

4. Hours of Operation. 0730-1200 and 1300-1600, Monday-Friday

5. Support Service Source(s).

Physician Board certified in Occupational Medicine (1 civilian contractor, part time)

Registered Nurses (2 civilian)

Occupational Health Technician (1 civilian)

Medical Clerk (1 civilian)

Audiologist (1 military)

Hearing conservation technician (1 civilian)

Ear, Nose & Throat technician (1 military)

APPENDIX O  
Fort Drum Occupational Health Clinic Scope of Practice

1. Purpose: To delineate the practice and procedures available in the Occupational Health clinic and define who may perform those procedures.

2. Procedures.

a. Physician procedures:

- (1) Physical examinations, to include Pre-placement, Periodic Health or Medical Surveillance, and Fitness for Duty examinations.
- (2) Disability Evaluations.
- (3) Reproductive Hazard Surveillance.
- (4) Management of Hearing Conservation and Occupational Vision Programs.
- (5) Technical oversight of Respiratory Protection Program.
- (6) Technical oversight of MEDDAC Infection Control and Blood borne Pathogen Programs.
- (7) Recommends Modified Duty for ill and injured employees able to work.
- (8) Managing Job-Related Injury and Illness and the Federal Employee Compensation Act (FECA).
- (9) Occupational Health Medical Work Site Visits (OH-MWSV).
- (10) Patient triage and telephone advice.
- (11) Counseling for respiratory protection, hearing conservation, vision conservation, immunizations, blood borne pathogen exposure, hazardous chemical exposure, cumulative trauma exposure, radiation exposure, occupationally related injury or illness, return to work status, and health promotion and maintenance.

b. Occupational Health Nurse procedures following competency based orientation:

- (1) Occupational Health Medical Work Site Visits (OH-MWSV).
- (2) Patient triage and telephone advice.
- (3) Counseling for respiratory protection, hearing conservation, vision conservation, immunizations, blood borne pathogen exposure, hazardous chemical exposure, cumulative trauma exposure, radiation exposure, occupationally related injury or illness, return to work status, and health promotion and maintenance.
- (4) Reproductive Hazard Surveillance.
- (5) Management of Hearing Conservation and Occupational Vision Programs.
- (6) Technical oversight of Respiratory Protection Program.
- (7) Technical oversight of MEDDAC Infection Control and Blood borne Pathogen Programs.

- (8) Management of the Modified Duty Program for ill and injured employees able to work.
- (9) Managing Job-Related Injury and Illness and the Federal Employee Compensation Act (FECA).
- (10) Immunization administration.
- (11) Lab result screening.
- (12) Vital signs and patient screening.
- (13) Assisting providers with procedures.
- (14) Clerical administration of patient records.
- (15) Hearing conservation testing.
- (16) Vision conservation testing.
- (17) Pulmonary Function testing.
- (18) EKG administration.
- (19) Ergonomics Evaluations
- (20) Illness/Absence Monitoring
- (21) Dressing Changes
- (22) Suture Removal

c. Occupational Health Technician procedures following competency based assessment:

- (1) Occupational Health Medical Work Site Visits (OH-MWSV).
- (2) Telephone consultation r/t hearing conservation, vision conservation, respiratory protection program, and job related injuries.
- (3) Counseling for respiratory protection, hearing conservation, vision conservation, immunizations, blood borne pathogen exposure, and health promotion and maintenance.
- (4) Immunization administration.
- (5) Lab result screening.
- (6) Vital signs and patient screening.
- (7) Assisting providers with procedures.
- (8) Clerical administration of patient records.
- (9) Hearing conservation testing.
- (10) Vision conservation testing.
- (11) Respiratory Protection fit testing.
- (12) Pulmonary Function testing.
- (13) EKG administration.
- (14) Ear Canal Irrigation
- (15) Dressing Changes
- (16) Suture Removal





DEPARTMENT OF THE ARMY  
UNITED STATES ARMY MEDICAL DEPARTMENT ACTIVITY  
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14 February 04

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2. PURPOSE.

a. This circular provides an overview of U.S. Army Medical Department Activity's (USA MEDDAC) policies and procedures concerning the provision of health care services to its patient population. It is not meant to replace the current series of Army Regulations and other official policies for the provision of patient care services, but rather is intended to compile key elements from each of them to provide a synopsis of how patient care will be provided.

b. Our Plan for Provision of Patient Care Services addresses the continuity of patient care from a cross-functional and multidisciplinary standpoint. It also demonstrates a coordinated approach to patient care in concert with the organization's strategic plan and outlines the resources required to execute them.

3. REFERENCES. Listed at Appendix A.

4. RESPONSIBILITIES

a. The MEDDAC Commander will:

(1) provide the framework for planning, directing, coordinating, and improving health care services that are responsive to community and patient needs and that improve patient health outcomes with a goal of continuity of care.

(2) ensure that services are planned based on the population served, the mission of the MEDDAC, identified patient care needs, and available resources.

b. The Deputy Commander for Clinical Services (DCCS) will:

(1) serve as the Chief of the Medical Staff. Orchestrate the provision of patient care services to the military community by ensuring that timely access to care, thorough

evaluation of the patient's condition, competent treatment by a professional and caring staff, and the appropriate discharge planning and patient education are provided. This is achieved through the development of a seamless network of interconnected clinical and administrative departments and services which emphasize cross-functional coordination and collaboration of the care they provide.

(2) implement the Commander's guidance for the determination of a community health care needs assessment in order to thoroughly understand what patient care services are needed and desired by the patient population. Design services to fulfill those needs, and ensure those services address the nine "Dimensions of Performance" which are: efficacy, appropriateness, availability, timeliness, effectiveness, continuity, safety, efficiency, respect, and caring as recommended by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

(3) develop recommendations for the appropriate complement of professional staff required to provide the medical care identified. Ensure the continued competency of the medical staff. Recommend the medical equipment necessary to support the medical staff and ensure those elements are in coordination with the organization's mission and available resources. Ensure credentialing of all licensed providers within scope of practice, scope of services, and licensure.

(4) coordinate developing, purchasing, monitoring, and evaluating contracted health care services required to provide medical care to beneficiaries.

(5) plan and manage processes to measure, assess, and improve the health care provided by the USA MEDDAC.

c. The Deputy Commander for Administration (DCA) will:

(1) coordinate the activities of the administrative and support services required to sustain the clinical staff in the provision of quality patient care services.

(2) establish effective communication and coordinate with activities and agencies external to the organization PAO functions.

(3) organize, direct, and staff the following areas:

(a) Management of the Environment of Care to include: equipment management, utilities management, safety, and security management.

(b) Management of Resources, both human and fiscal, to include: management of civilians to budget, management of budget, and management of Plans, Training, Mobilization, and Security.

(c) Logistics to include facilities management and construction.

(d) Information Systems Management to include automated and manual systems.

(e) Management of Internal Controls.

(f) Patient Administration functions to include all aspects of medical records management.

d. The Deputy Commander for Patient Services (DCPS) will:

(1) serve as Nurse Executive, directing nursing services and ensuring standards of practice are adhered to.

(2) ensure the coordination and provision of all necessary clinical education programs.

(3) oversee the organization's Performance Improvement, Population Health, and Patient Safety. Provide direction, guidance and oversight of volunteer program.

(4) manage Preventive Medicine Services, Nutrition Care Services, Audiology, and Ancillary Services to include laboratory and radiology.

(5) advise the Commander on policies, procedures, activities, staffing, and matters pertaining to or affecting nursing and outpatient care.

(6) plan, represent, interpret, and define standards of nursing practice, programs, and activities.

(7) organize, direct, supervise, and evaluate nursing personnel.

(8) collaborate with the DCCS and department chiefs to provide maximum nursing support for health care plans, policies, and treatment programs.

(9) consult with the DCA and chiefs of administrative divisions or branches to coordinate requirements for support and improvement of nursing services.

e. The Chiefs of the Clinical Departments and Services will:

(1) participate in the development and implementation of the policies and priorities of the Command regarding the provision of patient care services to the catchment population.

(2) integrate the department/service into the primary functions of the MEDDAC by ensuring that all patients are provided treatment in a coordinated and collaborative manner with other departments and services.

(3) implement and maintain an active performance improvement program within the department/service which participates in cross-functional, multidisciplinary activities to improve overall patient outcomes and organizational performance.

(4) determine the required qualifications and competencies of the department/service and recommend the number of sufficiently qualified and competent personnel to provide care/service. Recommend the amount of space and other resources required to provide the treatment services.

(5) ensure provision of appropriate orientation and continuing education to all persons within the department/service to include the knowledge and skills required to perform his/her responsibilities, the effective and safe use of all equipment used in his/her activity; the prevention of contamination and transfer of infection, and other lifesaving interventions. Ensure evaluation of clinical performance of all non-privileged health care personnel through a competency based monitoring and evaluation program.

(6) provide utilization review and system performance information for quarterly review and analysis.

(7) participate in the selection of resources which are not provided by the organization.

(8) update their departmental scopes of practice and care on an annual basis.

##### 5. ENTRY INTO THE HEALTH CARE TREATMENT SYSTEM:

a. Organization of Patient Care Services. As a federally owned and operated military medical treatment facility, the USA MEDDAC has been assigned the responsibility of providing directly, or coordinating for, the comprehensive medical care required by all beneficiaries entitled to care under the military regulations within the catchment area. Providing ambulatory outpatient care services, the USA MEDDAC is organized around the model of a civilian health maintenance organization (HMO), whereby its recipients are assigned a primary care manager who is part of a primary

care provider panel which is available to meet the beneficiaries' primary care needs. Specialty care is provided on a referral basis within the USA MEDDAC or other military/civilian facilities within the catchment area.

b. Enrollment into Primary Care Services. All entitled beneficiaries within the patient catchment area of the clinic are eligible to participate in the program. Primary care is provided throughout the catchment area. Patients access primary care through the Family Practice Clinic (FPC), Conner Troop Medical Clinic (CTMC), Aviation Troop Medical Clinic (ATMC), and the Urgent Care Clinic (UCC). Each clinic, as appropriate, is staffed by family practitioners, pediatricians, licensed general medical officers, physician assistants, and nurse practitioners. The staffing mix is based on analysis of patient population data for the area served.

c. Consultation with Specialty Services. When the needs of the patient exceed the scope of care provided by the primary care provider, a consultation will be made to the appropriate specialty care service. If the patient cannot be seen within the timeline established by TRICARE standards consistent with the patient's health care needs, the patient will be referred to either another military medical facility or a civilian provider, whichever is most appropriate.

d. Urgent Care Services: Urgent medical care is available for all eligible beneficiaries 7 days a week. Patients who are beyond the scope of service of the UCC will be transferred to a higher level of care as appropriate.

## 6. ASSESSMENT OF PATIENTS' HEALTH CARE NEEDS:

a. Health care providers will perform an initial assessment of the patient to include, at a minimum, the physical (to include pain), psychological (including age related/age-specific cognitive and communicative skills or development), health care assessment, and social status of the patient. Identified problems will be documented on the master problem list in the outpatient medical record. The scope and intensity of further assessment of the patient will then be based upon his/her diagnosis, the treatment setting, the patient's desire for treatment, and the patient's response to previous treatment. These factors will also determine the requirement for additional in-depth assessment, incorporating such specialty services as dietary, physical therapy, social work services and/or diagnostic testing.

At each visit, the health care provider will review the master problem list and obtain the chief complaint in order to determine the most appropriate course of treatment. The need for reassessment is dictated by the patient's complaint, the treatment and their clinical condition and is then reflected in the plan for follow-up care indicated in the outpatient treatment record.

b. The registered nurse makes final determination, consultation, and prioritization of nursing needs and skill levels to determine workload distribution to meet patients' needs.

Nursing care is provided at the UCC, FPC, OB/GYN, CTMC, Orthopedic Clinic, Community Health Nursing, and Occupational Health. Nursing care requires substantial specialized knowledge of the biological, physical, behavioral, psychological and social science of the nursing theory as a basis for assessment, diagnosis, planning, intervention, and evaluation in promotion and maintenance of health.

c. Qualified nursing staff members (Licensed Practical Nurses (LPNs) 91Cs, 91Bs, 91W, and medical assistants) provide nursing support to patients in accordance with level of skill and within their scope of practice.

Nursing support is provided throughout the MEDDAC. Nursing support involves the collection of data or the implementation of a technical skill not dependent upon assessment or critical thinking skills.

d. Assessment of Specific Populations: Patients who are receiving treatment for alcohol or other drug dependencies are assessed and/or reassessed in accordance with AR 600-85, Alcohol and Drug Abuse Prevention and Control Program.

e. Assessment of Victims of Alleged or Suspected Abuse or Neglect: The assessment of patients who are alleged or suspected to be the victims of abuse or neglect will be assessed in accordance with FD MEDDAC Regulation 40-35, Identification and Reporting of Child, Spouse, and Elder Abuse/Neglect.

## 7. TREATMENT OF HEALTH CARE NEEDS

a. Outpatient services are provided in accordance with individual clinic scopes of practice and service (Appendices B through GG). The majority of our services are provided in Guthrie Ambulatory Health Care Clinic, CTMC, ATMC, Wilcox Clinic, Preventive Medicine at Clark Hall and our OB/GYN Satellite Clinic located at Samaritan Medical Center. All of these facilities are within a 5-mile radius and are located on Fort Drum with the exception of the OB/GYN Satellite Clinic. Several external contracts and agreements with local medical facilities have been established to provide inpatient services, labor and delivery, specialty care, and select ancillary services that exceed our service scope. The USA MEDDAC also provides administrative oversight and occupational health at Watervliet Arsenal. This site is located approximately 200 miles from Fort Drum.

b. Patients Served: The patient population includes approximately 28,000 active duty military, retired military and family members of both. This population encompasses all age groups, but primarily consists of a young healthy patient.

c. Complexity of Patient Care Needs: Primary and specialty care, as described in individual scopes of practice and service, are provided on an outpatient basis only.

d. Meeting Patients' Needs/Methods Used to Assess Patient Care Needs: Patient needs are identified through several mechanisms, some of which are: issues discussed at the Family Symposium, concerns presented to the Patient Representative, data received via the Military Health Service Report Card, and Commander's Comment Cards. Patients are also invited to express their needs through the Commander's Open Door Policy.

e. Support Services Provided: Clinical areas receive support from ancillary services which include: Laboratory, Radiology, and Pharmacy. Further support is provided from Logistics; Resource Management; Patient Administration; Information Management; Human Resources; Plans, Training, Mobilization and Security; Clinical Operations; Patient Safety/Risk Management, and Performance Improvement.

f. Availability of Staff: The USA MEDDAC is staffed with approximately 400 military and civilian personnel. In general, operational hours are from 0730-1600 daily, Monday through Friday, excluding federal holidays. Urgent care services are provided seven days a week from 0700-2300. Ambulance service is available 24 hours a day, seven days a week.

g. Recognized Standards or Guidelines for Practice: The USA MEDDAC follows AR 40-3, Medical, Dental and Veterinary Care; other applicable regulations; federal laws; JCAHO Ambulatory Care standards as well as a myriad of other guidelines and standards for practice.

## 8. EDUCATION OF PATIENT AND FAMILY.

a. The health care team will share the responsibilities for patient/family education by determining the educational needs of the patient and family. They will educate the patient/family and evaluate the effectiveness of patient/family teaching instruction. The health care provider will document barriers to learning on the master problem list.

b. The goal of educating the patient and family is to improve patient health outcomes by promoting recovery, speeding return to function, promoting healthy

behavior, and appropriately involving the patient in his/her care and care decisions. Patient and family education should:

- (1) facilitate the patient's/family's understanding of the patient's health status, health care options, and consequences of options, if selected.
- (2) encourage participation in the decision making process about health care options.
- (3) increase the family's potential to follow the therapeutic health care options.
- (4) increase the patient's/family's ability to cope with the patient's status/prognosis/outcome.
- (5) enhance the patient's/family's role in continuing care.
- (6) promote a healthy lifestyle.
- (7) transitional planning.

## 9. PATIENTS' RIGHTS AND ORGANIZATIONAL ETHICS.

a. The USA MEDDAC respects the rights of the patient and recognizes that each patient is an individual with unique health care needs. Because of the importance of respecting each patient's personal dignity, the organization strives to provide considerate, respectful care, which is focused on the patient's individual needs. The staff affirms the patient's right to make decisions regarding his/her medical care including the decision to discontinue treatment. In addition, the organization actively assists the patient in the exercise of his/her rights and works to inform the patient of any responsibilities incumbent on him/her in the exercise of those rights.

b. Confidentiality: The organization recognizes the extreme need to maintain patient and other information in a confidential manner. As such, privileged information will be maintained in the strictest confidence. Access and use of this information is limited only to those individuals authorized to review and act upon such information. This organization complies with the Health Insurance Portability and Accountability Act.

### c. Access to and Responsibilities of Ethics Committee:

- (1) If a conflict of interest seems likely, the Executive Committee or its designated representative will review potential conflicts. In the event a conflict has a



direct implication on patient care, the Ethics Committee may convene to resolve the issue.

(2) The Committee performs the following functions:

(a) review, discuss, and/or consult on conflicts between the attending physician's assessment and that of an incompetent patient's next of kin or guardian.

(b) undertake consultation on the "substituted judgment doctrine" if an incompetent patient has no family or legal guardian.

(c) provide policy review/interpretation as needed concerning ethical principles in the care of patient and staff rights.

(d) provide information for health care personnel and families about the means available within the clinic to assist them in making the best possible decisions, given the circumstances, regarding treatment options.

(e) consultative function: concurrent/retrospective review where withdrawal or life-sustaining treatment is under consideration.

d. Advance Directives:

(1) If a patient requests an advance directive, the health care provider should discuss the medical treatment wishes with the patient and others as appropriate. If presented or requested, the copy of the advance directive should be placed in the medical record. Providers should inform patients that it would be unlikely that their advance directives would need to be implemented while under care at USA MEDDAC, Fort Drum. It should be explained to the patient that Guthrie Ambulatory Health Care Clinic (GAHC) and its attached Troop Medical Clinics' (TMC) primary missions are to assist our patients in wellness and readiness in an outpatient setting and that the legal advanced directive should be on file in the medical record. It should also be explained to the patient that in certain circumstances where the medical record and legal advanced directive are not available for review, such as an emergency medical call, its directions will not be honored by the USA MEDDAC, Fort Drum or its staff members. If the patient and health care provider disagree with any advance directive, the patient has the right to request to be treated by another health care provider. The patient or health care provider may also seek advice from the USA MEDDAC Ethics Committee. Patients should be instructed that if needed, assistance is available at the Legal Assistance Office, Building T-130. Office hours are 0800-1600, Monday through Friday (except holidays).

(2) Upon verification of the legal advanced directives, the senior staff provider on call will arrange for transport of the patient to the appropriate facility wherein the directions stated can be enacted.

e. Patients shall be informed about the following as appropriate:

- Their rights and responsibilities
- Informed consent
- Confidentiality of information
- Ethics Committee
- Advanced Directives

10. RESOURCING. Resourcing is based on captivated budgeting which is developed from a cost per beneficiary served. The costing includes direct care dollars, TRICARE financing, and the civilian replacement value of the military work force. Adjustments are made to the budget year for inflation/pay raises, projected changes in military strength, projected changes in beneficiary population served, and changes in clinical missions.

INDEX FOR  
SCOPES OF SERVICE/SCOPES OF PRACTICE

| <u>APPENDIX NUMBER</u> | <u>TITLE</u>                                           |
|------------------------|--------------------------------------------------------|
| B                      | Audiology Scope of Service                             |
| C                      | Audiology Scope of Practice                            |
| D                      | Aviation Troop Medical Clinic Scope of Service         |
| E                      | Aviation Troop Medical Clinic Scope of Practice        |
| F                      | Behavioral Health Department Scope of Service          |
| G                      | Behavioral Health Department Scope of Practice         |
| H                      | Community Health Nursing Scope of Service              |
| I                      | Community Health Nursing Scope of Practice             |
| J                      | Connor Troop Medical Clinic Scope of Service           |
| K                      | Connor Troop Medical Clinic Scope of Practice          |
| L                      | Dermatology Clinic Scope of Service                    |
| M                      | Dermatology Clinic Scope of Practice                   |
| N                      | Family Practice Clinic Scope of Service                |
| O                      | Family Practice Clinic Scope of Practice               |
| P                      | Fort Drum Occupational Health Clinic Scope of Service  |
| Q                      | Fort Drum Occupational Health Clinic Scope of Practice |
| R                      | Laboratory Scope of Service                            |

|    |                                                         |
|----|---------------------------------------------------------|
| S  | Laboratory Scope of Practice                            |
| T  | Obstetric/Gynecology Clinic Scope of Service            |
| U  | Obstetric/Gynecology Clinic Scope of Practice           |
| V  | Optometry Scope of Service                              |
| W  | Optometry Scope of Practice                             |
| X  | Orthopedic Scope of Service                             |
| Y  | Orthopedic Scope of Practice                            |
| Z  | Physical Therapy Scope of Service                       |
| AA | Physical Therapy Scope of Practice                      |
| BB | Podiatry Scope of Service                               |
| CC | Podiatry Scope of Practice                              |
| DD | Preventive Medicine Scope of Service                    |
| EE | Preventive Medicine Scope of Practice                   |
| FF | Partially Scope of Service                              |
| GG | Radiology Scope of Practice                             |
| HH | Urgent Care Clinic Scope of Service                     |
| II | Urgent Care Clinic Scope of Practice                    |
| JJ | Watervliet Occupational Health Clinic Scope of Service  |
| KK | Watervliet Occupational Health Clinic Scope of Practice |

## APPENDIX P

### Fort Drum Occupational Health Clinic Scope of Service

1. Scope of Services: We are a multidisciplinary provider of direct and indirect programs that benefit Fort Drum's employees. We utilize processes directed toward prevention of occupational illness and/or injury, health maintenance and prevention/monitoring of occupational hazards. Programs include medical examinations, reproductive hazard surveillance, hearing and vision conservation, ergonomics, medical work-site visits, illness/absence monitoring, respiratory protection, employee modified duty, patient education, immunizations, employee in/outprocessing.

2. Population Served: Fort Drum civilian and military workforce.

3. Location of Service(s) Performed: Fort Drum clinical services at Wilcox Clinic (Building P-36) and all other services are performed at specific work sites on the installation.

4. Hours of Operation: 0730-1200 and 1300-1600, Monday-Friday

5. Support Service Source(s):

Physician (1 civilian, part time)  
Registered Nurses (2 civilian)  
Occupational Health Technician (1 civilian)  
Medical Clerk (1 civilian)  
Audiologist (1 military)  
Hearing conservation technician (1 civilian)

## APPENDIX Q

### Fort Drum Occupational Health Clinic Scope of Practice

1. Purpose: To delineate the practice and procedures available in the Occupational Health Clinic and define who may perform those procedures.

2. Procedures:

a. Physician procedures:

- (1) Physical examinations, to include pre-placement, periodic health or medical surveillance, and fitness for duty examinations
- (2) Disability evaluations.
- (3) Reproductive hazard surveillance
- (4) Management of Hearing Conservation and Occupational Vision Programs
- (5) Technical oversight of Respiratory Protection Program
- (6) Technical oversight of MEDDAC Infection Control and Bloodborne Pathogen Programs
- (7) Recommends modified duty for ill and injured employees able to work
- (8) Managing job-related injury and illnesses and the Federal Employee Compensation Act (FECA).
- (9) Occupational Health Medical Work Site Visits (OH-MWSV)
- (10) Patient triage and telephone advice
- (11) Counseling for respiratory protection, hearing conservation, vision conservation, immunizations, bloodborne pathogen exposure, hazardous chemical exposure, cumulative trauma exposure, radiation exposure, occupationally related injury or illness, return to work status, and health promotion and maintenance.

b. Occupational Health Nurse procedures following competency based orientation:

- (1) Occupational Health Medical Work Site Visits (OH-MWSV)
- (2) Patient triage and telephone advice
- (3) Counseling for respiratory protection, hearing conservation, vision conservation, immunizations, bloodborne pathogen exposure, hazardous chemical exposure, cumulative trauma exposure, radiation exposure, occupationally related injury or illness, return to work status, and health promotion and maintenance.
- (4) Reproductive hazard surveillance.
- (5) Management of Hearing Conservation and Occupational Vision Programs.
- (6) Technical oversight of Respiratory Protection Program.

- (7) Technical oversight of MEDDAC Infection Control and Bloodborne Pathogen Programs
- (8) Management of the Modified Duty Program for ill and injured employees able to work
- (9) Managing job-related injury and illnesses and the Federal Employee Compensation Act (FECA)
- (10) Immunization administration
- (11) Lab result screening
- (12) Vital signs and patient screening
- (13) Assisting providers with procedures
- (14) Clerical administration of patient records
- (15) Hearing conservation testing
- (16) Vision conservation testing
- (17) Pulmonary function testing
- (18) EKG administration
- (19) Ergonomics evaluations
- (20) Illness/absence monitoring
- (21) Dressing changes
- (22) Suture removal

c. Occupational Health Technician procedures following competency based assessment:

- (1) Occupational Health Medical Work Site Visits (OH-MWSV)
- (2) Telephone consultation, r/t hearing conservation, vision conservation, respiratory protection program, and job-related injuries
- (3) Counseling for respiratory protection, hearing conservation, vision conservation, immunizations, blood-borne pathogen exposure, and health promotion and maintenance
- (4) Immunization administration
- (5) Lab result screening
- (6) Vital signs and patient screening
- (7) Assisting providers with procedures
- (8) Clerical administration of patient records
- (9) Hearing conservation testing
- (10) Vision conservation testing
- (11) Respiratory protection fit testing
- (12) Pulmonary function testing
- (13) EKG administration
- (14) Ear canal irrigation
- (15) Dressing changes

(16) Suture removal



APPENDIX R  
Laboratory Scope of Service

1. Scope of Services: Department of Pathology performs a variety of clinical laboratory procedures classified as moderate and high complex by the Clinical Laboratory Improvement Act (CLIA). Testing is performed on blood and body fluids for the purpose of aiding healthcare providers with diagnosis, treatment, assessment or prevention of disease and impairments. Areas of testing include microbiology, hematology, immunology, blood banking, urinalysis and general chemistry. Our blood banking services are limited, providing blood typing, antibody screens and Rh immune globulin workups to support our OBGYN group. Blood products for transfusion are not available here. Tests that cannot be performed by our clinical laboratory are sent to Walter Reed Army Medical Center (WRAMC) in Washington D.C., Quest Diagnostics (the DOD contract laboratory), or Samaritan Medical Center in neighboring Watertown.

2. Population Served: Active duty military, retired military and dependent family members of both, who are properly referred by Health Care Providers are eligible for services provided. This population of nearly 28,000 encompasses all age groups. Specimens are received from the UCC, CTMC, ATMC, and Veterinary Services. All other specimens are obtained in our phlebotomy area.

3. Location of Service(s) Performed: The clinical laboratory is located in room 597, Bldg P-11050, at Guthrie Clinic.

4. Hours of Operation: Lab support is provided from 0700 to 2330, seven days per week. Patients are admitted for lab services Monday through Friday, 0700-1600. Lab support is provided for the after-hours clinics as well.

5. Support Service Sources: There are 19 laboratory employees.

- (a) Lab Manager
- (b) Senior Medical Technologist
- (c) 10 Medical Technologists
- (d) 4 Medical Technicians
- (e) 2 Health Technicians (phlebotomists)
- (f) 1 Medical Support Assistant/NCOIC
- (g) Lab Director is assigned to oversee the Department and a Consulting Pathologist visits quarterly and is available for electronic and phone consults.

## APPENDIX S

### Laboratory Scope of Practice

1. Purpose: To delineate the practice and procedures available in the laboratory and define who may perform those procedures.

2. Procedures.

a. Testing Personnel: Medical technicians and technologists who qualify as testing personnel by all applicable CLIP, CAP, and JCAHO standards and have been competency assessed, may perform and result lab tests. Medical technicians who perform lab tests will have their work reviewed within 24 hours by a certified medical technician. The following tests are performed:

(1) Hematology

- (a) CBC with automated differential
- (b) CBC without automated differential
- (c) Hemoglobin and Hematocrit
- (d) Erythrocyte Sedimentation Rate
- (e) Reticulocyte Count
- (f) Sick Cell Screen
- (g) Bleeding Time
- (h) Preliminary Malaria smear –thin smear only; final analysis performed at

WRAMC

- (i) Prothrombin Time (PT)
- (j) Activated Partial Prothrombin Time (APPT)
- (k) INR
- (l) Post Vasectomy Sperm Count
- (m) Nasal Smear for Eosinophils
- (n) Stool for Leukocytes
- (o) Urine Dipstick
- (p) Urinalysis (Dipstick and Microscopic)
- (q) Urine Qualitative HCG
- (r) Serum Qualitative HCG
- (s) Serum Qualitative Acetone
- (t) Urine Qualitative Myoglobin
- (u) Cultures of Urine, Throat (including rapid strep), Stool, Genital, Blood, and

Miscellaneous

- (v) KOH/Wet Prep
- (2) Blood Bank
  - (a) Blood Type and Rh

- (b) Antibody Screen
- (c) Rhogam Workup

(3) Serology

- (a) RPR
- (b) Monospot
- (c) RF (Rheumatoid Factor)
- (d) Rubella Screen

(4) Chemistry

A. Renal Panel

Albumin  
Calcium  
Phosphorous  
Creatinine  
BUN  
Uric Acid

B. Chem 12 (complete profile)

Glucose  
Total Protein  
BUN  
Creatinine  
Sodium  
Potassium  
Chloride

C. Liver Panel:

ALK  
SGPT / ALT  
SGOT / AST  
GGT  
T BIL (total Bilirubin)

CO2 (bicarbonate)  
Albumin  
Alkaline Phosphatase  
SGOT-AST  
Total Bilirubin

D. Cardiac Panel

SGOT  
LDH  
CPK  
CK-MB  
Troponin  
Chem 7 (medical Profile)  
Glucose  
BUN  
Sodium  
Potassium  
CO2 (Bicarbonate)

E. Lipids (fasting specimen required)

Cholesterol  
Triglyceride  
HDL  
Calculated LDL  
Calculated VLDL  
Neonatal Bilirubin:  
NBIL  
Unconjugated Bilirubin  
Conjugated Bilirubin

(5) Miscellaneous

- (a) 1 Hour Glucose Tolerance Test
- (b) 2 Hour Glucose Tolerance Test / 2 Hour Post Prandial

- (c) 3 Hour Glucose Tolerance Test
- (d) 5 Hour Glucose Tolerance Test
- (e) Ethanol- for Medical Diagnosis only
- (f) TSH, T4, Free T4, T3
- (g) Creatinine Clearance (Urine Creatinines)
- (h) Urine Proteins
- (i) Urine Drug Screen (Medical Diagnosis only)
- (j) Quantitative Beta HCG

3. UNAUTHORIZED TESTS: Procedures that have not been approved by the Consulting Pathologist and Laboratory Director are not authorized. Additionally, identification of parasites, molds or fungi and the storage and / or issuing of blood or blood components are not authorized under our current CLIP and CAP certificates

APPENDIX DD  
Preventive Medicine Scope of Service

1. Scope of Services:

- Travel Medicine Clinic (by appointment)
- Tuberculosis Control Clinic (by appointment)
- Deployment immunization recommendations and education
- Preventive medicine briefings to Soldiers, commanders, and units
- Epidemiologist for outbreak investigations
- MEDDAC anthrax and smallpox immunization surveillance
- Epidemiology and control of infectious and tropical diseases of military significance to include TB, STDs and HIV
- Health aspects of rapid mobilization (medical threat assessment, immunization and chemoprophylaxis policy, etc.)
- Organization and function of military PM in garrison and on deployment
- Occupational medicine follow-up care (by appointment)
- Military-unique occupational concerns
- Liaison service between local, state and federal agencies as applicable to military medical requirements.

2. Population Served: Active duty military, retired military and dependent family members of both, as well as eligible civilian employees on Fort Drum. This population of nearly 28,000 encompasses all age groups.

3. Location of Service(s) Performed: Dept of Preventive Medicine, Clark Hall, Fort Drum, NY 13603

4. Hours of Operation: 0730-1630, Monday-Friday

5. Support Service Sources:

- Community Health Nursing
- Dietary Health

- Audiology
- Occupational Health
- Environmental Health
- Industrial Hygiene
- Force Health Protection

APPENDIX EE  
Preventive Medicine Scope of Practice

1. Purpose: To communicate the goals and philosophy of the Preventive Medicine Clinic and provide guidelines for the scope of care and practice within this clinic.
2. Goal: It is the goal of the Preventive Medicine Clinic to provide assessment, diagnosis, and treatment of physical or psychosocial problems; to promote quality patient care through integration of scientific medical principles; to include the patient in planning and implementation of the patient's care; and to maintain compliance with military and civilian regulatory agencies.
3. Philosophy: The staff of the Preventive Medicine Clinic recognizes the individuality of the patient and the uniqueness of each case. We believe we should provide comprehensive quality medical care in which the clinic's continuing responsibility for health care is not limited by the patient's age, sex, or by a particular organ system or disease entity. This comprehensive care will take into consideration the patient, their family, their military unit, and that unit's mission. We believe in providing a safe, therapeutic environment in which the physical, emotional, and social needs of the patients will be recognized, assessed, and provided for, and that the patient has the right to be treated with dignity and be an active participant in the decisions regarding his/her care.
4. Health Care Staff: One physician, MD; one community health nurse, RN; one licensed practical nurse (LPN); three administrative assistants.
5. Unauthorized Procedures: None
6. Authorized Procedures:

PROCEDURE

1. Vaccinations
2. TB Skin Testing

INDIVIDUAL AUTHORIZED

MD, RN, LPN  
MD, RN, LPN





DEPARTMENT OF THE ARMY  
UNITED STATES ARMY MEDICAL DEPARTMENT ACTIVITY  
FORT DRUM, NEW YORK 13602-5004

FD MEDDAC Circular 40-1

15 May 2006

Medical Services  
PLAN FOR THE PROVISION OF PATIENT CARE SERVICES

1. HISTORY. This supersedes the previous edition of this publication dated 14 February 2004.

2. PURPOSE.

a. This circular provides an overview of U.S. Army Medical Department Activity's (USA MEDDAC) policies and procedures concerning the provision of health care services to its patient population. It is not meant to replace the current series of Army Regulations and other official policies for the provision of patient care services, but rather is intended to compile key elements from each of them to provide a synopsis of how patient care will be provided.

b. Our Plan for Provision of Patient Care Services addresses the continuity of patient care from a cross-functional and multidisciplinary standpoint. It also demonstrates a coordinated approach to patient care in concert with the organization's strategic plan and outlines the resources required to execute them.

3. REFERENCES. Listed at Appendix A.

4. RESPONSIBILITIES.

a. The MEDDAC Commander will:

(1) provide the framework for planning, directing, coordinating, and improving health care services that are responsive to community and patient needs and that improve patient health outcomes with a goal of continuity of care.

(2) ensure that services are planned based on the population served, the mission of the MEDDAC, identified patient care needs, and available resources.

b. The Deputy Commander for Clinical Services (DCCS) will:

(1) serve as the Chief of the Medical Staff. Orchestrate the provision of patient care services to the military community by ensuring that timely access to care, thorough

evaluation of the patient's condition, competent treatment by a professional and caring staff, and the appropriate discharge planning and patient education are provided. This is achieved through the development of a seamless network of interconnected clinical and administrative departments and services which emphasize cross-functional coordination and collaboration of the care they provide.

(2) implement the Commander's guidance for the determination of a community health care needs assessment in order to thoroughly understand what patient care services are needed and desired by the patient population. Design services to fulfill those needs, and ensure those services address the nine "Dimensions of Performance" which are: efficacy, appropriateness, availability, timeliness, effectiveness, continuity, safety, efficiency, respect, and caring as recommended by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

(3) develop recommendations for the appropriate complement of professional staff required to provide the medical care identified. Ensure the continued competency of the medical staff. Recommend the medical equipment necessary to support the medical staff and ensure those elements are in coordination with the organization's mission and available resources. Ensure credentialing of all licensed providers within scope of practice, scope of services, and licensure.

(4) coordinate developing, purchasing, monitoring, and evaluating contracted health care services required to provide medical care to beneficiaries.

(5) plan and manage processes to measure, assess, and improve the health care provided by the USA MEDDAC.

c. The Deputy Commander for Administration (DCA) will:

(1) coordinate the activities of the administrative and support services required to sustain the clinical staff in the provision of quality patient care services.

(2) establish effective communication and coordinate with activities and agencies external to the organization PAO functions.

(3) organize, direct, and staff the following areas:

(a) Management of the Environment of Care to include: equipment management, utilities management, safety, and security management.

(b) Management of Resources, both human and fiscal, to include: management of civilians to budget, management of budget, and management of Plans, Training, Mobilization, and Security.

(c) Logistics to include facilities management and construction.

(d) Information Systems Management to include automated and manual systems.

(e) Management of Internal Controls.

(f) Patient Administration functions to include all aspects of medical records management.

d. The Deputy Commander for Nursing and Organizational Effectiveness (DCN&OE) will:

(1) serve as Nurse Executive, directing nursing services and ensuring standards of practice are adhered to.

(2) ensure the coordination and provision of all necessary clinical education and training programs.

(3) oversee the organization's Performance Improvement, Population Health, Risk Management, Credentialing and Patient Safety programs. Provide direction, guidance and oversight of volunteer program.

(4) oversee the organization's Medical Management Division responsible for disease and utilization management and research activities to support the organizations efficiency and effectiveness in the provision of health care.

(5) advise the Commander on policies, procedures, activities, staffing, and matters pertaining to or affecting nursing and outpatient care.

(6) plan, represent, interpret, and define standards of nursing practice, programs, and activities.

(7) organize, direct, supervise, and evaluate nursing personnel.

(8) collaborate with the DCCS and department chiefs to provide maximum nursing support for health care plans, policies, and treatment programs.

(9) consult with the DCA and chiefs of administrative divisions or branches to coordinate requirements for support and improvement of nursing services.

e. The Chiefs of the Clinical Departments and Services will:

(1) participate in the development and implementation of the policies and priorities of the Command regarding the provision of patient care services to the catchment population.

(2) integrate the department/service into the primary functions of the MEDDAC by ensuring that all patients are provided treatment in a coordinated and collaborative manner with other departments and services.

(3) implement and maintain an active performance improvement program within the department/service which participates in cross-functional, multidisciplinary activities to improve overall patient outcomes and organizational performance.

(4) determine the required qualifications and competencies of the department/service and recommend the number of sufficiently qualified and competent personnel to provide care/service. Recommend the amount of space and other resources required to provide the treatment services.

(5) ensure provision of appropriate orientation and continuing education to all persons within the department/service to include the knowledge and skills required to perform his/her responsibilities, the effective and safe use of all equipment used in his/her activity; the prevention of contamination and transfer of infection, and other lifesaving interventions. Ensure evaluation of clinical performance of all non-privileged health care personnel through a competency based monitoring and evaluation program.

(6) provide utilization review and system performance information for quarterly review and analysis.

(7) participate in the selection of resources which are not provided by the organization.

(8) update their departmental scopes of practice and care on an annual basis.

5. ENTRY INTO THE HEALTH CARE TREATMENT SYSTEM:

a. TRICARE is the Department of Defense (DoD) healthcare delivery system. TRICARE is a regionally managed health care program for active duty and retired members of the uniformed services, their families and survivors. TRICARE brings together the health care resources of the Army, Navy and Air Force and supplements them with networks of civilian health care professionals to provide better access and high quality service while maintaining the capability to support military operations.

TRICARE Prime is designed on a health maintenance organization (HMO) model. The Fort Drum MEDDAC is located in TRICARE North Region. Each TRICARE Lead Agent selects the managed care contractor that will provide all external sources of medical care for its beneficiary population. The contract requires that these external sources of medical care meet national accreditation standards. Comprehensive information regarding TRICARE and its health benefit options are available for patients and providers on the TRICARE website: <http://www.tricare.osd.mil/>.

b. Organization of Patient Care Services. As a federally owned and operated military medical treatment facility, the USA MEDDAC has been assigned the responsibility of providing directly, or coordinating for, the comprehensive medical care required by all beneficiaries entitled to care under the military regulations within the catchment area. Providing ambulatory outpatient care services, the USA MEDDAC is organized around the model of a civilian health maintenance organization (HMO), whereby its recipients are assigned a primary care manager who is part of a primary care provider panel which is available to meet the beneficiaries' primary care needs. Specialty care is provided on a referral basis within the USA MEDDAC or other military/civilian facilities within the catchment area.

c. Enrollment into Primary Care Services. All entitled beneficiaries within the patient catchment area of the clinic are eligible to participate in the program. Primary care is provided throughout the catchment area. Patients access primary care through the Family Practice Clinic (FPC) at Guthrie Ambulatory Health Care Clinic (GAHC), Conner Troop Medical Clinic (CTMC), Aviation Troop Medical Clinic (ATMC), and the Urgent Care Clinic (UCC) at the GAHC. Each clinic, as appropriate, is staffed by family practitioners, pediatricians, licensed general medical officers, physician assistants, and nurse practitioners. The staffing mix is based on analysis of patient population data for the area served.

c. Consultation with Specialty Services. When the needs of the patient exceed the scope of care provided by the primary care provider, a consultation will be made to the appropriate specialty care service. If the patient cannot be seen within the timeline established by TRICARE standards consistent with the patient's health care needs, the patient will be referred to either another military medical facility or a civilian provider, whichever is most appropriate.

d. Urgent Care Services: Urgent medical care is available for all eligible beneficiaries 7 days a week. Patients who are beyond the scope of service of the UCC will be transferred to a higher level of care as appropriate.

e. Emergency Care Services. Emergency medical care is available 24 hours a day, seven days a week by FD MEDDAC's Emergency Medical Services. Emergent care is

provided to eligible beneficiaries as well as to civilian emergencies who may require life or limb saving measures. Patients who are beyond the scope of service of the UCC will be transferred to a higher level of care as appropriate.

f. The MEDDAC operates a Community Health Nursing Department at the Consolidated Soldier & Family Support Center at Clark Hall. They provide a variety of health and wellness related materials on demand or by consult to all requesting beneficiaries.

g. Behavioral health services are provided to our active duty beneficiaries, and on a space available basis to our active duty family members at our Behavioral Health Department. These services include Mental Health Services, Army Substance Abuse Program (ASAP), and Social Work Services/Family Advocacy Program.

#### 6. ASSESSMENT OF PATIENTS' HEALTH CARE NEEDS:

a. Health care providers will perform an initial assessment of the patient to include, at a minimum, the physical (to include pain), psychological (including age-related/age-specific cognitive and communicative skills or development), health care assessment, and social status of the patient. Identified problems will be documented on the master problem list in the electronic outpatient medical record. The scope and intensity of further assessment of the patient will then be based upon his/her diagnosis, the treatment setting, the patient's desire for treatment, and the patient's response to previous treatment. These factors will also determine the requirement for additional in-depth assessment, incorporating such specialty services as dietary, physical therapy, social work services and/or diagnostic testing.

At each visit, the health care provider will review the master problem list as well as the patient's current medications and obtain the chief complaint in order to determine the most appropriate course of treatment. The need for reassessment is dictated by the patient's complaint, the treatment and their clinical condition and is then reflected in the plan for follow-up care indicated in the electronic outpatient treatment record.

b. The registered nurse makes final determination, consultation, and prioritization of nursing needs and skill levels to determine workload distribution to meet patients' needs.

Nursing care is provided at the UCC, FPC, OB/GYN, CTMC, Orthopedic Clinic, Community Health Nursing, and Occupational Health. Nursing care requires substantial specialized knowledge of the biological, physical, behavioral, psychological and social

science of the nursing theory as a basis for assessment, diagnosis, planning, intervention, and evaluation in promotion and maintenance of health.

c. Qualified nursing staff members (Licensed Practical Nurses (LPNs), 91Cs, 91Bs, 91W, and medical assistants) provide nursing support to patients in accordance with level of skill and within their scope of practice.

Nursing support is provided throughout the MEDDAC. Nursing support involves the collection of data or the implementation of a technical skill not dependent upon assessment or critical thinking skills.

d. Assessment of Specific Populations: Patients who are receiving treatment for alcohol or other drug dependencies are assessed and/or reassessed in accordance with AR 600-85, Alcohol and Drug Abuse Prevention and Control Program.

e. Assessment of Victims of Alleged or Suspected Abuse or Neglect: The assessment of patients who are alleged or suspected to be the victims of abuse or neglect will be assessed in accordance with FD MEDDAC Regulation 40-35, Identification and Reporting of Child, Spouse, and Elder Abuse/Neglect.

f. Assessment of our General Patient Population: The Medical Management Division monitors our population demographics and demand for services on an ongoing basis. This data is reviewed regularly and compared with disease management data to determine the need for current or new health services product lines.

## 7. TREATMENT OF HEALTH CARE NEEDS.

a. Outpatient services are provided in accordance with individual clinic scopes of practice and service (Appendices B through GG). The majority of our services are provided in Guthrie Ambulatory Health Care Clinic, CTMC, ATMC, Wilcox Clinic, Preventive Medicine at Clark Hall and our OB/GYN Clinic located in Watertown, New York. All of these facilities are within a 5-mile radius and are located on Fort Drum with the exception of the OB/GYN Clinic. Several external contracts and agreements with local medical facilities have been established to provide inpatient services, labor and delivery, specialty care, and select ancillary services that exceed our service scope. The USA MEDDAC also provides administrative oversight and occupational health at Watervliet Arsenal. This site is located approximately 200 miles from Fort Drum.

b. Patients Served: The patient population includes approximately 35,000 active duty military, retired military and family members of both. This population encompasses all age groups, but primarily consists of a young healthy patient.

c. Complexity of Patient Care Needs: Primary and specialty care, as described in individual scopes of practice and service, are provided on an outpatient basis only.

d. Meeting Patients' Needs/Methods Used to Assess Patient Care Needs: Patient needs are identified through several mechanisms, some of which are: issues discussed at the Family Symposium, concerns presented to the Patient Representative, data received via the Provider-Level Patient Satisfaction Survey, and Commander's Comment Cards. Patients are also invited to express their needs through the Commander's Open Door Policy. As stated before, the Medical Management continuously monitors our population demographics and demand for services on an ongoing basis.

e. Support Services Provided: Clinical areas receive support from ancillary services which include: Laboratory, Radiology, and Pharmacy. Further support is provided from Logistics; Resource Management; Patient Administration; Information Management; Human Resources; Education and Training; Plans and Security; Clinical Operations; Medical Management and Quality Management.

f. Availability of Staff: The USA MEDDAC is staffed with approximately 500 military and civilian personnel. In general, operational hours are from 0730-1600 daily Monday through Friday, excluding federal holidays. Urgent care services are provided seven days a week from 0700-2300. Ambulance service is available 24 hours a day, seven days a week.

g. Recognized Standards or Guidelines for Practice: The USA MEDDAC follows AR 40-3, Medical, Dental and Veterinary Care; other applicable regulations; federal laws; JCAHO Ambulatory Care and Behavioral Health Care standards as well as a myriad of other guidelines and standards for practice.

## 8. EDUCATION OF PATIENT AND FAMILY

a. The health care team will share the responsibilities for patient/family education by determining the educational needs of the patient and family. They will educate the patient/family and evaluate the effectiveness of patient/family teaching instruction. The health care provider will document barriers to learning on the master problem list.

b. The goal of educating the patient and family is to improve patient health outcomes by promoting recovery, speeding return to function, promoting healthy behavior, and appropriately involving the patient in his/her care and care decisions. Patient and family education should:



- (1) facilitate the patient's/family's understanding of the patient's health status, health care options, and consequences of options, if selected.
- (2) encourage participation in the decision making process about health care options.
- (3) increase the family's potential to follow the therapeutic health care options.
- (4) increase the patient's/family's ability to cope with the patient's status/prognosis/outcome.
- (5) enhance the patient's/family's role in continuing care.
- (6) promote a healthy lifestyle.
- (7) transitional planning.

#### 9. PATIENTS' RIGHTS AND ORGANIZATIONAL ETHICS.

a. The USA MEDDAC respects the rights of the patient and recognizes that each patient is an individual with unique health care needs. Because of the importance of respecting each patient's personal dignity, the organization strives to provide considerate, respectful care, which is focused on the patient's individual needs. The staff affirms the patient's right to make decisions regarding his/her medical care, including the decision to discontinue treatment. In addition, the organization actively assists the patient in the exercise of his/her rights and works to inform the patient of any responsibilities incumbent on him/her in the exercise of those rights.

b. Confidentiality: The organization recognizes the extreme need to maintain patient and other information in a confidential manner. As such, privileged information will be maintained in the strictest confidence. Access and use of this information is limited only to those individuals authorized to review and act upon such information. This organization complies with the Health Insurance Portability and Accountability Act.

c. Access to and Responsibilities of Ethics Committee:

(1) If a conflict of interest seems likely, the Executive Committee or its designated representative will review potential conflicts. In the event a conflict has a direct implication on patient care, the Ethics Committee may convene to resolve the issue.

(2) The Committee performs the following functions:

(a) review, discuss, and/or consult on conflicts between the attending physician's assessment and that of an incompetent patient's next of kin or guardian.

(b) undertake consultation on the "substituted judgment doctrine" if an incompetent patient has no family or legal guardian.

(c) provide policy review/interpretation as needed concerning ethical principles in the care of patient and staff rights.

(d) provide information for health care personnel and families about the means available within the clinic to assist them in making the best possible decisions, given the circumstances, regarding treatment options.

(e) consultative function: concurrent/retrospective review where withdrawal or life-sustaining treatment is under consideration.

d. Advance Directives:

(1) If a patient requests an advance directive, the health care provider should discuss the medical treatment wishes with the patient and others as appropriate. If presented or requested, the copy of the advance directive should be placed in the medical record. Providers should inform patients that it would be unlikely that their advance directives would need to be implemented while under care at USA MEDDAC, Fort Drum. It should be explained to the patient that Guthrie Ambulatory Health Care Clinic (GAHC) and its attached Troop Medical Clinics' (TMC) primary missions are to assist our patients in wellness and readiness in an outpatient setting and that the legal advanced directive should be on file in the medical record. It should also be explained to the patient that in certain circumstances where the medical record and legal advanced directive are not available for review, such as an emergency medical call, its directions will not be honored by the USA MEDDAC, Fort Drum or its staff members. If the patient and health care provider disagree with any advance directive, the patient has the right to request to be treated by another health care provider. The patient or health care provider may also seek advice from the USA MEDDAC Ethics Committee. Patients should be instructed that if needed, assistance is available at the Legal Assistance Office, Building T-130. Office hours are 0800-1600, Monday through Friday (except holidays).

(2) Upon verification of the legal advanced directives, the senior staff provider on call will arrange for transport of the patient to the appropriate facility wherein the directions stated can be enacted.

e. Patients shall be informed about the following as appropriate:

Their rights and responsibilities  
Informed consent  
Confidentiality of information  
Ethics Committee  
Advanced Directives

10. RESOURCING. Resourcing is based on captitated budgeting which is developed from a cost per beneficiary served. The costing includes direct care dollars, TRICARE financing, and the civilian replacement value of the military work force. Adjustments are made to the budget year for inflation/pay raises, projected changes in military strength, projected changes in beneficiary population served, and changes in directed missions.

INDEX FOR  
SCOPES OF SERVICE/SCOPES OF PRACTICE

| <u>APPENDIX NUMBER</u> | <u>TITLE</u>                                           |
|------------------------|--------------------------------------------------------|
| B                      | Audiology Scope of Service                             |
| C                      | Audiology Scope of Practice                            |
| D                      | Aviation Troop Medical Clinic Scope of Service         |
| E                      | Aviation Troop Medical Clinic Scope of Practice        |
| F                      | Behavioral Health Department Scope of Service          |
| G                      | Behavioral Health Department Scope of Practice         |
| H                      | Chiropractic Clinic Scope of Service                   |
| I                      | Chiropractic Clinic Scope of Practice                  |
| J                      | Community Health Nursing Scope of Service              |
| K                      | Community Health Nursing Scope of Practice             |
| L                      | Connor Troop Medical Clinic Scope of Service           |
| M                      | Connor Troop Medical Clinic Scope of Practice          |
| N                      | Dermatology Clinic Scope of Service                    |
| O                      | Dermatology Clinic Scope of Practice                   |
| P                      | Family Practice Clinic Scope of Service                |
| Q                      | Family Practice Clinic Scope of Practice               |
| R                      | Fort Drum Occupational Health Clinic Scope of Service  |
| S                      | Fort Drum Occupational Health Clinic Scope of Practice |

|    |                                                         |
|----|---------------------------------------------------------|
| T  | Laboratory Scope of Service                             |
| U  | Laboratory Scope of Practice                            |
| V  | Obstetric/Gynecology Clinic Scope of Service            |
| W  | Obstetric/Gynecology Clinic Scope of Practice           |
| X  | Optometry Scope of Service                              |
| Y  | Optometry Scope of Practice                             |
| Z  | Orthopedic/Podiatry Scope of Service                    |
| AA | Orthopedic/Podiatry Scope of Practice                   |
| BB | Occupational Therapy Scope of Service                   |
| CC | Occupational Therapy Scope of Practice                  |
| DD | Physical Therapy Scope of Service                       |
| EE | Physical Therapy Scope of Practice                      |
| FF | Preventive Medicine Scope of Service                    |
| GG | Preventive Medicine Scope of Practice                   |
| HH | Radiology Scope of Service                              |
| II | Radiology Scope of Practice                             |
| JJ | Urgent Care Clinic Scope of Service                     |
| KK | Urgent Care Clinic Scope of Practice                    |
| LL | Watervliet Occupational Health Clinic Scope of Service  |
| MM | Watervliet Occupational Health Clinic Scope of Practice |

APPENDIX R  
Fort Drum Occupational Health Clinic Scope of Service

1. Scope of Services: We are a multidisciplinary provider of direct and indirect programs that benefit Fort Drum's employees. We utilize processes directed toward prevention of occupational illness and/or injury, health maintenance and prevention/monitoring of occupational hazards. Programs include medical examinations, reproductive hazard surveillance, hearing and vision conservation, ergonomics, medical work-site visits, illness/absence monitoring, respiratory protection, employee modified duty, patient education, immunizations, employee in/outprocessing.

2. Population Served: Fort Drum civilian and military workforce.

3. Location of Service(s) Performed: Fort Drum clinical services at Wilcox Clinic (Building P-36) and all other services are performed at specific work sites on the installation.

4. Hours of Operation: 0700-1200 and 1230-1530, Monday-Friday

5. Support Service Source(s):

Physician or Physician Assistant(1 part time)  
Registered Nurses (2 civilians)  
Occupational Health Technician (2 civilians)  
Medical Clerk (2 civilian)

APPENDIX S  
Fort Drum Occupational Health Clinic Scope of Practice

1. Purpose: To delineate the practice and procedures available in the Occupational Health Clinic and define who may perform those procedures.

2. Procedures:

a. Physician / Physician Assistant procedures:

- (1) Physical examinations, to include pre-placement, periodic health or medical surveillance, and fitness for duty examinations
- (2) Disability evaluations
- (3) Reproductive hazard surveillance
- (4) Management of Hearing Conservation and Occupational Vision Programs
- (5) Technical oversight of Respiratory Protection Program
- (6) Technical oversight of MEDDAC Infection Control and Bloodborne Pathogen Programs
- (7) Recommends modified duty for ill and injured employees able to work
- (8) Managing job-related injury and illnesses and the Federal Employee Compensation Act (FECA)
- (9) Occupational Health Medical Work Site Visits (OH-MWSV)
- (10) Patient triage and telephone advice
- (11) Counseling for respiratory protection, hearing conservation, vision conservation, immunizations, bloodborne pathogen exposure, hazardous chemical exposure, cumulative trauma exposure, radiation exposure, occupationally related injury or illness, return to work status, and health promotion and maintenance.
- (12) Serves as member of the Installation FECA Working Group.
- (13) Serves as member of the Installation Safety and Occupational Health Committee.

b. Occupational Health Nurse procedures following competency based orientation:

- (1) Occupational Health Medical Work Site Visits (OH-MWSV)
- (2) Patient triage and telephone advice
- (3) Counseling for respiratory protection, hearing conservation, vision conservation, immunizations, bloodborne pathogen exposure, hazardous chemical exposure, cumulative trauma exposure, radiation exposure, occupationally related injury or illness, return to work status, and health promotion and maintenance.
- (4) Reproductive hazard surveillance.
- (5) Management of Hearing Conservation and Occupational Vision Programs.
- (6) Technical oversight of Respiratory Protection Program.

(7) Technical oversight of MEDDAC Infection Control and Bloodborne Pathogen Programs  
Case Management of the Modified Duty Program for ill and injured employees able to work

(8) Case Management of job-related injury and illnesses and the Federal Employee Compensation Act (FECA)

(9) Evaluation and dispositioning of Non-work-related ill or injured employees returning to work, if so credentialed as an Advanced Practice Nurse.

(10) Serves as member of the Installation FECA Working Group

(11) Immunization administration

(12) Lab result screening

(13) Vital signs and patient screening

(14) Assisting providers with procedures

(15) Clerical administration of patient records

(16) Hearing conservation testing

(17) Vision conservation testing

(18) Pulmonary function testing

(19) EKG administration

(20) Ergonomics evaluations

(21) Illness/absence monitoring

(22) Dressing changes

(23) Suture removal

c. Occupational Health Technician procedures following competency based assessment:

(1) Occupational Health Medical Work Site Visits (OH-MWSV)

(2) Telephone consultation for hearing conservation, vision conservation, respiratory protection program, and job-related injuries

(3) Counseling for respiratory protection, hearing conservation, vision conservation, immunizations, blood-borne pathogen exposure, and health promotion and maintenance

(4) Immunization administration

(5) Lab result screening

(6) Vital signs and patient screening

(7) Assisting providers with procedures

(8) Clerical administration of patient records

(9) Hearing conservation testing

(10) Vision conservation testing

(11) Respiratory protection fit testing

(12) Pulmonary function testing

(13) EKG administration



- (14) Ear canal irrigation
- (15) Dressing changes
- (16) Suture removal

## APPENDIX T

### Laboratory Scope of Service

1. Scope of Services: Department of Pathology performs a variety of clinical laboratory procedures classified by the Clinical Laboratory Improvement Act (CLIA) as moderate and high complex. Testing is performed on blood and body fluids for the purpose of aiding healthcare providers with diagnosis, treatment, assessment or prevention of disease and impairments. Areas of testing include microbiology, hematology, immunology, blood banking, urinalysis and general chemistry. Our blood banking services are limited, providing blood typing, antibody screens and Rh immune globulin work-ups to support our OBGYN group. Blood products for transfusion are not available here. Currently, PAP smears are sent to Walter Reed Army Medical Center (WRAMC) in Washington D.C. along with other lab tests that we cannot perform here. Additionally we utilize Quest Diagnostics a, DOD-contracted laboratory to perform other tests we cannot do ourselves. Samaritan Medical Center in neighboring Watertown is contracted to perform tests that we cannot do here and as a means of back-up should our instrumentation fail.

2. Population Served: Active duty military, retired military and dependent family members of both, who are properly referred by Health Care Providers, are eligible for services provided. This population of nearly 38,000 encompasses all age groups. Specimens are received from the Immediate Care Center, Connor Troop Medical Clinic, Aviation Troop Medical Clinic, Seneca Army Depot and even Veterinary Services. All other specimens are obtained in our phlebotomy area.

3. Location of Services: The clinical laboratory is located in room 597 at Guthrie Clinic. The entrance to the laboratory is preceded by the reception desk, patient waiting area and phlebotomy area.

4. Hours of Operation: Lab support is provided from 0600 to 2330 7-days per week to support the UCC hours of operation. Out-patients are admitted for lab services Monday through Friday 0700-1800.

5. Support Service Sources: There are 23 laboratory employees comprised of the lab manager, 1 Senior Medical Technologist, 1 NCO, 1 Administrative Assistant, 2 Health Technicians, 6 Medical Technicians, and 11 Medical Technologists. A Lab Director is assigned to oversee the Department and a Consulting Pathologist from Walter Reid Army Medical Center (WRAMC) visits quarterly and is available for electronic and phone consults.

## APPENDIX U Laboratory Scope of Practice

1. **PURPOSE:** To delineate the practice and procedures available in the laboratory and define who may perform those procedures.
2. **RESPONSIBILITY:** The Chief of Laboratory, Senior Technologist and laboratory Director are responsible for ensuring adherence to this policy.
3. **CERTIFICATION / GUIDELINES:** The lab is Certified by the Joint Commission on Accreditation of Health Care Organizations (JCAHO) and College of American Pathologists (CAP). We are registered with the Department of Defense Clinical Laboratory Improvement Program (CLIP), registration number DOD 360202 to perform high complexity testing.
4. **TESTING PERSONNEL:** Medical Technicians and technologists who qualify as testing personnel by all applicable CLIP, CAP and JCAHO standards and have been competency assessed, may perform and result lab tests. (Competency assessments are maintained in the 6-sided competency assessment folders). Medical technicians who perform lab tests will have their work reviewed within 24 hours by a certified medical technologist.
5. **GOAL:** Help ensure the medical readiness of our soldiers and facilitate the total healthcare of our beneficiaries through a customer- focused commitment to quality care. We are committed to those we serve, and will treat our customers with dignity, respect, courtesy and compassion.
6. **LAB TESTS AUTHORIZED FOR IN-HOUSE TESTING:**

### HEMATOLOGY:

CBC with automated differential

CBC without automated differential

Hemoglobin and Hematocrit

Erythrocyte Sedimentation Rate

Reticulocyte Count

Bleeding Time

Preliminary Malaria smear –thin smear only; Final analysis performed at WRAMC

### Coagulation Panel :

Prothrombin Time (PT)

Activated Partial Prothrombin Time (APPT)

INR

Post Vasectomy (qualitative) Sperm Count  
Nasal Smear for Eosinophils  
Stool for Leukocytes

URINE / MICROSCOPY:

Urine Dipstick  
Urinalysis (Dipstick and Microscopic)

Urine Qualitative HCG  
Serum Qualitative HCG  
Serum Qualitative Acetone  
Urine Qualitative Myoglobin

MICROBIOLOGY:

Cultures of Urine, Throat (including rapid strep), Stool, Genital, Blood, and  
Miscellaneous  
KOH/Wet Prep

BLOOD BANK:

Blood Type and Rh  
Antibody Screen  
Rhogam Workup

SEROLOGY:

RPR  
Monospot  
RF (Rheumatoid Factor)  
Rubella Screen

CHEMISTRY:

Renal Panel:

Albumin  
Calcium  
Phosphorous  
Creatinine  
BUN  
Uric Acid  
Bi Carb

Liver Panel:

Chem 12 (complete profile):

Glucose  
Total Protein  
BUN  
Creatinine  
Sodium

Potassium  
Chloride  
CO2 (bicarbonate)

ALK  
SGPT / ALT  
SGOT / AST  
T BIL (total Bilirubin)

Albumin  
Alkaline Phosphatase  
SGOT-AST  
Total Bilirubin

Cardiac Panel:

SGOT  
LDH  
CPK  
CK-MB  
Troponin

Lipids: (fasting specimen required)

Cholesterol  
Triglyceride  
HDL  
Direct LDL  
Calculated VLDL  
Chol / HDL Ratio

Chem 7 (medical Profile):

Glucose  
Sodium  
Potassium  
CL  
CO2 (Bicarbonate)  
Creat  
BUN

Neonatal Bilirubin:

Direct Bilirubin  
Total Bilirubin

MISCELLANEOUS:

1 Hour Glucose Tolerance Test  
2 Hour Glucose Tolerance Test / 2 Hour Post Prandial  
3 Hour Glucose Tolerance Test  
5 Hour Glucose Tolerance Test  
Ethanol- for Medical Diagnosis only  
TSH Reflex, Reflexes to a Free T4 which is sent out if warranted  
Creatinine Clearance (Urine Creatinines)  
Urine Proteins  
Urine Microalbumin  
Urine Drug Screen (Medical Diagnosis only)  
Quantitative Beta HCG  
Homocystine

6. UNAUTHORIZED TESTS: Procedures that have not been approved by the Consulting Pathologist and Laboratory Director are not authorized. Additionally, identification of parasites, molds or fungi and the storage and / or issuing of blood or blood components are not authorized under our current CLIP and CAP certificates.

APPENDIX FF  
Preventive Medicine Scope of Service

Scope of Services:

- a. Travel Medicine Clinic (by appointment)
  - b. Tuberculosis Control Clinic (by appointment)
  - c. Deployment immunization recommendations and education
  - d. Preventive medicine briefings to Soldiers, commanders, and units
  - e. Outbreak investigations
  - f. Tobacco Cessation
  - g. Epidemiology and control of infectious and tropical diseases of military significance to include TB, STDs and HIV
  - h. Health aspects of rapid mobilization (medical threat assessment, immunization and chemoprophylaxis policy, etc.)
  - i. Organization and function of military PM in garrison and on deployment
  - j. Occupational medicine follow-up care (by appointment)
    - k. Military-unique occupational concerns
  - l. Liaison service between local, state and federal agencies as applicable to military medical requirements.
2. Population Served: Active duty military, retired military and dependent family members of both, as well as eligible civilian employees on Fort Drum. This population of nearly 40,000 encompasses all age groups.
3. Location of Service(s) Performed: Dept of Preventive Medicine, Clark Hall, Fort Drum, NY 13603
4. Hours of Operation: 0730-1630, Monday-Friday
5. Support Service Sources:
- a. Community Health Nursing
  - b. Dietary Health
  - c. Audiology
  - d. Occupational Health
  - e. Environmental Health
  - f. Industrial Hygiene

APPENDIX GG  
Preventive Medicine Scope of Practice

1. Purpose: To communicate the goals and philosophy of the Preventive Medicine Clinic and provide guidelines for the scope of care and practice within this clinic.
2. Goal: It is the goal of the Preventive Medicine Clinic to provide assessment, diagnosis, and treatment of physical or psychosocial problems; to promote quality patient care through integration of scientific medical principles; to include the patient in planning and implementation of the patient's care; and to maintain compliance with military and civilian regulatory agencies.
3. Philosophy: The staff of the Preventive Medicine Clinic recognizes the individuality of the patient and the uniqueness of each case. We believe we should provide comprehensive quality medical care in which the clinic's continuing responsibility for health care is not limited by the patient's age, sex, or by a particular organ system or disease entity. This comprehensive care will take into consideration the patient, their family, their military unit, and that unit's mission. We believe in providing a safe, therapeutic environment in which the physical, emotional, and social needs of the patients will be recognized, assessed, and provided for, and that the patient has the right to be treated with dignity and be an active participant in the decisions regarding his/her care.
- 4Health Care Staff: One physician, MD; four Army Public Health Nurse, RNs; two licensed practical nurses (LPN); two administrative assistants.
5. Unauthorized Procedures: None
6. Authorized Procedures:

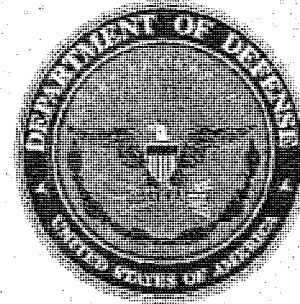
PROCEDURE

INDIVIDUAL AUTHORIZED

We do not really do procedures anymore since MIP went away.







# ***CHCS II Block 1 User's Manual*** ***Build 838***

*for the*

## **Composite Health Care System II**

*Prepared for:*

### **The CHCS II Program Office**

*and the*

### **MHS Clinical Information Technology Program Office**

**27 July 2005**

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*Prepared By:*

Integic Corporation  
Healthcare Practice Area  
3675 Concorde Parkway, Suite 800B  
Chantilly, Virginia 20151



# 1.0 GETTING STARTED

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## 1.1 CHCS II Overview

As the target healthcare system of the Department of Defense (DoD), the Composite Health Care System (CHCS) II provides a structured framework for accessing and integrating medical information for patients. CHCS II is the Military Health System (MHS) Computer-based Patient Record (CPR). It provides the DoD with an enterprise-wide system, governed by universal standards integrating data from multiple sources and displaying the data at the point of care. Appropriate portions are easily accessible to authorized users when and where needed. The CPR facilitates the worldwide delivery of healthcare, assists clinicians in making healthcare decisions, and supports leaders in making operational and resource allocation decisions.

CHCS II provides the essential capabilities, as identified by the functional community, to support the creation of a CPR. CHCS II integrates the best of Government and commercial off-the shelf (COTS) products by interfacing the existing MHS Automated Information Systems with new functionality.

## 1.2 Security Overview

CHCS II is installed in Military Treatment Facilities (MTFs) and clinics throughout the world. As the security of patient data is of paramount importance in the military's healthcare community, an elaborate and effective security methodology has been built into CHCS II. The system administrator strictly controls access to all parts of CHCS II.

An integral part of CHCS II security is the assignment of roles. Each user is assigned a CHCS II role. This role is determined by the user's job skill set. These roles are cumulative, allowing greater access to patient information as roles are added. Similar in concept to the CHCS user level, an individual's role determines what information can be accessed or changed.

CHCS II is developed to provide an interface to data contained in the military health care systems. The CHCS II product provides the DoD clinical team members with a single-sign-on capability to retrieve patient data from multiple sources and locations without the need to manually access each information repository. With the single-sign-on feature, CHCS II account users are able to retrieve site information stored in the Clinical Data Repository (CDR) at Defense Information Systems Agency (DISA) and to access their local CHCS application. The CHCS II account resides on the Enterprise Master Security Server (EMSS) at DISA with local control at each Host MTF.

The local access to the Enterprise system is granted, managed and inactivated at the local sites using the local security object, similar to the CHCS account creation, granting access to the local CHCS. The management of the local access to CHCS II is designed to meet MHS and DoD account management guidelines, while the Enterprise account remains intact for successful transfer to other CHCS II MTFs and access to global user account information. Local sites do have the capability to delete the

Enterprise accounts in the event of a security violation. User accounts can and will be suspended after 45 days and disabled/inactivated after 120 days of non-activity, or when a user leaves the MTF.

The CHCS II Enterprise account enables users to transfer from one CHCS II MTF to another CHCS II MTF, for reassignment or Temporary Duty (TDY), and continue to access their CHCS II account settings, such as personal templates, and gain access to the new CHCS II MTF clinical information. This process is referred to as Transferring a CHCS II account.

### 1.3 Account Creation Process

CHCS II user account creation is an automated process. This process is initiated with the creation of the CHCS user account. Upon creating and flagging the CHCS user account with the settings "Active CHCS II user," the user account information is sent to the CDR and to SnareWorks to create the user account on the EMSS. Once the EMSS receives the request for the account, the system sends an email to the Security Administrator(s) at the local site, notifying the site that the account is ready for activation. The site system administrator then assigns the appropriate roles and privileges and provides local access to the CDR and CHCS.

Upon CHCS II account accreditation, the Security Administrator, through a local process, notifies the user that his/her account has been accredited and he/she can proceed to log into CHCS II. The user logs in to CHCS II using the CHCS Access/Verify code and is prompted to change his/her password and enter a new User ID. This updates the CHCS Verify code (password) and provides the user with a username for entering CHCS II and CHCS (single sign-on), but does not change the CHCS Access code.

---

**Note:** According to the MHS Security Guidelines, the CHCS II password must meet the following criteria.

- Minimum of 8 and maximum of 20 characters
  - Minimum of 1 numeric character
  - Contain at least 1 of the following non-alphanumeric characters: !, @, #, \$, %, or &
  - Mixture of case
  - It should not be a previously used CHCS Verify code
  - @ sign cannot be used in the User ID or password
  - Passwords should not consist of words found in the dictionary
  - Should not be names, dates, etc., that are easy to guess
-

## 18.0 LABORATORY

### 18.1 Laboratory Overview

The Lab module is designed to display the results of laboratory tests. Results are viewed, not ordered, from this module. Lab results are pulled from CHCS and an alert is triggered when new results are received. The Lab module is defaulted to display ten lab results. The default value can be changed, but this may impact your wait time and system performance.

The screenshot displays the 'Military Clinical Desktop - Laboratory Module' window. At the top, there are search criteria fields for 'Filter: All Orders', 'Time: Last 10', and 'Tests: 10'. Below this is a table with columns: Type, Date Collected, Date Ordered, Date Received, Result, Ordering Provider, WTP, Site/Specimen, and Sample. Two rows of data are visible. Below the table, there are options to 'Display Criteria' (Vertical/Horizontal) and 'Display All Results For The Selected Test'. The bottom section shows a detailed view of a 'CBC W/Diff' test, listing various components and their values.

| Type         | Date Collected   | Date Ordered     | Date Received    | Result     | Ordering Provider | WTP               | Site/Specimen | Sample |
|--------------|------------------|------------------|------------------|------------|-------------------|-------------------|---------------|--------|
| Standard Lab | 27 Sep 2004 1058 | 27 Sep 2004 1035 | 27 Sep 2004 1115 | CBC W/Diff | FRECHETTE, GEORGE | 4th Medical Group | BL000         | BL000  |
| Standard Lab | 27 Sep 2004 1058 | 27 Sep 2004 1035 | 27 Sep 2004 1107 | Urinalysis | FRECHETTE, GEORGE | 4th Medical Group | URINE         | RND4UR |

| Test/Result Name | Site/Specimen | Collection Date/Result Value |
|------------------|---------------|------------------------------|
| CBC W/Diff       | Site/Specimen | 27 Sep 2004 1058             |
| WBC              | BL000         | 7.0                          |
| RBC              | BL000         | 3.90 (L)                     |
| Hgb              | BL000         | 10.1 (L)                     |
| Hct              | BL000         | 33.0 (L)                     |
| MCV              | BL000         | 79.5 (L)                     |
| MCH              | BL000         | 27.9 (L)                     |
| MCHC             | BL000         | 32.0 (L)                     |
| RDW-CV           | BL000         | 12.0                         |
| Gran             | BL000         | 5.0 (L)                      |
| Lymphs           | BL000         | 8.0 (L)                      |
| Mono             | BL000         | 8.0                          |
| Eos              | BL000         | 5.5                          |
| Baso             | BL000         | 0.0 (H)                      |
| Plt              | BL000         | 200                          |
| MPV              | BL000         | 11.0 (H)                     |

Figure 18-1: Military Clinical Desktop—Laboratory Module

#### 18.1.1 In More Depth

During site activation or when an appointment is first made in CHCS II for a particular patient, 36 months worth of patient lab results are pulled from CHCS and are stored in the CDR. These results are accessible through the Lab module.

Lab tests are ordered through CHCS II in the A/P module. The order is sent back to CHCS for processing. When the test is complete and the results are entered into CHCS, they are sent to the CDR and an alert is triggered in CHCS II for the ordering provider. All lab results, then, are reviewed in the Lab module.

### 18.2 Creating a Search Filter in the Lab Module

The results listed in the Lab module can be filtered. You can create a filter to sort lab results for which you are interested in.

Follow the steps below to create a filter for viewing lab results:

1. Click **Options** on the Lab module. The Lab Results Properties window opens.
2. Click the Filter tab.

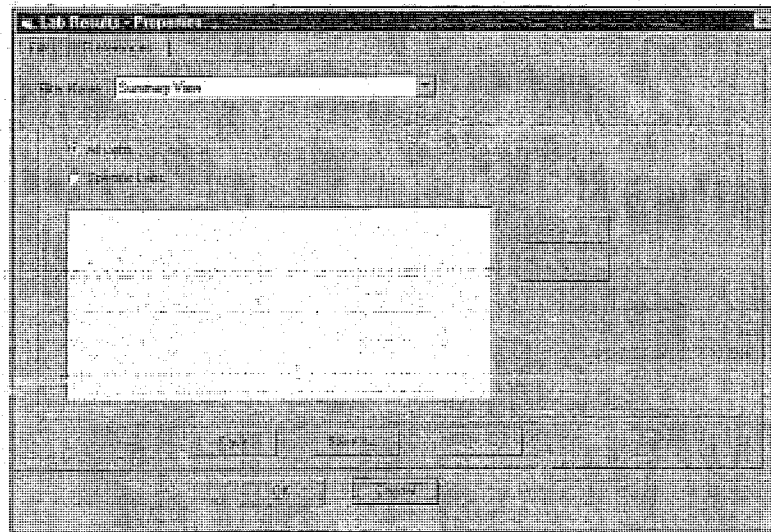


Figure 18-2: Lab Results—Properties Window—Filter Tab

3. Select the applicable radio button for the lab results you want to view.
  - If **All Labs** is selected, all of the listed lab results are displayed.
  - If **Specific Labs** is selected, click **Add** to open the Add Lab Type window to add specific lab results.
4. Click **Save As**. If this is a change to a pre-existing filter, click **Save**.

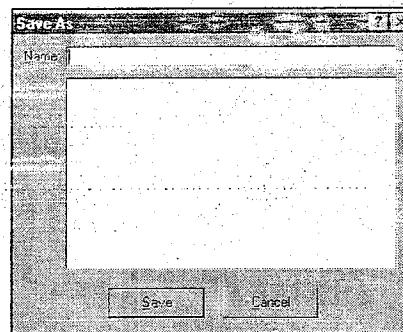


Figure 18-3: Save As Window

5. Enter the name for the filter.
6. Click **Save**.

---

**Note:** To delete a personal filter, select the filter from the list and click **Delete**. At the confirm deletion prompt, click **Yes**.

---

7. Click OK.

## 18.3 Setting Laboratory Module Preferences

The Preferences tab allows you to set default times and viewing options. Each time you open the Lab module, the listed results match these defaults. The Lab module is defaulted to display ten lab results. The default value can be changed, but this may impact your wait time and system performance.

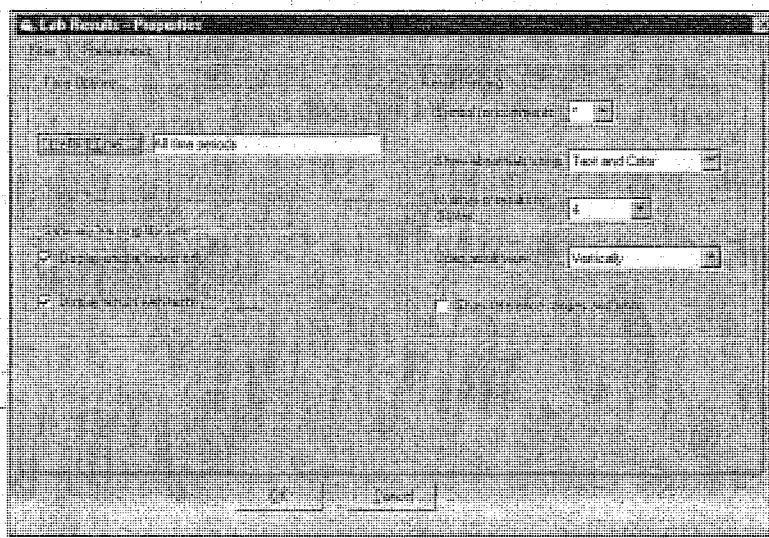


Figure 18-4: Lab Results—Properties Window—Preferences Tab

Follow the steps below to set Lab module preferences:

1. Click **Options** on the Lab module. The Lab Results Properties window opens.
2. Click the **Preferences** tab.
3. Click **Default Time**. The Lab Results warning window displays.

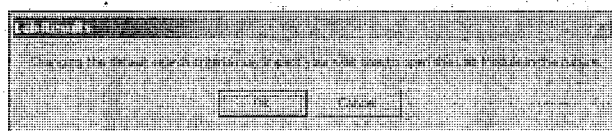


Figure 18-5: Warning Window

4. Click **OK**. The Time Search window opens.

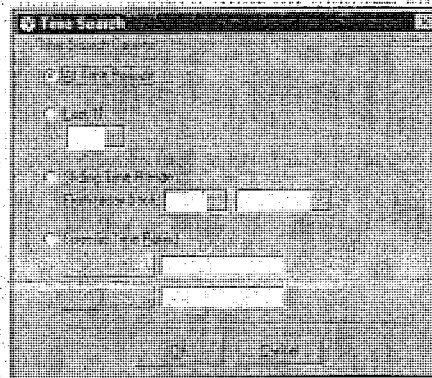


Figure 18-6: Time Search Window

5. Select the radio button for the applicable Time Search Option and click OK.

**Note:** The items in the Summary Viewing Options area have no bearing on the default display.

6. In the Result Viewing area, complete the following fields:
  - **Symbol for comments:** This field has no bearing on the Lab module.
  - **Show abnormals using:** This field has no bearing on the Lab module.
  - **Number of results to display:** Select the number of results to be displayed in the Lab module.
  - **Open result view:** Select the desired view for the results. Options include vertically and horizontally.
7. Click **Show Reference Ranges and Units** to display units upon opening the Lab module.
8. Click OK.

## 18.4 Viewing Lab Results

Once the search criteria have been defined, the lab test results are displayed.

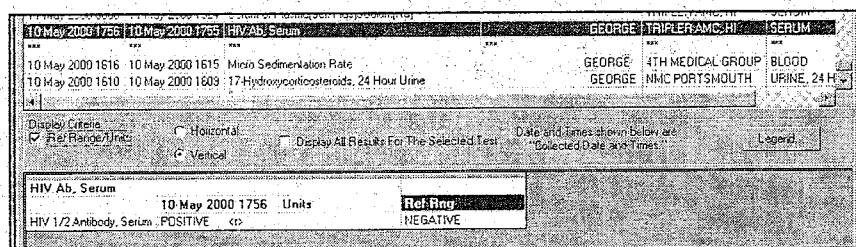


Figure 18-7: Lab Test Results

Select the desired test data to be viewed by selecting the test name. The data is displayed in the bottom of the Lab module. The Lab Result Profile area can be changed according to individual preference.

- **Display All Test Results:** Click **Select All Results** to view all test result data in the test viewing area simultaneously.
- **Ref Range/Units:** Select the check box to view the CHCS II normal range and unit for each test.
- **Change Viewing Format:** The layout of the results can either be seen vertically or horizontally. Select the appropriate radio button.
- **Legend:** Click **Legend** to view the codes used in the test results.

**Tip:**

To view any comments associated with the result, double-click on a cell with <O>, <I>, <R>, or <A> to view the order comments, interpretations, results comments, and amendments.

**Note:** Lab results cannot be printed directly from the Lab module. In order to print lab results, you must first copy the lab result to a note and then print it as part of a current encounter, or print the lab results from the Flowsheets module.

## 18.5 Viewing Sensitive Lab Results

Sensitive lab results are displayed with asterisks. Remaining columns are viewed as normal. You must have "break the glass" privileges to view sensitive lab results.

Follow the steps below to view sensitive results:

1. Double-click the result. A security message is displayed stating that all further actions are audited. If you do not have sufficient security privileges, a security message is displayed and you cannot proceed.

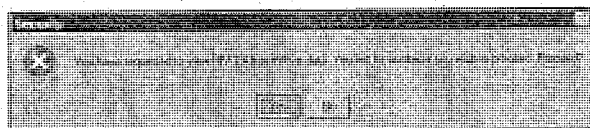


Figure 18-8: Security Warning

2. Click **Yes** to continue. The sensitive lab results are displayed in the bottom portion of the workspace.

## 18.6 Copying Lab Results to a Note

Details of a lab result can be copied to the clipboard or copied and placed directly into the S/O portion of the current patient encounter summary.

Follow the steps below to copy lab results to a note:

1. Select the desired result so the details are in the bottom of the Lab module.



The screenshot shows a software window titled 'Lab Results Window'. It has a top section with filters: 'All Orders', 'All time periods', and 'Tests: 140'. Below this is a table of lab orders with columns: Date Collected, Date Ordered, Date Received, Report, Ordering Provider, and Site/Specimen. One order is highlighted in red.

| Date Collected   | Date Ordered     | Date Received    | Report                   | Ordering Provider | Site/Specimen         |
|------------------|------------------|------------------|--------------------------|-------------------|-----------------------|
| 25 Sep 2002 1340 | 25 Sep 2002 1340 | 25 Sep 2002 2134 | Creatinine               | MIL R, RI IALD    | NMC Portsmouth URINE  |
| 25 Sep 2002 1340 | 25 Sep 2002 1340 | 25 Sep 2002 2134 | Protein, 24 Hr Urine     | MIL R, RI IALD    | NMC Portsmouth RANDOM |
| 25 Sep 2002 1340 | 25 Sep 2002 1339 | 25 Sep 2002 1514 | Chem 17                  | MIL R, RI IALD    | NMC Portsmouth SERUM  |
| 25 Sep 2002 1340 | 25 Sep 2002 1339 | 25 Sep 2002 1411 | Urinolysis W/Microscopic | MIL R, RI IALD    | NMC Portsmouth URINE  |
| 20 Aug 2002 1459 | 20 Aug 2002 1438 | 20 Aug 2002 1839 | Chem 7                   | MIL R, RI IALD    | NMC Portsmouth SERUM  |
| 13 Aug 2002 0815 | 13 Aug 2002 0815 | 14 Aug 2002 1455 | Lipid Panel, Complete    | GIA TTC ID, J     | NMC Portsmouth SERUM  |
| 13 Aug 2002 0815 | 13 Aug 2002 0815 | 14 Aug 2002 1455 | Alanine Aminotransferase | GIA TTC ID, J     | NMC Portsmouth SERUM  |

Below the table is a section for 'Display Criteria' with checkboxes for 'Ref Range/Units', 'Verified', 'Noted', and 'Display All Params For The Selected Test'. To the right, it says 'Date and Times shown below are "Collected Date and Time"'. A legend is also present.

The bottom section shows a detailed view for 'Chem 17' with columns: Test/Result Name, Site/Specimen, Collection Date / Result Values, Units, and Ref Rng.

| Test/Result Name         | Site/Specimen | Collection Date / Result Values | Units  | Ref Rng  |
|--------------------------|---------------|---------------------------------|--------|----------|
| Chem 17                  | SERUM         | 25 Sep 2002 1340                |        |          |
| AST                      | SERUM         | 30                              | U/L    | 15-46    |
| Albumin                  | SERUM         | 4.0                             | g/dl   | 3.4-5.0  |
| Alk. Phos                | SERUM         | 95                              | U/L    | 38-126   |
| Bilirubin, Total         | SERUM         | 0.4                             | mg/dl  | 0.0-1.3  |
| CO2                      | SERUM         | 24                              | mmol/L | 22-30    |
| Calcium                  | SERUM         | 9.2                             | mg/dl  | 8.4-10.5 |
| Chloride                 | SERUM         | 107                             | mmol/L | 98-108   |
| Creatinine, Serum/Plasma | SERUM         | 1.1                             | mg/dl  | 0.7-1.3  |
| GGT                      | SERUM         | 20                              | U/L    | 5-85     |
| Glucose                  | SERUM         | 90                              | mg/dl  | 70-120   |
| LDH                      | SERUM         | 464                             | U/L    | 313-618  |
| Phosphate                | SERUM         | 4.1                             | mg/dl  | 2.4-4.6  |

Figure 18-9: Lab Results Window (Copy Lab Results)

**Tip:**

To select the results, click inside the top, left box. Continue holding down the mouse button and drag the mouse to the lower-right corner.

- Select the result(s) you want to copy.
- Perform a right-mouse click, then select either:
  - Copy:** Copies the selection on the clipboard so it can be used in another location.
  - Copy to Note:** Copies the details directly into the S/O portion of the current patient encounter summary.

**Note:** You must open an encounter to use the Copy to Note function. The result is pasted directly into the patient encounter. Once copied, the results cannot be deleted from the note, so ensure that you only select the **Copy to Note** option once, to avoid duplication.

**Note:** After you copy lab results into a note, you can print the lab results as part of an encounter by printing the electronic SF600.

## 18.7 Printing Lab Results

Lab results cannot be printed directly from the Lab module. Lab results can only be printed from the electronic SF600 as part of a current encounter after you copy the lab results to a note or lab results can be printed from the Flowsheets module.

## 20.0 MEDICATIONS

### 20.1 Medications Overview

The Medications module lists the patient's past and present medications. The list includes over-the-counter (OTC), outside, and CHCS II-ordered medications. Current medications can be viewed, re-ordered, or modified and new medications can be added and ordered. Only OTC/Outside medications can be documented without an open encounter. A current encounter must be open in order to re-order, modify, or order new medications.

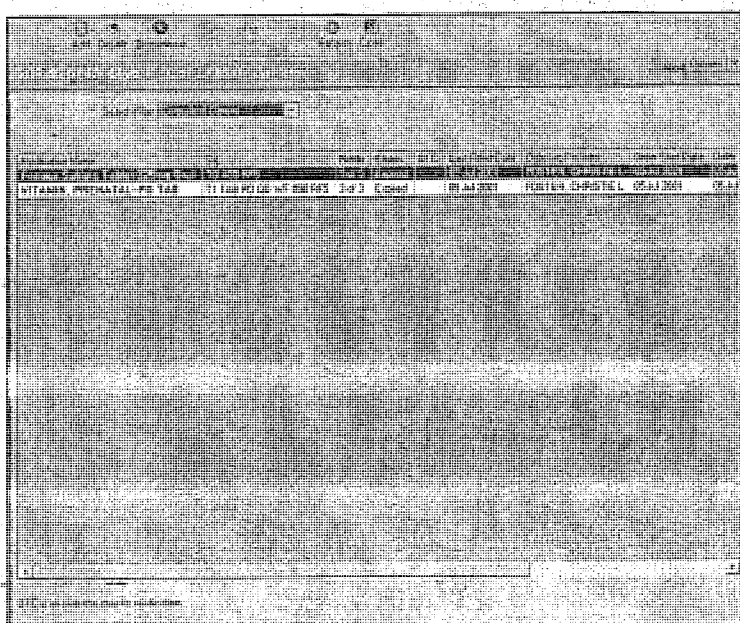


Figure 20-1: Military Clinical Desktop – Medication Module

#### 20.1.1 In More Depth

Typically, a medication is ordered through the A/P module and is sent to CHCS for processing. Once the prescription has been filled in the pharmacy, the medication is displayed in the Medication module in CHCS II.

Information available for each entry includes the SIG, quantity, refills, days supply, dispensing location, clinic, status of the prescription, order information, and ordering end user.

The default list of medications includes outpatient current medications for patients with an appointment classification of Outpatient. When the Medications module is opened for a patient whose classification is Inpatient, the default filter is Inpatient Current.

In the list of medications, active medications appear in bold text and inactive medications appear in regular text. Those medications that were added as an OTC/Outside medication will have a check in the OTC column.

## 20.2 Setting the Filter of the Medications Module

The default filter, either Outpatient Current or Inpatient Current, can be changed. The Properties window in the Medications module contains the Default Filter drop-down list. The Default Filter is used to set the default Search Filter in the Medications module.

Follow the steps below to change the filter:

1. Click **Options** on the Medications module. The Properties window opens.

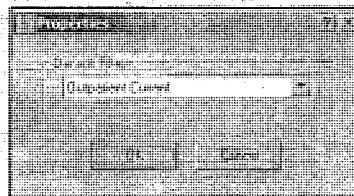


Figure 20-2: Properties Window

2. Select the desired filter from the Default Filter drop-down list.

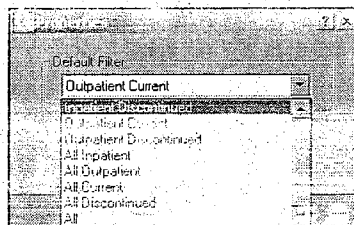


Figure 20-3: Default Filter Drop-Down List

3. Click **OK**. The list of medications is refreshed based on the selected filter.

## 20.3 Documenting an OTC/Outside Medication

An OTC/Outside medication can be documented in the Medications module. Medications added as an OTC/Outside medication are not considered during the pre-verify process that occurs when a medication is ordered. There are no drug-drug, drug-allergy, or duplicate order warnings based on these documented medications.

Follow the steps below to document an OTC/Outside medication:

1. Click **Add** on the Action bar. The Select Type of New Medication window opens.

**Note:** In order to add new medications, an encounter must be open and the filter must be set to Outpatient Current.

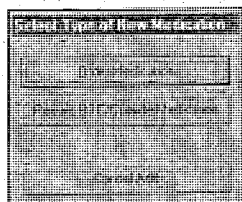


Figure 20-4: Select Type of New Medication Window

2. Click **Record OTC/Outside Medication**. The New OTC/Outside Medication pane opens at the bottom of the workspace.

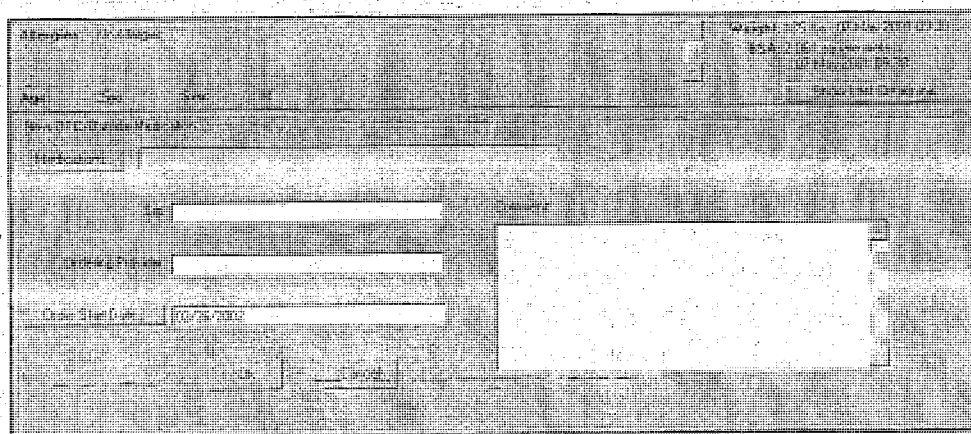


Figure 20-5: New OTC/Outside Medications Window

3. Click **Medications** to search for and locate the medication.
4. Enter the name of the medication and click **Search**.
5. Select the correct medication and click **OK**.
6. On the New OTC/Outside Medication window, complete the following fields:
  - Sig: free text field
  - Ordering Provider: free text field
  - Order Start Date: Click **Order Start Date** to enter the correct date using the calendar or enter the date directly in the Start Date field.
  - Comment
7. Click **OK**. The OTC is added to the patient's medication list.

## 20.4 Ordering a New Medication

**Tip:**

To add a new medication, you must set the filter to **Outpatient Current**.

Medications can be ordered directly from the Medications module if an encounter is open.

Follow the steps below to order a new medication:

1. Open the appropriate encounter.
2. In the Medications module, click **Add** on the Action bar. The Select Type of New Medication window opens.

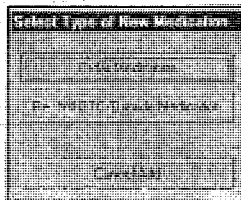


Figure 20-6: Select Type of New Medication Window

3. Click **Order Medication**. The New Order window displays at the bottom of the workspace.

| Medication Name (Dispensed Only)     | Qty | Rolls | Status | OTC    | East Filed Date | Order Date  | Date Exp.   |
|--------------------------------------|-----|-------|--------|--------|-----------------|-------------|-------------|
| DIGOXIN (LANOXIN) CAPS-PO 0.05MG CAP | 1   | 1     | NR     | Active | 0               | 22 Oct 2002 | 22 Oct 2002 |
| GLYBURIDE 2.5MG                      | 1   | 1     | NR     | Active | 0               | 13 Apr 2002 | 13 Apr 2002 |

Figure 20-7: Order Entry Medications Window

4. Enter the name of the medication in the Search field and click **Search**.
5. Select the medication from the results displayed in the Item Name field.
6. Complete the following fields:

---

SIG

---

**Note:** If a CHCS sig exists for the selected medication, it auto-populates this field. The SIG can be edited and changed.

---

- Quantity
  - Refills
  - Start Date
  - Child Resistant Cap
  - Comment
  - Expanded SIG
  - Requesting Location
  - Dispensing Location
  - Ordering Provider
7. When all the necessary information has been added, click **Submit**. The ordered medication displays on the medication list once it has been filled by the pharmacy.
- 

**Note:** CHCS pre-verifies the order against patient and medication records and displays any resulting messages or warnings, as well as any SIG code(s) and standard order/refill quantities associated with the medication. Warnings include duplicate orders and drug-drug and drug-allergy interactions. To override a warning in the Warnings window, enter a reason for the override and click **Accept Override**. To ignore the warning override, click **Cancel Order**.

---

## 20.5 Reviewing a Medication

Follow the steps below to review a medication:

1. Select the medication you want to review.
2. Click **Details** on the Action bar. The Details window opens and is read-only.

[illegible]

Figure 20-8: Details Window

3. Click Close Detail.

## 20.6 Discontinuing a Medication

Both ordered and OTC/Outside medications can be discontinued from the Medications module. An encounter must be open, though, to discontinue an ordered medication.

Follow the steps below to discontinue a medication:

1. Select the medication to be discontinued.
2. Click **Discontinue** on the Action bar.

**Note:** There is no confirmation message when discontinuing an ordered medication.

3. At the Inactive Medications confirmation prompt, for an OTC/Outside medication, click **OK**.

**Note:** There is no confirmation message when discontinuing an ordered medication. A message is displayed stating that the medication has been successfully discontinued.

## 20.7 Renewing a Medication

When the renew action is taken from the Medication module, the system automatically brings up the Order Entry Medication window. This function is only available for prescriptions that were originally ordered through the pharmacy and if an encounter is open.

**Tip:**

You can still view information for a discontinued medication by setting up a filter that displays discontinued medications.

Follow the steps below to renew a medication:

1. Select the medication to be renewed.
2. Click **Renew** on the Action bar. The Order Entry Medication window opens.

Figure 20-9: Order Entry Medication Window

3. Change the SIG, Quantity or Refills, as appropriate.
4. Click **Submit**.





## 39.0 SIGN ORDERS

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### 39.1 Sign Orders Overview

The Sign Orders module allows you to validate orders submitted by non-providers. When a non-provider submits a consult, lab order, radiology procedure, or medication for a patient encounter in the A/P module, the assigned provider receives notification that an order was entered on your behalf by the non-provider. The order's status is pending until you sign the order.



Figure 39-1: Sign Orders Alert

### 39.2 Cancelling a Non-Provider Order

The Sign Orders module lets you cancel orders entered by non-providers in the A/P module.

Follow the steps below to cancel a non-provider order:

1. On the Sign Orders module, select the order(s) you want to cancel.
2. Click **Cancel Selected Orders**. A confirmation window appears.
3. Click **Yes**. The order(s) is removed from the Sign Orders module.

### 39.3 Signing Non-Provider Orders

The Sign Orders module allows you to validate orders entered by non-providers in the A/P module. You do not need to have the patient's encounter open to sign the order(s). The Sign Orders icon displays in the patient ID line when you have orders that need to be signed.

Follow the steps below to sign non-provider orders:

1. On the Sign Orders module, select the checkboxes for the order(s) you want to sign.
2. Click **Sign Selected Orders**. The order(s) is removed from the Sign Orders module.

---

**Note:** If you want to sign all orders listed, click **Sign All Orders**. If you want to view detailed information about the order, expand the order by clicking the small plus (+) next to the order. If you want to expand all orders in the workspace, click **Expand All**.

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# ***DRAFT AHLTA 3.3 User's Manual***

*for the*

**AHLTA Program Office**

*and the*

**MHS Clinical Information Technology  
Program Office**

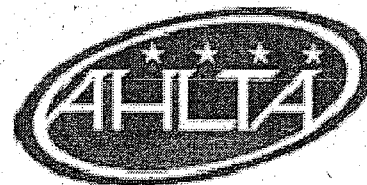
Delivered for: Test Readiness Review 2 (TRR2)  
Version 1.0

July 2007

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GLOBAL INFORMATION  
for QUALITY CARE

# 1.0 GETTING STARTED

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## 1.1 AHLTA Overview

As the target healthcare system of the Department of Defense (DoD), AHLTA provides a structured framework for accessing and integrating medical information for patients. AHLTA is the Military Health System (MHS) Computer-based Patient Record (CPR). It provides the DoD with an enterprise-wide system, governed by universal standards integrating data from multiple sources and displaying the data at the point of care. Appropriate portions are easily accessible to authorized users when and where needed. The CPR facilitates the worldwide delivery of healthcare, assists clinicians in making healthcare decisions, and supports leaders in making operational and resource allocation decisions.

AHLTA provides the essential capabilities, as identified by the functional community, to support the creation of a CPR. AHLTA integrates the best of Government and commercial off-the shelf (GOTS/COTS) products by interfacing the existing MHS Automated Information Systems with new functionality.

## 1.2 Security Overview

AHLTA is installed in Military Treatment Facilities (MTFs) and clinics throughout the world. As the security of patient data is of paramount importance in the military's healthcare community, an elaborate and effective security methodology has been built into AHLTA. The system administrator strictly controls access to all parts of AHLTA.

An integral part of AHLTA security is the assignment of roles. Each user is assigned an AHLTA role. This role is determined by the user's job skill set. These roles are cumulative, allowing greater access to patient information as roles are added. Similar in concept to the Composite Health Care System (CHCS) user level, an individual's role determines what information can be accessed or changed.

AHLTA is developed to provide an interface to data contained in the military health care systems. The AHLTA product provides the DoD clinical team members with a single sign-on capability to retrieve patient data from multiple sources and locations without the need to manually access each information repository. With the single sign-on feature, AHLTA account users are able to retrieve site information stored in the Clinical Data Repository (CDR) at the Defense Information Systems Agency (DISA) and to access their local CHCS application. The AHLTA account resides on the Enterprise Master Security Server (EMSS) at DISA with local control at each Host MTF.

The local access to the Enterprise system is granted, managed, and inactivated at the local sites using the local security object, similar to the CHCS account creation, granting access to the local CHCS. The management of the local access to AHLTA is designed to meet MHS and DoD account management guidelines, while the Enterprise account remains intact for successful transfer to other AHLTA MTFs and access to global user account information. Local sites do have the capability to delete the Enterprise accounts in the event of a security violation. User accounts can and will be

suspended after 45 days and disabled/inactivated after 120 days of non-activity or when a user leaves the MTF.

The AHLTA Enterprise account enables users to transfer from one AHLTA MTF to another AHLTA MTF, for reassignment or Temporary Duty (TDY), and continue to access their AHLTA account settings, such as personal templates, and gain access to the new AHLTA MTF clinical information. This process is referred to as Transferring an AHLTA account.

### 1.3 Account Creation Process

AHLTA user account creation is an automated process. This process is initiated with the creation of the CHCS user account. Upon creating and flagging the CHCS user account with the settings "Active AHLTA user," the user account information is sent to the CDR and to SnareWorks to create the user account on the EMSS. Once the EMSS receives the request for the account, the system sends an email to the Security Administrator(s) at the local site, notifying the site that the account is ready for activation. The site system administrator then assigns the appropriate roles and privileges and provides local access to the CDR and CHCS.

Upon AHLTA account accreditation, the Security Administrator, through a local process, notifies the user that his/her account has been accredited and he/she can proceed to log into AHLTA. The user logs into AHLTA using the CHCS Access/Verify code and is prompted to change his/her password and to enter a new User ID. This updates the CHCS Verify code (password) and provides the user with a username for entering AHLTA and CHCS (single sign-on), but does not change the CHCS Access code.

---

**Note:** According to the MHS Security Guidelines, the AHLTA password must meet the following criteria.

- Minimum of 8 and maximum of 20 characters
  - Minimum of 2 numeric character
  - Contain at least 1 of the following non-alphanumeric characters: !, @, #, %, &, [, ], \_, ( or )
  - Mixture of case
  - It should not be a previously used CHCS Verify code
  - Passwords should not consist of words found in the dictionary
  - Should not be names, dates, etc., that are easy to guess
-

# 21.0 LABORATORY

## 21.1 Laboratory Overview

The Labs module displays the results of laboratory tests. Results are viewed, not ordered from this module. Lab results are uploaded from CHCS to AHLTA and an alert is triggered when new results are received. Additionally, AHLTA exchanges patient lab results data between the CDR and the VA HDR in order to provide services in a seamless fashion to both TRICARE and HealtheVet beneficiaries who are actively being treated at both VA and DoD facilities. These patients are referred to as ADCs.

0-0303 46yo M COL DOB:03 Mar 1960

Appointments / Lab

Search Criteria  
Filter: All Orders Time: From now back 6 year(s) Tests: 40  
Display All Results For The Selected Test  
Display All Results

| Origin | Type         | Date Collected   | Date Ordered     | Date Resulted    | Report     | Ordering Provider | MTF/Facility   | Site/Specimen |
|--------|--------------|------------------|------------------|------------------|------------|-------------------|----------------|---------------|
| DoD    | Standard Lab | 28 Feb 2006 1552 | 28 Feb 2006 1549 | 28 Feb 2006 1553 | Hemoglobin | FBTESTER, A       | NMC Portsmouth | WHOLE BLOC    |

Display Criteria  
Ref Range/Units Vertical Horizontal Date and Times shown below are Collected Date and Times Legend...

| Test / Result Name | Site/Specimen   | Collection Date / Result Values |
|--------------------|-----------------|---------------------------------|
| WBC                | WHOLE BLOOD,NOS | 31 Oct 2006 1416 27.0 (H)       |
| RBC                | WHOLE BLOOD,NOS | 31.00 (H)                       |
| Hemoglobin         | WHOLE BLOOD,NOS | 19.0 (H)                        |
| Hematocrit         | WHOLE BLOOD,NOS | 44.0                            |
| MCV                | WHOLE BLOOD,NOS | 55 (L)                          |
| MCH                | WHOLE BLOOD,NOS | 44.0 (H)                        |
| MCHC               | WHOLE BLOOD,NOS | 34.0                            |
| RDW                | WHOLE BLOOD,NOS | 12.0                            |
| Platelets          | WHOLE BLOOD,NOS | 80 (L)                          |
| MPV                | WHOLE BLOOD,NOS | 9.0                             |
| Neutrophils        | WHOLE BLOOD,NOS | 4.00 (L)                        |
| Lymphocytes        | WHOLE BLOOD,NOS | 7.00 (L)                        |
| Monocytes          | WHOLE BLOOD,NOS | 8.00                            |

Figure 21-1: Military Clinical Desktop—Laboratory Module

### 21.1.1 In More Depth

During site activation or when an appointment is first made in AHLTA for a particular patient, 36 months' worth of patient lab results are pulled from CHCS and stored in the CDR. When the patient is first identified and flagged as an ADC patient, an initial data synchronization process between the VA and DoD systems occurs. Subsequent to that initial synchronization, data synchrony between the two agencies is maintained by real-time updates transmitted between the two systems whenever an update is made in either system to the patient laboratory data. The origin of the laboratory data is clearly identified in the Origin column of the Allergy module (DoD or VA), and the entire entry for VA originated laboratory information is highlighted in a distinctive color.



|       |              |              |            |               |                    |                  |           |               |        |          |        |
|-------|--------------|--------------|------------|---------------|--------------------|------------------|-----------|---------------|--------|----------|--------|
| Union | Type         | Date Created | Status     | Date Resolved | Repeats            | Date to Provider | AMT/Ready | Date Specimen | Center | Priority | Status |
| VA    | Summary View | 1 Jun 2005   | 7 Jun 2005 | 17 Jun 2005   | Don't Know/No Info | Rollback/Undo    | Screen    | Time          | Range  | End      |        |

Figure 21-2: AHLTA Labs Module—VA Lab Data

## 21.2 Creating a Search Filter in the Lab Module

The results listed in the Lab module can be filtered. You can create a filter to sort lab results for which you are interested.

Follow the steps below to create a filter for viewing lab results:

1. Click **Options** on the Lab module. The Lab Results Properties window opens.
2. Click the Filter tab.

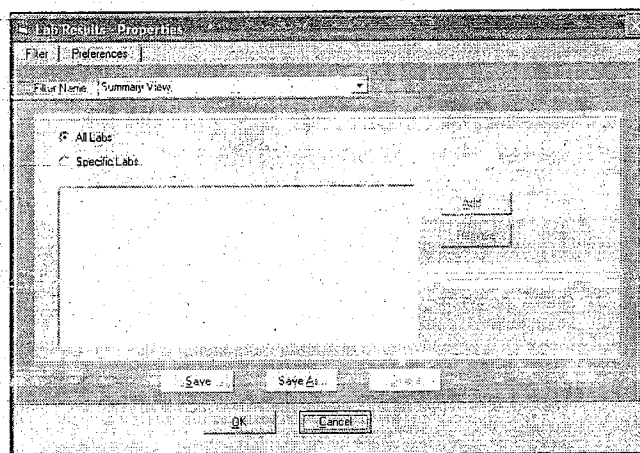


Figure 21-3: Lab Results—Properties Window—Filter Tab

3. Select the applicable radio-button for the lab results you want to view.
  - If **All Labs** is selected, all of the listed lab results are displayed.
  - If **Specific Labs** is selected, click **Add** to open the Add Lab Type window to add specific lab results.
4. Click **Save As**. If this is a change to a pre-existing filter, click **Save**.

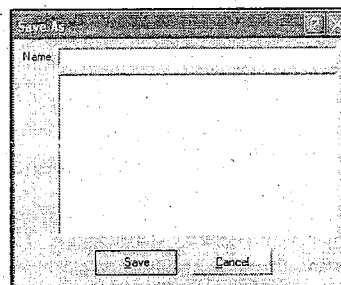


Figure 21-4: Save As Window

5. Enter the name for the filter.

6. Click **Save**.

**Note:** To delete a personal filter, select the filter from the list and click **Delete**. At the confirm deletion prompt, click **Yes**.

7. Click **OK**.

## 21.3 Setting Laboratory Module Preferences

The Preferences tab allows you to set default times and viewing options. Each time you open the Lab module, the listed results match these defaults. The Lab module is defaulted to display ten lab results. The default value can be changed, but this may impact your wait time and system performance.

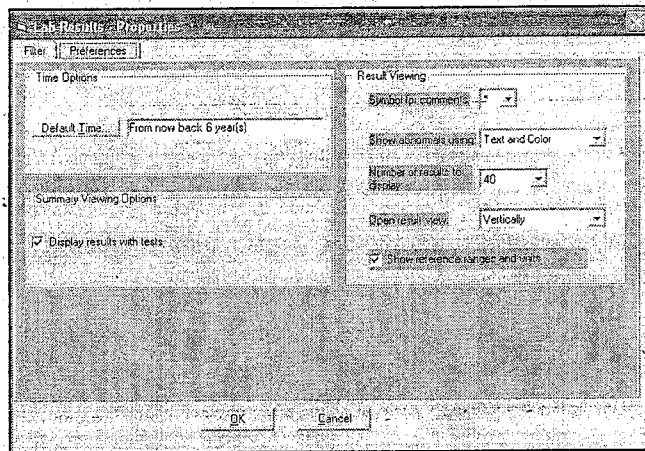


Figure 21-5: Lab Results—Properties Window—Preferences Tab

Follow the steps below to set Lab module preferences:

1. Click **Options** on the Action Bar. The Lab Results Properties window opens.
2. Click the **Preferences** tab.
3. Click **Default Time**. The Lab Results warning dialog box displays.
4. Click **OK**. The Time Search window opens.

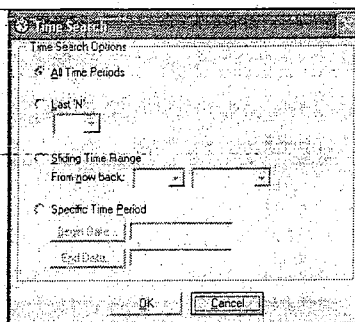


Figure 21-6: Time Search Window

5. Select the radio button for the applicable Time Search Option and click **OK**.

---

**Note:** The items in the Summary Viewing Options area have no bearing on the default display.

---

6. In the Result Viewing area, complete the following fields:
  - **Symbol for comments:** This field has no bearing on the Lab module.
  - **Show abnormals using:** This field has no bearing on the Lab module.
  - **Number of results to display:** Select the number of results to be displayed in the Lab module.
  - **Open result view:** Select the desired view for the results. Options include vertically and horizontally.
7. Click **Show Reference Ranges and Units** to display units upon opening the Lab module.
8. Click **OK**.

## 21.4 Viewing Lab Results

Once the search criteria have been defined, the lab test results are displayed.

The screenshot shows a software window titled "Appointments Lab". It contains a "Search Criteria" section with filters for "All Orders", "Time" (From now back 6 year(s)), "Tests" (40), and checkboxes for "Display All Results For The Selected Test" and "Display All Results". Below this is a table with columns: Origin, Type, Date Collected, Date Ordered, Date Resulted, Report, Ordering Provider, MTF/Facility, and Site/Specimen. The first row shows: DoD, Standard Lab, 28 Feb 2006 1552, 28 Feb 2006 1549, 28 Feb 2006 1553, Hemoglobin, FBTESTER, A, NMC Portsmouth, WHOLE BLOC.

Below the table is a "Display Criteria" section with checkboxes for "Ref Range/Units", radio buttons for "Vertical" (selected) and "Horizontal", and a "Legend..." button. A note states: "Date and Times shown below are 'Collected Date and Times'".

The main results table has columns: Test / Result Name, Site/Specimen, Collection Date, and Result Values. The data is as follows:

| Test / Result Name | Site/Specimen   | Collection Date  | Result Values |
|--------------------|-----------------|------------------|---------------|
|                    |                 | 31 Oct 2006 1416 |               |
| WBC                | WHOLE BLOOD,NOS |                  | 27.0 (H)      |
| RBC                | WHOLE BLOOD,NOS |                  | 31.00 (H)     |
| Hemoglobin         | WHOLE BLOOD,NOS |                  | 19.0 (H)      |
| Hematocrit         | WHOLE BLOOD,NOS |                  | 44.0          |
| MCV                | WHOLE BLOOD,NOS |                  | 55 (L)        |
| MCH                | WHOLE BLOOD,NOS |                  | 44.8 (H)      |
| MCHC               | WHOLE BLOOD,NOS |                  | 34.0          |
| RDW                | WHOLE BLOOD,NOS |                  | 12.0          |
| Platelets          | WHOLE BLOOD,NOS |                  | 80 (L)        |
| HPV                | WHOLE BLOOD,NOS |                  | 9.0           |
| Neutrophils        | WHOLE BLOOD,NOS |                  | 4.00 (L)      |
| Lymphocytes        | WHOLE BLOOD,NOS |                  | 7.00 (L)      |
| Monocytes          | WHOLE BLOOD,NOS |                  | 8.00          |

At the bottom right of the window, it says "01 Nov 2006 1411".

Figure 21-7: Lab Test Results

Select the desired test data to be viewed by selecting the test name. The data is displayed in the bottom of the Lab module. The Lab Result Profile area can be changed according to individual preference.

- **Display All Test Results:** Click **Select All Results** to view all test result data in the test viewing area simultaneously.
- **Ref Range/Units:** Select the check box to view the AHLTA normal range and unit for each test.
- **Change Viewing Format:** The layout of the results can either be seen vertically or horizontally. Select the appropriate radio button.
- **Legend:** Click **Legend** to view the codes used in the test results.

**Tip:**

To view any comments associated with the result, double-click on a cell with <o>, <i>, <r>, or <a> to view the order comments, interpretations, results comments, and amendments.

**Note:** Lab results cannot be printed directly from the Lab module. In order to print lab results, you must first copy the lab result to a note and then print it as part of a current encounter, or print the lab results from the Flowsheets module.

## 21.5 Viewing Sensitive Lab Results

If you are not the ordering provider and you wish to view the details of a sensitive lab result, you must consent to being audited before the results are displayed.

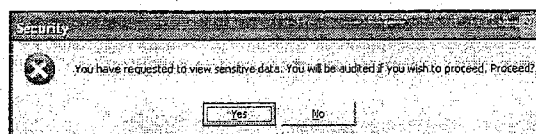


Figure 21-8: Security Warning

Double-click on the Results in the lower pane to view available additional information on the results.

If you decline to be audited, or you are otherwise not authorized to view all of the result information, the sensitive lab results are masked with asterisks.

## 21.6 Copying Lab Results to a Note

Details of a lab result can be copied to the clipboard or copied and placed directly into the S/O portion of the current patient encounter summary.

Follow the steps below to copy lab results to a note:

1. Select the desired result so the details are in the bottom of the Lab module.
2. Select the result(s) you want to copy.

### Tip:

To select the results, click inside the top, left box. Continue holding down the mouse button and drag the mouse to the lower-right corner.

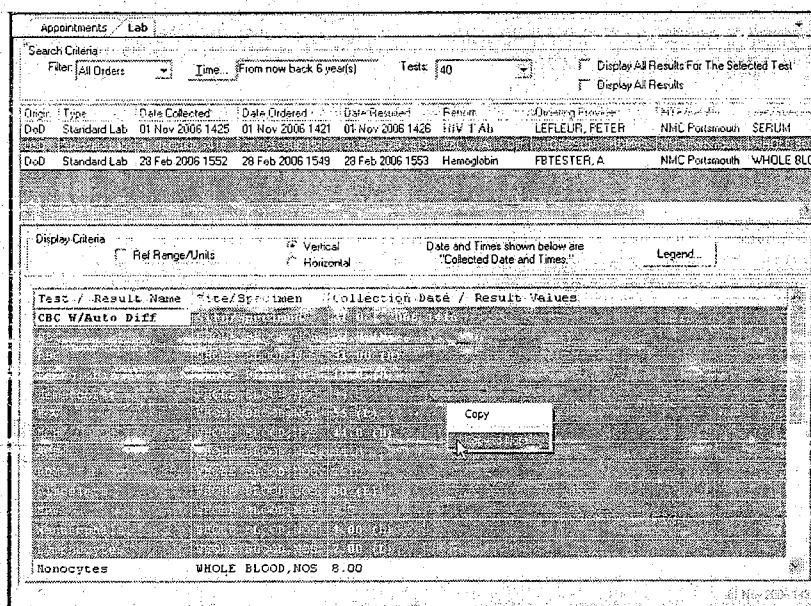


Figure 21-9: Lab Results Window (Copy Lab Results)

3. Right-click in the lab results pane, then select one of the following:
  - **Copy:** Copies the selection on the clipboard so it can be used in another location.

— **Copy to Note:** Copies the details directly into the S/O portion of the current patient encounter summary.

**Note:** You must open an encounter to use the Copy to Note function. The result is pasted directly into the patient encounter. Once copied, the results cannot be deleted from the note, so ensure that you only select the **Copy to Note** option once to avoid duplication.

4. After you copy lab results into a note, you can print the lab results as part of an encounter by printing the electronic SF600.

## 21.7 Printing Lab Results

Lab results cannot be printed directly from the Lab module. Lab results can only be printed from the electronic SF600 as part of a current encounter after you copy the lab results to a note, or lab results can be printed from the Flowsheets module.

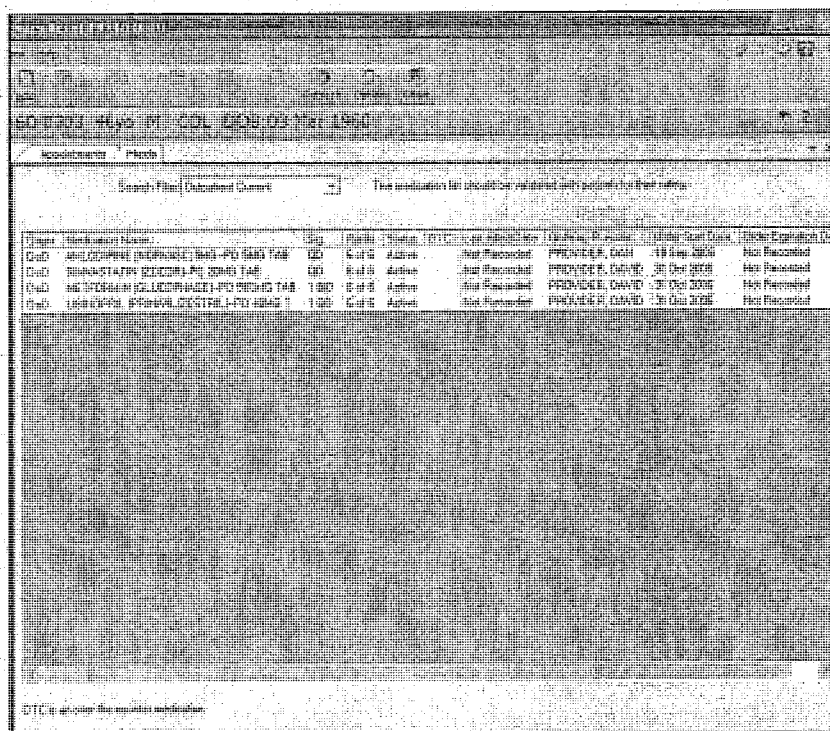


## 23.0 MEDICATIONS

### 23.1 Medications Overview

The Medications module lists the patient's past and present medications. The list includes OTC, outside, and AHLTA ordered medications. Additionally, AHLTA exchanges patient medications data (including Pharmacy Data Transaction Service [PDTs] medications data) between the CDR and the VA HDR in order to provide services in a seamless fashion to both TRICARE and HealtheVet beneficiaries who are actively being treated at both VA and DoD facilities. These patients are referred to as ADCs (Active Dual Consumers).

**Note:** PDTs data in the CDR is day forward and there will be no historical pull of PDTs data for patients.



The screenshot displays the 'Medications' module in the Military Clinical Desktop. It features a search bar at the top with the text 'Search: Filter: Discontinued: Current'. Below the search bar, a table lists medications for a patient. The table has columns for 'Drug', 'Strength', 'Dose', 'Frequency', 'Route', 'Status', 'Last Date', 'Next Date', and 'Notes'. The first three rows of the table are visible, showing medications like 'AMLODIPINE (NORVASC) 5MG PO BID TAB', 'NITROGLYCERIN (ECORIN) 0.25MG TAB', and 'METOPROLOL (LORENAL) 50MG TAB'. The status for these medications is 'Not Recorded'. The table is followed by a large empty space, and a footer note states 'DTC is an order for medical information'.

| Drug                                | Strength | Dose | Frequency | Route | Status       | Last Date  | Next Date  | Notes        |
|-------------------------------------|----------|------|-----------|-------|--------------|------------|------------|--------------|
| AMLODIPINE (NORVASC) 5MG PO BID TAB | 5MG      | Bid  | Bid       | Oral  | Not Recorded | 11/11/2008 | 11/11/2008 | Not Recorded |
| NITROGLYCERIN (ECORIN) 0.25MG TAB   | 0.25MG   | Bid  | Bid       | Oral  | Not Recorded | 11/11/2008 | 11/11/2008 | Not Recorded |
| METOPROLOL (LORENAL) 50MG TAB       | 50MG     | Bid  | Bid       | Oral  | Not Recorded | 11/11/2008 | 11/11/2008 | Not Recorded |

Figure 23-1: Military Clinical Desktop—Medication Module

#### 23.1.1 In More Depth

Typically, a medication is ordered through the A/P module and is sent to CHCS for processing. Once the prescription has been filled in the pharmacy, the medication is displayed in the Medication module in AHLTA. Information available for each entry



includes the Origin of the order, SIG, quantity, refills, days supply, dispensing location, clinic, status of the prescription, order information, and ordering end user.

The default list of medications includes outpatient current medications for patients with an appointment classification of Outpatient. When the Medications module is opened for a patient whose classification is Inpatient, the default filter is Inpatient Current.

In the list of medications, active medications appear in regular text and inactive medications appear in bold text. Those medications that were added as an OTC/Outside medication will have a check in the OTC column.

VA medication profile information for ADC patients is sent to the PDTS by AHLTA. PDTS is the mechanism that is currently used for medication-medication interaction checking by the DoD. This interface will allow VA pharmacy data to be included in that interaction checking. AHLTA also accepts retail and mail order pharmacy data from PDTS for ADC patients. PDTS will send the data for all patients, but AHLTA will accept and store the data only for patients whose ADC status is set to "Active."

When the patient is first identified and flagged as an ADC patient, an initial data synchronization process between the VA and DoD systems occurs. Subsequent to that initial synchronization, data synchrony between the two agencies is maintained by real-time updates transmitted between the two systems whenever an update is made in either system to the patient medication data. The origin of the medication data is clearly identified in the Origin column of the Medication module (DoD, VA, and Other PDTS), and the entire entry for VA and Other originated medication information is highlighted in a distinctive color. Medications originated in either the VA or PDTS cannot be modified in AHLTA.

[illegible]

figure 23-2: Medications List

## 23.2 Setting the Filter of the Medications Module

The default filter, either Outpatient Current or Inpatient Current, can be changed. The Properties window in the Medications module contains the Default Filter drop-down list. The Default Filter is used to set the default Search Filter in the Medications module.

Follow the steps below to change the filter:

1. Click **Options** on the Action Bar. The Properties window opens.

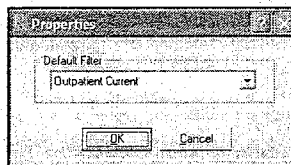


Figure 23-3: Properties Window

2. Select the desired filter from the Default Filter drop-down list.

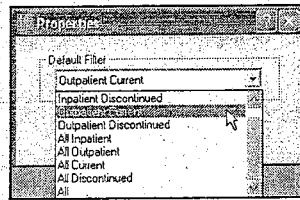


Figure 23-4: Default Filter Drop-Down List

3. Click **OK**. The list of medications is refreshed based on the selected filter.

### 23.3 Ordering a New Medication

Medications can be ordered directly from the Medications module if an encounter is open and the filter is set to **Outpatient Current**.

Follow the steps below to order a new medication:

1. Open the appropriate encounter.
2. In the Medications module, click **Add** on the Action bar. The Select Type of New Medication window opens.

**Tip:**

To add a new medication, you must set the filter to **Outpatient Current**.

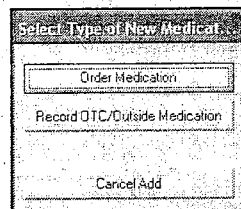


Figure 23-5: Select Type of New Medication Window

3. Click **Order Medication**. The New Order window displays at the bottom of the workspace.

The medication list should be validated with patients for their safety.

| Origin | Medication Name                        | Sig   | Refills | Status | OTC          | Last Filled Date | Ordering Provider | Order Start Date | Order Expiration D |
|--------|----------------------------------------|-------|---------|--------|--------------|------------------|-------------------|------------------|--------------------|
| DoD    | SIMVASTATIN (ZOCOR)-PO 20MG TAB        | QD    | 6 of 6  | Active | Not Recorded | PROVIDER, DAVID  | 31 Oct 2006       | Not Recorded     |                    |
| DoD    | METFORMIN (GLUCOPHAGE)-PO 500MG TAB    | 1 BID | 6 of 6  | Active | Not Recorded | PROVIDER, DAVID  | 31 Oct 2006       | Not Recorded     |                    |
| DoD    | USINOPRIL (PRINIVIL/ZESTRIL)-PO 40MG T | 1 QD  | 6 of 6  | Active | Not Recorded | PROVIDER, DAVID  | 31 Oct 2006       | Not Recorded     |                    |

NTF is an over-the-counter medication.

Allergies: Iodine Containing Agents, HONEY BEE VENOM (DO NOT USE, NOT SCREENED) (HYMENOPTERA ALLERGENIC EXTRACT), SHELLFISH (P-EPHED HCL/BR-PHENIR MAL)

Weight: 81.55 kg  
180 lbs (1.2 Unit 2045)

BSA: 1.954 square meters

Age: 45yo Sex: M Show Last Creations

New Med Order Search

Item Name:

SIG:

Quantity: Max Days Supply: Default Unit:

Refills: Start Date: 30-Oct-2006

Expanded SIG:

Note to Provider:

Dispensing Location: YORKTOWN (NAVY) PHARMACY

Comments (Optional):

Requesting Location: CHCSA HTT Clinic

Figure 23-6: Order Entry Medications Window

4. Enter the name of the medication in the Search field and click **Search**.
5. Select the medication from the results displayed in the Item Name field.
6. Complete the following fields:
  - SIG

**Note:** If a CHCS sig exists for the selected medication, it auto-populates this field. The SIG can be edited.

- Quantity
- Refills
- Start Date
- Child Resistant Cap
- Comment
- Expanded SIG
- Requesting Location
- Dispensing Location
- Ordering Provider

7. When all the necessary information has been added, click **Submit**. The ordered medication displays on the medication list once it has been filled by the pharmacy.

---

**Note:** CHCS pre-verifies the order against patient and medication records and displays any resulting messages or warnings, as well as any SIG code(s) and standard order/refill quantities associated with the medication. Warnings include duplicate orders and drug-drug and drug-allergy interactions. To override a warning in the Warnings window, enter a reason for the override and click **Accept Override**. To ignore the warning override, click **Cancel Order**.

---

## 23.4 Documenting an OTC/Outside Medication

An OTC/Outside medication can be documented in the Medications module. Medications added as an OTC/Outside medication are not considered during the pre-verify process that occurs when a medication is ordered. There are no drug-drug, drug-allergy, or duplicate order warnings based on these documented medications.

Follow the steps below to document an OTC/Outside medication:

1. Click **Add** on the Action bar. The Select Type of New Medication window opens.

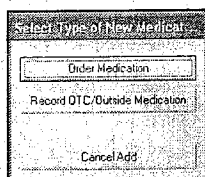


Figure 23-7: Select Type of New Medication Window

2. Click **Record OTC/Outside Medication**. The New OTC/Outside Medication pane opens at the bottom of the workspace.

Figure 23-8: New OTC/Outside Medications Window

3. Click **Medications** to search for and locate the medication. The HDD Search window opens.
4. Enter the name of the medication and click **Search**.
5. Select the correct medication and click **OK**. The HDD Search window closes and the medication populates the field.
6. On the New OTC/Outside Medication window, complete the following fields:
  - **Sig:** Enter the dosage and frequency of use.
  - **Ordering Provider:** Enter the name of the provider who issued the medication. This is not a required field.
  - **Order Start Date:** Click **Order Start Date** to enter the correct date using the calendar or enter the date directly in the Start Date field.
  - **Comment:** Free text field.
7. Click **OK**. The OTC is added to the patient's medication list.

## 23.5 Reviewing a Medication

Follow the steps below to review a medication:

1. Select the medication you want to review.
2. Click **Details** on the Action bar. The Details window opens and is read-only.

Appointments | Current Encounter | **Meds**

Search Filter: Outpatient Current

The medication list should be validated with patients for their safety.

| Order | Medication Name                       | Qty   | Refill | Status | OTC          | Last Filed Date | Ordering Provider | Order Start Date | Order Expiration Date |
|-------|---------------------------------------|-------|--------|--------|--------------|-----------------|-------------------|------------------|-----------------------|
| DoD   | SIMVASTATIN (ZOCOR)-PO 20MG TAB       | QD    | 6 of 6 | Active | Not Recorded | PROVIDER, DAVID | 31 Oct 2006       | Not Recorded     | Not Recorded          |
| DoD   | METFORMIN (GLUCOPHAGE)-PO 500MG TAB   | 1 BID | 6 of 6 | Active | Not Recorded | PROVIDER, DAVID | 31 Oct 2006       | Not Recorded     | Not Recorded          |
| DoD   | LISINPIL (PRINIVIL/ZESTRIL)-PO 40MG T | 1 QD  | 6 of 6 | Active | Not Recorded | PROVIDER, DAVID | 31 Oct 2006       | Not Recorded     | Not Recorded          |

NTC is an non-the-counter medication

**Allergies:** Iodine Containing Agents, HONEY BEE VENOM (DO NOT USE, NOT SCREENED) (HYMENOPTERA ALLERGENIC EXTRACT), SHELLFISH (P-E-PHED HCL/DR-PHENIRMAI)

Weight: 65 kg  
185 lbs (17 Oct 2006)

BSA: 1.954 square meters

Age: 45yrs Sex: M Show Last Creatinine

**Details**

| Medication  | Medication Name | NDC               |
|-------------|-----------------|-------------------|
| Simvastatin | Simvastatin     | 99990070-99990290 |

Sig: QD

Quantity: 30

Refill: 6 Status: Active Order Number: 99990070-99990290

Refills Remaining: 6 Order Start Date: 18 Sep 2006

Date of Supply: Not Recorded Order Expiration Date: Not Recorded

Origin: DoD Last Filed Date: Not Recorded

Event Date: 18 Sep 2006

Facility/CHCS Host: 4TH MEDICAL GROUP

Dispensing Location: PORTSMOUTH MAIN PHARMACY

Class: DERMATOLOGY NHCP Ordering Provider: PROVIDER, DAN

Close Detail

Figure 23-9: Details Window

## 3. Click Close Detail.

## 23.6 Discontinuing a Medication

Both ordered and recorded OTC/Outside medications can be discontinued from the Medications module at the ordering Host site. A recorded OTC/Outside medication can be discontinued directly from the Medications module with or without an encounter being open. An encounter must be open to discontinue an ordered medication.

Additionally, a provider at a CHCS Host site other than the one where the medication was originally ordered can discontinue a medication. This action does not require that an encounter be open. When such an action is attempted, a dialog box displays.

If the provider elects to continue with the discontinuing action, by clicking **OK**, the medication is discontinued and the status is changed to **Discontinued in AHLTA**.

When the cursor hovers over the discontinued medication, a tool tip displays the name, location and date of when the Rx was discontinued in AHLTA.

As there is no connectivity between the discontinuing CHCS Host site and the original ordering CHCS Host site, the discontinuing action will not be written back to the original ordering CHCS Host site. Subsequently, if the original ordering CHCS Host site, either discontinues, or renews the medication, the status of **Discontinued in AHLTA** will be overwritten with either **Discontinued** or **Active** as appropriate. Orders from non-CHCS Host sites can not be discontinued using this functionality.

Follow the steps below to discontinue a medication:

1. Select the medication to be discontinued.

**Tip:**

You can still view information for a discontinued medication by setting up a filter that displays discontinued medications.

2. Click **Discontinue** on the Action bar.

**Note:** There is no confirmation message when discontinuing an ordered medication.

3. At the Inactive Medications confirmation prompt, for an OTC/Outside medication, click **OK**.
4. Change the Search Filter to **All Discontinued** or **All** to view the discontinued medication(s).

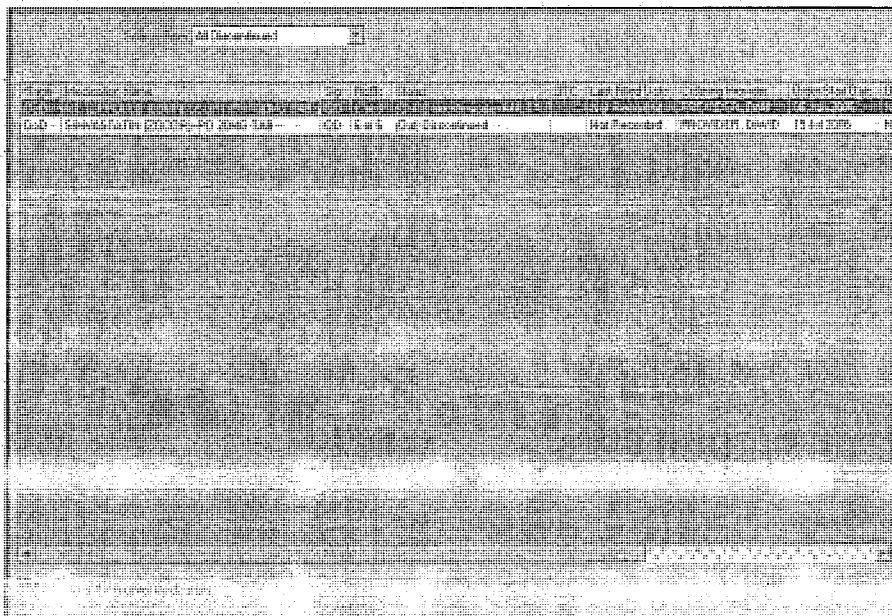


Figure 23-10: Discontinued Medications

## 23.7 Renewing a Medication

When the renew action is taken from the Medication module, the system automatically brings up the Order Entry Medication window. This function is only available for prescriptions that were originally ordered through the pharmacy and if an encounter is open.

Follow the steps below to renew a medication:

1. Select the medication to be renewed.
2. Click **Renew** on the Action bar. The Order Entry Medication window opens.

Search Filter:

| Medication Name (Dispensed Only)          | Sig                  | Refills | Status  | OTC |
|-------------------------------------------|----------------------|---------|---------|-----|
| SODIUM CHLORIDE-0.225% SOLN               | T1 T8 PO BID RFD     | NR      | Expired | 1   |
| ASPIRIN/CAFF/BUTALBITAL (FIDURAL)-PO TAB  | AS NEEDED #50 RFD    | NR      | Expired | 0   |
| GUAIFENESIN/CODEINE (ROBI AC EQ.)-PO SYRP | AS DIRECTED #120 RFD | NR      | Expired | 0   |

0 in OTC column indicates an outside medication

Allergies: SALT PETER (POTASSIUM NITRATE)

Age: 40y6 Sex: M Weight: 185 lb - 20 Nov 2001 15:45  
BSA: 2.061 square meters - 20 Nov 2001 15:45

New Med Order  Search

Item Name:

Sig:

Qty:  Max  Days Supply  Default Unit:

Start Date:  Expanded Sig:

How to Provide:

☒ Child-Resistant Cap

Comments (Optional):

Clear

Prescribing Location:

Dispensing Location:

Figure 23-11: Order Entry Medication Window

3. Change the SIG, Quantity, or Refills, as appropriate.
4. Click **Submit**.

## 23.8 Copying Medication Information to the Current Encounter

As with the Lab and Radiology modules, a patient's medications history can be copied to a note. An encounter must be open in order to use the Copy to Note function in the Meds module. This function differs from AutoCiting medications in that not only can the user pick and choose which medications to add to the note, but medications, regardless of status (i.e., inpatient, discontinued, etc.), can be added to the note at the user's discretion. If working in Failover mode, the Medications listed will be limited to what is in the Local Cache database.

To copy medication information to the current encounter:

1. Open the encounter that the medication(s) will be written to.
2. Click the **Meds** module from the Folder List. The Meds module opens.
3. Select the appropriate filter to display the medications you want to add to the note.
4. Select or multi-select the medication(s).
5. Right-click the mouse and select **Copy to Note**. The note is copied to the S/O portion of the encounter note.



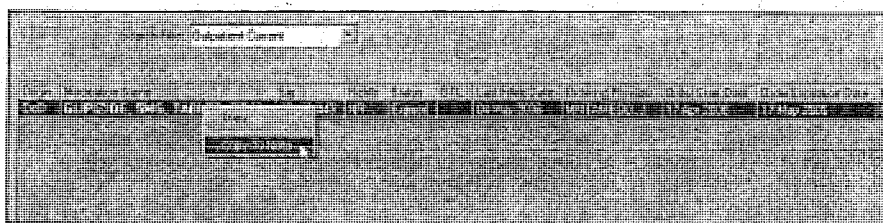


Figure 23-12: Copy to Note

**Note:** If an encounter is not open, a warning dialog box displays stating that the medication could not be copied to the note.

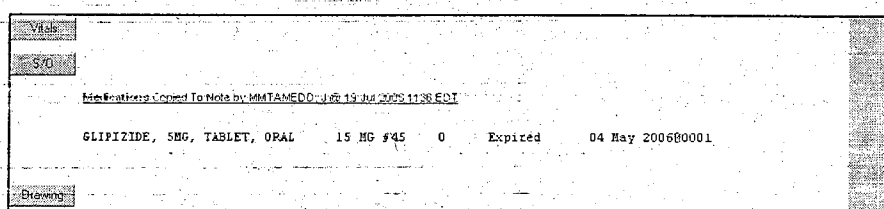


Figure 23-13: Med Copied to Note

To copy medication information to the clipboard to be pasted later:

1. Select or multi-select the medications from the Medications module.
2. Right-click the mouse and select **Copy**. The medication information is saved to the clipboard and can be pasted later.

## 45.0 SIGN ORDERS

### 45.1 Sign Orders Overview

The Sign Orders module allows you to validate orders submitted by non-providers. When a non-provider submits a consult, lab order, radiology procedure, or medication for a patient encounter in the A/P module, the assigned provider receives notification that an order was entered on your behalf by the non-provider. The order's status is pending until you sign the order.

| Patient           | Description                                   | Type | Entered By      | Date/Time      |
|-------------------|-----------------------------------------------|------|-----------------|----------------|
| WILLIAMS, CLAYTON | CHEST, PA AND LATERAL on 25 Oct 2002:11:51:20 | RAD  | NPDE, NURSE ... | 10/25/2002 ... |
| SUAREZ, EDUARDO   | LIVER PANEL on 09 Aug 2004:12:30:47           | LAB  | NPDE, NURSE ... | 8/9/2004 12... |
| SUAREZ, EDUARDO   | LIPID PANEL COMPLETE on 09 Aug 2004:12:30:35  | LAB  | NPDE, NURSE ... | 8/9/2004 12... |
| SUAREZ, EDUARDO   | GLUCOSE AND PROTEIN, URINE on 09 Aug 2004...  | LAB  | NPDE, NURSE ... | 8/9/2004 12... |
| SUAREZ, EDUARDO   | HEMOGLOBIN A1C on 09 Aug 2004:12:20:52        | LAB  | NPDE, NURSE ... | 8/9/2004 12... |
| SUAREZ, EDUARDO   | URINE PROTEIN on 25 Oct 2002:11:59:54         | LAB  | NPDE, NURSE ... | 10/25/2002 ... |
| SUAREZ, EDUARDO   | HEMOGLOBIN A1C on 25 Oct 2002:11:53:17        | LAB  | NPDE, NURSE ... | 10/25/2002 ... |
| SUAREZ, EDUARDO   | BCC LIVER on 25 Oct 2002:11:57:11             | LAB  | NPDE, NURSE ... | 10/25/2002 ... |
| SUAREZ, EDUARDO   | LIPID PROFILE on 25 Oct 2002:11:56:55         | LAB  | NPDE, NURSE ... | 10/25/2002 ... |
| WILLIAMS, CLAYTON | CHEM 7 PANEL on 25 Oct 2002:11:52:07          | LAB  | NPDE, NURSE ... | 10/25/2002 ... |
| SUAREZ, MIGUEL    | THROAT CULTURE R/O GP A STREP in 25 Oct 2...  | LAB  | NPDE, NURSE ... | 10/25/2002 ... |
| SUAREZ, MIGUEL    | RAPID STREP GROUP A[NAVY LABS] on 25 Oct 2... | LAB  | NPDE, NURSE ... | 10/25/2002 ... |

Figure 45-1: Military Clinical Desktop—Sign Orders

### 45.2 Cancelling a Non-Provider Order

The Sign Orders module lets you cancel orders entered by non-providers in the A/P module.

Follow the steps below to cancel a non-provider order:

1. On the Sign Orders module, select the order(s) you want to cancel.
2. Click **Cancel Selected Orders**. A confirmation window appears.

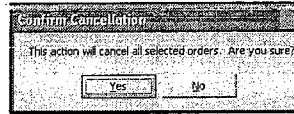


Figure 45-2: Sign Orders Cancellation Dialog Box

3. Click **Yes**. The order(s) is removed from the Sign Orders module.

### 45.3 Signing Non-Provider Orders

The Sign Orders module allows you to validate orders entered by non-providers in the A/P module. You do not need to have the patient's encounter open to sign the order(s). The Sign Orders icon displays in the patient ID line when you have orders that need to be signed.

Follow the steps below to sign non-provider orders:

1. On the Sign Orders module, select the checkboxes for the order(s) you want to sign.
2. Click **Sign Selected Orders**. The order(s) is removed from the Sign Orders module.

---

**Note:** If you want to sign all orders listed, click **Sign All Orders**. If you want to view detailed information about the order, expand the order by clicking the small plus sign "+" next to the order. If you want to expand all orders in the workspace, click **Expand All**.

---



# Military Health System Help Desk

Monday, March 17, 2008



## Services and Programs

- CHCS Ad Hoc
- MHS Programs
- Software Duplication

## Service Requests Forms

- MHS HelpNow Registration
- CHCS Ad Hoc - New
- CHCS Ad Hoc - Existing
- GOTS MHS Software
- EIDS Tools Password Reset
- ManageNow CBTs Download Request
- ManageNow CBTs Shipment Request
- ManageNow ID

## MHS Help Desk Tools

- Available Tools
- Phone Tree Mapping
- MHS ManageNow
- MHS HelpNow
- ManageNow Users Guide

## Related Sites

- TIMPO Home Page

## Contact Us

- Access Numbers
- Contact Information

## System: CHCS

### Description

### Composite Health Care System

The CHCS provides world-wide automated medical information system support to all MTFs in providing comprehensive, high quality health care to uniformed service personnel, retirees and dependents.

The Composite Health Care System (CHCS) is one of the largest medical systems in the world and the primary automated medical information system for the Department of Defense (DoD).

CHCS provides essential, automated information support to Military Health System (MHS) providers, enabling improved quality of care for 8.9 million MHS beneficiaries at more than 700 DoD hospitals and clinics worldwide.

For patients, CHCS facilitates improvements in the delivery of health care that reduce wait time, increase access to medical and professional resources, and expedite diagnostic testing. For providers, CHCS promotes increased communication and supports near real-time access to patient information.

CHCS employs the following functionalities to help providers deliver the best possible health care to MHS beneficiaries:

- Patient Administration
- Patient Appointments and Scheduling
- Managed Care Program
- Clinical
- Laboratory
- Radiology
- Pharmacy
- Dietetics
- Quality Assurance
- Workload Accounting Menu
- Medical Services Accounting
- Ambulatory Data Menu
- Medical Records Tracking

CHCS interfaces with 40 plus external clinical and administrative systems.

Program : CITPO  
Office :  
Source : Military Health System Health Affairs  
Website  
Last validated : 04/11/2007

# Military Health System Help Desk

Monday, March 17, 2008



## Services and Programs

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- MHS Programs
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- EIDS Tools Password Reset
- ManageNow CBTs  
Download Request
- ManageNow CBTs  
Shipment Request
- ManageNow ID

## MHS Help Desk Tools

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- MHS ManageNow
- MHS HelpNow
- ManageNow Users Guide

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## System: AHLTA

### AHLTA

*formerly known as Composite Health Care System II (CHCS II)*

AHLTA is the medical and dental clinical information system that will generate and maintain a comprehensive, life-long, computer-based patient record (CPR) of all preventive care rendered to, and all illnesses and injuries treated for, each Military Health System (MHS) beneficiary.

AHLTA was designed to meet the challenge of making medical and dental records immediately available to providers caring for a highly mobile population that includes 1.4 million active duty Armed Service members around the world. The system provides authorized users with secure electronic access to a Department of Defense (DoD) beneficiary's comprehensive health record, which includes data on preventative care, illnesses, injuries, and exposures treated at any military treatment facility (MTF). All AHLTA users will have access to any eligible beneficiary's medical/dental record within seconds from any MTF in the world.

### AHLTA CAPABILITIES

- Encounter Documentation and Coding
- Problem List Generation
- Order Entry
- Results Retrieval
- Consult Tracking
- Allergies Warning
- Medical Alerts
- Immunization Documentation
- Wellness Reminders
- Self Reporting Tools.

### AHLTA CHARACTERISTICS

- Creates a life-long health record for TRICARE beneficiaries
- Offers an intuitive, graphical user interface designed by military providers to support clinical workflow
- Leverages structured documentation to maintain integrity of patient data and optimize data standardization
- Enables symptom-based medical surveillance
- Uses templates to simplify workflow
- Provides 24 hour, 7 day a week access to beneficiary EHR

- Eliminates health record legibility issues
- Enables population health and wellness reporting
- Provides clinical functionality used in support of deployed service members, ensuring a "train as we fight" approach
- Ensures costly tests, labs and scans aren't lost and needlessly duplicated
- Interoperability ensures records can be accessed at any MTF world-wide
- Prevents unauthorized access and protects from loss due to natural or man-made disasters

Program Office : CITPO  
Source : Military Health System Health Affairs Website  
Last validated : 04/11/2007



# Composite Health Care System

From Wikipedia, the free encyclopedia

The **Composite Health Care System** (CHCS) is a VMS-based relational database designed by Science Applications International Corporation and used by all United States and OCONUS military health care centers.

CHCS is module based: RAD (radiology), LAB (Laboratory), PHR (Pharmacy), PAS (Patient Appointing & Scheduling), MCP (Managed Care Program; used to support TRICARE enrollees by enrolling them to Primary Care Managers), PAD (Patient Administration): MRT (Medical Records Tracking), MSA (Medical Service Accounting) medical billing, WAM (Workload Assignment Module), DTS (Dietetics), CLN (CLinical: Nursing, Physician, and Allied Health), DAA (Database Administration), ADM (Ambulatory Data Module) Medical Coding of outpatient visits and TOOLS (FileMan).

Currently all appointments are booked in CHCS, except for Walk-Ins and Telephone Consults, which can now be booked in AHLTA. CHCS is a text based BBS/ANSI like display accessed via DEC VT320 terminal emulation.

CHCS shares its original codebase with the VA's VistA system. Since its inception it has been customized for supporting the Military and their family members.

Security in CHCS works by concept of least privilege. You are assigned the minimum needed for your work duties. This limits your access to sensitive data both protected by the Privacy Act 1974 and PHI protected under HIPAA.

AdHoc reports can be written using the FileMan tools and can be quite powerful, if the files are designed with that in mind. Many CHCS files are now more easily accessed with MUMPS routines that can make more efficient use of the internal datastructures.

CITPO began the implementation of AHLTA, the DoD's electronic health record (EHR), in January 2004. It is a "next generation" system that links the 481 Military Treatment Facilities (MTF) world-wide as well as service members deployed abroad to the EHR, ultimately supporting 9.2 million MHS beneficiaries. The introduction of AHLTA, previously known as the Composite Health Care System II, marks a significant new era in health care for the MHS and the nation. AHLTA is a powerful, potentially life-saving tool that provides around the clock access to a single data repository of all treatment. It provides MHS providers with efficient, secure access to health-sustaining information. AHLTA is the most expansive EHR system in the nation, yet it can also be scaled to the health information requirements of tracking a single sick or injured service member in the field environment. AHLTA is being deployed in phases, or "blocks" of increasing functionality that allows the MHS to build a system that is easily adapted to meet evolving requirements and to incorporate the latest available technology. Block 1 provides the foundation of system performance through a graphical user interface for real-time ambulatory encounter documentation. It enables retrieval of a beneficiary's health record at the point of care.

Block 2 will integrate robust dental documentation and optometry orders management capabilities.

Subsequent blocks will modernize legacy system ancillary services (laboratory, pharmacy, and radiology), order entry and results retrieval, inpatient documentation, and interface exchange with other MHS information support systems. Unique to AHLTA is the entry of more than 2 years of historical health information for each beneficiary upon the creation of their EHR. This information, transferred from legacy systems, facilitates continuity of care. As of December 2006, AHLTA Block 1 has been fully deployed and is in use by more than 55,000 MHS care providers in 481 Army, Navy and Air Force treatment facilities worldwide, including Combat Support Hospitals and Battalion Aid Stations in the combat zones.

**AHLTA CHARACTERISTICS** Creates a life-long health record for TRICARE beneficiaries Offers an intuitive, graphical user interface designed by military providers to support clinical workflow Leverages structured documentation to maintain integrity of patient data and optimize data standardization Enables symptom-based medical surveillance Uses templates to simplify workflow Provides 24 hour, 7 day a week access to beneficiary EHR Eliminates health record legibility issues Enables population health and wellness reporting Provides clinical functionality used in support of deployed service members, ensuring a "train as we fight" approach Ensures costly tests, labs and scans aren't lost and needlessly duplicated Interoperability ensures records can be accessed at any MTF world-wide Prevents unauthorized access and protects from loss due to natural or man-made disasters

AHLTA Capabilities ☐ ☐ Encounter Documentation and Coding ☐ ☐ Problem List Generation ☐ ☐ Order Entry ☐ ☐ Results Retrieval ☐ ☐ Consult Tracking ☐ ☐ Allergies Warning ☐ ☐ Medical Alerts ☐ ☐ Immunization Documentation ☐ ☐ Wellness Reminders ☐ ☐ Self Reporting Tools I use CHCS. It's the greatest.

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# Laboratory Interface Phase 3

Miscellaneous Features –  
Mockups

14 Dec 2006

# Miscellaneous Requirements

## Screen Mock-ups

- Mock-ups are included for:
  - Laboratory Order Entry
    - Collection Priority moved
  - Order Required Data now displays
    - Order Entry
    - Lab Results
  - Laboratory ID
    - Display with Lab Results
  - Disclosure
    - Display with Lab Results
  - Lab Result Print Option

# Laboratory Order Entry

- Moved collection priority out of detail to main screen.
- Put collection priority before processing priority since that is the order in which CHCS collects the data.

**Order Lab – Laboratory Order Entry Screen:**  
**- Re-location of collection Priority**

Collection Priority  
displays on less detail and  
more detail – above processing priority

Collection  
Priority—now  
precedes  
Processing  
Priority.

**Order Lab – Laboratory Order Entry Screen:  
- Re-location of collection Priority**

Collection Priority displays on less detail and more detail – above processing priority

Collection Priority – now precedes Processing Priority.

Order System Ready

BATTEL FANELLE TV in Pan Manag NMCP at NMCP Portsmouth

# Order Required Data- Order Entry

- Order Required Data entered for existing open orders will display on the existing Order Detail display popup window.
  - Order detail display window is accessed, based on existing functionality, by double-clicking the order in the list at the bottom of the screen.
  - Can be multiple sets of order required data per order.
  - Displays “before text”, response, “after text”
    - Before and after text are configured with the order required data set in CHCS.
    - Some order required data sets may not have before and/or after text, in which case, only the response will display.



# Lab Order Entry - Order Required Data Display

Laboratory Detail

V ? Options x

- Health History
- Problems
- Meds
- Allergy
- Wellness
- Vital Signs Rpt
- PKC Couplers
- Readiness

Priority: 1  
ICD: 959.9  
Plan/Consult: Laboratory

CHM ID: SEND PATIENT TO LAB BLOOD BLD/SEP/SEL  
on 18 Jan 2005 13:21

Priority

Orders & Procedures

BLOOD CULTURE

URINE CULTURE

ALLERGY FT LEE

INTERNAL MEDICINE NMCP

Laboratory Detail window, accessed by double-clicking order from outstanding order list -  
Displays Order Required Data.  
Multiple instances possible, so scrolling is possible.

Consult: 880.8

BLOOD

Parent & Diabetic  
Rate & on Insulin

Enter: 1321

Admit Time: 1321

Enter: 1321

Frequency: 1321

Enter: 1321

Frequency: 1321

Enter: 1321

Frequency: 1321

Enter: 1321

Frequency: 1321

Enter: 1321

Frequency: 1321

Enter: 1321

Frequency: 1321

Enter: 1321

Frequency: 1321

Enter: 1321

Frequency: 1321

Enter: 1321

Frequency: 1321

Enter: 1321

Frequency: 1321

Enter: 1321

Frequency: 1321

Enter: 1321

Frequency: 1321

Enter: 1321

Frequency: 1321

Enter: 1321

Frequency: 1321

Enter: 1321

Frequency: 1321

Enter: 1321

Frequency: 1321

Med

Other Therapies

Big No.

OrderID

06010...

06010...

06010...

06010...

06010...

06010...

06010...

06010...

06010...

06010...

06010...

06010...

06010...

06010...

06010...

06010...

06010...

06010...

Description:  
ABO GROUP  
Autologous  
ABO/RH S  
CHM ID

New

Order Entry

1 Hour Glucose Tolerance Test

Sending Order Data Request

1 Hour Glucose Tolerance Test

1 Hour Glucose Tolerance Test

1 Hour Glucose Tolerance Test

1 Hour Glucose Tolerance Test

1 Hour Glucose Tolerance Test



# Order Required Data Lab Results

- Order Required Data entered at the time the order was placed will display for Micro Results – as well as for other Laboratory Results.
  - “Before” and “After” text (as defined) will display, in addition to the response to ordered required data.
  - Includes ability to display multiple sets of ordered required data per result.
- A new box will be added to the Interpretations/Amendments window for Order Required Data.
- All 3 windows will have independent re-sizing capability.

## Order Required Data –

New indicator (<m>) denotes existence of Order Required Data for the result.

- Alert Review
- Appointments
- Telephone Consult
- Search
- Patient List
- Consult Log
- Co-signs
- New Results
- Reports
- Tools
- Sign Orders
- CHCS-I
- Immunizations Adm
- Demographics
- Health History
- Problems
- Meds
- Allergy
- Wellness
- Immunizations
- Vital Signs Rev
- PKC Couplers
- Readiness
- Patient Questio
- Lab
- Radiology
- Clinical Notes
- Previous Encounte
- Flowsheets
- Current Encounter
- Screening
- Vital Signs Ent
- S/O
- Drawing
- A/P

| Accessioned | Collection Date | Report              | Site/Specimen    | Status   | Ordering Provider | Order Comment |
|-------------|-----------------|---------------------|------------------|----------|-------------------|---------------|
|             | 11 Jan 2006     | Microalbumin, urine | Urine            | Pending  | Test User         |               |
|             | 12 Sep 2005     | Wound Culture       | Wound            | AMENDED  | RAVE, Pamela      | Chest wound   |
|             | 26 Dec 2005     | Urinalysis          | Urine            | AMENDED  | Test User         |               |
|             | 26 Dec 2005     | Hemoglobin A1c      | Whole Blood, NOS | AMENDED  | Test User         |               |
|             | 26 Dec 2005     | Urinalysis          | Urine            | Canceled | Test User         |               |

| Ordered (Unaccessioned) | Date Ordered | Report               | Site/Specimen | Status       | Ordering Provider | Order Comment |
|-------------------------|--------------|----------------------|---------------|--------------|-------------------|---------------|
|                         |              | Lipid Panel Complete | Serum         | Ordered      | Test User         |               |
|                         |              | Chem 17              | Serum         | Discontinued | Test User         |               |

### Display Criteria

☒ Ref Range/Units

☐ Vertical

☐ Horizontal

☐ Display All Results For The Selected Test

Date and Times shown below are "Collected Date and Times."

Legend...

|                      |                                              |
|----------------------|----------------------------------------------|
| Order Comment        | chest wound                                  |
| Date Collected       | 02 Sep 2005 1629                             |
| Collection Site      | EXUDATE, INTRAVASCULAR DEVICE                |
| Specimen             | Intravascular Device                         |
| Wound Culture        | -A- <r> <m>                                  |
| Status               | AMENDED                                      |
| Date Resulted        | 22 Nov 2005 2114                             |
| BACTERIOLOGY RESULT: | several bacteria found                       |
| GRAM STAIN:          | 6+ gram negative rods                        |
| Organism:            | (1) Staphylococcus aureus Quantity: moderate |
|                      | (2) Bacillus cereus Quantity: minimal        |

<m> denotes Order Required Data exists.

File: All Data

Time: All time periods

Test: All

Select All Results

Display Cancelled orders

Accessioned

Collection Date

11 Jan 2006

12 Sep 2005

26 Dec 2005

26 Dec 2005

26 Dec 2005

Ordered (Unaccessioned)

Date Ordered

11 Jan 2006

12 Sep 2005

26 Dec 2005

26 Dec 2005

26 Dec 2005

Display Criteria

Ref Range/Ur

**Lab Legend**

|      |                 |    |                    |
|------|-----------------|----|--------------------|
| (L)  | = Low           | R  | = Resistant        |
| (L*) | = Critical Low  | S  | = Susceptible      |
| (H)  | = High          | MS | = Mod. Susceptible |
| (H*) | = Critical High | I  | = Intermediate     |

Microbiology

Comments

|     |                       |     |              |
|-----|-----------------------|-----|--------------|
| <o> | = Order Comments      | -A- | = Amendments |
| <i> | = Interpretations     |     | = Sensitive  |
| <r> | = Result Comments     |     |              |
| <m> | = Order Required Data |     |              |

Double-click on a cell with <o>, <i>, <r>, -A- to view the Order Comments, Interpretations, Result Comments, and Amendments.

OK

Provider | Order Comment

Michelle IV | Chest wound

Provider | Order Comment

test Date and Times shown below are "Collected Date and Times."

Legend...

Order Comment | Chest wound

Date Collected: 02 Sep 2005 1629

Collection Sample: EXUDATE, INTRAVASCULAR DEVICE

Specimen: Intravascular Device

Wound Culture

-A- <r> <m>

Status: AMENDED

Date Resulted: 22 Nov 2005 2114

BACTERIOLOGY RESULT: several bacteria found

GRAM STAIN: 6+ gram negative rods

Organism: (1) Staphylococcus aureus

Quantity: moderate

(2) Bacillus Cereus

Quantity: minimal

Filter: 

Time... All time periods

Tests: ☐ Select All Results ☒ Display Cancelled Orders☒ Accessioned

Collection Date Report Site/Specimen Label Ordered Provider Order Comment

11 Jan 2006

12 Sep 2005

26 Dec 2005

26 Dec 2005

26 Dec 2005

☒ Ordered (Un)

Date Ordered

Display Criteria

☒ Ref Rang

Wound Culture

Interpretations, Comments, Amendments, Disclosure, Order Required Data

Interpretation

Comments/Amendments

\*\*\* (FINAL) RESULTS CERTIFIED ON 22 Nov 2005@2114 BY GRANGER,HERMIENE \*\*\*

Bacteriology Result:

One micro-organism found

Organism: STAPHYLOCOCCUS AUREUS Quantity: minimal

SENSITIVITY DATA

| Drug Name   | Result | Interpretation |
|-------------|--------|----------------|
| CEFAZOLIN   | <=14   | R              |
| CLINDAMYCIN | >=21   | S              |
| GENTAMICIN  | S      | S              |

Disclosure

This is the disclosure text associated with the result.

Order Required Data

location of injury: hand wound

format: &lt;before text&gt; &lt;response&gt; &lt;after text&gt;

Close

r  
redOW  
size.

# Laboratory ID

- Addition of Lab ID to Lab Results
- Examples:
  - Lab at another site within same MTF/HOST:
    - MTF = Portsmouth, Lab ID = McDonald ACH –Fort Eustis
  - Satellite Lab:
    - MTF = Lackland, Lab ID = 311<sup>th</sup> Medical Sqd-Brooks
  - External Lab, such as Quest Labs:
    - MTF = Lackland, Lab ID = Quest Laboratory, Dallas,TX
  - Lab within the same MTF:
    - MTF= Seymour Johnson, Lab ID = 4<sup>th</sup> Medical Group Seymour Johnson



# It - Lab ID

Time... All time periods

Tests: All

☐ Select All Results

☒ Display Cancelled Orders

Upon highlighting a result, the user can the Show Detail button to display additional information for the order.

Date Collected Report

☒ Collected

11 Jan 2006 Mic  
11 Jan 2006 Mic  
26 Dec 2005 Her  
26 Dec 2005 Urin  
26 Dec 2005 Her

16 Feb 2007 DR

☒ Ordered (Uncollected)

26 Dec 2005 Lipid  
14 Nov 2005 Che

Display Criteria

☐ Ref Range/Units

## Laboratory Show Detail

Lab Test Name: CBC W/ WBC DIFF SEND PATIENT TO LAB BLOOD  
LAVENDER RAW on 16 Feb 2001 1000

Ordered Date: 16 Feb 2001 1000

Status: ACTIVE

Collection Priority: Routine

Process Priority: Routine

Specimen: BLOOD

Order Required Data:

Origin: DoD

Order ID: 060304-00001

Sample:

Type: STANDARD LAB

Start Date: 04-Mar-2006 1549

Stop Date: 03-Mar-2007 1549

Unexpanded Time:

Admin Time: 1549

Duration (Days):

Frequency:

Collection Method: Send Patient to Lab

Spec Coll Date: 16 Feb 2001 1205

Order Comment:

Entered By: TWTESTER, BECKY E

Time: 16 Feb 2001 1000

Ordering Provider: TWTESTER, BECKY E

MTF/Facility: NMCP, smou

Lab Id: Ft. Eustis

Signatures: HCP: TWTESTER, BECKY E 16 Feb 2001 1000

OK

elow are  
times."

Legend...

Information that has been removed from the Summary Window will be included in Detail window.

# Disclosure

- Disclosure is information entered by the performing laboratory with the results.
- Will display in a new pane on the Amendments/Interpretations/Comments Lab Results pop-up window.

# Disclosure

Tests:

All

Select All Results

Display Cancelled Orders

Accessioned

Collection Date Report

Site/Spectrum

Status

Ordering Provider

Order Comment

11 Jan 2006

Interpretations, Comments, Amendments, Disclosure, Order Required Data

12 Sep 2005

Interpretation

26 Dec 2005

26 Dec 2005

26 Dec 2005

Ordered (U)

Date Ordered

Comments/Amendments

\*\*\* (FINAL) RESULTS CERTIFIED ON 22 Nov 2005@2114 BY GRANGER, HERMIENE \*\*\*

Bacteriology Result:

One micro-organism found

Organism: STAPHYLOCOCCUS AUREUS Quantity: minimal

SENSITIVITY DATA:

| Drug Name   | Result | Interpretation |
|-------------|--------|----------------|
| CEFAZOLIN   | <=14   | R              |
| CLINDAMYCIN | >=21   | S              |
| GENTAMICIN  | S      | S              |

Disclosure

This is the disclosure data associated with the result.

Order Required Data

location of injury: hand wound

Organism:

format: <before text> <response> <after text>

Close



# Lab Result Print & Print Preview Functionality

- Capability to print and print preview laboratory results
  - Single result, multiple results, or ALL results in summary window.
  - Selected results will print/preview.
  - Ability to use “Select All” checkbox in conjunction with print/print preview features.
- Result data printed/previewed will include ( as available):
  - Result details as displayed in Detailed result window
  - Amended results
  - Result comments
  - Order required data
  - Disclosure

# Print/Print Preview Laboratory Results Format

- Data:
  - Includes all tests selected from the summary window, ie, the same tests that displayed in the display pop-up.
  - Includes capability to display Ordered, pending, cancelled, resulted tests, as selected.
- Header:
  - Patient name.
  - Requesting Provider
  - Includes parameters chosen
    - Including "Select All results" setting (yes/no).
  - Date/time printed
- Result Detail:
  - Format matches that in the lab result module, display pop-up.
    - Gridlines and color coding will NOT be included in the printed format.
  - Chemistry test results appear first.
  - Micro and A/P results display last.
  - Amended results display directly after current results for each test.
- Footer: (prints on each page of report)
  - Patient Identification Data
  - Page number ( n of n format)

# Laboratory Results Print Preview/Print

Laboratory Results Inquiry

Print

Cancel

## HEALTH RECORD

## PATIENT LABORATORY RESULTS INQUIRY

Report requested by: BATTE, RAMELLE IV MTF: NMC PORTSMOUTH 17 FEB 2006@1513  
 Criteria : Filter: UNIQUE ORDERS Time: FROM NOW BACK 26 DAY(S) Tests: 20 Select All Results: NO  
 Patient: TESTPATIENT, JOHN

Glucose, CSF 09 Feb 2006 1151 Units Ref Rng

Site/Specimen CEREbroSPINAL FLUID

Glucose 23 (L\*) mg/dL (40-75)

Interpretation: This is the interpretation.

Disclosures: This is the disclosure.

Order Required Data: This is the order required data.

Hematocrit 07 Feb 2006 1151 Units Ref Rng

Site/Specimen WHOLE BLOOD, NOS

Hematocrit 44.0 % (37.0-49.0)

Interpretation: This is the interpretation.

Disclosures: This is the disclosure.

Order Required Data: This is the order required data.

### Result Comment:

comment added with amend.

Result 12.0 L\* reported on 13 Mar 2006@1611 (#66932) has been amended.

Glucose Tolerance Test

Proofing Environment Co

21 Dec 2005 14

BATTE, RAMELLE IV in Pain Manag NMCP at NMC Portsmouth

ort requested by: BATTE, RAMELLE IV

REF: HMC PORTSMOUTH

17 FEB 2006@1513

teria: Filter: UNIQUE ORDERS Time: FROM NOW BACK 26 DAY(S) Tests: 20 Select All Results: NO

ient: TESTPATIENT, JOHN

ose, CSF 09 Feb 2006 1151 Units Ref Ping  
/Specimen CEREBROSPINAL FLUID  
ose 23 (L\*) mg/dL (40-75)  
pretation: This is the interpretation.  
losures: This is the disclosure.  
er Required Data: This is the order required data.

natocrit 07 Feb 2006 1151 Units Ref Ping  
/Specimen WHOLE BLOOD,NOS  
natocrit 44.0 % (37.0-49.0)  
pretation: This is the interpretation.  
losures: This is the disclosure.  
er Required Data: This is the order required data.

ult Comment:

ment added with amend.

ult 12.0 L\* reported on 13 Mar 2006@1611 (#6938) has been amended.

## Laboratory Results – Printed Results inquiry

e: TESTPATIENT, JOHN

|                               |                     |                         |
|-------------------------------|---------------------|-------------------------|
| SN: 03/999-99-9999            | Sex: M              | Sponsor SSN: /691690003 |
| 02 Jun 1995                   | Tel H: 070-729-5301 | Blank                   |
| N41 USN FAMMBR AD             | Tel W:              | Unit:                   |
| atus: TRICARE PRIME (CHAMPUS) | CS                  | Outpt Rec. Rm:          |
| nce: Yes                      | SWE:                | PCM: ATHEY, JAIME       |
|                               |                     | Tel PCM: 998.180.5348   |

### CHRONOLOGICAL RECORD OF MEDICAL CARE

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## Laboratory Results – Printed Results inquiry

Name: TESTPATIENT, JOHN

FMP/SSN: 03/999-99-9999

DOB: 02 Jun 1995

PCat: N41 UEN FAMMBR AD

MC Status: TRICARE PRIME (CHAMPUS)

Insurance: Yes

Sex: M

Tel H: 070-729-9809

Tel W:

CS:

SW3:

Sponsor/SSN: /691690003

Rank:

Unit:

Outpt Rec. Rm:

PCM: ATHEY, JAMIE

Tel PCM: 998.180.5348

### CHRONOLOGICAL RECORD OF MEDICAL CARE

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS  
TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

# Additional Proposed Enhancements

- Add Capability to resize columns in summary window of Lab Results module.
  - Ability to re-sequence and sort by column already exists.
- Ability to retain Provider Defaults for:
  - Lab Result Summary window Column Sequence/Order.
  - Lab Result Summary window Column Width.
  - Lab Result Summary window Result/test Sort order.
- Ellipsis or some other icon to click to view amended results/Interpretation/Order Required Data.
  - Rather than just clicking the line item in the detail window to display the pop-up window.
  - Ellipsis will be clickable if amended results, interpretations, result comments, or order required data is available for the lab test.



# Amend- Ellipsis to click

- Folder List
- Desktop
- Alert Review
- Appointments
- Telephone Consult
- Search
- Patient List
- Consult Log
- Co-signs
- New Results
- Reports
- Tools
- Sign Orders
- CHCS-I
- Immunizations Adm
- Demographics
- Health History
- Problems
- Meds
- Allergy
- Wellness
- Immunizations
- Vital Signs Rev
- PKC Couplers
- Readiness
- Patient Questio
- Lab
- Radiology
- Clinical Notes
- Previous Encounte
- Flowsheets
- Current Encounter
- Screening
- Vital Signs Ent
- S/O
- Drawing
- A/P

## Search Criteria

Filter: All Orders

Time: All time periods

Tests: All

Select All Results

Display Cancelled Orders

## Accessioned

| Collection Date | Report              | Site/Specimen          | Status   | Ordering Provider | Order Comment |
|-----------------|---------------------|------------------------|----------|-------------------|---------------|
| 11 Jan 2006     | Microalbumin, urine | Urine                  | Pending  | Test User         |               |
| 12 Sep 2005     | Wound Culture       | EXUDATE, INTRAVASCULAR | AMENDED  | Test User         | chest wound   |
| 26 Dec 2005     | Urinalysis          | Urine                  | AMENDED  | Test User         |               |
| 26 Dec 2005     | Hemoglobin A1c      | Whole Blood, NOS       | AMENDED  | Test User         |               |
| 26 Dec 2005     | Urinalysis          | Urine                  | Canceled | Test User         |               |

## Ordered (Unaccessioned)

| Date Ordered | Report               | Site/Specimen | Status       | Ordering Provider | Order Comment |
|--------------|----------------------|---------------|--------------|-------------------|---------------|
|              | Lipid Panel Complete | Serum         | Ordered      | Test User         |               |
|              | Chem 17              | Serum         | Discontinued | Test User         |               |

## Display Criteria

Ref Range/Units

Vertical  
Horizontal

Display All Results For The Selected Test

Date and Times shown below are  
"Collected Date and Times."

Legend...

| Order                | Comment                   | chest wound       |
|----------------------|---------------------------|-------------------|
| Date Collected:      |                           | 02 Sep 2005       |
| Collection Sample:   |                           | EXUDATE, INTR     |
| Specimen:            |                           | Intravascular     |
| Wound Culture        |                           | -A- <r> <m>       |
| Status:              |                           | AMENDED           |
| Date Resulted:       |                           | 22 Nov 2005       |
| BACTERIOLOGY RESULT: |                           | several bact      |
| GRAM STAIN:          |                           | 6+ gram nega      |
| Organism:            | (1) Staphylococcus aureus | Quantity: m       |
|                      | (2) Bacillus Cereus       | Quantity: minimal |

Clicking Ellipsis will display Amendment/Interpretation/Order required data window. Ellipsis will be selectable only if there is data to display. If there are no amended results, interpretations, comments, or order required data to display, ellipsis will be grayed out.

column resize  
in column re-sequence, re-size sort between sessions

☐ Select All Results ☒ Display Cancelled Orders

☒ Accessioned

| Collection Date | Report              | Site/Specimen | Ordering Provider | Order Comment | Status   |
|-----------------|---------------------|---------------|-------------------|---------------|----------|
| 11 Jan 2006     | Microalbumin, urine | Urine         | Test User         |               | Pending  |
| 12 Sep 2005     | Wound Culture       | Exudate       | Test User         | chest wound   | AMENDED  |
| 26 Dec 2005     | Urinalysis          | Urine         | Test User         |               | AMENDED  |
| 26 Dec 2005     | Hemoglobin A1c      | Whole Blood   | Test User         |               | AMENDED  |
| 26 Dec 2005     | Urinalysis          | Urine         | Test User         |               | Canceled |

☒ Ordered (Unaccessioned)

| Date Ordered | Report               | Site/Specimen | Ordering Provider | Order Comment | Status       |
|--------------|----------------------|---------------|-------------------|---------------|--------------|
|              | Lipid Panel Complete | Serum         | Test User         |               | Ordered      |
|              | Chem 17              | Serum         | Test User         |               | Discontinued |

Display Criteria

☒ Ref Range/Units

☒ Vertical

☐ Horizontal

Display All Results For The Selected Test

Date and Times shown below are  
"Collected Date and Times."

Legend...

|               |                           |             |          |
|---------------|---------------------------|-------------|----------|
| Order Comment |                           | chest wound |          |
| Date Col      |                           |             |          |
| Collecti      |                           |             |          |
| Specimen      |                           |             |          |
| Wound Culture |                           |             |          |
| Status:       |                           |             |          |
| Date Re.      |                           |             |          |
| BACTERI       |                           |             |          |
| GRAM ST       |                           |             |          |
| Organism:     | (1) Staphylococcus aureus | Quantity    | moderate |
|               | (2) Bacillus Cereus       | Quantity    | minimal  |

Provider has moved Status column to the far right.

System shall provide capability to retain these changes between sessions – such that when the provider re-opens Lab Result, he receives same view.







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## Hepatitis

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### What is it?

Hepatitis is an inflammation of the liver that can be caused by viruses, chemicals, drugs, alcohol, inherited diseases, or the patient's own immune system. This inflammation can be acute, flaring up and then resolving within a few weeks to months, or chronic, enduring over many years. Chronic hepatitis may simmer for 20 years or more before causing significant symptoms related to progressive liver damage such as cirrhosis (scarring and loss of function), liver cancer, or death.

What is it?  
Tests  
Treatments  
Sources

The liver is a vital organ located in the upper right-hand side of the abdomen. It performs many functions in the body, including processing the body's nutrients, manufacturing bile to help digest fats, synthesizing many important proteins, regulating blood clotting, and breaking down potentially toxic substances into harmless ones that the body can use or excrete. Inflammation may (in severe cases) interfere with these processes and allow potentially toxic substances to accumulate.

The symptoms of hepatitis are the same, regardless of the cause, but vary from person to person and may vary over time. With acute hepatitis, many people have few or mild symptoms that may be mistaken for the flu. These may include fatigue, nausea, loss of appetite, fever, and abdominal pain. Others may experience jaundice, itching, dark colored urine, and light colored stools. A physical examination may reveal a liver that is tender and enlarged. Chronic hepatitis usually causes no symptoms or may be noticeable as only a loss of energy and tiredness. In some people, chronic hepatitis can gradually damage the liver and, after many years, cause liver failure. The chronic form typically lasts for many years and only rarely goes away without treatment.

### Viral Hepatitis

The most common cause of hepatitis is an infection with a virus. The viruses primarily associated with hepatitis are named in the order of their discovery: A, B, C, D, and E (see Viral Hepatitis Table).

- Hepatitis A is spread through infected water and food that have been contaminated with fecal material. The Centers for Disease Control and Prevention (CDC) estimates that as many as one third of the U.S. population becomes infected with hepatitis A at some point in their life. Symptoms may be flu-like and are frequently not identified as being due to hepatitis. Most patients recover fully within about six months.
- Hepatitis B is the most common cause of acute viral hepatitis. It can be spread by exposure to blood, infected needles, through sexual relations, and from mother to baby. The number of new cases in the U.S. each year is approximately 73,000, a decline from the 1980s when the average was 260,000. Most people will get better without any intervention, but about 1-3% become carriers - chronically infected and able to continue to infect

others. Newborns are especially vulnerable to chronic infection, with up to 90% of those exposed becoming carriers. With the advent of screening pregnant women for hepatitis B and the vaccination of newborns, the number of infected babies has fallen. Most chronic hepatitis B infections are now seen in people born in parts of the world (particularly southern and eastern Asia, southern Europe, and Africa) where infection among newborns still remains common.

- Hepatitis C is spread by exposure to contaminated blood. Some mechanisms of exposure include the sharing of needles or other 'works' used in consuming drugs such as cocaine or heroin; use of contaminated equipment for activities such as body piercing and tattooing; occupational exposure of healthcare workers to used needles or other sharp objects; through sexual activity that results in tissue tears; from mother to baby during childbirth; or from cuts sustained during athletic or other activity. It is less common than hepatitis B as a cause of acute hepatitis but is the most common cause of chronic hepatitis. According to the CDC, about 55% to 85% of those exposed to the virus develop chronic hepatitis.
- Hepatitis D and E are rare in the U.S. Hepatitis D only causes an infection when hepatitis B is present and can make that infection more severe. It is usually spread by exposure to blood or infected needles. Hepatitis E is spread in a similar fashion to hepatitis A and is found primarily in Asia, Africa, and South America.

### Chemically-Induced Hepatitis

The liver is responsible for the metabolism of alcohol, drugs, and environmental toxins. It breaks them down into substances that can be used and then excreted by the body. Some drugs or chemicals cause liver damage whenever a person is exposed to high levels of them. Acetaminophen, which is found in many over-the-counter and prescription medications, is an example of this. In therapeutic doses, it is a useful pain reliever, but in very high dosages or in combination with alcohol, it has the potential to cause life-threatening acute liver failure. Excessive consumption of alcohol, by itself, is also toxic to the liver and is one of the most common causes of chemical hepatitis.

Many drugs have the potential to cause hepatitis in a few people, in a seemingly random fashion. Their effect cannot be foreseen and appears to be related to an allergic reaction to the medication. Drugs that have had this affect in some people include anesthetics, antibiotics, anabolic steroids, and seizure medications.

### Inherited Forms of Hepatitis

Several inherited diseases can become apparent primarily by causing acute or chronic hepatitis. The most common of these is hemochromatosis, an inherited disease associated with accumulation of too much iron in the body. The liver is one of the principal organs damaged, and chronic hepatitis may be due to hemochromatosis. Deficiency of alpha-1-antitrypsin is also a relatively common inherited disease, and in children who have this deficiency state, both acute and chronic hepatitis are common. In adults, the liver involvement is often hard to detect, but cirrhosis and liver cancer are both more common in those with alpha-1-antitrypsin deficiency. A more rare inherited disorder, Wilson's disease, is associated with an accumulation of excess copper in the liver, brain, and in other tissues. This disease may cause both acute and chronic hepatitis. Unless Wilson's disease is treated, it becomes progressively worse and is eventually fatal.

### Non-Alcoholic Fatty Liver Disease (NAFLD) and Chronic Hepatitis

One of the most common causes of chronic hepatitis is accumulation of excess fat in the liver. This is most commonly seen in people with the metabolic syndrome, a combination of problems such as obesity (especially

too much fat in the belly), hypertension, high triglyceride levels, low HDL cholesterol, and insulin resistance or type 2 diabetes. The more severe form of hepatitis is sometimes also termed non-alcoholic steatohepatitis (NASH). There are no laboratory tests that can make the diagnosis of NAFLD or NASH other than a liver biopsy.

#### *Autoimmune Hepatitis*

Autoimmune hepatitis is usually a chronic form of hepatitis that frequently leads to progressive damage of the liver; in about 25% of cases, it may present like acute hepatitis. It is more common in women than men; in fact, according to the American Liver Foundation, 70% of those affected are female. For reasons that are not fully understood, the body's immune system targets and attacks the liver. Autoimmune hepatitis may be found in association with other autoimmune disorders, such as type 1 diabetes, ulcerative colitis, and Sjogren's syndrome.

[Next >>](#)

#### **Related Pages**

##### On This Site

Tests: Hepatitis A, Hepatitis B, Hepatitis C, Liver panel, AST, ALP, ALT, Albumin, Bilirubin, PT, Total Protein, Autoantibodies  
Conditions: Alcoholism, Liver Disease

##### Elsewhere On The Web

CDC, National Center for Infectious Diseases: Viral Hepatitis B  
American Liver Foundation  
American Liver Foundation: Liver Biopsy  
*The American Journal of Managed Care* (Oct 2005) Chronic Hepatitis C: An Age Wave of Disease Burden (PDF for download)  
Wilson's Disease Association

This article last reviewed on April 30, 2006.

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## Chemistry Panels

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Chemistry panels are groups of tests that are routinely ordered to determine a person's general health status. They help evaluate the body's electrolyte balance and/or the status of several major body organs. The tests are performed on a blood sample, usually drawn from a vein in the arm. Some of the number and type of tests contained in specific panels, and the names of the panels, have been standardized nationally. The Comprehensive Metabolic Panel (CMP) usually includes 14 tests and the Basic Metabolic Panel (BMP) usually contains 8 tests, all of which are found in the CMP. The Electrolyte Panel, Liver Panel, and Lipid Profile are also types of chemistry panels. While most laboratories offer the same set of CMP and BMP tests, some of these other panels may be tailored to meet the needs of the ordering doctor. (If a laboratory changes the tests in a CMP or BMP, it will usually also change the name of the panel to avoid confusion). For a list of the tests included in each of these panels and when they may be ordered, click on the name of the panel.

This article last reviewed on September 2, 2005.

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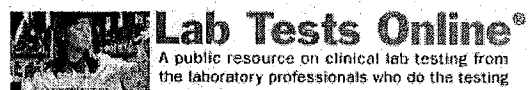


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## Comprehensive Metabolic Panel

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**Also known as:** Chem 12, SMA 12, SMA 20, SMAC (somewhat outdated terms)  
**Formal name:** Comprehensive Metabolic Panel  
**Related Tests:** BMP

The Comprehensive Metabolic Panel (CMP) is typically a group of 14 specific tests that have been approved, named, and assigned a CPT code (a Current Procedural Terminology number) as a panel by Medicare (although labs may adjust the number of tests up or down). Since the majority of insurance companies also use these names and CPT codes in their claim processing, this grouping of tests has become standardized throughout the United States. The CMP is a frequently ordered panel that gives your doctor important information about the current status of your kidneys, liver, and electrolyte and acid/base balance as well as of your blood sugar and blood proteins. Abnormal results, and especially combinations of abnormal results, can indicate a problem that needs to be addressed.

The CMP is used as a broad screening tool to evaluate organ function and check for conditions such as diabetes, liver disease, and kidney disease. The CMP may also be ordered to monitor known conditions, such as hypertension, and to monitor patients taking specific medications for any kidney- or liver-related side effects. If your doctor is interested in following two or more individual CMP components, he may order the entire CMP because it offers more information.

The CMP is routinely ordered as part of a blood work-up for a medical exam or yearly physical and is collected by inserting a needle into a vein in your arm. Although it may be performed on a random basis, the CMP sample is usually collected after a 10 to 12 hour fast (no food or liquids other than water). While the individual tests are sensitive, they do not usually tell your doctor specifically what is wrong. Abnormal test results or groups of test results are usually followed-up with other specific tests to confirm or rule out a suspected diagnosis.

The CMP includes:

- Glucose
- Calcium

Both increased and decreased levels can be significant.

### Proteins

- Albumin
- Total Protein

Albumin, a small protein produced in the liver, is the major protein in serum. Total protein measures albumin as well as all other proteins in serum. Both increases and decreases in these test results can be significant.

### Electrolytes

- Sodium
- Potassium
- CO<sub>2</sub> (carbon dioxide, bicarbonate)
- Chloride

The concentrations of sodium and potassium are tightly regulated by the body as is the balance between the four tests. Electrolyte (and acid-base) imbalances can be present with a wide variety of acute and chronic illnesses. Chloride and CO<sub>2</sub> tests are rarely ordered by themselves.

### Kidney Tests

- BUN (blood urea nitrogen)
- Creatinine

BUN and creatinine are waste products filtered out of the blood by the kidneys. Increased concentrations in the blood may indicate a temporary or chronic decrease in kidney function. When not ordered as part of the CMP, they are still usually ordered together.

### Liver Tests

- ALP (alkaline phosphatase)
- ALT (alanine amino transferase, also called SGPT)
- AST (aspartate amino transferase, also called SGOT)
- Bilirubin

ALP, ALT, and AST are enzymes found in the liver and other tissues, while bilirubin is a waste product of the liver. All can be found in elevated concentrations in the blood with liver disease or dysfunction.

### Sources

S1  
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## Lipid Profile

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**Related tests:** Cholesterol, HDL, LDL, Triglycerides

### What is a lipid profile?

The lipid profile is a group of tests that are often ordered together to determine risk of coronary heart disease. The tests that make up a lipid profile are tests that have been shown to be good indicators of whether someone is likely to have a heart attack or stroke caused by blockage of blood vessels (hardening of the arteries).

Overview  
Treatment  
Risk Factors  
Common  
Questions  
Sources

### What tests are included in a lipid profile?

The lipid profile includes total cholesterol, HDL-cholesterol (often called good cholesterol), LDL-cholesterol (often called bad cholesterol), and triglycerides. Sometimes the report will include additional calculated values such as the Cholesterol/HDL ratio or a risk score based on lipid profile results, age, sex, and other risk factors.

### How is a lipid profile used?

The lipid profile is used to guide providers in deciding how a person at risk should be treated. The results of the lipid profile are considered along with other known risk factors of heart disease to develop a plan of treatment and follow-up.

[Next >>](#)

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## Liver Panel

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A liver panel, also known as liver (hepatic) function tests or LFT, is used to detect, evaluate, and monitor liver disease or damage. It usually consists of seven tests that are run at the same time on a blood sample. These include:

Overview  
Sources

- Alanine aminotransferase (ALT) – an enzyme mainly found in the liver; the best test for detecting hepatitis
- Alkaline phosphatase (ALP) – an enzyme related to the bile ducts; often increased when they are blocked
- Aspartate aminotransferase (AST) – an enzyme found in the liver and a few other places, particularly the heart and other muscles in the body
- Bilirubin – two different tests of bilirubin often used together (especially if a person has jaundice): total bilirubin measures all the bilirubin in the blood; direct bilirubin measures a form that is conjugated (combined with another compound) in the liver
- Albumin – measures the main protein made by the liver and tells whether or not the liver is making an adequate amount of this protein
- Total Protein – measures albumin and all other proteins in blood, including antibodies made to help fight off infections

Other tests that could be requested along with the liver panel are gamma-glutamyl transferase (GGT), lactic acid dehydrogenase (LDH), and prothrombin time (PT).

### When are these tests ordered?

One or more of these tests may be ordered when symptoms suspicious of a liver condition are noticed. These include: jaundice, dark urine, or light-colored bowel movements; nausea, vomiting and/or diarrhea; loss of appetite; vomiting of blood; bloody or black bowel movements; swelling or pain in the belly; unusual weight change; or fatigue or loss of stamina. One or more of these tests may also be ordered when a person has been or may have been exposed to a hepatitis virus; has a family history of liver disease; has excessive alcohol intake; or is taking a drug that can cause liver damage.

Many patients with early or mild to moderate liver disease may have few if any symptoms. Liver disease may be first detected through routine blood testing that is performed as part of a physical. This testing usually includes a group of 14 tests called the Comprehensive Metabolic Panel (CMP). Most of the tests found in the liver panel (all but the direct bilirubin) are included in the CMP. When liver disease is detected with a CMP blood test, it may be monitored over time with follow-up liver panels.

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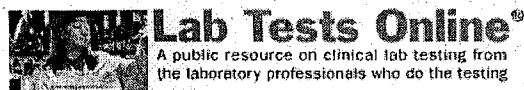


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## BMP

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**Also known as:** Chem 7, SMA 7 (somewhat outdated terms)

**Formal name:** Basic Metabolic Panel

**Related tests:** CMP

The Basic Metabolic Panel (BMP) is a group of 8 specific tests that have been approved, named, and assigned a CPT code (a Current Procedural Terminology number) as a panel by Medicare. Since the majority of insurance companies also use these names and CPT codes in their claim processing, this grouping of tests has become standardized throughout the United States.

The BMP is often ordered in the hospital emergency room setting because its components give doctors important information about the current status of your kidneys, electrolyte and acid/base balance, blood sugar, and calcium levels. Significant changes in these test results can indicate acute problems, such as kidney failure, insulin shock or diabetic coma, respiratory distress, or heart rhythm changes.

The BMP is also used to monitor hospitalized patients and to monitor patients with some known conditions, such as hypertension and hypokalemia. If your doctor is interested in following two or more individual BMP components, she may order the entire BMP because it offers more information. Alternatively, she may order individual tests when monitoring, such as a follow-up glucose, potassium, or calcium, or order an electrolyte panel to monitor sodium, potassium, chloride, and CO<sub>2</sub>. If your doctor wants more information, she may order a Complete Metabolic Panel (CMP), a group of 14 tests that includes the BMP.

The BMP includes:

- Glucose
- Calcium

Both increased and decreased levels can be significant.

### Electrolytes

- Sodium
- Potassium
- CO<sub>2</sub> (carbon dioxide, bicarbonate)
- Chloride

The concentrations of sodium and potassium are tightly regulated by the body as is the balance between the four tests. Electrolyte (and acid-base)

imbalances can be present with a wide variety of acute and chronic illnesses. Chloride and CO<sub>2</sub> tests are rarely ordered by themselves.

### Kidney Tests

- BUN (blood urea nitrogen)
- Creatinine

BUN and creatinine are waste products filtered out of the blood by the kidneys. Increased concentrations in the blood may indicate a temporary or chronic decrease in kidney function. When not ordered as part of the BMP, they are still usually ordered together.

The BMP uses a tube of blood collected by inserting a needle into a vein your arm. Ask your doctor whether you should be fasting for 10 to 12 hours prior to the blood draw. Depending on the reason for ordering the BMP, it may be drawn after fasting or on a random basis.

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## TSH

### Also known as:

Thyrotropin

### Formally known as:

Thyroid-stimulating hormone

### Related tests:

T4, T3,

Thyroid Antibodies

## At A Glance

### Why get tested?

To screen for and help diagnose thyroid disorders; to monitor treatment of hypothyroidism and hyperthyroidism

### When to get tested?

For screening: There is no consensus within the medical community as to at what age adult screening should begin or whether it should even be done; however, newborn screening is widely recommended.

For monitoring treatment: as directed by your doctor

Otherwise: when a patient has symptoms of hyper- or hypothyroidism and/or an enlarged thyroid

### Sample required?

A blood sample drawn from a vein in the arm or from pricking the heel of an infant

## The Test Sample

### What is being tested?

This test measures the amount of thyroid-stimulating hormone (TSH) in your blood. TSH is produced by the pituitary gland, a tiny organ located below the brain and behind the sinus cavities. It is part of the body's feedback system to maintain stable amounts of the thyroid hormones thyroxine (T4) and triiodothyronine (T3) in the blood. Thyroid hormones help control the rate at which the body uses energy. When concentrations decrease in the blood, the hypothalamus (an organ in the brain) releases thyrotropin releasing hormone (TRH). This stimulates the release of TSH by the pituitary gland, and then TSH in turn stimulates the production and release of T4 and T3 by the thyroid gland, a small butterfly-shaped gland that lies flat against the windpipe. When all three organs are functioning normally, thyroid production turns on and off to maintain blood thyroid hormone levels.

If there is pituitary dysfunction, then increased or decreased amounts of TSH may result. If

TSH concentrations are increased, the thyroid will make and release inappropriate amounts of T4 and T3 and the patient may experience symptoms associated with hyperthyroidism (overactive thyroid), such as rapid heart rate, weight loss, nervousness, hand tremors, irritated eyes, and difficulty sleeping. If there is decreased production of thyroid hormones (hypothyroidism), then the patient may experience symptoms such as weight gain, dry skin, constipation, cold intolerance, and fatigue. In addition to pituitary dysfunction, hyper- or hypothyroidism can occur if there is a problem with the hypothalamus (insufficient or excessive TRH). They may also occur with a variety of thyroid diseases that affect thyroid hormone production regardless of the amount of TSH present in the blood.

### How is the sample collected for testing?

A blood sample obtained from a needle placed in a vein in your arm or from pricking the heel of an infant

## The Test

### How is it used?

The TSH test is often the test of choice for evaluating thyroid function and/or symptoms of hyper- or hypothyroidism. It is frequently ordered along with or preceding a T4 test. Other thyroid tests that may be ordered along with it or following an abnormal TSH result include a T3 test and thyroid antibodies (if autoimmune-related thyroid disease is suspected).

TSH testing is used to:

- diagnose a thyroid disorder in a person with symptoms,
- screen newborns for an underactive thyroid,
- monitor thyroid replacement therapy in people with hypothyroidism
- diagnose and monitor female infertility problems,
- help evaluate the function of the pituitary gland (occasionally), and
- screen adults for thyroid disorders as recommended by some organizations, such as the American Thyroid Association

### When is it ordered?

The doctor may order a TSH test when a patient has symptoms of hyper- or hypothyroidism and/or when a patient has an enlarged thyroid gland. It may be ordered at regular intervals to monitor the effectiveness of treatment when a patient is being treated for a known thyroid disorder.

TSH screening is routinely performed in the United States on newborns as part of each state's newborn screening program. The American Thyroid Association recommends that adults older than age 35 be screened for thyroid disease with a TSH test every five years, although other organizations, such as the U.S. Preventive Services Task Force, challenge this recommendation. Several organizations recommend instead screening women over 50, asymptomatic adults over 60, or those at high risk for thyroid disorders, such as pregnant and postpartum women.

### What does the test result mean?

A high TSH result often means an underactive thyroid gland that is not responding adequately to the stimulation of TSH due to some type of acute or chronic thyroid dysfunction. Rarely, a high TSH result can indicate a problem with the pituitary gland, such as a tumor producing unregulated levels of TSH, in what is known as secondary hyperthyroidism. A high TSH value

can also occur when patients with a known thyroid disorder (or those who have had their thyroid gland removed) are receiving too little thyroid hormone medication.

A low TSH result can indicate an overactive thyroid gland (hyperthyroidism) or excessive amounts of thyroid hormone medication in those who are being treated for an underactive (or removed) thyroid gland. Rarely, a low TSH result may indicate damage to the pituitary gland that prevents it from producing adequate amounts of TSH.

Whether high or low, an abnormal TSH indicates an excess or deficiency in the amount of thyroid hormone available to the body, but it does not indicate the reason why. An abnormal TSH test result is usually followed by additional testing to investigate the cause of the increase or decrease.

The following table summarizes test results and their potential meaning.

| TSH  | T4             | T3             | Interpretation                            |
|------|----------------|----------------|-------------------------------------------|
| High | Normal         | Normal         | Mild (subclinical) hypothyroidism         |
| High | Low            | Low or normal  | Hypothyroidism                            |
| Low  | Normal         | Normal         | Mild (subclinical) hyperthyroidism        |
| Low  | High or normal | High or normal | Hyperthyroidism                           |
| Low  | Low or normal  | Low or normal  | Rare pituitary (secondary) hypothyroidism |

#### Is there anything else I should know?

Many medications — including aspirin and thyroid-hormone replacement therapy — may affect thyroid gland function test results, so tell your doctor about any drugs you are taking.

When your doctor adjusts your dose of thyroid hormone, it is important to wait at least one to two months before you check your TSH again so that your new dose can have its full effect.

Extreme stress and acute illness may also affect TSH test results, and results may be low during the first trimester of pregnancy.

### Common Questions

#### 1. Do doctors test for TSH levels during pregnancy?

Doctors do not generally test asymptomatic women, but those with symptoms and/or a known thyroid disorder may be tested at intervals recommended by the doctor to detect and evaluate hyper- or hypothyroidism and its likely effect on the mother and baby — both during pregnancy and after. For more information, see Thyroid Foundation of America: Thyroid Problems During and After Pregnancy — Are You At Risk?

### Ask A Question

If you still have a question about your test or need help interpreting the results of your test, you can visit the ASCLS web site to complete a lab testing information request form, and a certified clinical laboratory scientist will gladly help you! Your communication will be kept confidential. Go there now: <http://www.ascls.org/labtesting/disclaimer.asp>.

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#### On This Site

Conditions: Thyroid diseases  
Screening: Thyroid dysfunction Adults (30-49), Adults (50 and up); Congenital hypothyroidism Newborns

#### Elsewhere On The Web

Thyroid Foundation of America  
American Thyroid Association  
American Foundation of Thyroid Patients  
American Association of Clinical Endocrinologists  
The Hormone Foundation: Thyroid Information  
U.S. Preventive Services Task Force's recommendations on thyroid screening  
Thyroid Screening Guidelines, Washington State Clinical Laboratory Advisory Council to the Washington State Department of Health (PDF file)

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## T4

**Also known as:** Total T4 and Free T4

**Formally known as:** Thyroxine

**Related tests:** TSH, T3, Thyroid Antibodies, T7 (T3 and T4)

### At A Glance

#### Why get tested?

To help evaluate thyroid gland function; to help diagnose hypothyroidism or hyperthyroidism; to screen for hypothyroidism in newborns

#### When to get tested?

Usually ordered in response to an abnormal TSH test result or when a patient has symptoms of hyper- or hypothyroidism; commonly performed on newborns

#### Sample required?

A blood sample drawn from a vein in the arm or from pricking the heel of an infant

### The Test Sample

#### What is being tested?

This test measures the amount of thyroxine, or T4, in your blood. T4 is one of two major hormones produced by the thyroid gland (the other is called triiodothyronine, or T3). The thyroid is a small, butterfly-shaped gland located just below the Adam's apple. This gland plays a vital role in controlling the rate at which your body uses energy.

The body has a feedback system that turns thyroid hormone production on and off. When the level of T4 in the bloodstream decreases, the hypothalamus (an organ in the brain) releases thyrotropin releasing hormone, which stimulates the pituitary gland (an organ below the hypothalamus) to release thyroid-stimulating hormone (TSH), which in turn stimulates the thyroid gland to make and/or release more T4. As blood concentrations of T4 increase, the amount of TSH released decreases.

T4 makes up nearly all of what we call thyroid hormone, while T3 makes up less than 10%. Inside the thyroid gland, T4 is produced, bound to a protein called thyroglobulin, and stored. When the body requires thyroid hormone, the thyroid gland produces some T4 or T3 and/or

releases stored T4 into circulation. In the blood, T4 is present in a free (not bound) and protein-bound form (primarily bound to thyroxine-binding globulin). The concentration of free T4 is only about 0.1% of that of total T4, but the free T4 is the portion of thyroxine that is active. T4 only becomes an active thyroid hormone when it is converted into T3 in the liver or other tissues.

If the thyroid gland does not produce sufficient T4 (due to thyroid dysfunction or to insufficient TSH), then the affected patient experiences symptoms of hypothyroidism such as weight gain, dry skin, cold intolerance, irregular menstruation, and fatigue. If the thyroid gland produces too much T4, the rate of the patient's body functions will increase and cause symptoms associated with hyperthyroidism such as increased heart rate, anxiety, weight loss, difficulty sleeping, tremors in the hands, and puffiness around dry, irritated eyes.

The most common causes of thyroid dysfunction are autoimmune-related. Graves' disease causes hyperthyroidism and Hashimoto's thyroiditis causes hypothyroidism. Both hyper- and hypothyroidism can also be caused by thyroiditis (thyroid inflammation), thyroid cancer, and excessive or deficient production of TSH. The effect of these conditions on thyroid hormone production can be detected and monitored by measuring the total T4 (includes bound and free portion) or the free T4 (only unbound).

#### How is the sample collected for testing?

A blood sample is obtained from a needle placed in a vein in your arm or from pricking the heel of an infant.

### The Test

#### How is it used?

Total T4 and free T4 are two separate tests that can help the doctor evaluate thyroid function. The total T4 test has been used for many years to help diagnose hyper- and hypothyroidism. It is a useful test but can be affected by the amount of protein available in the blood to bind to the hormone. The free T4 test is a newer test that is not affected by protein levels. Since free T4 is the active form of thyroxine, it is thought by many to be a more accurate reflection of thyroid hormone function and, in most cases, its use has replaced that of the total T4. Whichever thyroxine measurement is ordered, it is usually ordered along with or following a TSH test. This helps the doctor to determine whether the thyroid hormone feedback system is functioning as it should, and the results of the tests help to distinguish between different causes of hyper- and hypothyroidism. Sometimes a T3 test will also be ordered to give the doctor additional diagnostic information.

A T4 and TSH test may be ordered to help evaluate a patient with an enlarged thyroid gland (a goiter) and to aid in the diagnosis of female infertility. If the doctor suspects that the patient may have an autoimmune-related thyroid condition, she may order thyroid antibodies along with a T4. In patients with known thyroid dysfunction, T4 and/or TSH tests may be ordered to monitor thyroid function. In pregnant women with thyroid disorders, these tests may be ordered to help determine whether the fetus/newborn is likely to have hypo- or hyperthyroidism.

In the United States, newborns are commonly screened for T4 levels as well as TSH concentrations to check for congenital hypothyroidism, which can cause mental retardation if left untreated.

#### When is it ordered?

A total T4 or free T4 test is primarily ordered in response to an abnormal TSH test result. Sometimes the T4 will be ordered along with a TSH to give the doctor a more complete evaluation of the adequacy of the thyroid hormone feedback system. These tests are usually ordered when a patient has symptoms of hyper- or hypothyroidism. Sometimes they are ordered as screening tests during routine blood testing, but there is not consensus on this use. In patients with known thyroid disorders, the TSH and sometimes T4 are ordered at intervals to monitor the effectiveness of treatment. In pregnant women with thyroid disorders, the doctor is likely to order thyroid testing early and late in the pregnancy and for a time period following delivery to monitor the mother and baby. Thyroid hormone screening is commonly performed on newborns in the United States as part of newborn screening programs.

#### What does the test result mean?

In general, high free or total T4 results may indicate an overactive thyroid gland (hyperthyroidism), and low free or total T4 results may indicate an underactive thyroid gland (hypothyroidism). The test results alone are not diagnostic but will prompt the doctor to perform additional testing to investigate the cause of the excess or deficiency. Both decreased and increased T4 results are associated with a variety of temporary and chronic thyroid conditions. Low T4 results in conjunction with a low TSH level or high T4 results along with a high TSH may indicate a pituitary gland condition.

The following table summarizes test results and their potential meaning.

| T4             | TSH  | T3             | Interpretation                            |
|----------------|------|----------------|-------------------------------------------|
| Normal         | High | Normal         | Mild (subclinical) hypothyroidism         |
| Low            | High | Low or normal  | Hypothyroidism                            |
| Normal         | Low  | Normal         | Mild (subclinical) hyperthyroidism        |
| High or normal | Low  | High or normal | Hyperthyroidism                           |
| Low or normal  | Low  | Low or normal  | Rare pituitary (secondary) hypothyroidism |

#### Is there anything else I should know?

Many medications—including estrogen, certain types of birth control pills, and large doses of aspirin—can affect total T4 test results, so tell your doctor about any drugs you are taking. In general, free T4 levels are not affected by these medications.

### Common Questions

#### 1. How does pregnancy affect thyroid hormone levels?

Pregnancy can increase total T4 levels although it does not mean that thyroid disease will develop. For more information, see Thyroid Foundation of America: Thyroid Problems During and After Pregnancy - Are You At Risk?

### Ask A Question

If you still have a question about your test or need help interpreting the results of your test, you can visit the ASCLS web site to complete a lab testing information request form, and a certified clinical laboratory scientist will gladly help you! Your communication will be kept confidential. Go there now: <http://www.ascls.org/labtesting/disclaimer.asp>.

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#### Elsewhere On The Web

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American Thyroid Association  
American Foundation of Thyroid Patients  
The Hormone Foundation: Thyroid Information

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## Medical Encyclopedia: CPK

URL of this page: <http://www.nlm.nih.gov/medlineplus/ency/article/003503.htm>

### Alternative names

CK; Creatine kinase; Creatine phosphokinase

### Definition

A CPK is a blood test that measures creatine phosphokinase (CPK), an enzyme found mainly in the heart, brain, and skeletal muscle.

### How the test is performed

Blood is drawn from a vein, usually from the inside of the elbow or the back of the hand. The puncture site is cleaned with antiseptic. An elastic band is placed around the upper arm to apply pressure and cause the vein to swell with blood.

A needle is inserted into the vein, and the blood is collected in an air-tight vial or a syringe. During the procedure, the band is removed to restore circulation. Once the blood has been collected, the needle is removed, and the puncture site is covered to stop any bleeding.

In infants or young children, the area is cleansed with antiseptic and punctured with a sharp needle or a lancet. The blood may be collected in a pipette (small glass tube), on a slide, onto a test strip, or into a small container. A bandage may be applied to the puncture site if there is any bleeding.

This test may be repeated over 2 or 3 days for a hospitalized patient. The pattern of a rise or fall in CPK (or CPK isoenzymes) can be diagnostically significant.

### How to prepare for the test

Usually, no special preparation is necessary.

### How the test will feel

When the needle is inserted to draw blood, you may feel moderate pain, or only a prick or stinging sensation. Afterward, there may be some throbbing.

### Why the test is performed

When the total CPK level is very high, it usually means there has been injury or stress to the heart, the brain, or muscle tissue. For example, when a muscle is damaged, CPK leaks into the bloodstream. Determining which specific form of CPK is high helps doctor's determine which exact tissue has been damaged.

This test may be used to:

- Diagnose heart attack
- Evaluate cause of chest pain
- Determine how badly a muscle is damaged
- Detect early dermatomyositis and polymyositis
- Tell the difference between malignant hyperthermia and postoperative infection
- Reveal who carries muscular dystrophy (Duchenne)

The pattern and timing of a rise or fall in CPK levels can be diagnostically significant, particularly if a heart attack is suspected.

### What abnormal results mean

High CPK levels may be seen in patients who have:

- Heart attack
- Myocarditis (inflammation of the heart muscle)
- Central nervous system trauma or stroke
- Convulsions
- Delirium tremens
- Dermatomyositis or polymyositis
- Electric shock
- Muscular dystrophies
- Pulmonary infarction (lung tissue death)

Additional conditions may give positive test results:

- Hypothyroidism
- Pericarditis following a heart attack
- Rhabdomyolysis

### What the risks are

- Excessive bleeding
- Fainting or feeling light-headed
- Hematoma (blood accumulating under the skin)
- Infection (a slight risk any time the skin is broken)
- Multiple punctures to locate veins

### Special considerations

Other tests should be done to determine the exact location of muscle damage.

Factors that may affect test results include cardiac catheterization, intramuscular injections, trauma to muscles, recent surgery, and heavy exercise.

Drugs that can increase CPK measurements include amphotericin B, ampicillin, some anesthetics, blood thinners, aspirin, clofibrate, dexamethasone, furosemide, alcohol, and cocaine.

Veins and arteries vary in size from one patient to another and from one side of the body to the other. Obtaining a blood sample may be more difficult from some people than from others.

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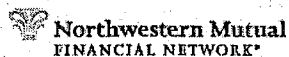
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- ▶ Diabetes Mellitus
- ▶ Kidney Disorders
- ▶ Liver Disorders
- ▶ Blood Lipids
- Blood Proteins
- CV Profile
- CV Overview
- Body Mass Index
- Heart Disease Risk Factors
- Healthy Living

## Blood Chemistry Profile

Northwestern Mutual's Blood Chemistry Profile is a group of tests performed on a single sample of blood. Like other biochemical profiles, each test measures the value of a different substance in the blood. These values provide information on the function of different organ systems (kidney, liver, etc.) or the risk for certain diseases (diabetes mellitus, coronary heart disease, etc.). Biochemical profiles have been in use for over 30 years. They have become important tools to screen for unsuspected disease. However, a normal biochemical screen and of itself is not a guarantee of good health. A physician uses it in conjunction with personal medical history, a complete physical examination and other tests to assess the overall status of a person's health. Similarly, any abnormal value on a biochemical profile must be interpreted in the context of personal medical history, physical examination and other lab studies. Your personal physician is the best person to perform an assessment of your overall health.

Biochemical profiles are sometimes represented by abbreviations such as "SMA", "SMAC" or "Chem" followed by a number (example: Chem-12). The number indicates the number of tests which is included in the profile. Northwestern Mutual's Blood Chemistry Profile is made up of 17 different tests. A biochemical profile frequently has multiple tests which assess the function of the same organ system or screen for the same disease. Using multiple tests for the same purpose increases the ability of the profile to detect unsuspected disease.

Northwestern Mutual's Blood Chemistry Profile consists of 17 tests separated into five different groups on a functional basis. These groups and their functions are listed below:

| Test                                                                              | Purpose                      | Additional Information                                       |
|-----------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------------|
| Glucose, Fructosamine, Hemoglobin A1C                                             | Screen for diabetes mellitus | Diabetes Mellitus—an Overview<br>Tests for Diabetes Mellitus |
| BUN, Creatinine                                                                   | Screen for kidney disorders  | Kidney Disorders—an Overview<br>Tests for Kidney Disorders   |
| Bilirubin, AP, AST, ALT, GGT                                                      | Screen for liver disorders   | Liver Disorders—an Overview<br>Tests for Liver Disorders     |
| Cholesterol, LDL Cholesterol, HDL Cholesterol, Chol/HDL Chol Ratio, Triglycerides | Screen for blood lipids      | Blood Lipids—an Overview<br>Tests for Blood Lipids           |
| Total Protein, Albumin, Globulin                                                  | Screen for blood proteins    | Blood Proteins—an Overview                                   |

It is not the intention of Northwestern Mutual to provide specific medical advice, but rather to provide users with information to better understand their health. Please consult with a qualified physician for diagnosis and for answers to your personal questions.

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History and Physical Exam | Lab Tests | Tumor Markers | X-rays | Other Imaging | Nuclear Scans | Ultrasound | Endoscopies | Pathology | Operative Report |

## Lab Tests

**ALKALINE PHOSPHATASE** Also called: alk phos, alk f, ALP. May be included in blood chemistry screening panel. Normal range: 20-90 I.U./liter. Normal range may vary somewhat according to the brand of laboratory assay materials used.

**BUN (BLOOD UREA NITROGEN)** chemistry study of blood serum to measure the level of urea in the blood, a sign of impaired kidney function or urinary obstruction. Normal range: 10-15 mg/100 ml.

**CBC (COMPLETE BLOOD COUNT) WITH PLATELETS** CBC (Complete Blood Count) consists of several tests on blood serum. The platelet count is usually ordered separately. The table which follows indicates the portions of the CBC relevant to malignancies. If one or more of the starred items is outside of the normal values, the CBC is considered abnormal.



### TEST

- \* White Blood Count (WBC)
- Differential white cell count (diff)
  - Neutrophils PMNs, polys,
  - segsEosinophils
  - Basophils
  - Monocytes
  - Lymphocytes
- \* Red Blood Count (RBC)
- \* Hematocrit (Hct)
- \* Hemoglobin (Hgb)

### NORMAL VALUES

5,000-10,000 total WBC  
 60-70% total WBC  
 1-4% total leukocyte count  
 0.5-1% total leukocyte count  
 2-6% total leukocyte count  
 20-40% total leukocyte count  
 3.6-5.0 million/cu.mm. (F)  
 4.2-5.4 million/cu.mm. (M)  
 37-47%  
 12-16 g/100 ml. (F)  
 14-18 g/100 ml. (M)

### Red Blood Cell Indices

- Mean Corpuscular Volume (MCV)
- Mean Corpuscular Hemoglobin (MCH)
- Mean Corpuscular Hemoglobin Concentration (MCHC)

87-103 cu.micrograms/red cell  
 27-32 picograms  
 32-36%

- Stained Red Cell Examination
- \* Platelet Count

Normocytic, normochromic  
 150,000-300,000/cu.mm.

**CHEMISTRY SCREENING PANEL** Also called: blood chemistries, SMA-12, SMAC-6, ACA, MSSP, and many other names; usually based on the piece of equipment in use. The blood chemistry panel consists of 12 to 20 tests:

### TEST

- Total protein (TP)
- Albumin (Alb.)
- Calcium (CA+)
- Inorganic phosphorus (Inor. Phos.)
- Cholesterol (Chol)
- Glucose (Glu)
- Blood Urea Nitrogen (BUN)
- Uric acid
- Creatinine (Creat.)
- Total Bilirubin (T. Bili.)
- Alkaline Phosphatase (Alk. Phos)
- Aspartate transaminase (AST or SGOT)

### NORMAL VALUES

6-8 g/dl  
 4-4.5 g%  
 Total: 9-11 mg/dl  
 2.5-4.8 mg/dl  
 150-330 mg/dl (age 40-59)  
 70-100 mg/dl (fasting serum)  
 10-15 mg/100 ml  
 2.2-7 mg/dl (F)  
 4.2-8 mg/100 ml (M)  
 0.6-1 mg/dl (F)  
 0.8-1.7 mg/100 ml (M)  
 0.3-1.3 mg/dl  
 20-90 I U/liter  
 5-40 Sigma-Frankel u/ml OR  
 0-36 IU/ltr (lower in women)

**FECAL OCCULT BLOOD** identifies presence of blood in stool; reported as positive or negative Also called: Guaiac, Hematest, Occultest, Hemoccult, Benzidine, or Orthotoluidine test.

**HISTOCHEMISTRY OF BONE MARROW** pathologic examination of bone marrow biopsy specimen using special staining techniques to determine subclassification of the leukemia. Histochemistry of the bone marrow is a laboratory study performed in addition to the standard histologic analysis of the specimen.

**I-131 UPTAKE TEST** measures ability of thyroid gland to accumulate, concentrate and retain iodine; usually done at same time as a thyroid scan. Normal values: 1%-13% absorbed by thyroid after 2 hours; 2-25% absorbed after 6 hours; 15-45% absorbed after 24 hours. Used primarily to rule out a variety of benign conditions.

**LIVER FUNCTION TESTS** a series of blood chemistry tests measuring enzymes excreted by the liver during abnormal functioning due to metastases, obstruction or other conditions. Also called: liver panel. A liver panel may contain any of the following tests. If any one of these tests is outside the normal range of values, the test should be reported as abnormal.

### TEST

- Alkaline Phosphatase (Alk.Phos.)
- Lactic Dehydrogenase (LDH)
- Transaminase
- SGOT
- SGPT
- Leucine aminopeptidase (LAP)
- Bilirubin (total)

### NORMAL VALUES

20-90 IU/liter  
 100-190 u/L at 37 degrees  
 8-46 u/L (M)  
 4-35 u/L (F)  
 7-46 u/L (M)  
 4-35 u/L (F)  
 80-200 Goldbarg-Rutenburg u/ml (M)  
 75-185 u/ml (F)  
 < 1.5 mg/dl

**RENAL FUNCTION TESTS** urine chemistry tests to measure the output of the kidneys.

| TEST              | NORMAL VALUES |
|-------------------|---------------|
| Albumin (protein) | 2-8 mg/dl     |

**THYROGLOBULIN** see Tumor Markers section.

**URINALYSIS** Also called UA, random specimen, clean catch. Collection of urine to evaluate for blood, infection, or other urinary tract problems.



Original Article: <http://www.mayoclinic.com/health/liver-function-tests/AN00876>

## Liver function tests: What do they involve?

Q. I recently started a new medication, and my doctor has recommended regular testing of my liver function. What does that involve?

A.

Liver function tests are used to detect, evaluate and monitor liver disease or damage. A doctor may recommend liver function tests if you:

- Have a high risk of liver disease
- Take medication that may cause liver damage
- Have signs and symptoms of liver disease

Liver function tests generally refer to blood tests that evaluate the presence of liver damage or disease. These tests usually can be done on a single blood sample and may include:

- **Alanine transaminase (ALT).** An enzyme found mainly in liver cells, ALT helps your body metabolize protein. Normally, ALT levels in the blood are low. When the liver is damaged, ALT is released in the bloodstream.
- **Aspartate transaminase (AST).** The enzyme AST plays a role in the metabolism of alanine, an amino acid. AST is found in high concentrations in liver cells. An increase in AST levels may indicate liver damage or disease.
- **Alkaline phosphatase (ALP).** ALP is an enzyme found in high concentrations in the liver and bile ducts, as well as some other tissues. Higher than normal levels of ALP may indicate liver damage or disease.
- **Albumin and total protein.** Levels of albumin — a protein made by the liver — and total protein show how well your liver is making proteins that your body needs to fight infections and perform other functions. Lower than normal levels may indicate liver damage or

disease.

- **Bilirubin.** Bilirubin results from the breakdown of red blood cells. Normally, bilirubin passes through the liver and is excreted in your stool. Elevated levels of bilirubin (jaundice) may indicate liver damage or disease.

Additional tests that may be used to evaluate liver function include:

- **Gamma-glutamyl transferase (GGT).** This test measures the amount of the enzyme GGT in the blood. Higher than normal levels may indicate liver or bile duct injury.
- **Lactate dehydrogenase (LDH).** LDH is an enzyme found in many body tissues, including the liver. Elevated levels of LDH may indicate liver damage.
- **Prothrombin time (PT).** This test measures the clotting time of plasma. Increased PT may indicate liver damage.

By Mayo Clinic Staff

Jul 18, 2006

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AN00876



Original Article: <http://www.mayoclinic.com/health/cholesterol-test/CL00033>

## Cholesterol test: Sorting out the lipids

A complete cholesterol test — more accurately referred to as a lipid panel or lipid profile — includes a group of blood tests used to measure the amount of cholesterol and triglycerides in your blood. Cholesterol tests are done to help assess your risk of coronary artery disease or risk of vascular disease in other parts of your body.

Cholesterol and triglycerides are types of fats called lipids that naturally circulate in your blood. Although lipids are necessary for your body to function normally, too much fat in your blood increases your risk of heart or vascular disease.

If your cholesterol levels are abnormal, you probably won't have any signs or symptoms, so a cholesterol test is an important risk assessment tool. Many studies have shown that elevated cholesterol levels are a significant risk factor for heart disease, which is the No. 1 killer of both men and women.

### What types of cholesterol are measured?

A complete cholesterol test, referred to as a lipid panel or lipid profile, includes the measurement of four types of fats (lipids) in your blood:

- **Low-density lipoprotein (LDL) cholesterol.** This is sometimes called the "bad" cholesterol. Too much of it in your blood causes the accumulation of fatty deposits (plaques) in your arteries (atherosclerosis), which reduces blood flow. These plaques sometimes rupture and lead to major heart and vascular problems. In addition, in people with diabetes and in people who are at high risk of heart disease, LDL cholesterol particles tend to be smaller and denser. These smaller, denser particles can cause greater damage to blood vessels than can the cholesterol particles found in people at lower risk of heart disease and in those without diabetes.
- **High-density lipoprotein (HDL) cholesterol.** This is sometimes

called the "good" cholesterol because it helps carry away LDL cholesterol, thus keeping arteries open and your blood flowing more freely.

- **Triglycerides.** Triglycerides are another type of fat in the blood. When you eat, your body converts any calories it doesn't need to use right away into triglycerides, which are stored in fat cells and released later for energy. High triglyceride levels usually mean you regularly eat more calories than you burn. High levels are also seen in overweight people, in those consuming too many sweets or too much alcohol, and in people with diabetes who have elevated blood sugar levels.
- **Total cholesterol.** This is a sum of your blood's cholesterol content.

Together, the four numbers can provide clues about your risk of heart attack, stroke or other blood vessel damage (vascular disease). Results of a lipid panel cholesterol test are listed as a set of numbers in milligrams per deciliter (mg/dL).

It's possible to measure only total cholesterol. However, this single test isn't used as much anymore, because knowing only your total cholesterol level doesn't provide your doctor with as much useful information as the more complete lipid panel.

In 2001, a group of national experts known as the National Cholesterol Education Program Expert Panel recommended that the ideal cholesterol test measure the four types of fats (lipids) in your blood that are included in a lipid panel or lipid profile.

### Who should get a cholesterol test?

All adults age 20 or older should have a cholesterol test once every five years. Cholesterol testing is very important if you have a family history of high cholesterol or heart disease, are overweight, are physically inactive, have diabetes or eat a high-fat diet. These factors put you at increased risk of developing high cholesterol and heart disease.

If you have elevated cholesterol levels, your doctor may want you to get tested more often. Discuss with your doctor how often you should have a cholesterol test if your cholesterol levels are abnormal.

It's likely your doctor will want to retest you in several weeks or months if your cholesterol test is abnormal. Before starting any treatment based only on an abnormal cholesterol test, it's common to get several tests done over a period of time to ensure an accurate diagnosis.

You should have your cholesterol measured when you're relatively healthy. An acute illness, a heart attack or severe stress can affect

cholesterol levels. Cholesterol is often high during pregnancy, so pregnant women should wait at least six weeks after giving birth to have their cholesterol measured.

### How do you prepare for a cholesterol test?

You should fast (no food or liquids other than water) for nine to 12 hours before the test. You can drink water in the time leading up to the test, but avoid coffee, tea and other beverages. Talk to your doctor about any other special requirements. Some medications, such as birth control pills, can increase your cholesterol levels. For this reason, if you take these or other medications, your doctor might want you to temporarily stop taking them.

### How is a cholesterol test done?

A cholesterol test is a blood test. Blood is drawn from a vein, usually from your arm. Before the needle is inserted, the puncture site is cleaned with antiseptic and an elastic band is wrapped around your upper arm to restrict blood flow through your veins. This causes the veins to fill with blood.

After the needle is inserted, a small amount of blood is collected into a vial or syringe. The band is then removed to restore circulation, and blood continues to flow into the vial. Once enough blood is collected, the needle is removed and the puncture site is covered with a pressure wrap.

The entire procedure will likely last a couple of minutes. It's relatively painless. Some people do, however, feel moderate pain when the needle is inserted, while others feel only a tiny pinprick.

### Results of a cholesterol test

Cholesterol levels are measured in milligrams (mg) of cholesterol per deciliter (dL) of blood. To interpret your test results, use these general guidelines.

| Total cholesterol   |                                                               |
|---------------------|---------------------------------------------------------------|
| Below 200 mg/dL     | Desirable                                                     |
| 200 to 239 mg/dL    | Borderline high                                               |
| 240 mg/dL and above | High                                                          |
| LDL cholesterol     |                                                               |
| Below 70 mg/dL      | Optimal for people with or at very high risk of heart disease |

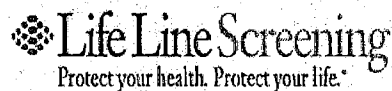
| Below 100 mg/dL     | Optimal for people at risk of heart disease |
|---------------------|---------------------------------------------|
| 100 to 129 mg/dL    | Near optimal                                |
| 130 to 159 mg/dL    | Borderline high                             |
| 160 to 189 mg/dL    | High                                        |
| 190 mg/dL and above | Very high                                   |
| HDL cholesterol     |                                             |
| Below 40 mg/dL      | Poor                                        |
| 40 to 59 mg/dL      | Better                                      |
| 60 mg/dL and above  | Best                                        |
| Triglycerides       |                                             |
| Below 150 mg/dL     | Desirable                                   |
| 150 to 199 mg/dL    | Borderline high                             |
| 200 to 499 mg/dL    | High                                        |
| 500 or above        | Very high                                   |

### Lp(a), C-reactive protein and other substances

The four main categories of lipids — total cholesterol, LDL cholesterol, HDL cholesterol and triglycerides — are what are most commonly measured during a cholesterol test. The value of knowing these measurements to evaluate the risk of heart disease has been repeatedly proved by medical studies. However, it's also true that about half the people who have a heart attack or stroke each year have normal cholesterol levels.

So, many doctors have begun examining other substances in the blood. They hope knowing the levels of some of these other substances might help them better predict who's most at risk of heart disease. Tests of these other substances in the blood are often done on the same sample of blood taken during a cholesterol test and meant to complement, not replace, a standard lipid panel or lipid profile cholesterol test. The evidence for how valuable these additional tests are is mixed. Here are some additional tests your doctor might order along with a standard cholesterol test:

- **Lipoprotein (a), or Lp(a) lipoprotein.** Lipoprotein (a) is widely being tested because it's thought to be a risk factor for atherosclerosis. Lp(a) is a type of LDL cholesterol. Your Lp(a) level is determined by your genes and is not generally affected by lifestyle. Some research has shown that high levels of Lp(a) might increase your risk of heart disease, though it's not clear how much risk. Your doctor might order an Lp(a) test if you already have heart


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The Complete Lipid Panel measures 3 different kinds of lipids in the blood, all of which are related to a type of fat called cholesterol. Cholesterol comes from the foods we eat (anything from animals) and from our body (liver). Cholesterol can't dissolve in the blood. It must be transported to and from the cells by lipoproteins.

#### Cholesterol

Cholesterol is a waxy fat carried through the bloodstream by lipoproteins

**LDL:** low-density lipoproteins, or "bad cholesterol"

**HDL:** high-density lipoproteins, or "good cholesterol"

**Triglycerides**

**Total cholesterol**



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Enter U.S. zip code



#### In Thei

"Since he stroke run gave me p have thes you."

**D. Lucius Camarillo**

CONTACT

The 3 kinds of lipids measured in the Complete Lipid Panel are:

1. **LDL cholesterol** - Low-density lipoprotein or LDL is the major cholesterol carrier in the blood, carrying about 65% of the cholesterol in blood. LDL is often referred to as "bad cholesterol". If too much LDL cholesterol circulates in the blood, it can slowly build up in the walls of the arteries feeding the heart and brain. Together with other substances it can form plaque, a thick, hard deposit that can clog those arteries. This condition is known as atherosclerosis.
2. **HDL cholesterol** - High-density lipoprotein or HDL carries about 30% of the cholesterol in blood. HDL is often referred to as "good cholesterol". HDL carries bad cholesterol away from the arteries and back to the liver, where it's passed from the body. A high HDL level is protective against heart disease, while a low level of HDL increases the risk of heart attack and stroke.

3. **Triglycerides** - Triglycerides are the most common type of fat in the body. Like cholesterol, they circulate in your blood but are stored in body fat and used when the body needs extra energy. Triglyceride levels increase significantly after eating. A high triglyceride level combined with a low HDL or high LDL can speed up the process of atherosclerosis.

**Total cholesterol** - The Complete Lipid Panel also measures total cholesterol, which is the sum of all the types of cholesterol in your blood.

#### Risk Ranges Published by the National Cholesterol Education Program (NCEP)

The National Heart, Lung, and Blood Institute launched the National Cholesterol Education Program (NCEP) in November 1985. The goal of the NCEP is to contribute to reducing illness and death from coronary heart disease in the United States by reducing the percent of Americans with high blood cholesterol.

In 2001, the NCEP published the 3rd version of the Adult Treatment Panel (NCEP ATP III Guidelines). Their recommended screening test is a fasting Complete Lipid Panel, measuring total cholesterol, HDL, LDL and triglycerides.

| LDL Cholesterol | Category                   |
|-----------------|----------------------------|
| < 100 mg/dL     | Optimal                    |
| 100-129 mg/dL   | Near optimal/above optimal |
| 130-159 mg/dL   | Borderline high            |
| 160-189 mg/dL   | High                       |
| 190 mg/dL       | Very High                  |

| HDL Cholesterol | Category         |
|-----------------|------------------|
| 40 mg/dL        | Low              |
| 60 mg/dL        | High (desirable) |

| Triglycerides | Category        |
|---------------|-----------------|
| < 150 mg/dL   | Normal          |
| 150-199 mg/dL | Borderline high |
| 200-499 mg/dL | High            |
| 500 mg/dL     | Very high       |

| Total Cholesterol | Category        |
|-------------------|-----------------|
| < 200 mg/dL       | Desirable       |
| 200-239 mg/dL     | Borderline high |
| 240 mg/dL         | High            |

#### Cholesterol Screening Recommendations

National Cholesterol Education Program (NCEP)

- Cholesterol screening every 5 years in asymptomatic adults starting at age 20
- Test every 1-2 years in patients with cardiovascular disease or abnormal lipid profiles
- For those on statins (cholesterol lowering medication), test every 6 weeks until lipid goals are met and every 4-6 months thereafter

U.S. Preventive Services Task Force (USPSTF)

- Recommends routine screening of men and women aged 20 years and older for lipid disorders, but no frequency interval given.

American Diabetes Association

- Complete lipid panel every year for all adults

Sources: American Heart Association web site [www.americanheart.org](http://www.americanheart.org), American Diabetes web site [www.diabetes.org](http://www.diabetes.org), NCEP ATP III Guidelines (2001), Screening for Lipid Disorders. Am J Prev Med 2001;20(3S):73-6.

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disease but appear to have otherwise normal cholesterol levels. Lp (a) is often tested if you have a family history of early-onset heart disease or sudden death. It should also be done if your LDL cholesterol doesn't respond well to drug treatment.

- **Apolipoprotein A-I (apo A-I).** A-I is a protein that helps your HDL cholesterol remove bad cholesterol from the body. Testing for this protein isn't routine, but can be ordered by your doctor if you have a family history of heart disease or high cholesterol. If your apo A-I levels are too low, it could be a sign that you're at increased risk of heart disease.
- **Apolipoprotein B (apo B).** Apo B is a protein that is part of each LDL cholesterol particle. Knowing the level of apo B usually gives your doctor a good indication of your LDL cholesterol level. Some research suggests it might be a useful predictor of heart disease risk. It's not routinely measured, but can be if your doctor suspects you're at high risk of heart disease or you have a family history of heart disease or high blood cholesterol.
- **High-sensitivity C-reactive protein.** Hs-C-reactive protein (hs-CRP) is a protein your liver produces as part of your immune system response to injury or infection. It's produced by muscle cells within the coronary arteries. High levels of hs-CRP in your blood may be associated with an increased risk of heart attack, stroke and sudden cardiac death. Some researchers contend that hs-CRP is a better predictor of your heart disease risk than is cholesterol. Although the evidence behind hs-CRP is growing, the American Heart Association doesn't yet recommend hs-CRP screening for the general public — only those at known increased risk of heart disease.
- **Homocysteine.** Homocysteine is an amino acid your body uses to make protein and to build and maintain tissue. But excessive levels in your blood may increase your risk of stroke, certain types of heart disease, and disease of the blood vessels of the arms, legs and feet (peripheral artery disease). Your doctor may check your homocysteine level if you've had cardiovascular problems but don't have any of the traditional risk factors, such as smoking. Homocysteine might also be useful in evaluating your risk of peripheral arterial disease.

### New cholesterol testing technology

A new type of cholesterol test is becoming available that measures the size and number of your LDL and HDL cholesterol particles. This testing technique is referred to as nuclear magnetic resonance (NMR) spectroscopy. It's thought that knowing the size and quantity of each type of LDL and HDL cholesterol particle present in your blood might be a more precise indicator of your risk of heart disease. Research into NMR

technology and its usefulness is ongoing.

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By Mayo Clinic Staff  
Feb 1, 2007

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