CHAPTER 2

EXPEDITIONARY MEDICINE ADMINISTRATION

INTRODUCTION

Although most duties are performed in a clinical environment, the Hospital Corpsman (HM) may be assigned to clerical positions aboard ship, assigned to duty with the Fleet Marine Force, Naval Mobile Construction Battalions, or detailed to Fleet Hospitals or staff duty where knowledge of administrative procedures and reports is a must. Handling, updating, and using official directives and publications are important administrative duties. The efficiency of an office depends on having publications and directives that are up to date and staff members who know them well.

As the HM progresses in rate and assumes greater responsibility, there will be requirements to maintain various logs, records, and directives. Additionally, duties include being able to draft, type, and file correspondence. The HM will use Navy directives and publications more and more as the job is learned. The HM will also be required to maintain computer data for command use.

This chapter covers medical reports, logs, and records commonly used by Navy Medical and Dental Departments. It will review the maintenance and disposal of instructions and notices, preparation of correspondence, and filing procedures. Additionally, it will outline the organization of the Fleet Marine Force, Fleet Hospitals, and Naval Mobile Construction Battalions, and special qualifications available to the HM.

REPORTING REQUIREMENTS

LEARNING OBJECTIVE:

Identify the medical department reporting requirements.

As a member of a Medical or Dental Department in a clinic, on a ship, or working sick call, a Corpsman’s duties will include the maintenance of various logs and the preparation of reports required by higher authority. These reports are in the Manual of the Medical Department, NAVMED P-117. Specific instructions for management of reports and forms are covered in the current version of the BUMEDINST 5210.9 series, Forms and Reports Management Program.

REPORTS TO THE OFFICER OF THE DECK OR DAY (OOD)

All important occurrences are reported by the Senior Medical Department Representative (SMDR) to the OOD for entry into the duty log or journal of the command. The SMDR can be the senior medical or dental officer or it can be the Independent Duty Corpsman (IDC). On some ships, the medical and dental departments are separate and others they are combined into one Health Services Department.

Items that need to be reported include severe injuries, conditions that can affect the health of the crew, and damage or loss of medical and dental equipment. The names of patients in serious condition are reported directly to the Commanding Officer and the OOD, with the information necessary for notification of the patient’s next of kin.
MEMORANDUM FOR THE RECORD

A Memorandum for the Record is prepared in accordance with (IAW) the SECNAVINST 5216.5 series, Department of the Navy Correspondence Manual, series for any event of historical or legal importance, or for which good judgment dictates that it should be recorded. It provides a medium for recording special occurrences that might need to be reconstructed in detail at a later time. Memorandum for the Record may be drafted for any serious injury or death, patients who refuse treatment or are noncompliant, or when recommendations to the command in regards to the health and safety of the crew are not followed due to the Commanding Officer’s discretion.

SHIPBOARD NON-TACTICAL AUTOMATIC DATA PROCESS (SNAP) AUTOMATED MEDICAL SYSTEM (SAMS)

SAMS is an administrative management tool that tracks the medical and dental readiness of Navy and Marine Corps operational units. SAMS enables health care providers to update patient medical information and record medical encounters. Additionally SAMS is used to track supply inventory, log preventative medicine inspections, report and receive radiation exposure data, and manage medical training.

MEDICAL READINESS REPORTING SYSTEM (MRRS)

MRRS is an administrative management tool that is used to track the medical and dental readiness of every active duty and reserve Sailor or Marine. It is an Internet based communication program that allows for health care providers to update and manage a member’s readiness regardless of the member’s permanent duty station. For example, if is a member is stationed in Naval Medical Center San Diego (NMCSD) and goes on a weeklong evolution with a Marine Corps unit without the health record and receives an immunization, that Marine Corps unit has the ability to update this information into MRRS. Once that member returns to the

permanent duty station, in this case NMCSD, the readiness coordinator will see this up to date information. There are gateways known as the Central Data Repository (CDR) and Defense Enrollment Eligibility Reporting System (DEERS) that allow SAMS and MRRS to communicate and share information.

SICK CALL TREATMENT LOG

The Sick Call Treatment Log is maintained in SAMS for each ship or activity. The log contains each patient’s reporting date and time, name, rate, division, chief complaint, diagnosis, treatment, and disposition. The report is forwarded to the Commanding Officer on a daily basis.

TRAINING LOG

All lectures and training periods that are administered by the medical department should be recorded in the training management module of SAMS. The entries should include the date, title of the lecture, division of personnel attending, duration of the lecture, and the number of Officers, Chiefs, and E-6 and below attending.

The location may be a necessary item to put into the log book. For example, the Battle Dressing Station (BDS) is a designated location for the treatment of casualties and is maintained and managed by the medical department. It can be used to provide training to medical and non-medical personnel. Additional BDS information can be found in the COMANVSURFORINST 6000.1 series, Shipboard Medical Procedures Manual.

POTABLE WATER LOG

The purpose of the potable water log is to record the readings of daily residual chlorine or bromine levels and the weekly bacteriological examinations required on potable water aboard ship and in the field. Records will be maintained IAW the, Manual of Naval Preventive Medicine, NAVMED P-5010, chapter 6. Record the results using the SAMS Environmental Management Module.
WORK CENTER PMS MANUAL

The standard Navy Maintenance and Material Management System (3-M) was developed to meet the need to record, report, and evaluate the maintenance requirements of the fleet and provide the organizational level with the tools to plan, schedule, and control planned maintenance effectively. 3-M Systems are the nucleus for managing maintenance aboard all ships and applicable shore station equipment. This system provides all maintenance and material managers throughout the Navy with a means to plan, acquire, organize, direct, control, and evaluate the manpower and material resources expended or planned for expenditure in support of maintenance.

OPNAVINST 4790.4 series, Ships’ Maintenance and Material Management (3-M) System policy provides guidance for the program. Often new equipment that requires regular and sometimes highly specialized maintenance is procured and used throughout Navy Medicine. The 3-M systems endeavor to substitute preventative maintenance for corrective maintenance, thus reducing equipment malfunction and downtime. This is accomplished through the Planned Maintenance System (PMS).

The Work Center Planned Maintenance System (PMS) Manual reflects the planned maintenance requirements for a particular work center such as medical or dental. It is maintained in the work area near the Weekly PMS Schedule and outlines the periodicity and the required work to maintain medical and dental equipment. The maintenance procedures developed for planned maintenance are the minimum standards required to maintain equipment within specifications.

DIRECTIVES ISSUANCE SYSTEM

LEARNING OBJECTIVE:

Describe the policies and procedures for maintaining directives, drafting correspondence, and filing.

A HM in an administrative billet will be responsible for maintaining the command’s files and Navy directives. Refer to the OPNAVINST 5215.17 series, Navy Directives Issuance System, for complete details of the responsibilities.

TYPES AND PURPOSES OF DIRECTIVES

There are two basic types of directives: permanent and temporary. Permanent directives regulate administration, establish policy, delegate authority, and assign a mission function or task. Temporary directives are normally issued as a notice to request comments or approval, and announce information such as a change of command or education and promotion opportunities. Notices cannot remain in effect for more than a year.

CHANGE TRANSMITTALS

A change transmittal is used to issue changes to instructions and notices. Each transmittal describes the nature of the change and gives directions for making it. Changes and corrections are made by inserting new pages, removing obsolete pages, and making pen and ink changes. Change transmittals are numbered consecutively. That is, the first change transmittal to an instruction is Change Transmittal 1, the second 2, and so on. They are filed in the front of the respective instruction with the most current change on top.

CORRESPONDENCE

A HM working in an administrative billet must be able to draft and type correspondence, maintain directives and logs, submit reports, and efficiently file correspondence so that it may be retrieved quickly.
Official Navy correspondence is usually prepared and referred to as the standard naval letter. The standard naval letter is used when corresponding with certain agencies of the United States Government. Some civilian companies dealing extensively with the Navy may prepare correspondence using the standard naval letter. Instructions for typing standard naval letters are very precise and must be followed to the last detail. All information to prepare naval correspondence can be found in the SECNAVINST 5216.5 series, Department of the Navy Correspondence Manual.

MAINTAINING DIRECTIVES

Instructions are normally placed in large three-ring binders in numerical sequence according to a Standard Subject Identification Code (SSIC) number and issuing authority. At some activities, directives may be maintained in a CD-ROM library. For security purposes, classified directives and documents are filed in separate binders and maintained in a safe in accordance with the SECNAV M-5510.36 series, Department of the Navy Information Security Program.

Because of the brief duration, notices ordinarily do not need to be filed in the master file (main files of instructions). If it is necessary to file them temporarily with instructions, tab the notices so that each one may be easily and promptly removed as soon as its cancellation date is reached.

FILE NUMBER

The size and complexity of the naval correspondence demands a standard method for filing paperwork. Standardization frees personnel from learning new filing systems when moving from one activity to another. The Department of the Navy SSIC system of coding correspondence through the use of a four- or five-digit number to represent its subject matter provides a consistent method of filing and retrieving documents. SSICs are found in the SECNAVINST 5210.11 series, Department of the Navy Standard Subject Identification Codes. They serve as file numbers for and are required on all Navy and Marine Corps letters, messages, directives, forms, and reports. The extent of the HM’s knowledge of this standardization system of subject identification will determine the efficiency in being able to retrieve correspondence from the files.

Numerical Subjects Grouping

SSICs are divided into 13 major groups:

- 1000 series – Military Personnel
- 2000 series – Telecommunications
- 3000 series – Operations and Readiness
- 4000 series – Logistics
- 5000 series – General Administration and Management
- 6000 series – Medicine and Dentistry
- 7000 series – Financial Management
- 8000 series – Ordnance Material
- 9000 series – Ships Design and Material
- 10000 series – General Material
- 11000 series – Facilities and Activities Ashore
- 12000 series – Civilian Personnel
- 13000 series – Aeronautical and Astronautical Material

and

- 16000 series – Coast Guard Missions
These major groups are subdivided into primary, secondary, and tertiary (third-level) subdivisions. Primary subjects are designated by the last three digits of the code number, secondary subjects by the last two digits, and tertiary subjects by the last digit. For example: 6421

- 6000 Medicine and Dentistry
  - 6400 Special Fields (Primary)
  - 6420 Submarine and Diving Medicine (Secondary)
  - 6421 Hyperbaric Treatment – Diving Accidents (Tertiary)
- 6500 Research
- 6650 Operative Dentistry

**CLASSIFYING**

Classifying, as it is used here, is the process of determining the correct subject group or name-title codes under which correspondence should be filed and any subordinate subjects that should be cross-referenced. Classifying is typically accomplished by the originator. Correspondence that has not been previously classified a SSIC will need to be assigned upon receipt.

The proper method to subject-classify a document so that it can be readily identified and found when needed is to read it carefully, analyze it, and then select the SSIC that most closely corresponds to the subject of the document.

**MANAGEMENT OF RECORDS**

The Navy creates and uses records of many different types, formats, and media to execute its mission. The **SECNAVINST 5210.8 series, Department of the Navy Records Management Program**, provides guidance for records maintenance, use, and disposition. The Records Management Program is designed to retain records that are needed to execute the mission and dispose of records that have expired. It is important to maintain and dispose of records according to the guidance regardless of the type of medium they exist on. Files in a digital format which are easy to store should not be kept indefinitely. If the HM is in doubt about the disposal of certain records, superiors should be consulted to determine the course of action to take.

**OPERATIONAL MEDICAL AND DENTAL READINESS**

**LEARNING OBJECTIVE:**

*Identify the basic requirements of medical and dental readiness.*

The mission of the medical and dental departments is to provide care to sailors of navy ships and units that they are assigned, and to prevent and treat disease and injuries. The senior dental and medical division officers report to the Health Services department head and the Commanding Officer on all matters affecting the health of the crew or deployable unit. To accomplish the mission, medical and dental personnel must keep themselves informed of planned operations and anticipate any possible demands placed upon them or the members under their care. The Navy and Marine Corps overall, must maintain the highest degree of health and readiness in order to function as a fighting force.

**MEDICAL READINESS**

Assessing Individual Medical Readiness (IMR) is a continuous process and must be monitored and reported on a regular basis to provide service leaders and operational commanders the ability to ensure a healthy and fit fighting force.
The requirements are outlined in the SECNAVINST 6120.3 series, *Periodic Health Assessment for Individual Medical Readiness*. IMR is composed of the following six elements:

- Individual Medical Equipment (glasses, gas mask inserts)
- Immunizations (TB Screening, Tetanus)
- Readiness Laboratory Studies (DNA, G6PD)
- Deployment Limiting Conditions
- Periodic Health Assessment (PHA)
- Dental Readiness

**PERIODIC HEALTH ASSESSMENT (PHA)**

The PHA is used to review and correct any IMR deficiencies. For example, a member needs an immunization, new pair of glasses, or a dental exam. It is also used to verify compliance with the various elements of Deployment Health Assessments. The PHA provides the opportunity to assess changes in a member’s health on an annual basis that could potentially impact the ability to perform military duties and deploy worldwide. For the PHA to be complete, all six elements must be met and/or a continued plan of care received for any ongoing medical conditions.

**DENTAL READINESS**

The Fleet and Force Dental Officers ensure that the Fleet is dental ready. A service member who is Class 1 or 2 is considered worldwide deployable. This means that no dental treatment is needed (Class 1) or an oral condition, if not treated, does not have the potential to become an emergency (Class 2) within the next 12 months.

- Any oral condition that will result in an emergency condition within the next 12 months (Class 3)
- An individual who needs a dental exam or has oral conditions that are unknown (Class 4)

An individual who has been assigned a dental Class or 3 or 4 is likely to compromise combat effectiveness and potentially impact the mission by experiencing a dental emergency. Any member in Class 3 or 4 is considered non-deployable and go to the head of the line for treatment prior to deployment.

**DEPLOYMENT LIMITING CONDITIONS**

The assessment for future deployability includes a review of medical history and any administrative issues. To be considered deployable, the service member should **NOT** be on limited duty or undergoing any type of Physical Evaluation Board (PEB) or Medical Evaluation Board (MEB).

**MEDICAL AND DENTAL SUPPORT TO THE FLEET MARINE FORCE (FMF)**

**LEARNING OBJECTIVE:**

*Describe the medical and dental organization of the Fleet Marine Force.*

To understand the complexity of medical and dental support to FMF, the HM must be familiar with the overall organization. Medical and dental personnel are not members of the U.S. Marine Corps. They are detailed from the Navy and assigned to the FMF, which is a balanced force of combined air and ground troops trained, organized, and equipped primarily for offensive deployment. The FMF consists of a headquarters, a Marine Logistics Group (MLG), and Marine divisions, brigades, and aircraft wings.

**BATTALION AID STATION**

A battalion aid station (BAS) is used to provide direct support to company and platoon corpsman, and provide advanced trauma life support under fire. The BAS of an infantry battalion is the most forward deployed and most mobile. It is normally comprised of two medical officers and up to 65 HMs, depending on the size of the battalion. A dental detachment would
also be assigned to the BAS to provide level 1, 2, and 3 dental care and dental health maintenance with a focus on emergency care. A specific number of medical and dental support personnel are assigned to provide an interrelated network of health care support.

**FMF MEDICAL SUPPORT**

In general, Medical Department personnel serving with FMF may be divided into two groups:

- Combat personnel, providing medical and initial first aid to prepare the casualty for further evacuation
- Support personnel, providing surgical and medical aid to those who need early definitive care and cannot be further evacuated.

Medical personnel are an integral part of the combat unit to which they are assigned; they train and live with their units.

All units comprising a FMF have Medical Department personnel organic to them. However, the majority of medical support comes from the medical battalion of the MLG. The MLG is a composite grouping of functional units providing combat service support beyond the organic capability of all elements of the FMF. The medical battalion provides combat medical support required for independently deployed Marine Corps elements. The primary mission of the medical battalion is to provide:

- Casualty collection
- Emergency treatment
- Temporary hospitalization
- Specialized surgery
- Evacuation

In addition, medical battalions must plan, supervise, and coordinate timely preventive measures for controlling disease.

**FMF DENTAL SUPPORT**

The mission of the FMF dental organization is to ensure the combat effectiveness of the FMF by providing comprehensive dental services. By assigning dental detachments to the task force, battalion personnel maintain dental readiness during exercises, deployments, and combat operations.

In an emergency environment, the dental battalion’s primary mission is emergency care to ensure long term dental health maintenance. Personnel from these detachments may also provide postoperative, ward, central sterilization, and supply room support, and other medical support as determined to be appropriate by the medical battalion and surgical company commanders.

**FLEET HOSPITALS**

**LEARNING OBJECTIVE:**

Describe the role and mission of Fleet Hospitals and Expeditionary Medical Facilities.

Fleet hospitals are used to provide medical support during intense combat operations and in lengthy low-intensity scenarios. Fleet hospitals are transportable, capable of performing advanced medical and surgical procedures, and deployable in a variety of operational scenarios. HMs deploy with Expeditionary Medical Facilities (EMF) with up to 500 beds, to be organized and scaled to fit the requirements identified by the Combatant Commander (COCOM). Fleet hospitals are designed to be used in operations greater than 60 days. Moderately sophisticated care is provided, along with resuscitative medical and surgical care.
ORGANIZATION

The internal organization of the fleet hospital is similar to a shore-based military treatment facility (MTF). It consists of the command staff (Commanding Officer, Executive Officer, and Command Master Chief) and five directorates: nursing services, medical services, surgical services, ancillary services, and administrative services.

MISSION

A fleet hospital’s mission depends on the requirements of the COCOM. They are typically staffed and equipped to provide advanced medical, surgical, and trauma care similar to a civilian trauma center.

NAVAL MOBILE CONSTRUCTION BATTALIONS

LEARNING OBJECTIVE:

Describe the medical and dental organization of Naval Mobile Construction Battalions.

The Navy organized the Construction Battalions, or CBs during the first days of WWII, and the name “Seabees” was quickly adopted to identify these personnel. Seabees are at work all over the world designing and building air fields, structures, and camps in support of the Navy and Marine Corps mission. This is accomplished with fully trained, combat ready and rapidly deployable units and battalions. HMs are assigned to various battalions to provide world-wide dental and medical support to active and reserve Seabees.

ORGANIZATION

Medical support to the Naval Mobile Construction Battalions (NMCBs) is provided at the battalion level by medical and dental personnel assigned to the NMCBs. There are a total of eight NMCBs home ported in Gulfport, MS and Port Hueneme, CA.

MISSION

The mission of the NMCB medical and dental support is to ensure the combat effectiveness of the NMCB by providing the medical and dental needs of the Seabees. During contingency, disaster control, or mass casualty situations, NMCB dental personnel augment with the medical effort under the direction of the cognizant authority.

SPECIAL QUALIFICATIONS

LEARNING OBJECTIVE:

Identify the opportunities that Hospital Corpsmen have to qualify as warfare specialists and the importance of being qualified.

HMs on ships, submarines, or with squadrons, the FMF, the Seabees, or other special duty assignments are taking great steps towards a successful naval career. A warfare qualification signifies that Sailors are competent in their rate and have acquired additional general knowledge that enhances their understanding of war fighting, mission effectiveness, and command survivability. Sailors wearing warfare devices stand out as integral members of the units that they serve with and are significant contributors to the effectiveness of the mission.

HMs assigned to a ship can qualify as an Enlisted Surface Warfare Specialist (SW) or Enlisted Expeditionary Warfare Specialist (EXW) and at times as an Enlisted Air Warfare Specialist (AW); with the FMF as an Enlisted Fleet Marine Force Warfare Specialist (FMF); with the Submarine Force as an Enlisted Submarine Warfare Specialist (SS); and with a NMCB as an Enlisted Seabee Combat Warfare Specialist (SCW). The insignia are shown below in Figures 2-1 through 2-6. Contact the Command Master Chief or coordinator for Personnel Qualification Standards (PQS) to begin the qualification process. The goal is to qualify early and qualify often in whatever specialties are available.
SUMMARY

This chapter reviewed medical reports, logs, and records commonly used by Navy Medicine and Dental. It covered maintenance and disposal of instructions and notices, preparation of correspondence, and filing procedures. Additionally, medical and dental readiness was covered to include IMR and PHAs. Finally, it discussed the role of Fleet Hospitals, medical and dental support to the FMF and Seabees, and the special qualifications that are available to HMs who serve with these units.

Photographs provided by HM2 Timothy Hanna of the Biomedical Photography Department of Navy Medicine Support Command, Bethesda, MD.