U.S. Department of Homeland Security
United States Coast Guard

Commandant
United States Coast Guard

US Coast Guard Stop 7907
2703 Martin Luther King Jr. Ave SE
Washington, DC 20593-7907
Staff Symbol: CG-11
Phone: (202) 475-5173

COMDTCHANGENOTE 6000
27 FEB 2017

COMMANDANT CHANGE NOTICE 6000

Subj: CH-1 TO THE COAST GUARD MEDICAL MANUAL, COMDTINST M6000.1F

1. PURPOSE. This Commandant Change Notice publishes revisions to the Coast Guard Medical Manual, COMDTINST M6000.1F. This Notice is applicable to all active duty and reserve Coast Guard members and the other Services Members assigned to duty with the Coast Guard.

2. ACTION. All Coast Guard unit commanders, commanding officers, officers-in-charge, deputy/assistant commanders, and chief of headquarters staff elements shall comply with the provisions of this Notice and Manual. Internet release is authorized.

3. DIRECTIVES AFFECTED. With the addition of this Commandant Change Notice, the Coast Guard Medical Manual, COMDTINST M6000.1F is updated.

4. DISCLAIMER. This guidance is not a substitute for applicable legal requirements, nor it itself a rule. It is intended to provide operational guidance of Coast Guard personnel and is not intended to nor does it impose legally-binding requirements on any party outside the Coast Guard.

5. MAJOR CHANGES. Major changes of this Notice are summarized below:

   a. Chapter 1. Primary changes include:

      (1) Section B – Added paragraph addressing shadowing policy.

      (2) Section C – Updated medical, dental and pharmacy officer training requirements.

DISTRIBUTION – SDL No. 168

	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z
A	X	X		X	X	X	X		X	X	X	X	X	X	X	X	X		X		X	X				
B	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
C	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
D	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X
E	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X		
F																	X	X	X							
G		X	X	X	X																					
H	X	X	X	X	X	X	X	X		X	X															

NON-STANDARD DISTRIBUTION:

b. Chapter 2 Section I. Clarifies chaperone policy.

c. Chapter 4 Section B. Added new paragraph mandating the use of the Disability Benefits Questionnaire.

d. Chapter 7 Section C. Clarifies administration requirements for multiple vaccines. Updates the training requirements for providers that provide Allergy Immunotherapy (AIT).

e. Chapter 9 Sections A-C. Clarifies that there must be a prearranged mechanism in Unit Instructions or Standard Operating Procedures (SOPs) for a timely physical exam by a Sexual Assault Medical Forensic Examiner (SAMFE) or Sexual Assault Nurse Examiner (SANE) in case of rape and sexual assault. Adds requirement that unit SOPs for cases of alleged rape and sexual assault must refer to Sexual Assault Prevention and Response (SAPR) Program, COMDTINST M1754.10 (series) for further guidance.

f. Chapter 12 Section B. Added content that the completion of the OSHA Respirator Medical Evaluation Questionnaire is required only for civilian workers using respirators.

g. Chapter 13. Primary changes include:

(1) Section C – Changed interval of full staff privileges from two to three years.

(2) Section G – Updates to HIPAA policies to include defining and identifying duties of the HIPAA Security Officer. States that clinics will be evaluated periodically to ensure adequate privacy data protection, administrative, and physical security. Updates the acceptable training venue for HIPAA training. Clarifies Commanding Officer's authority to mandate others, as deemed necessary, to take HIPAA training.

6. ENVIRONMENTAL ASPECT AND IMPACT CONSIDERATIONS.

a. The development of this Commandant Change Notice and the general policies contained within it have been thoroughly reviewed by the originating office in conjunction with the Office of Environmental Management, and are categorically excluded (CE) under current USCG CE # 33 from further environmental analysis, in accordance with Section 2.B.2. and Figure 2-1 of the National Environmental Policy Act Implementing Procedures and Policy for Considering Environmental Impacts, COMDTINST M16475.1 (series).

b. This Commandant Change Notice will not have any of the following: significant cumulative impacts on the human environment; substantial controversy or substantial change to existing environmental conditions; or inconsistencies with any Federal, State, or local laws or administrative determinations relating to the

environment. All future specific actions resulting from the general policies in this Commandant Change Notice must be individually evaluated for compliance with the National Environmental Policy Act (NEPA), Council on Environmental Policy NEPA regulations at 40 Code of Federal Regulations Parts 1500-1508, Department of Homeland Security and Coast Guard NEPA policy, and compliance with all other environmental mandates.

7. DISTRIBUTION. No paper distribution will be made of this Commandant Change Notice. An electronic version will be located on the following Commandant (CG-612) web sites. Internet: http://www.uscg.mil/directives/, and CGPortal: https://cgportal2.uscg.mil/library/directives/SitePages/Home.aspx

8. PROCEDURE. If maintaining a paper copy, please remove and insert the following pages:

Remove	Replace
Contents 1-2	Contents 1-2 CH-1
Contents 9-10	Contents 9-10 CH-1
Contents 19-20	Contents 19-20 CH-1
Chapter 1 Contents	Chapter 1 Contents CH-1
Chapter 1 Section B Pg 39	Chapter 1 Section B Pg 39 CH-1
Chapter 1 Section C Pg 1-7	Chapter 1 Section C Pg 1-3 CH-1
Chapter 2 Section I Pg 1-4	Chapter 2 Section I Pg 1-4 CH-1
Chapter 4 Contents	Chapter 4 Contents CH-1
Chapter 4 Section B Pg 33-36	Chapter 4 Section B Pg 33-36 CH-1
Chapter 7 Section C Pg 5-8	Chapter 7 Section C Pg 5-7 CH-1
Chapter 9 Section A Pg 3-4	Chapter 9 Section A Pg 3-4 CH-1
Chapter 9 Section A Pg 13-14	Chapter 9 Section A Pg 13-14 CH-1
Chapter 9 Section B Pg 3-4	Chapter 9 Section B Pg 3-4
Chapter 9 Section B Pg 9-10	Chapter 9 Section B Pg 9-10 CH-1
Chapter 9 Section C Pg 3-4	Chapter 9 Section C Pg 3-4 CH-1
Chapter 9 Section C Pg 9-10	Chapter 9 Section C Pg 9-10 CH-1
Chapter 12 Section B Pg 5-6	Chapter 12 Section B Pg 5-6 CH-1
Chapter 13 Contents	Chapter 13 Contents CH-1
Chapter 13 Section C Pg 5-6	Chapter 13 Section C Pg 5-6 CH-1
Chapter 13 Section G Pg 1-15	Chapter 13 Section G Pg 1-13 CH-1

9. RECORDS MANAGEMENT CONSIDERATIONS. This Commandant Change Notice has been thoroughly reviewed during the directives clearance process, and it has been determined there are no further records scheduling requirements, in accordance with Federal Records Act, 44 U.S.C. 3101 et seq., National Archives and Records Administration (NARA) requirements, and Information and Life Cycle Management Manual, COMDTINST M5212.12 (series). This policy does not have any significant or substantial change to existing records management requirements.

10. FORMS /REPORTS. The forms referenced in this Manual are available in the USCG Electronic Forms on Standard Workstation or on the Internet: http://www.uscg.mil/forms/; CG Portal https://cgportal2.uscg.mil/library/forms/SitePages/Home.aspx.

11. REQUESTS FOR CHANGES. Recommendations for changes or improvements to the Coast Guard Medical Manual, COMDTINST M6000.1 (series), are welcome and should be submitted via the chain of command to Commandant (CG-1121) Publications and Directives.

ERICA G. SCHWARTZ /s/
Rear Admiral, U.S. Coast Guard
Director of Health, Safety, and Work-Life

Medical Manual
Table of Contents

CHAPTER 1

ORGANIZATION AND PERSONNEL

Section A. Organization.

Section B. Personnel.

CHAPTER 2

HEALTH CARE AND FACILITIES

Section A. Health Care for Active Duty & Reserve Personnel.

Section B. Health Care for Retired Personnel.

Section C. Health Care for Dependents.

Section C. Dental Records Forms, Classification, and Treatment Priority.

Section D. Clinical Records (Dependents/Retiree).

CHAPTER 5

PSYCHIATRIC CONDITIONS

Section G. Health Insurance Portability and Accountability Act (HIPAA).

Section H. Quality Improvement Studies.

Section I. Peer Review Program.

Section J. Infection Control Program (Exposure Control Plan).

CHAPTER 1

ORGANIZATION AND PERSONNEL

Section A. Organization.

Section B. Personnel.

Section C. CG Health Services Officer Training Matrix.

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

g. Initial orientation. Each volunteer must have an initial orientation to clinic standard operating procedures which must be documented and must include at the minimum:

(1) Fire safety. Emergency procedures (e.g., bomb threats, mass casualty, power outages, and hurricanes/tornadoes).

(2) Standard precautions and infection control.

(3) Proper management of telephone calls, emergency calls.

(4) Telephone etiquette, paging, taking messages.

(5) Patient sensitivity and confidentiality.

(6) Privacy Act and HIPAA

29. **Shadowing.**

a. **There is no shadowing of health care personnel allowed in Coast Guard clinics, unless the individuals shadowing are applying for the Inter-service Physician Assistant Program.**

b. **Shadowing is not a term to be used for students participating in the Student Externship Program (SEP), COMDTINST 6400.1 (series).**

C. CG Health Services Officer Training Matrix.

1. Introduction. Emerging national and military strategies in support of wartime, humanitarian assistance, homeland security/defense and disaster response contingencies are the driving forces behind the training requirements to provide initial and sustainment training for all CG Health Services personnel. Training for Health Services enlisted personnel is contained in Chapter 9 of this Manual and in the Cutter Training and Qualification Manual, COMDTINST M3502.4 (series). Officers serving in the CG Health Services system may require training in a variety of specific subject areas. Some of this training is necessary for all officers in the CG Health Services system and some is specific based on the type of duty position to which the officer is currently assigned and/or the specific professional category of the officer. The following information provides a matrix showing required training for officers in the CG Health Services system. Unless otherwise specified, required training should be completed within the first three years of the tour requiring that training. **One or more of these training requirements may be waived by Commandant (CG-11) on a case by case basis.**

2. CG Medical Officer/**Dental Officer/Pharmacy Officer** Training Matrix.

Name of course	Description	Duration	Funding source	Notes	Target audience
Advanced Cardiac Life Support-Basic Provider	Advanced life support training for adverse cardiac events	2-3 days	Local funding Or Military Training Network (MTN)		**CG** physicians in clinical billets are required to maintain current ACLS certification as a condition of employment.
Basic Life Support for Healthcare Providers	**Basic life support training**	4-8 hours	Local funding **Or MTN**		**Required for all CG Health Care providers**
Flight Surgeon/ Aeromedical Physician Assistant Training	Required training to provide care in aviation medicine	7 weeks	AFC-56 (central)	Apply through Commandant (CG-1121); Army or AF course followed by a 2 week CG transition course at ATC Mobile	**Any MO who is required to provide aviation medical care**

Table 1-C-1

CG Medical Officer/**Dental Officer/Pharmacy Officer** Training Matrix (con't)

Name of course	Description	Duration	Funding source	Notes	Target audience
Aviation Mishap Investigation and Prevention/ Human Factors	**Training to enhance Mishap Analysis Board preparation**	**2 weeks**	AFC-56 (central)	See annual solicitation letter sent from Commandant (CG-1121)	**Flight Surgeons prior to serving on Mishap Analysis Board (preferred within 3 years of designation)**
Addiction Orientation for Health Care Providers (AOHCP)	**Initial training in substance abuse and addiction screening and diagnosis.**	**5 days**	**AFC-56 (central)**	**Apply through HSWL-SC**	**CG Medical Officers (with clinical duties)**
Do No Harm (Course 502503 A) **The War Back Home (Course 502503 B)**	**Refresher training for CG Medical Officers. Initial training for CG Dental Officers, and Pharmacy Officers in addiction disorders.**	**1 hour**	**N/A**	**Courses located under the Medical and Health Training Tab in the CG Portal. Completion of either course will satisfy this requirement.**	**CG Medical Officers, CG Dental Officers and CG Pharmacy Officers**

Table 1-C-1 (cont.)

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

Name of course	Description	Dura-tion	Funding source	Notes	Target audience
CBRNE Emergency Preparedness and Response Course	On-line training for all health care providers in the CG	N/A	Web-based	Provided for the CG by the AF; see Commandant (CG-112) website for further details	MOs take Clinician Course. DOs, **Pharmacy Officers** and all other PHS categories take Operator/ Responder Course. Required within 12 months of **initial CG** assignment
Medical Management of Chemical and Biological Casualties	Medical principles relating to chemical and biological weapons attacks	6 days	AFC-56 (central)	Army course-apply through Commandant (CG-1121)	Required for MOs within 3 years of **initial CG** assignment. Optional for all DOs, Pharmacy Officers, and EHOs
Combat Casualty Care Course	Combat casualty care training is provided in austere environment and in mass casualty situations	9 days	AFC-56 (central)	Army course-apply through Commandant (CG-1121)	Required for MOs within 3 years of **initial CG** assignment. Recommended for all DOs. Officers who have previously taken this course through DOD are not required to attend

Table 1-C-2

I. Policies and Procedures Required at CG Health Care Facilities.

1. Administrative Policies and Procedures. All facilities shall develop and maintain the following written administrative policies and procedures which shall be reviewed annually and updated as needed.

   a. Standard Operating Procedure. Standard Operating Procedure (SOP) defining objectives and policies for the facility.

   b. Organizational Chart. Organizational chart of the Regional Practice components in the District.

   c. Clinic Protocols. Clinic protocols, posted in the respective department, for pharmacy, medical laboratory, and medical and dental radiology.

   d. Notices if Pregnant. Notices posted in pharmacy and radiology advising female patients to notify department personnel if they are or might be pregnant or breast feeding (pharmacy only).

   e. After-Hours Emergency Care. Written guidelines advising patients how to obtain after-hours emergency medical and dental advice or care. These must be readily available and widely publicized within the command and the local eligible beneficiary community.

   f. Quality Improvement Program. Quality Improvement (QI) program guidelines including assignment of a QI coordinator and QI focus group members in writing. The QI focus group shall meet at least quarterly and maintain written minutes.

   g. Patient Advisory Committee. Guidelines for a patient advisory committee (PAC) comprised of representatives of the health care facility and each major, identifiable, patient interest group. The PAC shall meet periodically and maintain written minutes.

   h. Authorized to Deny Care. Persons authorized to deny care shall be so designated in writing by the command.

   i. Time clocks. All clinics shall maintain a functioning time clock and all contract employees shall clock in and out of work every work day. Health Services Administrators shall verify time cards at every pay period.

2. Operational Policies and Procedures. Facilities shall also develop and maintain the following written operational policies and procedures. These require annual review and signature by all health services personnel:

   a. Emergency Situation Bill. Emergency Situation Bill including Health Services Division response to fire, earthquake, bomb threat, heavy weather, etc.

   b. Emergency Response Protocols. Health Services Emergency Response Protocols for suicide attempt/threat, rape/sexual assault, family violence and medical emergencies in the dental clinic.

c. Protocol for Managing After-hours Emergencies. Clinics at accession points and at Coast Guard units with on-base family housing shall maintain a 24-hour live watch schedule.

3. Patient Rights. Health care shall be delivered in a manner that protects the rights, privacy and dignity of the patient. Sensitivity to patient needs and concerns will always be a priority.

a. Patient Bill of Rights and Responsibilities poster. Clinics shall post the Patient Bill of Rights and Responsibilities poster in clear view in all patient waiting and urgent care areas. Copies are available from Commandant (CG-1121).

b. Chaperones. Chaperones shall provide comfort and support to patients during exams or treatment. All patients shall be informed of the availability of chaperones.

(1) **Clinics and sickbays shall follow the chaperone policy delineated in this Manual. Clinics and sickbays shall not establish separate chaperone policies. Patients have the right to request the presence of a chaperone during examination and treatment, unless, in the opinion of the Medical Officer or IDHS, the risk to the chaperone outweighs the benefit to the patient (e.g. during radiological procedures).**

(2) Chaperones are defined as persons who attend patients during medical exams or treatment. Chaperones shall be of the same gender as the patient being examined. Any nursing staff member**, IDHS, HS,** or volunteer may serve as a chaperone as part of their duties. The Senior Health Services Officer (SHSO) shall ensure that chaperones have appropriate preparation to include familiarization with the procedure and basic HIPAA policy training to enable them to carry out their duties properly. Although a patient's request for a family member or friend to be present during examination may be honored, that person is not a substitute for a chaperone.

(3) Patients who request the presence of a chaperone shall have their request honored unless, in the opinion of the Medical Officer **or IDHS**, the risk to the chaperone outweighs the benefit to the patient (e.g., during x-ray exposures).

(4) Female patients undergoing breast examination or genital/rectal examination or treatment must have a chaperone present during the examination. Male patients may have a chaperone present at the patient's request. If a provider thinks a chaperone is necessary, and the patient refuses to permit the services of a chaperone, the provider must consider whether to perform the examination or treatment or to refer the patient to another source of care.

(5) Clinics shall have a written policy for reporting any episode of alleged misconduct during medical/dental examinations to the unit CO. Unit COs shall investigate such complaints in accordance with regulations.

c. Responsibility of the patient chaperone policy. The SHSO shall enforce the patient chaperone policy and ensure chaperones are qualified to perform their

duties.

d. Allegations of misconduct. The SHSO shall ensure that allegations of misconduct are forwarded to the command in a timely manner.

e. Educational materials. Clinics shall ensure that patient educational materials concerning gender-neutral health issues (dental health, cardiovascular risk factors, colorectal cancer) and gender-related health issues (PAP smears, cervical cancer, breast disease, testicular and prostate cancer, etc.) are readily available.

4. Health Care Provider Identification.

a. Patients right to know their physician. In accordance with the Patient Bill of Rights and Responsibilities, all patients have the right to know the identity and the professional qualifications of any person providing medical or dental care. The recent addition of Nurse Practitioners and commissioned Physician Assistants to our health care staffs has increased the chances of misidentification. Accordingly, health care providers shall introduce themselves and state their professional qualifications (level of provider) at each patient encounter.

b. Health care name tags. The standard CG name tag does not reflect any information concerning the professional qualifications of the health care provider. Additionally, the standard CG name tag is often not visible to patients with poor eyesight, or it may be hidden by the provider's smock or lab coat. In lieu of the standard CG name tag, all health care providers, civilian and military, shall wear a specific health care provider identification tag on their outer smock or lab coat when engaged in direct patient care in CG clinics. The health care provider identification tag shall be worn above the right breast pocket (or equivalent). The following criteria shall be used by local commands and clinics in manufacturing the health care provider identification tags:

(1) Size. The identification tag shall be 1" high by 3" wide.

(2) Materials. Standard plastic name tag blanks which may be purchased locally or from Government sources.

(3) Color. Standard CG blue or black with white lettering.

(4) Contents. The identification tag shall contain the following information:

(a) The rank, first initial and last name shall be centered on the identification name tag and placed on the top line.

(b) One of the following professional titles, or any other commonly recognized professional name, centered below the name line. Abbreviations shall not be used.

[1] Physician

[2] Dentist

[3] Physician Assistant

[4] Nurse Practitioner

[5] Pharmacist

[6] Physical Therapist

[7] Optometrist

[8] Registered Nurse

[9] Health Services Technician

CHAPTER 4

HEALTH RECORDS AND FORMS

Section A. Health Records.

Section B. Health Record Forms.

Section C. Dental Records Forms, Classification, and Treatment Priority.

Section D. Clinical Records (Dependent/Retiree).

30. **Disability Benefits Questionnaires (DBQ). CG Medical Officers will complete the applicable DBQs for any CG member's unfitting condition where a medical board (MEB) is required. For members with unfitting conditions whose MEBs are completed by DoD Medical Officers, DBQs may be completed by a DoD Medical Officer. For members with unfitting psychological impairments, DBQs may only be completed by a military or Veterans Affairs (VA) mental health provider, as defined in Chapter 5-A-1.b of this Manual. DBQs are available on line at: http://www.benefits.va.gov/COMPENSATION/dbq_ListByDBQFormName.asp.**

31. International Certificate of Vaccination, CDC-731.

    a. General.

        (1) When required, prepare an International Certificate of Vaccination PHS-731 for each member of the CG (for reserve personnel when ordered to Active Duty for Training). This form shall be carried only when required for performing international travel.

        (2) A reservist not on extended active duty, who plans international travel either under official orders or privately, may request that the appropriate district commander (r) furnish an International Certificate of Vaccination PHS-731 for this purpose. The reservist shall return the International Certificate of Vaccination PHS-731 to the district commander (r) when travel is completed.

        (3) When properly completed and authenticated, the International Certificate of Vaccination PHS-731 contains a valid certificate of immunization for international travel and quarantine purposes in accordance with World Health Organization Sanitary Regulations.

        (4) All military and nonmilitary personnel performing international travel under CG cognizance shall be immunized in accordance with Commandant Instruction 6230.4 (series) and shall have in their possession a properly completed and authenticated International Certificate of Vaccination PHS-731, if required by the host country.

    b. Detailed Instructions.

        (1) Stamp or type the following address on the front of PHS-731:

COMMANDANT (CG-11)
ATTN HEALTH SAFETY AND WORKLIFE
US COAST GUARD STOP 7907
2703 MARTIN LUTHER KING JR AVE SE
WASHINGTON DC 20593-7902

        (2) Enter data by hand, rubber stamp, or typewriter.

        (3) Enter the day, month, and year in the order named (i.e., 4 SEP 87).

(4) Record the origin and batch number for yellow fever vaccine.

(5) Entries for cholera and yellow fever must be authenticated by the Department of Defense Immunization Stamp and the actual signature of the Medical Officer. Other immunizations may be authenticated by initialing. Entries based on prior official records shall have the following statement added: "Transcribed from Official Records."

c. International Certificate of Vaccination, CDC-731. Remove the International Certificate of Vaccination CDC-731 from the health record and give it to the individual upon separation from the Service.

32. Tissue Examination, Form SF-515.

a. Prepare a Tissue Examination, Form SF-515 or use the contract lab form whenever a tissue specimen is forwarded to a laboratory for examination.

b. Ensure patient's identification information is completed.

33. Request for Medical/Dental Records or Information, Form DD-877.

a. Purpose. The Request for Medical/Dental Records or Information, Request for Medical/Dental Records or Information, Form DD-877 is a form used to track health records between clinics and units as well as to request records from clinics, units, or MTFs.

b. General. This form shall be initiated and included with health and clinical records as directed in this Manual.

c. Detailed Instruction.

(1) Each Request for Medical/Dental Records or Information, Form DD-877 must have all boxes completed.

(2) In all instances when a Request for Medical/Dental Records or Information, Form DD-877 is initiated, remarks concerning the reason for sending the record, the name of the gaining unit for the member/ sponsor and a request for action will be included on the form. When preparing a Request for Medical/Dental Records or Information, Form Request for Medical/Dental Records or Information, Form DD-877 for a record to be forwarded, place the following in Section 9, REMARKS: “Health {clinical} record for this member (family member) is forwarded to you for appropriate filing. Member (sponsor) assigned to (insert gaining unit name).”

(3) For members entering the Individual Ready Reserve, (IRR) follow the instructions given by the Servicing Personnel Office as per the Military Personnel Data Records (PDR) System, COMDTINST M1080.10 (series).

(4) A copy of the Request for Medical/Dental Records or Information, Form DD-877 will be retained at the unit sending the

record for 6 months after the record is mailed, and then may be discarded.

34. Modified Screening For: Overseas Assignment and/or Sea Duty Health Screening, Form CG-6100.

    a. General. Refer to Chapter 3 of this Manual for the completion of this form.

35. Bloodborne Pathogens Exposure Guidelines, Form CG-6201.

    a. General. Refer to Chapter 13 of this Manual for the completion of this form.

36. Examination Protocol for Exposure to: CHROMIUM COMPOUNDS, Form CG-6202.

    a. General. Refer to Chapter 12 of this Manual for the completion of this form.

37. Examination Protocol for Exposure to: ASBESTOS, Form CG-6203.

    a. General. Refer to Chapter 12 of this Manual for the completion of this form.

38. Examination Protocol for Exposure to: BENZENE, Form CG-6204.

    a. General. Refer to Chapter 12 of this Manual for the completion of this form.

39. Examination Protocol for Exposure to: NOISE, Form CG-6205.

    a. General. Refer to Chapter 12 of this Manual for the completion of this form.

40. Examination Protocol for Exposure to: HAZARDOUS WASTE, Form CG-6202.

    a. General. Refer to Chapter 12 of this Manual for the completion of this form.

41. Examination Protocol for Exposure to: LEAD, Form CG-6207.

    a. General. Refer to Chapter 12 of this Manual for the completion of this form.

42. Examination Protocol for Exposure to: RESPIRATOR WEAR, Form CG-6208.

    a. General. Refer to Chapter 12 of this Manual for the completion of this form.

43. Examination Protocol for Exposure to: PESTICIDES, Form CG-6209.

    a. General. Refer to Chapter 12 of this Manual for the completion of this form.

44. Examination Protocol for Exposure to: RESPIRATORY SENSITIZERS, Form CG-6210.

    a. General. Refer to Chapter 12 of this Manual for the completion of this form.

45. Examination Protocol for Exposure to: BLOODBORNE PATHOGENS, Form CG-6211.

    a. General. Refer to Chapter 12 of this Manual for the completion of this form.

46. Examination Protocol for Exposure to: TUBERCULOSIS, Form CG-6212.

    a. General. Refer to Chapter 12 of this Manual for the completion of this form.

47. Examination Protocol for Exposure to: SOLVENTS, Form CG-6213.

    a. General. Refer to Chapter 12 of this Manual for the completion of this form.

48. Examination Protocol for Exposure to: RADIATION, Form CG-6214.

    a. General. Refer to Chapter 12 of this Manual for the completion of this form.

49. How to Calculate a Significant Threshold Shift, Form CG-6215.

    a. General. Refer to Chapter 12 of this Manual for the completion of this form.

than 19 years old. CG personnel who are less than 18 years of age cannot receive Twinrix. Performance of serology testing for accessions is recommended prior to administering the vaccine.

f. Hepatitis B. Administer Hepatitis B to all AD and SELRES CG personnel (including accessions). Immunization may be accomplished with single-antigen Hepatitis B vaccine or combined Hepatitis A-Hepatitis B vaccine (Twinrix). Ensure the accurate dosing schedule is followed for single antigen Hepatitis B and/or Twinrix. **Follow the ACIP recommendations regarding selection of specific vaccine and dosing schedule**. Performance of serology testing for accessions is recommended prior to administering the vaccine.

(1) Healthcare personnel will have documentation of serological evidence of immunity against the Hepatitis B virus (HBV).

(2) New healthcare personnel who cannot provide documented serological evidence of immunity against HBV will begin the Hepatitis B (or Twinrix) vaccination series, unless the vaccine is medically contraindicated.

(3) For healthcare personnel, anti-HBs titers should be drawn 1 to 2 months after completion of the three dose Hepatitis B (or Twinrix) vaccination series. If serological testing is delayed due to operational considerations, testing must be accomplished within one year after series completion.

(4) Healthcare personnel who do not develop serological evidence of immunity after the initial vaccination series will complete a second 3-dose series.

(5) Revaccinated healthcare personnel will be tested for anti-HBs titer 1 to 2 months after the last dose of vaccine. Personnel negative after a second vaccine series are considered non-responders to the Hepatitis B (or Twinrix) vaccination (and likely still susceptible to HBV) and should be documented susceptible in MRRS.

g. Human Papilloma Virus (HPV). The HPV vaccine is not a mandatory immunization. It is highly recommended that healthcare providers recommend use of the HPV vaccine in accordance with ACIP guidelines.

h. Influenza A and B. Administer the influenza vaccine annually to all AD and SELRES CG personnel (including accessions) and CG civilian personnel asdelineated in Civilian Employee Health Care and Occupational Health Program, COMDTINST 12792.3 (series)

i. Japanese encephalitis. Administer JEV to AD and SELRES CG personnel who will be stationed at least 30 days in rural areas of Asia where there is substantial risk of exposure to the virus, especially during prolonged field operations at night. Administer booster doses according to the manufacturer's recommendations if risk of exposure is still present. Under normal circumstances, personnel cannot embark on international travel within ten days of JEV immunization because of the possibility of delayed allergic reactions.

j. Measles, Mumps, and Rubella. Administer MMR vaccine to all AD and SELRES CG personnel born after 1957 (including accessions). Ensure they have received two lifetime doses of MMR vaccine or have positive serologic test results. Unless there is reason to suspect otherwise (e.g. childhood spent in a developing country, childhood immunizations not administered), a childhood dose of MMR vaccine may be assumed. Proof of immunity via serology testing or prior history of completed vaccination series (per medical documentation) will be accepted. Document immunization or results of proof of immunity in MRRS. For personnel whose records show receipt of bivalent measles-rubella vaccine, administration of MMR vaccine to achieve immunity against mumps is not necessary as a military requirement, but may be appropriate in exceptional clinical circumstances.

k. Meningococcal disease. Administer meningococcal vaccine (Menactra **or Menveo**) to all accessions. Proof of vaccination with Menactra **or Menveo** within one year of accession will be accepted. The need for, and timing of, a booster dose of Menactra **or Menveo** will be determined in the coming years. Administer Menactra **or Menveo** to personnel traveling for 15 or more days to regions subject to meningococcal outbreaks.

l. Pneumococcal disease. Administer pneumococcal vaccines per ACIP guidelines.

m. Poliomyelitis. Administer a single booster dose of IPV to all CG accessions (IPV administration can be done within one year of arrival to the accession point). Personnel who have not received primary series must complete the series using IPV. Unless there is reason to suspect otherwise (for example, childhood in a developing country, childhood immunizations not administered), receipt of the basic immunizing series of IPV may be assumed.

n. Rabies. Administer rabies vaccines per ACIP guidelines.

o. Smallpox. Administer the smallpox vaccine in accordance with the Coast Guard Smallpox Vaccine Program (SVP), COMDTINST M6230.10 (series). **Smallpox vaccinations will no longer be given at CG accession points.** For smallpox VAER events, CG healthcare personnel must continue to use the VAERS and must also report smallpox vaccine (ACAM 2000) cardiac-related adverse events to the Naval Health Research Center (NHRC) at 619-553-9255. Upon receipt of the report, NHRC personnel will contact eligible cases and request their consent to participate in the Smallpox Vaccine Myopericarditis Registry.

p. Tetanus, Diphtheria, and Pertussis. **All CG accessions and all uniformed healthcare personnel (HCP) are required to receive a single dose of Tetanus diphtheria and acellular pertussis (Tdap) if they have not previously received Tdap and have no medical contraindications or administrative waivers. That dose of Tdap is to be given regardless of the time since the last tetanus and diphtheria (Td) dose. After receipt of Tdap, HCP should receive routine immunization against tetanus and diphtheria according to CDC guidelines.**

q. Typhoid fever. Administer typhoid vaccine to all AD and SELRES before overseas deployment to typhoid-endemic areas.

r. Varicella. Administer varicella vaccine to all accessions who do not have medical documentation (proof of disease, prior immunization, serology). Serologic screening is the preferred means of determining those susceptible to varicella infection. Do not use a questionnaire.

s. Yellow fever. **Administer yellow fever vaccine as per the Immunizations and Chemoprophylaxis, COMDTINST M6230.4 (series).**

7. Allergy Immunotherapy (AIT).

a. AIT shall not be performed by IDHS in sickbays. AIT shall be restricted to clinics or sickbays only when Medical Officers (with current ACLS certification) are present in the clinic.

b. AIT can only be performed by trained providers including HS, IDHS, nurses and Medical Officers who have completed one of three approved training courses:

(1) United States Air Force's Introduction to Allergy/Allergy Extender **Course**.

(2) United States Army's Walter Reed **National Military Medical Center's Immunology and Allergy Specialty Course (HS, IDHS, and nurses only).**

(3) United States Navy's Remote Site Allergen Immunotherapy Administration Course: **Immunotherapy Safety for the Primary Care Provider**. For the Navy's remote course, the Medical Officer must provide face to face training to the HS/IDHS. **This course is available on CG internet website at the following URL: http://www.uscg.mil/hq/cg1/cg112/cg1121/docs/pdf/AIT_for_the_provider.pdf**

c. All personnel involved in the administration of allergen immunotherapy will participate in annual refresher training. **The courses listed in Chapter 7-C.7.b can be used to satisfy the annual refresher training requirement.**

d. All HSs, nurses and Medical Officers must have completed the training and be designated in writing to administer AIT by the SMO/DSMO/SHSO. **Medical Officers will provide a self-attestation statement that they have undergone initial training to include the course attended and the date/s to the Professional Review Committee. Medical Officers will also provide a self-attestation statement that they have undergone refresher training to include the course attended and the date/s to the Professional Review Committee. HSAs must certify that HSs, IDHSs, and nurses have successfully completed initial and recurrent training.** HSs, nurses and Medical Officers are only authorized to give AIT to AD and SELRES members and only at maintenance doses. Clinical personnel should not initiate immunotherapy or give escalating doses.

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

(9) Strict adherence to Chapter 2 of this Manual which contains information about general and specific duties of the HS serving independently, including all required training in compliance with HIPAA privacy and security.

(10) Other duties as assigned by the CO. In accordance with Paragraph 7-5-4, United States Coast Guard Regulations 1992, COMDTINST M5000.3 (series), HS may not be detailed to perform combatant duties in their own defense or protection of the wounded and sick in their charge, which are not prohibited by the Geneva Conventions. However, under routine situations; HSs who bear arms forfeit the special protections for medical personnel afforded by the Geneva Convention.

d. Chain Of Command. The IDHS will report directly to the Executive Officer (XO).

e. Operation of the Health Services Department. The IDHS is tasked with a wide variety and high volume of duties and responsibilities. This section sets forth policy and guidelines designed to assist the IDHS in carrying out assigned duties and responsibilities.

(1) Health Services Department Standard Operating Procedure. In order to successfully manage the Health Services Department the IDHS must use time management and organizational skills and tools. One such tool is a written Standard Operating Procedure (SOP) for the Health Services Department. The SOP will govern the activity of the IDHS and has as its guiding precept the goals and missions of the unit. The SOP will be developed in consultation with the Designated Medical Officer Advisor (DMOA) and submitted in written form to the CO for approval via the chain of command. In addition, the SOP will be reviewed at least annually by the IDHS, DMOA, XO and CO. The approved SOP will be kept in the Health Services Department for easy referral. Copies of pertinent sections will be posted as appropriate. The SOP will include:

(a) A copy of the IDHS's letter of assumption of duties as Health Services Department Representative.

(b) A written daily schedule of events for both underway and inport periods.

(c) Copies of all letters of designation, assignment, and authority that directly impact upon the IDHS or Health Services Department. Examples include those granting "By direction" authority, designation as working Narcotics and Controlled Substances custodian, and assignment of a DMOA.

(d) A copy of the unit's organizational structure. This document will show

graphically the IDHS's chain of command.

(e) A listing of duties and responsibilities assigned to the IDHS and the frequency that they are to be carried out. The listing will include both primary and collateral assigned duties.

(f) A listing of all required reports, the format required for submission, the frequency or date required, required routing and required "copy addressees". Incorporation of this information in tabular format provides a quick and easy guide for reference purposes.

(g) A water bill, for the safe handling of potable water.

(h) A unit instruction or SOP for the management of rape or sexual assault cases. The document must provide policy for the Health Services Department action in such cases, names of organizations, points of contact and telephone numbers for local resources as well as contact information for agencies and facilities which must be notified. CGIS must be notified for all unrestricted reports of alleged rape or sexual assault. It must contain a prearranged mechanism for timely completion of a physical examination by a **Sexual Assault Medical Forensic Examiner (SAMFE) or Sexual Assault Nurse Examiner (SANE)** for the purpose of evidence gathering that meets requirements of all applicable law enforcement agencies. Additionally, it must define limitations that will exist if the unit is underway at the time the incident occurs. It must contain directions on how to complete a Victim Reporting Preference Statement, Form CG-6095. **Additionally, it must define the unrestricted and restricted reporting procedures as outlined in the Sexual Assault Prevention and Response (SAPR) Program, COMDTINST M1754.10 (series).**

(i) A unit instruction or SOP for the management of suicide threat or attempt. The document must provide policy for Health Services Department action in such cases, names of organizations, points of contact and telephone numbers for local resources, contact information for agencies and facilities which must be notified as well as a listing of required information, reports or actions.

(j) A unit instruction or SOP action required in the event of family violence. The document must provide policy for Health Services Department action in such cases, names of organizations, points of contact and telephone numbers for local resources, contact information for agencies and facilities which must be notified as well as a listing of required information, reports or actions.

(2) Other Necessary Documents. The IDHS is an integral part of many unit activities and various unit bills and doctrines require specific action by the IDHS. Since these are changed frequently, incorporation of Health Services Department responsibilities contained in these various documents into the Health Services Department SOP is not recommended. Applicable portions should be kept in the Health Services Department for

Response **(SAPR)** Program, **COMDTINST M1754.10 (series).**

q. Suicide Prevention. An encounter with a suicidal person is always a deeply emotional event. It is important for the IDHS to act in a caring and professional manner. Early intervention and good communication skills are essential. If suicidal ideation is suspected, it is important to remember:

(1) Take all threats and symptoms seriously. Asking about suicidal thoughts will not "put the idea in the person's head" or increase the risk of suicide. Raising the subject gives permission for open discussion. For any member considering suicide, immediately seek professional help from the nearest MTF or civilian emergency room with facilities appropriate to the situation. At no time should the person be left unattended. Once the patient is safe, contact the servicing Work-Life office for additional help or refer to Suicide Prevention Program, COMDTINST 1734.1 (series).

(2) Actively listen to the patient. Do not argue, judge, attempt to diagnose, or analyze the person's true intentions. It is important to provide a calm, caring, professional demeanor throughout the entire situation. Thoroughly document the patient encounter using the SOAP format.

(3) Arrange for an escort and a driver to transport the patient to the nearest Coast Guard clinic, MTF or civilian emergency room with facilities appropriate to the situation. The unit's SOP for suicide threat or attempt should contain this information for ready use if needed. If underway, then a MEDEVAC must be considered. Contact a Flight Surgeon, the IDHS's DMOA or a Medical Officer familiar with the area of operation for advice on how to handle this patient.

(4) Completion of Applied Suicide Intervention Skills **(ASIS) Training is highly recommended. For further information refer to the Suicide Prevention Program, COMDTINST 1734.1 (series).**

r. Decedent Affairs. Chapter 5 of this Manual contains guidance about action that the Health Services Department must take when there is a death aboard a Coast Guard unit. Military Casualties and Decedent Affairs, COMDTINST M1770.9 (series) contains further guidance concerning casualties and decedent affairs, as does the Decedent Affairs Guide, COMDTINST M1770.1 (series). It is unlikely that the IDHS will be assigned as the Casualty Assistance Calls Officer (CACO) for the command, but the IDHS will undoubtedly be heavily involved with the process of proper disposition of remains, so familiarity with the information required is helpful. The IDHS should also perform the following:

(1) An entry in the Health Services Log will be made detailing all available information concerning the death.

(2) The health record of the deceased member will be terminated in accordance with Chapter 4 of this Manual.

s. Disposition of Remains. As soon as possible, remains will be transferred to the nearest Military Treatment Facility (MTF) for further disposition. When transfer cannot be accomplished immediately, the remains will be placed into a body pouch and refrigerated at a temperature of 36 to 40 degrees Fahrenheit to prevent decomposition. The space must contain no other items and must be cleaned and disinfected before reuse. Remains will be identified with a waterproof tag, marked with waterproof ink, and affixed with wire ties to the right great toe of the decedent and also to each end of the body pouch. The minimum information needed on each tag includes the full name, SSN and rate or rank of the decedent. Whenever possible, do not remove items attached to the deceased at time of death. Such items may include (for example) IV lines, needles, AED pads, ET tubes, lengths of cord or line, etc. These may be important during an autopsy. In the event of a mishap, notify the Duty Flight Surgeon and DMOA to ensure attendance at the post-mortem examination and Mishap Analysis. Additionally, do not discard or launder clothing of the deceased. These items are sometimes important to surviving family members and in some cultures is part of the mourning process for the deceased. This is a cultural consideration but should be a part of the decision process.

t. Physical Disability Evaluation System. The medical board process is detailed in Military Casualties and Decedent Affairs, COMDTINST M1770.9 (series) and the Physical Disability Evaluation Manual, COMDTINST M1850.2 (series).

4. Training. The purpose of training provided to the crew of an afloat unit include: assurance that crewmembers are able to provide aid for themselves and their shipmates in an emergency or a combat situation and to promote the general health and well being of the crew. To this end, a written Health Services Department Training Plan will be prepared and submitted to the unit training officer for incorporation into the unit training plan and the SIDHS for quality assurance review.

a. Health Services Department Training Plan. A plan for training of the crew will be established. The plan will be established in written form and kept on file. It will be based on a minimum 12 month cycle and be included in the cutter training schedule. At a minimum, the following training will be given annually:

(1) Basic first aid.

(2) Shock, hemorrhage control, and bandaging.

(3) Airway management and assisted ventilation.

(4) Route to battle dressing stations (BDS) and use of items in first aid kits gunbags and boxes.

(5) Personal and dental hygiene.

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

(8) Strict adherence to Chapter 2 of this Manual which contains information about general and specific duties of the HS serving independently, including all required training in compliance with HIPAA privacy and security.

(9) Other duties as assigned by the CO. In accordance with Paragraph 7-5-4, United States Coast Guard Regulations 1992, COMDTINST M5000.3 (series), HS may not be detailed to perform combatant duties in their own defense or protection of the wounded and sick in their charge, which are not prohibited by the Geneva Conventions. However, under routine situations; HSs who bear arms forfeit the special protections for medical personnel afforded by the Geneva Convention.

3. Chain Of Command. The IDHS will report directly to the Executive Officer (XO) or Logistics Officer as dictated by the CO.

4. Operation of the Health Services Division. The IDHS Ashore Health Services Division is classified as a 1-D (ashore) sickbay. The unit may request a waiver from maintaining the full allowance list. This request will be routed to the assigned Designated Medical Officer advisor (DMOA), SIDHS and HSWL SC for approval. The IDHS is tasked with a wide variety and high volume of duties and responsibilities. This section sets forth policy and guidelines designed to assist the IDHS in carrying out assigned duties and responsibilities.

   a. Health Services Division Standard Operating Procedure. In order to successfully manage the Health Services Division, the IDHS must use time management and organizational skills and tools. One such tool is a written Standard Operating Procedure (SOP) for the Health Services Division. The SOP will govern the activities of the IDHS, and has as its guiding precept, the goals and missions of the unit. The SOP will be developed and submitted in written form to the CO for approval via the chain of command. In addition, the SOP will be reviewed, updated to reflect current policies and procedures and signed at least annually by the IDHS, DMOA, XO and CO. The approved SOP will be kept in the Health Services Division for easy referral. Copies of pertinent sections will be posted as appropriate. The SOP will include:

      (1) A copy of the IDHS's letter of assumption of duties as Health Services Division Representative.

      (2) A copy of the IDHS's prescribing formulary approved by the DMOA.

      (3) A written daily schedule of events for both on base and deployed periods.

      (4) Copies of all letters of designation, assignment, and authority that directly impact upon the IDHS or Health Services Division. Examples include those granting "By direction" authority, designation as working Narcotics and Controlled Substances custodian, written certification to provide immunizations (see Chapter 7 Section C) and assignment of a DMOA.

(5) A copy of the unit's organizational structure. This document will show graphically the IDHS's chain of command.

(6) A listing of duties and responsibilities assigned to the IDHS and the frequency that they are to be carried out. The listing will include both primary and collateral assigned duties.

(7) A listing of all required reports, the format required for submission, the frequency or date required, required routing and required "copy addressees". Incorporation of this information in tabular format provides a quick and easy guide for reference purposes.

(8) Guidance on how any change in a member's duty status is relayed from the member through the IDHS to the XO or Logistics Officer as dictated by the CO.

(9) A unit instruction or SOP for the management of rape or sexual assault cases. The document must provide policy for the Health Services Department action in such cases, names of organizations, points of contact and telephone numbers for local resources as well as contact information for agencies and facilities which must be notified. CGIS must be notified for all unrestricted reports of alleged rape or sexual assault. It must contain a prearranged mechanism for timely completion of a physical examination by a **SAMFE or SANE** for the purpose of evidence gathering that meets requirements of all applicable law enforcement agencies. Additionally, it must define limitations that will exist if the unit is underway at the time the incident occurs. It must contain directions on how to complete a Victim Reporting Preference Statement, Form CG-6095. **Additionally, it must define the unrestricted and restricted reporting procedures as outlined in the Sexual Assault Prevention and Response (SAPR) Program, COMDTINST M1754.10 (series).**

(10) A unit instruction or SOP section for the management of suicide threat or attempt. The document must provide policy for Health Services Division action in such cases, names of organizations, points of contact and telephone numbers for local resources, contact information for agencies and facilities which must be notified as well as a listing of required information, reports or actions.

(11) A unit instruction or SOP section for the management of family violence. The document must provide policy for Health Services Division action in such cases, names of organizations, points of contact and telephone numbers for local resources, contact information for agencies and facilities which must be notified as well as a listing of required information, reports or actions.

b. Departure from the Daily Schedule of Events. The day-to-day operation of the Health Services Department is complex and has the potential to be

g. Health Services Division Treatment Space. The Health Services Division treatment space will be manned at all times when patients are inside. All items are to be stowed in their proper place and secured. All medical records shall be locked in a cabinet. At no time should the Health Services space be left unlocked when the IDHS is not in the space.

h. Convalescent Leave/Sick Leave. Convalescent leave/Sick leave is a period of leave not charged against a member's leave account. It can be a recommendation to the command when a patient is Not Fit For Duty (usually for a duration expected to be greater than 72 hours) and whose recovery time can reasonably be expected to improve by freedom from the confines of quarters. It should be considered only when required as an adjunct to patient treatment. The command must evaluate each recommendation. Commands are authorized to grant convalescent leave as outlined in Military Assignments and Authorized Absences, M1000.8 (series).

i. Dental. The IDHS is responsible for arranging for the necessary dental examinations of unit personnel. All personnel must receive an annual dental exam and the results must be documented in DENCAS. See Chapter 2 of this Manual for guidance on obtaining dental services from contract dental providers.

j. Rape or Sexual Assault. **All victims of rape or sexual assault must be treated in a professional, compassionate and non-judgmental manner. The unit shall have an SOP for dealing with reported cases of alleged rape and sexual assault. Refer to the Sexual Assault prevention and Response (SAPR) Program, COMDTINST M1754.10 (series) for further guidance.**

k. Suicide Prevention. An encounter with a suicidal person is always a deeply emotional event. It is important for the IDHS to act in a caring and professional manner. Early intervention and good communication skills are essential. If suicidal ideation is suspected it is important to remember:

(1) Take all threats and symptoms seriously. Immediately seek professional help from the nearest MTF or local health care facility for any member considering suicide. At no time should the person be left unattended. Once the patient is safe, contact the servicing Work-Life office for additional help or refer to Suicide Prevention Program, COMDTINST 1734.1 (series).

(2) Actively listen to the patient. Do not argue, judge, attempt to diagnose, or analyze the person's true intentions. It is important to provide a calm, caring, professional demeanor throughout the entire situation. Thoroughly document the patient encounter using the SOAP format.

(3) Arrange for an escort and a driver to transport the patient to the nearest CG clinic, DoD MTF or civilian emergency room with facilities appropriate to the situation. The unit's SOP for suicide threat or attempt should contain this information for ready use if needed.

l. Decedent Affairs. Chapter 5 of this Manual contains guidance about action that the Health Services Division must take when there is a death of a CG

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

(1) Make an entry in the Health Services Log will be made detailing all available information concerning the death.

(2) Terminate the deceased member's health record in accordance with Chapter 4 of this Manual.

m. Disposition of Remains. As soon as possible, remains will be transferred to the nearest Military Treatment Facility (MTF) for further disposition. When transfer cannot be accomplished immediately, the remains will be placed into a body pouch and refrigerated at a temperature of 36 to 40 degrees Fahrenheit to prevent decomposition. The space must contain no other items and must be cleaned and disinfected before reuse. Remains will be identified with a waterproof tag, marked with waterproof ink, and affixed with wire ties to the right great toe of the decedent and also to each end of the body pouch. The minimum information needed on each tag includes the full name, SSN and rate or rank of the decedent. Whenever possible, do not remove items attached to the deceased at time of death. Such items may include (for example) IV lines, needles, AED pads, ET tubes, lengths of cord or line, etc. These may be important during an autopsy. Additionally, do not discard or launder clothing of the deceased. These items are sometimes important to surviving family members and in some cultures is part of the mourning process for the deceased. This is a cultural consideration but should be a part of the decision process.

n. Physical Disability Evaluation System. The medical board process is detailed in Military Separations, COMDTINST M1000.4 (series) and the Physical Disability Evaluation System, COMDTINST M1850.2 (series).

6. Training. The purpose of training for both the assigned IDHS and that provided to the unit includes: assurance that the IDHS and crewmembers are able to provide aid for themselves and their shipmates in an emergency situation and to promote the general health and well being of the unit.

a. Training for the IDHS. In addition to the requirements of the rate, the ashore IDHS must complete certain "C" schools. These are:

(1) CG Independent Duty Health Services Technician, Air Force Medical Services Craftsman or Navy Surface Forces Independent Duty Technician.

(2) CG Introduction to Environmental Health or Navy Basic Shipboard Series. (Note: This is not required for graduates of Navy Surface Forces Independent Duty Technician or Independent Duty Health Services Technician School).

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

(7) Maintenance and documentation of medical and dental readiness of unit personnel. The IDHS will assist the command in ensuring the medical and dental readiness for the personnel in their AOR by providing monthly Medical and Dental Readiness reports to the command, CGBI, scheduling the crew for required readiness exams and procedures as needed, and informing the command when a given crew member or department fails to cooperate with the IDHS's efforts to comply with readiness requirements. The IDHS shall also maintain a tickler system to include all return appointments requested by physicians or dentists from outside referrals requested by the command

(8) Strict adherence to Chapters 1 and 2 of this Manual, which contain information about general and specific duties of the HS serving independently, including all required training on compliance with HIPAA privacy and security.

(9) Other duties as assigned by the CO. In accordance with Paragraph 7-5-4, United States Coast Guard Regulations 1992, COMDTINST M5000.3 (series), HS may not be detailed to perform combatant duties in their own defense or protection of the wounded and sick in their charge, which are not prohibited by the Geneva Conventions. However, under routine situations; HSs who bear arms forfeit the special protections for medical personnel afforded by the Geneva Convention.

3. Chain Of Command. The IDHS will normally be assigned to the Administrative Department and will report directly to the XO.

4. Operation of the Health Services Department. The DSF Health Services Department is classified as a 1-D (ashore) sickbay. The unit may request a waiver from maintaining the full allowance list. This request will be routed through the assigned DMOA to the HSWL SC for approval. The IDHS is tasked with a wide variety and high volume of duties and responsibilities. This section sets forth policy and guidelines designed to assist the IDHS in carrying out assigned duties and responsibilities.

   a. Health Services Department Standard Operating Procedure. In order to successfully manage the Health Services Department, the IDHS must use time management and organizational skills and tools. One such tool is a written Standard Operating Procedure (SOP) for the Health Services Department. The SOP will govern the activity of the IDHS and has as its guiding precept the goals and missions of the unit. The SOP will be developed and submitted in written form to the CO for approval via the chain of command. In addition,

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

(1) A copy of the IDHS's letter of assumption of duties as Health Services Department Representative.

(2) A copy of the HSs prescribing formulary approved by the DMOA.

(3) A written daily schedule of events for both on base and deployed periods.

(4) Copies of all letters of designation, assignment, and authority that directly impact upon the IDHS or Health Services Department. Examples include those granting "By direction" authority, designation as working Narcotics and Controlled Substances custodian, written certification to provide immunization (see Chapter 7 Section C) and assignment of a DMOA.

(5) A copy of the unit's organizational structure. This document will show graphically the IDHS's chain of command.

(6) A listing of duties and responsibilities assigned to the IDHS and the frequency that they are to be carried out. The listing will include both primary and collateral assigned duties.

(7) A listing of all required reports, the format required for submission, the frequency or date required, required routing and required "copy addressees". Incorporation of this information in tabular format provides a quick and easy guide for reference purposes.

(8) Guidance on how any change in a member's duty status is relayed from the member through the HS to the XO.

(9) A unit instruction or SOP for the management of rape or sexual assault cases. The document must provide policy for Health Services Department action in such cases, names of organizations, points of contact and telephone numbers for local resources as well as contact information for agencies and facilities which must be notified. CGIS must be notified on all **unrestricted reports** of alleged rape or sexual assault. It must contain a prearranged mechanism for timely completion of a physical examination by a **SAMFE or SANE** for the purpose of evidence gathering that meets requirements of all applicable law enforcement agencies. It must define limitations that will exist if the unit is deployed at the time the incident occurs. It must contain directions on how to complete a Victim Reporting Preference Statement, form CG-6095. **Additionally, it must define the unrestricted and restricted reporting procedures as outlined in the Sexual Assault Prevention and Response (SAPR) Program, COMDTINST M1754.10 (series).**

(10) A unit instruction or SOP for the management of suicide threat or

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

e. Antibiotic Therapy. The IDHS may prescribe and administer antibiotics included on the Health Services Allowance List. The IDHS should consult with their DMOA or other Medical Officer for a recommendation or concurrence prior to administering antibiotic therapy. If consultation is not possible prior to administration, electronic notification, via email or message, must be sent to the DMOA providing case history, ICD9CM code and treatment provided.

f. Health Services Treatment Space. The Health Services treatment space will be manned at all times when patients are inside. All items are to be stowed in their proper place and secured. All medical records shall be locked in a cabinet. At no time should the Health Services space be left unlocked when the IDHS is not in the space.

g. Convalescent Leave/Sick Leave. Convalescent leave/Sick leave is a period of leave not charged against a member's leave account. It can be a recommendation to the command when a patient is Not Fit For Duty (usually for a duration expected to be greater than 72 hours) and whose recovery time can reasonably be expected to improve by freedom from the confines of quarters. It should be considered only when required as an adjunct to patient treatment. The command must evaluate each recommendation. Commands are authorized to grant convalescent leave as outlined in Military Assignments and Authorized Absences, COMDTINST M1000.8 (series).

h. Controlled Substances. Regulations for the handling, storage, and issue of narcotics and controlled substances are found in Chapter 10 of this Manual. The contents of this section are not intended to contradict the guidance provided there. This section serves to amplify policy provided with respect to medicinal narcotics and controlled substances as they pertain to the DSF. Narcotics and controlled substances require special handling. All controlled substances shall be obtained through the unit's collateral duty pharmacy officer.

(1) The CO will designate a commissioned officer as the controlled substances custodian (CSC). The CSC will follow the accounting procedure provided in Chapter 10 of this Manual. The IDHS will normally be assigned as custodian for narcotics and controlled substances working stock. Such assignment must be made in writing.

(2) All issues from working stock will be documented with a properly completed, written prescription. All non-emergent care requires contact with a Medical Officer before dispensing any controlled medication. The Medical Officer's orders will be documented on a prescription and in the patient's health record. The words "By verbal order of" will precede the ordering Medical Officer's initials, last name, time of order, and date of order both on the prescription and in the patient's health record. In the event of a true emergency, a Medical Officer's order is not needed to dispense a controlled substance. Once the emergency situation is over or alleviated, the IDHS will contact a Medical Officer, detail the circumstances and the controlled substances that were administered. Upon concurrence by the Medical Officer, the prescription prepared for the patient will be annotated with the words "By concurrence of" the ordering physician's initials, last name, time of concurrence and date of concurrence.

(3) The XO will countersign all prescriptions prepared by the IDHS prior to issue of any controlled substance or narcotic.

(4) Controlled substances shall be limited to amounts in the Health Services Allowance List for a 1-D unit. If the need exists for the unit to carry additional quantities of controlled substances based on use or potential for operational need, a written request signed by the Commanding Officer will be forwarded to the HSWL SC through the unit's DMOA. The request must include nomenclature, quantity, and brief justification.

i. Dental. It is the duty of the IDHS to arrange for the necessary dental examinations of the crew. All personnel should be Class I or Class II prior to deployment and all personnel must receive an annual dental exam and results must be documented in DENCAS.

j. Rape or Sexual Assault. **All victims of rape or sexual assault must be treated in a professional, compassionate, and non-judgmental manner. The unit shall have a SOP for cases of alleged rape and sexual assault. Refer to the Sexual Assault Prevention and Response (SAPR) Program, COMDTINST M1754.10 (series) for further guidance on reporting and responding.**

k. Suicide Prevention. An encounter with a suicidal person is always a deeply emotional event. It is important for the IDHS to act in a caring and professional manner. Early intervention and good communication skills are essential. If suicidal ideation is suspected it is important to remember:

3. Use of OMSEP Forms.

   a. History and Report of OMSEP Examination, Form CG-5447. This form must be completed whenever an OMSEP (initial or separation) physical examination is required, except when only annual hearing conservation program is needed. Ensure that the examinee and Medical Officer identifying information are accurately recorded, including phone numbers. All history sections on the History and Report of Examination, Form CG-5447 must be completed.

   b. Periodic History and Report of OMSEP Examination, Form CG-5447A. This form must be completed whenever a periodic OMSEP physical examination is required. The examinee must review the last History and Report of Examination, Form CG-5447 form or record and note any changes, which may have occurred since the last examination. If there have been no changes during the interval from the last examination, the examinee should mark the appropriate box in each of the sections.

   c. OSHA Respirator Medical Evaluation Questionnaire-(mandatory). This questionnaire is to be completed by any **civilian** worker who is to be issued a respirator or assigned to a task that may require a respirator. **The use of the respirator questionnaire is not required for military members required to wear respirators.**

   d. Audiometric Biological Calibration Check, Form CG-5140. This form is to be used to record calibration of the audiometric equipment.

   e. Reference Audiogram, Form DD-2215. This form is used to record initial audiometric test results.

   f. Hearing Conservation Data, Form DD-2216. This form is used to record the results of periodic and follow-up audiometry for individuals routinely exposed to hazardous noise. This form should be preceded by a Reference Audiogram, Form DD-2215 or other record already on file in the individual's health record.

   g. Notification of Summary Results. A sample of this form is provided in (Figure12-B-2). A photocopy or a locally generated form may be used to provide the required notification to the enrollee of the results of his/her OMSEP examination.

   h. Acute Exposure Information Form, Form CG-6000-1. This form is used to record the results of any unexpected exposures and for verification of notification of the appropriate agencies.

   i. Separation Letter. This letter serves as notification of the member's documented exposure(s) while serving in the CG. It provides the nature and levels of exposure(s), if known, and the medical provider's comments and recommendations. Copies of this letter should be placed in the official health record and also provided directly to the member.

j. Patient Notification. The Medical Officer is responsible for notifying the patient of any and all abnormalities found or diagnoses made, whether or not they are occupationally related or simply an incidental finding. Notification must be made within 30 days of completion of the examination and should be documented as a medical record entry.

4. Medical Removal Standards.

a. Laboratory finding. The following abnormal laboratory findings during an OMSEP examination mandate immediate removal of the employee from further workplace exposure to the hazard listed, pending resolution of the abnormality or a determination that the abnormality is not due to a workplace exposure. The Medical Officer should coordinate all medical removal recommendations with the cognizant SEHO before forwarding to the CO.

(1) Benzene (any of the following):

(a) The hemoglobin/hematocrit falls below the laboratory's normal limit and/or these indices show a persistent downward trend from the individual's pre-exposure norms; provided these findings cannot be explained by other means.

(b) The thrombocyte (platelet) count varies more than 20% below the employee's most recent prior values or falls below the laboratory's normal limit.

(c) The leukocyte count is below 4,000 per mm3 or there is an abnormal differential count.

(2) Lead: A blood lead level at or above 40µg/100 ml of whole blood.

(3) Noise: A loss of hearing of $\geq$ 25 dB in either ear at one or more of the speech frequencies (500, 1,000, 2000, or 3000 Hz), compared with the current reference audiogram.

(4) Organophosphate pesticides: cholinesterase level at or below 50% of the pre-exposure baseline.

b. Pregnancy is not a reason for automatic medical removal from the workplace. A decision to remove or restrict a pregnant woman must be based on sound clinical judgment after careful consideration of the workplace environment and the woman's physical capabilities. The woman's pre-natal health care provider (obstetrician) should be apprised early of any/all potential hazards and safety precautions available.

5. Reporting of Examination Results.

a. CG Medical Officers will have 30 days from completion of the examination to meet all Medical Officer responsibilities in Chapter 12-B-4.

CHAPTER 13

QUALITY IMPROVEMENT

Section A. Quality Improvement Program.

Section B. Credentials Maintenance and Review.

Section C. Clinical Privileges.

Section D. Healthcare Process Assessment Program (HPAP).

Section E. Quality Improvement Implementation Guide (QIIG).

Section F. National Provider Identifiers.

Section G. Health Insurance Portability and Accountability Act (HIPAA).

Section H. Quality Improvement Studies.

Section I. Peer Review Program.

(2) The PRC will recommend initial privileges for all providers new to the Coast Guard. Providers may request full staff privileges after this initial performance period.

(3) The PRC will evaluate full staff privileges every **three years**. Commandant (CG-1122) CVO shall give notice to providers when privileges are due to expire. Providers will submit privilege requests to Commandant (CG-1122) CVO at least 90 days before privileges are due for renewal.

(4) Although Commandant (CG-1122) will provide notice of renewal, it is ultimately the responsibility of the provider to ensure they maintain current credentials and privileges at all times. Current credentials and privileges are considered a condition of employment, therefore, expiration of credentials or privileges may result in an inability to provide patient care, which will also affect the ability to renew special pay contracts.

(5) In the event that a new request for privileges has not arrived at Commandant (CG-1122) within 30 days of the current privileges expiration date, a letter/e-mail will be forwarded to the SME/SDE and the provider, with a copy to the HSWL SC, notifying them that the provider's current privileges are due to expire in 30 days, and when expired the provider will no longer be allowed to provide patient care.

c. Routine Operations of the Professional Review Committee (PRC).

(1) Commandant (CG-1122) is responsible for monitoring and administering the privileging process for all providers in the Health Services program that require clinical privileges to perform their duties.

(2) The PRC will make recommendations to Commandant (CG-11) on the granting of clinical privileges.

(3) The PRC may also be convened by Commandant (CG-11) to review PCFs for situations other than the routine review of clinical privileges.

(4) Commandant (CG-1122) CVO will forward requests for clinical privileges as well as the PCFs, to the cognizant Force Manager who will evaluate the PCFs and decide if the request should be presented before the PRC or if further information or action is required before submission to the PRC.

(5) The PRC will evaluate each PCF and recommend any of the following actions for each case:

(a) Grant all requested privileges as either initial or full.

(b) Hold privileges in abeyance for providers with expired credentials until credentials are updated and current.

(c) Request any decision regarding privileges be deferred until additional supporting information is submitted to the PRC.

(d) Maintain or modify current privileges while more information is forthcoming or an investigation is being conducted.

(e) Request a focused review or other type of internal investigation.

(f) Request an external review or investigation.

(g) Other actions as dictated by circumstances.

(6) The PRC will discuss each case but the decision to recommend approval or rejection of a privileging action will be made by Commandant (CG-11d).

(7) The PRC will forward its recommendations for privileging actions in the minutes of the meeting to Commandant (CG-11).

(a) Commandant (CG-1122) will prepare the minutes for each meeting of the PRC.

(b) The minutes will specify the recommended privileging action.

(c) In the event of a recommendation by the PRC for any privileging action less than granting full privileges, the minutes shall specify the reasons or justification for that recommendation.

(8) After receiving the minutes, Commandant (CG-11) will make a decision on the recommendations of the PRC. In cases where the PRC has recommended the granting of full privileges, the Request for Clinical Privileges will be submitted to Commandant (CG-11) for final approval.

d. Non Routine Privileging Actions.

(1) All actions and processes on granting, reducing, suspending, and revoking clinical privileges are conducted in accordance with provisions of the CG health services Quality Improvement Program. The Privacy Act (5 USC§552a) and the medical quality assurance confidentiality statute (14 USC§645) protect all documentation related to these processes.

(2) Actions to review, reduce, or withdraw clinical privileges will be taken promptly if reasonable cause exists to doubt a provider's competence to practice or for any other cause affecting patient safety. Reasonable cause includes: a grossly negligent single incident; a pattern either of inappropriate prescribing or substandard of care; an incompetent or negligent act causing death or serious bodily injury; abuse of legal or illegal drugs or diagnosis of provider substance dependence; practitioner disability (physical and/or mental psychiatric conditions(s) impairing clinical duties); or a provider's significant unprofessional conduct. In such cases, notification will be provided to Commandant (CG-11) immediately.

(3) Regional Practice Manager (in consultation with Regional Practice SME/SDE, as appropriate) will review all complaints related to providers that originate at the local clinic or practice level. If a reasonable cause exists to doubt a provider's competence, or in the event of allegations of substandard or improper medical or dental treatment by a provider occurring in a CG health care facility, notification containing the allegations shall be immediately forwarded to the HSWL SC. In cases

G. Health Insurance Portability and Accountability Act (HIPAA).

1. Background.

a. Health Insurance Portability and Accountability Act, (HIPAA). The Health Insurance Portability and Accountability Act, (HIPAA), was signed into law as Public Law 104-191 on 21 August 1996. The purpose of the law includes efforts to improve health insurance portability and renewability, combat fraud and abuse, promote medical liability reform, and simplify the administration of health insurance. Title II, Subtitle F on Administrative Simplification required the Secretary of Health & Human Service to publish standards for electronic exchange, privacy and security of health information.

b. Federal Regulations. The promulgated regulations, known as the Privacy Rule are found at 45 Code of Federal Regulations (CFR) Part 160 and Part 164, Subparts A and E. The Security Rule is found at 45 CFR Part 164, Subpart C. These regulations became effective as of April 21, 2003, and compliance was required as of April 21, 2006. These regulations are available at the following web sites:

(1) http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/ or

(2) Parallel **Defense Health Agency (DHA)/**Department of Defense implementing regulations are found at: **http://health.mil/Military-Health-Topics/Privacy-and-Civil-Liberties/Privacy-Act-and-HIPAA-Privacy-Training**.

2. HIPAA Privacy/Security Officials (P/SO). 45 C.F.R. § 164.530(a) requires (1) the designation of a privacy official responsible for the development and implementation of policies and procedures and (2) the designation of a contact person who is responsible for receiving complaints and providing further information about matters covered under the Notice of Privacy Practices. 45 C.F.R. § 164.308(a) (2) requires that the CG "identify the security official who is responsible for the development and implementation of the policies and procedures required by this subpart for the entity."

a. The CG HIPAA Privacy and Security **Officers**.

(1) The Chief, Office of Health Services, Commandant (CG-112) shall designate an officer as the CG Privacy Officer, residing within Commandant (CG-112). This officer shall serve as the Privacy Officer (PO) for the CG Health Care System and as the CG Service Representative to the DHA Privacy Office. The CG HIPAA Security Officer, residing in Commandant (CG-114), Office of Health, Safety and Work-Life Business Operations, will serve as the Security Officer for the CG Health Care system. Primary responsibilities will be to establish, modify, and disseminate CG HIPAA security policy.

(2) Responsibilities of the **CG PO** are:

(a) Provide coordination between the CG and **DHA** Privacy Office on all HIPAA related issues.

(b) Maintain current knowledge of applicable Federal and State privacy laws, accreditation standards and CG regulations. Monitor advancements in emerging privacy and health information security technologies to ensure that the Coast Guard is positioned to adapt and comply with these advancements.

(c) Establish, modify and disseminate CG HIPAA policy.

(d) Serve as the CG HIPAA liaison to receive complaints and provide further information about matters covered by the notice required by the HIPAA Privacy Rule, 45 CFR Parts 160 and 164, from Health and Human Services (HHS), **DHA**, and Congress.

(e) Serve as the local P/SO for the Commandant (CG-11).

b. HSWL-Service Center (SC) HIPAA Privacy and Security Officer.

(1) The Commanding Officer, Health Safety Work Life (HSWL) Service Center (SC), shall designate a junior officer as the HSWL-SC P/SO for the CG Health Care System.

(2) Responsibilities of the HSWL-SC P/SO are:

(a) Serve as the CG HIPAA liaison to receive complaints and provide further information about matters covered by the HIPAA Privacy Rule, 45 CFR Parts 160 and 164, from all Coast Guard commands and all HSWL clinic P/SOs.

(b) Maintain a log of all local HSWL clinic P/SOs and a file of all letters of designation.

(c) Develop Standard Operating Procedures (SOPs) for clinic practice implementation of the HIPAA Privacy and Security Regulation requirements.

(d) Establish and recognize best practices relative to the management of the privacy and security of health information.

(e) Serve as a liaison to other P/SOs.

(f) Review all system-related information security plans throughout the local health care network to ensure alignment between security and privacy practices, and act as liaison to the information systems department.

(g) Serve as the point of contact for HIPAA Privacy and Security compliance, monitoring and assuring staff compliance with HIPAA training requirements. The officer will administrate the databases that track data disclosures and complaints; conduct Privacy and Security risk assessments; participate in the HIPAA compliance quality assurance and improvement process; and report findings to the CG P/SO.

(h) Serves as the local P/SO for the HSWL Directorate.

(i) Clinics shall be evaluated on their privacy data protection as part of their triennial HPAP survey with results included in the final HPAP report. Clinics will also be evaluated on a periodic basis to ensure they have adequate administrative and physical security. Records must be protected from viewing or inadvertent exposure by storing them in cabinets or other containers that, when unattended, are locked.

c. Local HSWL clinic Privacy and Security Officers.

(1) Each HSWL clinic P/SO will serve as the point of contact for their assigned treatment facility. The HSWL clinic P/SO oversees activities related to the implementation and maintenance of local clinic HIPAA SOPs covering the access to and privacy of patient health information.

(2) Health Services Administrators are responsible for designating in writing the clinic's HIPAA P/SO. A copy of this letter of designation shall be forwarded to the HSWL-SC P/SO. Whenever there is a change in the clinic's P/SO, the Health Services Administrator must designate another member as P/SO and notify the HSWL-SC P/SO of the change and provide a copy of the designation letter within 10 working days of the effective date of such letter.

(3) Responsibilities of the HSWL clinic P/SO are:

(a) Oversee, direct, monitor and ensure delivery of initial HIPAA privacy and security training and orientation to all clinical staff. Ensure annual refresher training is conducted in order to maintain workforce awareness and to introduce any changes to HIPAA privacy or security policies to the health care workforce. The P/SO may share or delegate responsibilities for monitoring compliance with HIPAA training requirements to another appropriately trained health care workforce individual as a HIPAA Training Administrator at the unit.

(b) Perform initial and periodic information privacy and security risk assessments and conduct related ongoing compliance monitoring activities in coordination with applicable CG Directives. Report findings as required.

(c) Ensure a mechanism is in place within all respective treatment facilities for receiving, documenting, tracking, investigating all complaints concerning the organization's privacy and security policies and procedures in coordination and collaboration with other similar functions, and, when necessary, legal counsel.

(d) Document disclosures of Protected Health Information (PHI).

(e) Understand the content of health information in its clinical, research and business context.

(f) Understand the decision-making processes that rely on health information. Identify and monitor the flow of information within the

clinic and throughout the local health care network.

(g) Serve as privacy/security liaison for users of clinical and administrative systems.

(h) Collaborate with other health care professionals to ensure appropriate security measures are in place to safeguard protected health information and to facilitate exchange of information between entities.

(i) Initiate, facilitate and promote activities to foster information privacy awareness within the organization and related entities.

(j) Serve as the advocate for the patient relative to the confidentiality and privacy of health information.

(k) Conduct an annual internal assessment regarding its processes and procedures for the protection of PII and PHI and develop a contingency plan for the inadvertent release of PII and PHI.

(l) Ensure adequate health record security provisions are required for the protection of PHI contained in Coast Guard health records, including electronic files.

3. Permitted Uses and Disclosures for Treatment, Payment, and Operations. The USCG Health Care Program is generally permitted to use or disclose, without patient authorization, protected health information for purposes of treatment, payment, or healthcare operations (TPO). Any questions regarding use and disclosures for purposes of TPO can be directed to the CG HIPAA P/SO.

4. Uses and Disclosures for which an Authorization is Required.

   a. Patient authorization is generally required for any use or disclosure of protected health information that falls outside the definition of TPO, or otherwise permitted by the HIPAA Privacy Rule.
   b. The CG Health Care Program may not condition treatment, payment, or benefits eligibility on an individual granting an authorization, except in limited circumstances.
   c. Authorization for Disclosure of Medical or Dental Information, Form DD-2870 fulfills the requirements for authorizing PHI.

5. Minimum Necessary Rule. The HIPAA 'Minimum Necessary' Rule is defined as the minimum amount of PHI that is reasonably needed to achieve the purpose of a requested use, disclosure or request for PHI.

   a. All elements of the CG Health Care program must make reasonable efforts to limit its use, disclosure of, and requests for PHI to the minimum necessary in order to accomplish the intended purpose of the use, disclosure, or request. This includes making a reasonable effort to limit access to PHI to those in its workforce who need access based on their role in the organization.

   b. The minimum necessary rule does not apply to:

      (1) Uses, disclosures to, or requests by a healthcare provider for treatment purposes.

      (2) Uses or disclosures made to the individual (patient).

(3) Uses or disclosures that are authorized by the individual pursuant to a valid authorization, signed by the patient or a personal representative, so long as the uses or disclosures are consistent with the authorization.

(4) Uses or disclosures that are required by state or other law, statutes, and regulations (unless prohibited by the Privacy Act of 1974).

(5) Uses or disclosures for purposes of training medical residents, medical students, nursing students and other medical trainees as part of their medical training program. If required, the entire medical record may be requested and/or disclosed for training purposes.

(6) Uses or disclosures which are required to comply with standard Health Insurance Portability and Accountability Act (HIPAA) transactions (however, the minimum necessary standard applies to the "optional" data elements which may be included in these transactions) or other HIPAA Administrative Simplification Regulations.

(7) Disclosures to the Secretary of Health and Human Services (HHS) required under HIPAA for enforcement purposes.

6. Individual Privacy Rights Related to Protected Health Information.

   a. All CG clinics will ensure that beneficiaries who encounter the facility receive a Notice of Privacy Practices (NoPP).

   b. Patients have the right to inspect and obtain a copy of their PHI. A CG clinic may deny a patient's request for access under any of the following conditions:

      (1) The PHI is psychotherapy notes;

      (2) Information is compiled for use in a civil, criminal, or administrative action or proceeding;

      (3) The PHI is subject to the Clinical Laboratory Improvements Amendments (CLIA) of 1988 to the extent that access to the individual is prohibited by law;

      (4) The PHI contains quality assurance information; or,

      (5) Any PHI that was provided from a source other than a health care provider under a promise of confidentiality.

   c. In certain situations, a patient may request that the medical facility amend or supplement their PHI. Requests may be denied if the PHI is or was not:

      (1) Created by the medical clinic;

      (2) Part of a designated record set; and,

      (3) Available for inspection.

7. PHI Disclosure and the Military Mission.

   a. The implementation of the HIPAA Privacy Rule shall not compromise the provision of quality healthcare or the military mission. 45 CFR 164.512 states

b. that "a covered entity may use and disclose PHI of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities to assure the proper execution of the military mission."

c. Appropriate Military Command Authorities include the following:

(1) All Commanders who exercise authority (in the individual's chain of command) over an individual who is a member of the Armed Forces, or other person designated by such a Commander to receive PHI in order to carry out an activity under the authority of the Commander.

(2) The Secretary of Homeland Security when the Coast Guard is not operating as a service in the Department of the Navy.

(3) Any official delegated authority by the Secretary of Homeland Security to take an action designed to ensure the proper execution of the military mission.

d. Activities or Purposes that Qualify under this Stipulation:

(1) To determine the member's fitness for duty, including but not limited to the member's compliance with standards and all activities carried out under the authority of Coast Guard Weight and Body Fat Standards Program Manual, COMDTINST M1020.8 (series), Coast Guard Medical Manual, COMDTINST M6000.1(series), Coast Guard Aviation Medicine Manual, COMDTINST M6410.3 (series), Physical Disabilities Evaluation System, COMDTINST M1850.2 (series), Periodic Health Assessment, COMDTINST 6150.3 (series), and similar requirements.

(2) To determine the member's fitness to perform any particular mission, assignment, order, or duty, including compliance with any actions required as a precondition to performance of such mission, assignment, order, or duty.

(3) To carry out activities under the authority of Chapter 12 in this Manual and the Department of Defense Directive 6490.2, Joint Medical Surveillance.

(4) To report on casualties in any military operation or activity in accordance with applicable military regulations or procedures.

(5) To carry out any other activity necessary to the proper execution of the mission of the Armed Forces.

e. Accounting for Disclosures to Command Authorities: Coast Guard clinics are required to account for disclosures made to command authorities. If the member of the Armed Forces voluntarily gives his health information to a command authority, this is not an accountable disclosure and therefore the clinic is not required to account for it.

8. <u>Accounting for Disclosures</u>.

a. By law the CG must be able to provide an accounting of those disclosures to a patient upon request.

(1) CG medical facilities must maintain a history of when and to whom

disclosures of PHI are made for purposes other than treatment, payment and healthcare operations (TPO).

(2) Authorizations and restrictions from an individual are included in the information that is required for tracking purposes. The HIPAA Rule suggests that disclosures for the purpose of appointment reminders, such as for upcoming, missed, or cancelled appointments, can be treated as disclosures for purposes of treatment.

b. An individual has a right to receive an accounting of disclosures of PHI made in the 6 years prior to the date that the accounting is requested. An accounting of disclosures is not needed for the following:

(1) To carry out treatment, payment and healthcare operations;

(2) To individuals or their personal representative of PHI about them, (e.g. individual provides his/her command with a duty status chit or up/down chit Medical Recommendation for Flying Duty, Form CG-6020);

(3) When a signed authorization form (such as a Authorization for Disclosure or Medical or Dental Information, Form DD-2870) allows for the disclosure;

(4) For the facility's directory, to persons involved in the individual's care, for disaster relief or other notification purposes;

(5) For national security or intelligence purposes, such as disclosures to the Security Center (SECCEN);

(6) To correctional institutions or law enforcement officials; or,

(7) As part of a limited data set.

c. The accounting for each disclosure shall include:

(1) The date of the disclosure;

(2) The name of the entity or person who received the PHI and, if known, the address of such entity or person;

(3) A brief description of the PHI disclosed;

(4) A brief statement of the purpose of the disclosure that reasonably informs the individual of the basis for the disclosure.

d. A single accounting of disclosure is permitted, if multiple disclosures of PHI to the same person or entity are made for a single purpose. This single accounting may be utilized only for disclosures that occur on a set periodic basis such as medical boards or binnacle lists containing PHI to a commander or the commander's designee(s). The disclosure accounting must include:

(1) All the elements as outlined in Paragraph 8-c.

(2) The frequency, periodicity, or number of the disclosures made during the accounting period.

(3) The date of the last such disclosure during the accounting period.

e. To comply with the requirements for disclosures, the **DHA** provides the Protected Health Information Management Tool (PHIMT), an electronic disclosure-tracking database. The PHIMT stores information about all disclosures, authorizations, and restrictions that are made for a particular patient. PHIMT has a functionality built into it that can provide an accounting of disclosures, if necessary.

f. A CG clinic must provide an accounting of disclosures within sixty days of the request. If the clinic cannot honor an accounting of disclosures within the sixty day period, it must provide information to the requestor as to the reason for the delay and expected completion date. The clinic may extend the time to provide the accounting by no more than thirty days. Only one extension is permitted per request.

9. Breaches and Unauthorized Uses and Disclosures of Protected Health Information.

a. The term 'breach' generally means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of such information. There are three exceptions to the definition of "breach":

(1) The first exception applies to the unintentional acquisition, access, or use of protected health information by a workforce member acting under the authority of a covered entity or business associate.

(2) The second exception applies to the inadvertent disclosure of protected health information from a person authorized to access protected health information at a covered entity or business associate to another person authorized to access protected health information at the covered entity or business associate. In both cases, the information cannot be further used or disclosed in a manner not permitted by the Privacy Rule.

(3) The final exception to breach applies if the covered entity or business associate has a good faith belief that the unauthorized individual, to whom the impermissible disclosure was made, would not have been able to retain the information

b. If anyone within the CG discovers evidence or circumstances which would suggest that a breach of security of a system containing protected health information (PHI) or of an unintentional disclosure of PHI may have occurred, the Health Services Administrator and HSWL clinic P/SO shall be immediately notified.

c. Procedures of the HSWL clinic P/SO:

(1) Notify the HSWL-SC P/SO and CG P/SO via email or telephonically. The CG P/SO can provide further guidance on breach response procedures and will notify and communicate with the **DHA** Privacy Office, as necessary.

(2) Privacy Incident Response, Notification, and Reporting Procedures for Personally Identifiable Information (PII), COMDTINST 5260.5 (series) shall be followed, to include submitting a Privacy Incident Report, Form CG-5260A to the TIS-SG-CGCIRT.

(3) Receive, document, and initiate an investigation of the incident, including conducting interviews of all individuals knowledgeable of the circumstances of the incident, or of the technical systems or administrative procedures which may have lead created the vulnerability.

d. Time line. The HSWL clinic P/SO through the local command authority shall provide notification of all individuals whose PHI may have been compromised within 10 business days of the conclusion of the investigation of the incident. This notification shall identify or outline:

(1) The nature and scope of the incident and the circumstances surrounding the loss, theft, compromise or disclosure of the PHI;

(2) Specific data that was involved;

(3) Actions taken by the local facility to remedy the vulnerability;

(4) Potential risks incurred by the affected individuals as a result of the disclosure, compromise, loss or theft of PHI;

(5) Actions which the individuals can take to protect against potential harm; and,

(6) Resources for obtaining further information and/or a point of contact to address any further questions the individual may have related to the potential compromise of PHI.

e. Final report. The HSWL clinic P/SO will submit to the HSWL-SC P/SO and CG P/SO a final report containing a description of the findings of the investigation, efforts made to mitigate any harm resulting from the disclosure, and corrective actions take to remedy weakness of technical systems, or administrative policies or procedures which lead to the vulnerability.

f. Lessons learned. The HSWL-SC P/SO will disseminate lessons learned from the incident to all HSWL clinics P/SOs and appropriate command authorities so that local systems, policies and procedures can be review and appropriate corrective action and/or training can be completed.

10. Responding to HIPAA Complaints.

a. Beneficiaries may file complaints regarding perceived misuse or disclosure of their PHI. This information includes demographics such as age, address, or e-mail, and relates to past, present or future health information and related health care services.

b. It is encouraged that complaints be addressed locally or at the lowest possible level. However, inquiries or complaints may be received at any level of the CG Health Care Program or at **DHA**. Individuals also have the right to make inquiries or address complaints directly to the Department of Health and

Human Services (HHS), HHS Office for Civil Rights (OCR) web site gives instructions to individuals who wish to make a HIPAA complaint.

(1) Beneficiary complaints should be directed in writing to the local HSWL clinic P/SO. The complaint must include:

(a) Beneficiary's name, address, phone number, and clinic accessed for care;

(b) Date complaint taken/submitted;

(c) Description of complaint and approximate date incident occurred; and,

(d) Facility and location where incident occurred.

(2) The HSWL clinic P/SO shall notify the HSWL-SC P/SO and CG P/SO of all complaints, so that the CG P/SO can provide assistance and guidance as necessary.

(3) The HSWL clinic P/SO is responsible for determining whether a complaint is a valid HIPAA complaint, a grievance under another privacy law, or not a HIPAA complaint. The CG P/SO will be available to assist and advise as needed.

(4) To the extent necessary, the local HSWL clinic P/SO will investigate the incident and interview witnesses, managers and staff. The scene of the incident can be visited, action can be taken to limit scope of incident, and copies of relevant files should be retrieved. Disclosures may be identified as incidental to routine business, accidental or due to malicious intent.

(5) The HSWL clinic P/SO will prepare a summary of findings and forward to the HSWL-SC P/SO and CG P/SO for review and endorsement.

(6) The complaining party must receive a written response in a timely manner. The designated review authority (P/SO) shall reply within 30 days of the date of receipt of the complaint. If additional review is necessary, the reviewer can request an extension for an additional 30 days. When this occurs, the individual must be notified in writing that the issue is under investigation and the extension is being put into effect. In the case of complaints made by beneficiaries directly to the HHS and forwarded to **DHA** for resolution, responses are required to be provided to the CG P/SO who will review and forward to the **DHA** Privacy Office for review and endorsement to HHS. Direct communication to the complaining beneficiary will be at the discretion of HHS.

(7) Written documentation of the complaint and its disposition must be maintained by the activity receiving the inquiry or complaint. Each clinic is required to ensure appropriate documentation. Documentation must be maintained for a minimum of six years from the submission of the complaint.

c. <u>Additional Procedures for HIPAA Complaints Determined to be PHI Breaches</u>.

(1) If the complaint is determined to be a breach of PHI, procedures included in Paragraph 9, c-f will be followed.

(2) The CG P/SO will review and submit all required documentation to the **DHA** Privacy Office for review and endorsement.

d. Complaints Received at Commands Other Than Treatment Facilities.

(1) Whenever possible, complaints received at Commands other than CG treatment facilities, should be redirected to the appropriate local HSWL clinic P/SO for investigation and response.

(2) Commands shall notify the HSWL-SC P/SO and CG P/SO Commandant (CG-1122) by email of all other complaints. The HSWL-SC P/SO and/or CG P/SO will assist and advise the Command's investigating officer; coordinate the response with legal counsel, where necessary; and review the written response of the investigating officer. If necessary, the CG P/SO will coordinate the response with the **DHA** Privacy Office.

11. Electronic Transmission of Protected Health Information.

a. Coast Guard Messaging System. Messages should not contain personally identifiable health information. This includes listing the name of the individual and any disease code (i.e., International Classification of Disease (ICD-9 or ICD-10) or Common Procedural Terminology (CPT)) which be used to identify the disease or condition of the individual. Messages requiring transmission of personally identifiable health information shall use the Inpatient Hospitalization Message format (see Paragraph. b below).

b. Inpatient Hospitalization Messages. Protected Health Information (PHI) will be sent utilizing the procedure described in Chapter 7.B.(3)(b) for the Disease Alert Report or Chapter 2.A.(2)(b) utilizing the Inpatient Hospitalization system. Send only the minimum necessary information to accomplish the intended purpose of the use, disclosure or request via e-mail to HQS-DG-HSWL Inpatient Hospitalization, as appropriate. This e-mail will only be viewed by limited command designated individuals at HQ and HSWL-SC with a need to know. No other individuals shall be included or copied on this e-mail, nor shall the e-mail containing PHI be forwarded after the fact.

c. Faxing Protected Health Information. Any individual who has access to protected health information (PHI) in the course of their duties is obligated to maintain the security of that information. Best practices to maintain the security of PHI include only faxing PHI to secure faxes, in other words, faxes in secured spaces where only those who utilize PHI have access to the secure fax. If information is sent to any other non-secure fax, it is required that the sender alert the receiver to stand by and receive the fax so that the fax containing PHI cannot be inadvertently intercepted by someone without authorization to receive and use PHI. The receiver should then contact the sender to acknowledge safe receipt of the fax containing PHI.

d. Recommended Disclaimer on Protected Health Information Sent Electronically. The following disclaimer statement is recommended by the **DHA** Privacy Office. It may be placed in the footer of a Fax Cover Sheet for the transmission

of PHI or may be used at the end of an email containing PHI. The word "Confidential" in bold should be placed at the beginning of the footer above this disclaimer as depicted below:

CONFIDENTIAL

This document may contain information covered under the Privacy Act, 5 USC552(a), and/or the Health Insurance Portability and Accountability Act (PL 104-191) and its various implementing regulations and must be protected in accordance with those provisions. Healthcare information is personal and sensitive and must be treated accordingly. If this correspondence contains healthcare information it is being provided to you after appropriate authorization from the patient or under circumstances that don't require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Redisclosure without additional patient consent or as permitted by law is prohibited. Unauthorized redisclosure or failure to maintain confidentiality subjects you to application of appropriate sanction. If you have received this correspondence in error, please notify the sender at once and destroy any copies you have made.

12. HIPAA Training Requirements.

a. 45 Code of Federal Regulations (CFR). 45 CFR 164.530 (b) specifies the training requirement standards under HIPAA. All CG health care workforce members are required to complete designated training within 30 working days of reporting on duty to the CG or being assigned to a specific CG unit. Meeting with the local HSWL clinic Privacy and Security Official should be included as a required element of all in-processing for health care workforce members.

(1) The HSWL clinic P/SO will provide the individual with the domain identification number for their respective unit to complete web-based training requirements. When a health care workforce member leaves the treatment facility, the clinic P/SO should direct the member to change the domain identifier to that of the receiving treatment facility where the member will be assigned.

(2) Required training includes at least (1) those courses corresponding to the appropriate HIPAA Job Position provided through the **DoD Joint Knowledge Online (JKO) website**; (2) training on the clinic's policies and procedures; (3) any other HIPAA privacy and security training as determined by the HSWL clinic P/SO.

(3) Training shall be completed by utilizing the web-based training courses available through the **DoD JKO site http://jko.jten.mil**.

(4) These requirements apply to all active duty and reserve members, contract staff and Auxiliarists within the CG health care workforce.

(5) Completion of the HIPAA core and refresher training courses is required prior to obtaining access and for continued access to paper and electronic health records.

(6) CG health care workforce members are required to complete the HIPAA refresher training annually. It is highly recommended that they complete the training during their birth month, but it is at the discretion of their respective Regional Manager and/or Clinic Administrator, who are also responsible for tracking completion of training.

13. Other CG Members Who Utilize Protected Health Information.

(a) Other members of the CG may routinely or occasionally have access to or utilize protected health information in the course of their duties. Although these members are not considered part of the "health care workforce," and therefore, are not required by law and implementing regulations (see 45 CFR 164.530 (b)) to complete HIPAA training, it is critical that these members are aware of the intent of HIPAA and maintain the privacy and confidentiality of protected health information with which they are entrusted. To accomplish this objective, members assigned to the following organizations or performing duties in the following roles should complete appropriate HIPAA training:

(1) National Maritime Center;

(2) CG Personnel Command/Physical Disabilities Evaluation Board;

(3) Special Needs Program staff;

(4) Command Drug and Alcohol Representatives/ Drug and Alcohol Program staff; and,

(5) Others as deemed necessary by the CG P/SO and/or **COs**.