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COMMANDER, U.S. NAVAL FORCES CENTRAL COMMAND
COMMANDER, FIFTH FLEET
FPO AE 09805-0001

ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPORD 1000-15

Subj: MEDICAL SERVICES

- Ref:
- (a) COMNAVSURFORINST 6000.1, Shipboard Medical Procedures Manual
 - (b) COMNAVAIRFORINST 6000.1, Shipboard Medical Procedures Manual
 - (c) COMSUBLANT/COMSUBPACINST 6000.2 (Series), Standard Submarine Medical Procedures Manual
 - (d) NAVMED P-117, Manual of the Medical Department
 - (e) NWP 4-02, Naval Expeditionary Health Service Support Afloat and Ashore
 - (f) OPNAVINST 6320.7(Series), Health Care Quality Assurance Policy for Operating Forces
 - (g) OPNAVINST 6400.1C, Training, Certification, Supervision Program, and Employment of Independent Duty Corpsman (IDCs)
 - (h) USCINCCENT 081411Z May 01, Individual Protection and Individual/Unit Deployment
 - (i) Protection and Individual-Unit Deployment Policy
 - (j) NAVMED Policy 09-015, Navy Medicine TRICARE Overseas Program (TOP)Health Care Services Support Contract Memorandum of Understanding (MOU) Policy
 - (k) OPNAVINST 6320.6 (Series), Hospitalization of Service Members in Foreign Medical Facilities
 - (l) JP 4-02.2, Joint Tactics, Techniques and Procedures for Patient Movement in Joint Operations
 - (m) COMFLTFORCOM NORFOLK VA 111949Z Apr 03, BW Confirmatory Laboratory Guidance
 - (n) NAVSUP P-485, Naval Supply Procedures, Afloat Supply
 - (o) OPNAVINST 6530.4B, Navy Blood Program
 - (p) OPNAV P-45-113-99, The Afloat Medical Waste Management Guide
 - (q) OPNAVINST 5350.4D, Navy Alcohol and Drug Abuse Prevention and Control
 - (r) NAVMEDCOMINST 6320.3B, Medical and Dental Care for Eligible Persons at Navy Medical Department Facilities
 - (s) BUMEDINST 6310.3 (Series), Management of Alleged or Suspected Sexual Assault and Rape Cases
 - (t) BUMEDINST 6120.20C, Competence for Duty Examination, Evaluation of Sobriety, and Other Bodily Views and Intrusions Performed by Medical Personnel
 - (u) OPNAVINST 6100.2A, Health and Wellness Promotion Program
 - (v) OPNAVINST 6120.3 CH-1, Periodic Health Assessment for Individual Medical Readiness
 - (w) OPNAVINST 6110.1J, Physical Readiness Program
 - (x) DOD HA POLICY: 05-020, Policy for Cosmetic Surgery in the Military Health System
 - (y) NAVMED POLICY: 07-006, Policy Guidance on Bariatric Surgery for Active Duty Patients
 - (z) SECNAVINST 1640.9C, DON Corrections Manual
 - (aa) USCENCOM 111957Z Jul 12, Procedures for Patient Movement of Deployed Personnel and Authorized DoD Patients in the Arabian Gulf/Region
 - (ab) NAVMED P-5065, Autopsy Manual

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- (ac) Shipboard Quarantine and Isolation NTRP 4-02.10
- (ad) USCENTCOM Joint Theater Blood Program Guide

1. Purpose. This annex provides concept of operations, assigns tasks, and establishes medical policies and procedures to support COMUSNAVCENT/COMFIFTHFLT operations. References (a) through (e) provide general guidance for routine day-to-day operations. Contingency or wartime guidance is found in supporting OPLANS and CONPLANS.

2. Concept of Operations

a. The COMUSNAVCENT/COMFIFTHFLT/CFMCC Force/Fleet Surgeon is permanently assigned to COMUSNAVCENT staff. The Force/Fleet Surgeon will provide guidance on health policies to units operating within the AOR. The Force Surgeon's Office is staffed with the Force Surgeon; one Deputy Force/Fleet Surgeon, one Plans, Operations, and Medical Intelligence Officer (POMI); one Environmental Health Officer (EHO); one Force Independent Duty Corpsmen (IDC); one Fleet IDC, and one Preventive Medicine Technician (PMT).

b. Most units assigned/deployed to the COMUSNAVCENT AOR have organic medical assets. Afloat medical departments will provide medical care to all embarked personnel. Type Commander (TYCOM) Surgeons are responsible for performing periodic medical assist and quality assurance visits to assigned units. Full implementation of references (f) and (g) is required. Ships' medical officers will monitor assigned Corpsmen in the performance of their duties to ensure sound medical practices are employed. All patient care performed within the AOR by ashore and afloat medical departments and embarked medical departments will be documented in the electronic health record and information uploaded to the Theater Medical Data Store as required. The Force Surgeon's Office will be available for medical guidance and consultation as needed.

c. This AOR presents a unique set of circumstances and requirements. All units and personnel working within this AOR are required to meet the medical standards per references (h) and (i). Any waiver from these standards requires approval from COMUSNAVCENT Force/Fleet Surgeon. CENTCOM has final waiver authority for all mental health waivers. Waivers of medical standards are to be submitted PER reference (i).

3. Task Force/Strike Group Commanders

a. Provide guidance for medical care of the sick and injured within their commands. Appendix 8 details requirements for Commanders.

4. Task Force/Strike Group Surgeon

a. The Senior Medical Officer (SMO) of the Task Force/Group advises the Commander on all matters pertaining to health services support and has directive authority to coordinate efforts to fully utilize the capabilities of the medical departments of all ships in company. Appendix 8 details requirements for Surgeons.

5. Medical Evacuation (MEDEVAC) Policy. The decision to MEDEVAC is a command decision. MEDEVAC should be undertaken only when the movement of the patient will enhance the prospects of recovery. Patients who are not

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anticipated to recover or return to a full duty status within 25 days will be evacuated out of the AOR. Appendix (1) of this annex provides guidance for obtaining care beyond the organic capabilities of units and discusses MEDEVAC procedures.

6. Medical Regulating

a. Medical regulating will be in accordance with references (j), (k) and (aa). When operating with the USMC, close coordination with the Marine Expeditionary Unit (MEU) and medical regulating officer is required.

b. If a service member cannot be returned to duty from an overseas facility, then the patient will be entered into the MEDEVAC system. If International SOS (ISOS) is utilized, ISOS should provide periodic updates to the parent command. Units shall still report known patient movement to their chain of command. Appendix (1) of this annex provides guidance for obtaining medical appointments and MEDEVAC procedures.

7. Reporting Requirements. A complete list of reports along with their periodicity is located in Appendix (8).

8. Medical Logistics

a. Units entering the AOR are required to maintain an organic Authorized Medical Allowance List (AMAL). It is the responsibility of the ship/unit to maintain and resupply AMAL requirements PER ref (n) and ANNEX F of this OPOD. Refer to Appendix (5) for more information for ordering Medical Supplies within the AOR

9. Medical Waste. Medical waste is divided into two categories, infectious and non-infectious. Disposal should be completed PER references (o) and (p). Disposal must comply with local and international laws, ordinances, and/or customs governing such disposal. Refer to Appendix (5) for complete guidance.

10. Preventive Medicine Program

a. Commanders at all levels shall maintain aggressive force health protection and preventive medicine programs. There is a high rate of tuberculosis (TB) within this AOR. Units operating in this AOR should become familiar with precautions necessary for handling patients with suspected TB. Appendix (6) provides overall health threat information regarding the AOR.

11. Chemical, Biological, and Radiological (CBR) Operations

a. Medical personnel shall be trained and prepared to treat and evacuate CBR casualties. Ongoing education and crew training is also necessary. Units shall administer appropriate force protective immunizations when available and as directed. Refer to Appendix 6 Tab B for additional guidance.

12. Substance Abuse Prevention and Control. Commanders at all levels will be fully cognizant of the Navy Alcohol and Drug Abuse Program and will aggressively support program activities in accordance with reference (q).

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13. Decedent and Mortuary Affairs

a. Guidance for procedures and transportation of remains can be found in Annex E, Appendix 2.

b. Special considerations are required for the recovery of remains at sea of civilians and foreign national personnel. Units are required to contact their respective Battle Watch Commander for further guidance.

c. General guidance of fetal death is contained within references (d) and (ab). It is important to know the local law in this respect since it varies somewhat in different localities. Notification of all cases will be done via P4 e-mail to the Force Surgeon with a courtesy copy to the TYCOM Medical ISIC Surgeon. The nearest coroner, medical examiner or public health officer should be consulted for legal procedures. Local laws will determine whether a death certificate is required.

(1) At sea, federal jurisdiction applies and uses three criteria to a stillbirth to determine how the remains should be classified.

- (a) Fetal weight of 250 grams or more.
- (b) Gestational age of 20 weeks or greater.
- (c) Fetal length 25cm or greater.

If any of these criteria are met or the fetus is delivered with signs of life, a certificate of fetal death is required. If none of them are met or are unknown and the fetus is clearly deceased on delivery; then certification is not required. The remains may be treated as early products of conception, and submitted for routine tissue examination.

(2) If the miscarriage is associated with an accident that if any of the age/weight/size criteria are met, and a certificate of fetal death recorded, any examination of the remains by a pathologist is considered an autopsy and requires an autopsy consent; unless done under the jurisdiction of Armed Forces Medical Examiner System (AFMES) <http://www.afmes.mil/> or another forensic examination system.

14. Medical Assistance to Civilians. Medical care for military sponsored beneficiaries and certain civilians eligible for medical assistance will be in accordance with reference (r). Medical care for other civilians will not be offered except in emergencies for humanitarian reasons or as directed by the Commanding Officer or higher authority. The Senior Medical Department Representative (SMDR) prior to deployment will screen government contractors, civilian employees and guests.

15. Rape/Sexual Assault. Detailed guidance in the management of alleged or suspected sexual assault cases is provided in reference (s).

16. Competence for Duty Examination. Competence for Duty Examinations will be conducted in accordance with reference (t).

17. Health Promotion. Commanders at all levels will conduct an integrated and comprehensive health promotion program, including mental health, as per

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references (u) and (v). Reference (w) provides policy and guidance as to physical fitness and body fat standards.

18. Blood Program

a. Units with blood capabilities (CRTS, ERSS, and CV/CVNs) in the AOR are required to keep the Force Surgeon's Office informed on the status of blood supplies and equipment in accordance with Appendix 2.

b. All units within the AOR should be capable of providing blood donations in emergent situations. The "walking blood bank" concept shall be fully functional.

19. Force Health Protection (FHP). All commands will appoint a FHP Officer to administer the command/unit FHP program and to serve as the commander's advisor. The key element of FHP is the ability to keep Sailors and Marines healthy, medically ready, and fit to deploy. FHP includes all measures taken by the chain of command to promote, improve, conserve, or restore the mental or physical well-being of personnel across the range of military operations. Appendix (6) provides Force Health Protection guidance and general health threats for this AOR.

20. Dental Services

a. Organic dental assets should be utilized if possible. Units with assets shall assist units in the vicinity that have limited or no dental capabilities.

b. Dental services are limited within this AOR. It is the responsibility of deployed units to ensure their respective dental readiness is complete prior to deployment. Naval Branch Health Clinic (NBHC) Bahrain is able to provide acute dental services for units in the Bahrain area. The clinic has limited capacity to provide annual exams for deployed units with dental class IV status members. Units must contact the NBHC Bahrain Operational Forces Medical Liaison Service (OFMLS) or other US facilities to coordinate care (see Appendix 1 for contact information). Dental services may also be requested through ISOS as needed.

21. Maritime Interdiction Operations (MIO). Unit medical departments may be involved with MIO operations and involvement can range from on-site treatment of crewmembers to MEDEVAC of emergency cases. Unit medical departments will support these operations to their fullest capability. All Senior Medical Department Representatives will:

- a. Standby to assist in the treatment of personnel injured.
- b. Conduct Health and Comfort Inspections as required.
- c. Provide treatment to foreign Sailors to include the refilling of prescriptions (30-day max) for chronic medical conditions.
- d. In the event an injured or ill Sailor requires treatment beyond the capability of the on-scene medical personnel, these personnel shall be transferred to the closest platform with a medical officer.

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22. Cosmetic and Elective Surgery

a. Per reference (x), cosmetic surgical procedures are not authorized to be performed on active duty personnel within the AOR. Complications resulting from cosmetic surgical procedures are excluded from coverage under TRICARE in accordance with the TRICARE policy manual.

b. Active duty personnel, attached to COMUSNAVCENT commands, undergoing cosmetic surgery procedures in CONUS must have written permission from their unit Commander.

c. Per reference (y), surgical procedures for obesity, permanent or temporary, will not be performed on active duty personnel. This includes authorization of such procedures in the civilian community.

23. Enemy Prisoners of War. For prisoners being detained at a Naval Facility for confinement, follow guidance contained in reference (z).

24. Diving Medical Operations

a. Diving operations within the COMFIFTHFLT AOR will be conducted per applicable provisions outlined in Appendix (9). For Personnel requiring special duty physicals requiring Undersea Medical Officer evaluation contact the NAVCENT Force Surgeon Fleet IDC for referral information and to coordinate care.

b. An up-to-date list of hyperbaric facilities located within the AOR can be found in Appendix (9) and on the CTF 56 SIPR Website.

25. Aviation Medical Operations. Aviation medicine physicals may be performed at the USNBHC Bahrain. Units must contact the USNBHC Bahrain Operational Forces Medical Liaison Services (OFMLS) to coordinate care.

a. For aviation casualties requiring diving medical officer evaluation or recompression chamber treatment refer to appendix (9)

26. Pregnancy Policy

a. Due to limited resources, deployed pregnant servicewomen, not on PCS orders, may not serve on ships or at ashore duty stations within the AOR. Pregnant servicewomen are not authorized to deploy to the CENTCOM AOR PER reference (i). Deployed servicewomen who become pregnant will notify their military chain of command. Upon notification, ships/units will initiate timely redeployment proceedings within seven (7) days. The goal is for pregnant servicewomen to be enroute to CONUS NLT 14 days of notification. Redeployment of pregnant servicewomen is not a waiverable medical condition.

b. Married servicewomen (accompanied or unaccompanied) permanently assigned at NSA Bahrain are exempt from this policy and are authorized to remain in Bahrain for the entirety of their pregnancy. Pregnant servicewoman will be informed of Bahraini laws and cultural sensitivities by NBHC Bahrain; and the potential impact they have on their newborn child. Member may request through their chain of command to redeploy to CONUS instead, but this should be accomplished prior to 20 weeks of gestation. Pregnant servicewomen should not perform TAD travel within the AOR after 20 weeks of gestation.

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Appendices:

- 1 Joint Patient Movement Systems
- 2 Joint Blood Program
- 3 Hospitalization
- 4 RESERVED
- 5 Medical Logistics (Class 8A) System
- 6 Force Health Protection
- 7 Medical Treatment Facility and Host Nation Health Support
- 8 Medical Planning Responsibilities and Task Identification
- 9 Diving Medical and Recompression Chamber Operations
- 10 Definitions

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APPENDIX 1 TO ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPORD 1000-15

Subj: THEATRE PATIENT MOVEMENT SYSTEMS

- Ref: (a) NAVMED Policy 09-015, Navy Medicine TRICARE Overseas Program (TOP) Health Care Services Support Contract Memorandum of Understanding (MOU) Policy
- (b) OPNAVINST 4630.9 (SERIES), Aeromedical Evacuation
- (c) Joint Federal Travel Regulations
- (d) OPNAVINST 4630.25D, Government Air Transportation Eligibility
- (e) Navy Military Personnel Manual
- (f) NAVPERS 15909G, CHAPTER 17, Enlisted Transfer Manual
- (g) BUMEDINST 4650.2 (SERIES), Documentation Accompanying Patients Aboard Military Common Carriers
- (h) SECNAVINST 5211.5E, Department of the Navy Privacy Program
- (i) OPNAVINST 6320.6 (Series), Hospitalization of Service Members in Foreign Medical Facilities
- (j) DODINST 6000.11, Patient Movement
- (k) JTTP 4-02.2 Patient Movement
- (l) NAVMEDCOMINST 6320.3B, Medical and Dental Care for Eligible Persons at Navy Medical Department Facilities
- (m) CDRUSCENTCOM/SG/ 281913Z JUN 2005
- (n) USCENTCOM Procedures for Patient Movement of Deployed Personnel and Authorized DoD Patients in the Arabian Gulf/Region 111957Z Jul 12
- (o) MILPERSMAN 1770-230, Personnel Casualty Reports

1. General

a. This appendix provides general guidance for obtaining medical care beyond the capabilities of the unit or task group. Included is guidance for Medical Evacuation (MEDEVAC) and Air Evacuation (AE) procedures within the COMUSNAVCENT AOR. [NOTE: *This appendix does not apply to the Afghanistan AOR. Procedures in Afghanistan are provided by the respective AOR Commander.*]

b. The casualty movement system is in support of patient regulating decisions made by medical personnel. It is designed to coordinate the movements of casualties from the site of injury or onset of disease, through appropriate echelons of medical care to a medical facility that can provide definitive care.

c. When care is required beyond a ship's/unit's organic capability, it may be obtained at a US Military Treatment Facility (MTF) or via referral to International SOS (ISOS) (TRICARE). An MTF should be the first facility utilized if possible, however, the medical situation and location will dictate which option is best.

d. TRICARE has partnered with ISOS to establish a network of quality healthcare services overseas PER reference (a). ISOS will assist with scheduling specialty care medical appointments with providers in the AOR.

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2. Concept of Operations

a. The NAVCENT AOR presents a different set of challenges for casualty movement and MEDEVAC procedures. There are several entities involved with casualty movement. Dependent upon the location of the unit, assets from SIXTH Fleet or AFRICOM may be required to facilitate movement.

b. Situations may arise while deployed that require medical care beyond that of the unit's organic medical capabilities. During those incidents, medical services within the AOR will be coordinated with TPMRC and/or ISOS in accordance with references (a) through (n).

c. MEDEVAC flights directly to civilian/host nation shore medical treatment facilities are not routine with the AOR and require country clearance thru the FIFTH Fleet Battle Watch and Country Naval Liaison Officer (LNO). If patient requires URGENT MEDEVAC flight directly to civilian/host nation shore medical treatment facilities the command should arrange air clearance thru the FIFTH Fleet Battle Watch.

3. Theater Evacuation Policy. Casualties not anticipated recovering or returning to a full duty status within 7 days for the combat zone and a combined total of fifteen days for the communication zone will be evacuated out of the AOR, PER reference (m). It is the general policy of the COMUSNAVCENT Surgeon that any casualty who will not return to full duty within 25 days will receive a MEDEVAC or AE out of theater.

4. Medical Capabilities. There are a limited number of US MTFs available within the AOR. A detailed list of facilities, contact information and their capabilities can be found in Appendix 8.

5. Medical Consults

a. Ships and units will coordinate all medical consults through either a U.S. Military MTF or directly through International SOS (ISOS). MTFs should be utilized first if possible. Tab A of Appendix 8 lists Medical Assets of COMUSNAVCENT / COMFIFTHFLT and related information for submitting consults. Geographical location of the ship/unit may preclude the utilization of an MTF; ISOS will be utilized during these times.

b. ISOS is able to coordinate ground/air transport, medical bill processing, medical bill payment, scheduling patient appointments, transportation to an ISOS affiliated medical treatment facility, and transportation back to the unit.

c. The following information is required to request consults through ISOS and to receive DEERS eligibility verification: Name, rank/rate, SSN, and unit (as possible). This process applies to all active duty and reserve members deployed in the AOR.

d. Contact information for ISOS:

(1) Commercial Phone (collect): 00-44-20-8762-8384 (Available 24/7)

(2) Fax: 00-44-20-8762-8125

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(3) E-mail: tricarelon@internationalsos.com

e. In a life, limb, or sight-threatening situation within a port, the unit should use the most expeditious method to get the member to the appropriate treatment facility. At the earliest possible time, ISOS needs to be informed in order to coordinate transportation, emergency care, and payment.

f. Any patient admitted as an inpatient or transferred to another facility must be reported to the COMUSNAVCENT Force Surgeon's Office via the daily MEDSITREP.

g. The USNBHC Bahrain OFMLS shall be notified by the MAO/SMDR when all patients are consulted or transferred to medical facilities in Bahrain.

h. Any healthcare coordinated at a civilian facility without the use of ISOS will incur a cost to the member or command. Commands/units will be responsible for all medical bills, transport of the patient, and submitting receipts for reimbursement by Tricare.

6. MEDEVAC/Patient Movement

a. Medical services beyond the capabilities of organic medical assets will require medical evacuation. Ship/units should seek assistance from the next echelon of care within the battle group or AOR. This includes CRTS and aircraft carriers. Casualty movement should be accomplished with organic assets of the ship/unit or battle group. A flow chart of this process is located in Tab K of this Appendix.

b. **All patient movements** require release of a MEDEVAC message. Guidance and format for the message is located in Tab J of this appendix. All patient movement out of CENTCOM/C5F AOR will have a Patient Movement Request submitted to TPMRC even if commercial air or MEDPAX travel will be approved by the patient's command.

c. AE patients determined to be "Routine" who have the ability to enplane/deplane without assistance and can carry their own baggage have multiple movement options and will be transported in the following precedence (reference (n)):

(1) Existing AE mission from originating MTF to receiving MTF or in absence the next available AE mission from Al Udeid Air Base, Qatar.

(2) MEDPAX (non-AE mode of travel) for patients not requiring en-route care and are clinically suitable. MEDPAX travel precedence is US military airlift/contracted flight and then unit provided TAD travel (requires TPMRC release from AE system).

d. Ships/Units operating around the Horn of Africa (Somalia, Kenya, Djibouti, Ethiopia, Eritrea, Sudan and Yemen) region require special MEDEVAC consideration to allow expeditious handling of critical casualties. It is recommended that units in this AOR utilize EMF Djibouti, if possible, otherwise contact ISOS.

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e. Casualties requiring evacuation shall have non-medical attendants accompanying them. At least one non-medical attendant should accompany a casualty to provide administrative assistance and escort the casualty to parent command or homeport. In the event of a suicidal ideation or attempt, **two same sex non-medical attendants shall accompany the patient to ensure 24/7 suicide watch** (one attendant must be awake while patient sleeps). All mental health medical evacuations will have **one same sex non-medical attendant**. The Force Surgeon will be the final approval if a non-medical attendant is deemed unnecessary by the referring physician.

f. Sexual assault victim(s) referred to medical for further evaluation/treatment will have one same sex escort.

g. Casualties requiring inpatient care while waiting for an AE should be sent to a MTF if possible. Although USNBHC Bahrain does not have inpatient capabilities, medical staff visits all patients hospitalized in Bahrain daily. Detailed medical information regarding the hospitalization and planned aftercare in Bahrain can be gained from the USNBHC Bahrain OFMLS.

h. Units must provide 30 day funded TAD orders for both the casualty and attendant(s). Casualties and escorts should also have a passport, sufficient cash-in-hand and civilian clothing. [NOTE: *Due to the nature of this AOR, passports are recommended for all personnel traveling. In the absence of a passport, a CAC card and a letter from the command attesting to the patient's and escort's citizenship must be provided. Some countries will not allow members to leave without passports. UAE/KSA may preclude patient and escort airport entry unless they are being transferred to a hospital emergency department for a true emergency.*]

i. Attending medical providers must attempt to contact the receiving physician in order to convey all medical information about the casualty before evacuation. For AE, an accepting physician must be identified; except for AE patients passing through Landstuhl Regional Medical Center. Casualties evacuated without medical attendants will be accompanied by written instructions concerning any special circumstances and the transporting senior medical attendant will be briefed on the condition of all casualties before they are released to his custody. All medical evacuations that require direct care from host nation hospitals should be coordinated with ISOS.

j. Merchant Mariners working for Military Sealift Command (MSC) fall into two categories: Civil Service Mariners and Civilian Merchant Mariners. The former are U.S. Government employees with eligibility for medical services (government care and that provided through the ship agent PER reference (1)). The latter are non-US civilians and have their medical care provided through their local husbanding agent. U.S. Merchant Mariners utilize Inchcape Shipping Services as the husbanding agent. A list of husbanding agents for Inchcape Shipping can be found at the following web address: <http://iss-shipping.com/Directory-Middle-East-India-and-Africa>.

7. Medical Regulation

a. For medical services beyond the capabilities of the ship/unit, casualties may require evacuation utilizing TPMRC services or ISOS. Country and location of patient will dictate whether TPMRC or ISOS will evacuate the

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patient. TPMRC will be able to make the determination if ISOS will have to be utilized for patient movement. It is the responsibility of the medical regulator to notify TPMRC that a casualty requires AE. If there is no medical regulator assigned to the ship/unit it is the responsibility of the Senior Medical Department Representative. The requesting unit also generates the Patient Movement Request (PMR) to TPMRC.

b. TPMRC coordinates casualty movement within and from the theater based on the casualty's medical condition, available lift, and the medical capability/bed availability within CENTCOM's AOR. TPMRC's goals are to optimize utilization of available lift and available medical capability in order to ensure a seamless intra/inter-theater casualty evacuation system. A contact list for patient movements can be found in Tab A of this appendix.

c. USNBHC Bahrain OFMLS will coordinate with TPMRC for AE of casualties admitted to Bahraini medical facilities who require movement out of the AOR. Routine movement of discharged patients (return to duty) from Bahraini medical facilities will also be coordinated with the USNBHC Bahrain OFMLS.

d. A casualty requiring AE must have a PMR generated in order to initiate a transfer. A PMR is generated utilizing TRAC2ES. The form used to initiate a transfer is an AF Form 3899, Aeromedical Evacuation Patient Record.

(1) Units will use TRAC2ES, phone, e-mail, and fax communication with TPMRC to coordinate casualty movement. The attending provider, medical regulator, or SMDR will prepare an AF Form 3899 in TRAC2ES to initiate movement. TRAC2ES provides automated information system (AIS) casualty movement tracking and is used by TPMRC to validate and manifest a patient for aeromedical evacuation. It is the primary mode of AE casualty in-transit visibility (ITV) throughout the AOR.

(2) Ships/units may not have access to TRAC2ES while at sea. If TRAC2ES is not available, a PMR or AF 3899 may be submitted manually via e-mail, fax, or voice to TPMRC. Contact information is located in Tab A of this appendix. In all cases the requesting units are responsible for submitting an AF Form 3899. An example AF Form 3899 is located in Tab L of this appendix.

e. A category must be assigned for all casualties. All movement categories of casualties (Routine, Priority, and Urgent) will be reported to TPMRC via an AF Form 3899 or PMR. The TPMRC Theater Validating Flight Surgeon will determine the movement precedence. TPMRC will then coordinate missions with the Air Mobility Division, Aeromedical Evacuation Control Team. The category times below are for general guidance.

(1) Routine - 72 hours pick-up from validation. Depending on the country where the casualty is located, it may take 14 days to obtain diplomatic country clearance.

(2) Priority - 24 hours pick-up from validation

(3) Urgent - 12 hours pick-up from validation

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g. At-sea units must coordinate casualty movement with TPMRC and be prepared to move casualties to a fixed wing-capable airfield in coordination with ISOS. Destination hospitals are responsible for coordinating casualty delivery/pick-up.

h. If TPMRC or other military assets are unable to transport according to the standards above, ISOS may be used for movement in emergent or urgent cases. Approval from TPMRC is **not required**. TPMRC and the Fleet Watch Officer must be notified if ISOS is utilized. ISOS does not cover DoD civilians/contractors, local husbanding agents discussed early in this appendix should be utilized.

i. TPMRC will coordinate, validate, regulate, plan and maintain ITV for casualties within the USCENTCOM AOR and movement to USEUCOM or CONUS. TPMRC is under the operational control of CENTCOM's Command Surgeon. TPMRC is responsible for:

(1) Maintaining direct liaison with theater ships/units and all agencies providing casualty movement support.

(2) Establishing and maintaining communications with all theater and supporting PMRCs.

j. Requesting ships/units are responsible for:

(1) Generating a PMR or AF Form 3899 for each patient. A sample AF Form 3899 is located in Tab L of the appendix. The request must include the following information:

(a) Patient Identification - must be completed in its entirety.

(b) Unit Information - complete for homeport station information.

(c) Validation Information- includes MTF destination, patient classification and attendants.

(d) Other Information - includes attending and accepting physician, insurance information (if applicable) and any required medical waivers.

(e) Clinical Information - includes medical specialty and diagnosis, medications, labs, vital signs, drainage, special equipment data, diet, non-battle/battle injury; labs/vitals must be current (for trauma patients most current vitals/labs must be provided; for other patient's vitals/labs must be no older than 72 hours.)

(f) Pertinent clinical history - detailed complete history and physician's name and signature (as required).

(g) Patient Movement Physician Orders - includes medication and other orders.

(2) Coordinating casualty transfer/movement with TPMRC.

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(3) Providing medical capabilities, patient movement data, and other information as requested, including points of contact and phone numbers to TPMRC.

(4) Being prepared to provide any additional support required.

(5) Personal Casualty Reports. Personnel Casualty reports are required per reference (o) within 4 hours of learning of the incident

(a) Personnel Casualty Report Procedures. Irrespective of condition, if a Sailor is admitted to a foreign hospital, and or if it is necessary for the Sailor's ship to depart, the Sailor's command is required to submit a PCR.

1. Reasons for Initially Reporting a Personnel Casualty:

(a) Terminally Ill (TI) - The casualty status of a Sailor whose illness has been diagnosed by an Armed Forces medical officer and the Sailor is hospitalized in a medical treatment facility.

(b) Very seriously wounded, very seriously ill, or very seriously injured (imminent danger of loss of life) (VSI) - The casualty status of a Sailor whose illness or injury is such that medical authority declares it more likely than not, that death will occur within 72 hours.

(c) Seriously wounded, seriously ill, or seriously injured (SI) - The casualty status of a Sailor whose illness or injury requires medical attention, medical authority declares that death is possible, but not likely, within 72 hours and or the severity is such that it is permanent and life-altering.

(d) Not seriously wounded, ill, or injured (NSI) - The status of a Sailor meeting **all** of the following criteria:

(1) Wound or injury occurred in a combat operation or an area designated as a combat operation or combat zone.

(2) Wound or injury requires medical attention.

(3) Condition classified as less severe than SI by medical authority.

(4) Hospitalization in a medical facility for treatment of that wound or injury.

(5) Serious Mental Disorder as defined in MILPERS
1770-230

8. Administrative Guidelines

a. Medical Information. Per reference (a), requesting units will ensure that the patient's health record accompanies the casualty on the MEDEVAC or AE.

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b. Orders. All Military personnel will have fully-funded 30-day orders prepared in accordance with references (b) through (k). Attention is directed to reference (i) for specific guidance on medical funding responsibilities for units operating in the AOR.

c. Baggage. MEDEVAC patients are authorized one seabag or piece of luggage not to exceed 76 pounds and one small carry-on type bag not to exceed 22in X 18in X 12in.

d. Attire. United States Air Force AE Units require working uniforms for military personnel on MEDEVAC or AE flights. In certain areas within AOR military attire is not authorized. Military personnel should carry civilian attire. (Note: For AE, depending on the classification of a patient, the patient may be required to be in pajamas).

e. Instructions to Units. The items listed below will accompany the patient and any attendant:

(1) Funded TAD orders for patient and attendants. Itinerary section should include known destination and "ALL POINTS NECESSARY IN THE MEDEVAC SYSTEM." Patients must have "**varied itinerary as required**" written into the orders. The "variations authorized" box needs to be marked. Attention to reference (c) is directed.

(2) Escorts or non-medical attendants (NMAs) may be required to travel with the patient out of the AOR. TAD orders (30 days) for escorts/NMAs must contain the same itinerary language as for the patient and must also read "**varied itinerary as required**" written into the orders.

(3) Patients moving to a Host Nation hospital on an urgent basis should be provided \$500 cash advance or access to an activated Government Travel Card(GTC) to cover treatment, unless ISOS/TRICARE has established cashless/claimless payment system at the given hospital. Active duty personnel should obtain a receipt for any payments made to a Host Nation hospital in order to submit a claim for reimbursement by Tricare.

(4) Passports (Verify country clearance requirements contained within the Electronic Foreign Clearance Guide (FCG) located at: SIPR www.fcg.pentagon.smil.mil/fcg.html)

(5) Before leaving the parent command, the escort(s)/NMA will be briefed by the medical department on duties and responsibilities. The escort(s)/NMA will be required to accompany the patient 24 hours a day until released by medical authority. If physical restraints are used, briefing guidelines are mandatory.

f. When it is determined that the member is fit-for duty, the member may return on an AE as a returning outpatient. The member may also revert their status to that of a regular passenger and be manifested back to their command.

9. Administrative Movement

a. Movement of service members not in the MEDEVAC or TRAC2ES system, or those who do not require direct care in theater, is an administrative

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function. It is the responsibility of the command to coordinate funding and movement of personnel. Commands should coordinate movement through their respective OPCON Commander. It is not the function of the Force/Fleet Surgeon's Office or NBHC Bahrain to coordinate administrative movement of personnel.

Tabs:

- A - AERO Medical Staging Facilities List
- B - RESERVED
- C - RESERVED
- D - RESERVED
- E - RESERVED
- F - RESERVED
- G - RESERVED
- H - Patient Movement for NON-US Forces
- I - Patient Movement With a History of Infectious Diseases
- J - MEDEVAC Message
- K - MEDEVAC Flow Chart
- L - AF Form 3899, Patient Movement Record

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Tab A TO APPENDIX 1 TO ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPOD 1000-15

Subj: AREO - MEDICAL STAGING FACILITIES LIST

1. Theater Patient Movement Requirements Center-Europe (TPMRC-E)

DSN: 314-480-8040 or 2235
Commercial: 011-49-6371-47-8040 or 2355
NIPR E-Mail: tpmrc-e.3afsgz@us.af.mil
SIPR E-Mail: usaf.ramstein.3-af.mbx.transcom-tprmr-e@mail.smil.mil

2. Global Patient Movement Requirements Center (GPMRC)

DSN: 312-779-4200 or 4201
Commercial: 618-229-4200
Toll Free: 800-303-9301
NIPR E-Mail: transcom.scott.tcsg.mbx.gpmrc@mail.mil
SIPR E-Mail: ustc-gpmrc@ustranscom.smil.mil

3. TRANSCOM Regulating and Command and Control Evacuation System (TRAC2ES):
(USTRANSCOM request for account information/questions)

DSN: 312-779-4197
Commercial: 618-229-4197
NIPR E-Mail: TRAC2ES@ustrancom.mil
Website: <https://www.trac2es.transcom.mil>

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TAB B TO APPENDIX 1 TO ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPORD 1000-15

Subj: Aero-medical Evacuation Aircraft List

Ref: (a) CJCSM 3130.03, APEX Planning Formats and Guidance, 18 Oct 12

1. Reference (a) dictates the structure of the OPORD 1000.
2. This required section does not currently apply, so is reserved for future

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TAB C TO APPENDIX 1 TO ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPORD 1000-15

Subj: Evacuation Requirements

Ref: (a) CJCSM 3130.03, APEX Planning Formats and Guidance, 18 Oct 12

1. Reference (a) dictates the structure of the OPORD 1000.
2. This required section does not currently apply, so is reserved for future

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TAB D TO APPENDIX 1 TO ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPORD 1000-15

Subj: CONUS Based Patient Reception and Distribution

Ref: (a) CJCSM 3130.03, APEX Planning Formats and Guidance, 18 Oct 12

1. Reference (a) dictates the structure of the OPORD 1000.
2. This required section does not currently apply, so is reserved for future

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TAB E TO APPENDIX 1 TO ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPORD 1000-15

Subj: Tactical/Intra-theater and Strategic Movement of Infectious Patients
in a Biological Warfare Environment

Ref: (a) CJCSM 3130.03, APEX Planning Formats and Guidance, 18 Oct 12

1. Reference (a) dictates the structure of the OPORD 1000.
2. This required section does not currently apply, so is reserved for future

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TAB F TO APPENDIX 1 TO ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPORD 1000-15

Subj: Tactical/Intra-theater and Strategic Movement in a Chemical Warfare Environment

Ref: (a) CJCSM 3130.03, APEX Planning Formats and Guidance, 18 Oct 12

1. Reference (a) dictates the structure of the OPORD 1000.
2. This required section does not currently apply, so is reserved for future

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TAB G TO APPENDIX 1 TO ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPORD 1000-15

Subj: WMD Casualty Reception within HN and Supporting Regions

Ref: (a) CJCSM 3130.03, APEX Planning Formats and Guidance, 18 Oct 12

1. Reference (a) dictates the structure of the OPORD 1000.
2. This required section does not currently apply, so is reserved for future

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TAB H TO APPENDIX 1 TO ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPORD 1000-15

Subj: PATIENT MOVEMENT FOR NON-US FORCES

1. Definitions:

- a. Friendly NON-US Forces: Any Coalition nation's service member.
- b. Hostile NON-US Forces: Any enemy nation's service member.
- c. US Forces: Any active or reserve component US service member.
- d. Foreign National Civilian: Any person(s) of another country/nation not an active duty service member with a military fighting organization.

2. Patient Movement or Medical Evacuation of NON-US forces will be reported to NAVCENT Surgeon's office thru the COMUSNAVCENT Battle Watch.

3. Patient Movement will be coordinated by the COMUSNAVCENT Battle Watch.

a. Contact NON-US force country LNO (if Available) to determine preferred MEDEVAC destination.

(1) NON-US force country LNO will refer to host nation smart packs located on the CAS website referred to in TAB C of this appendix for available facilities.

b. If NON-US force country LNO is not available Contact CTF-151 Battle Watch for country engagement.

(1) NON-US forces will follow guidelines of their services for hospitalization or utilize International SOS.

(2) For foreign national(s) the relevant country LNO will be called.

c. If NON-US force does NOT have I-SOS available then determine desired MEDEVAC facility based on patient illness or injury and contact Host Nation authorities to arrange access to the Facility.

d. Contact the COMUSNAVCENT Foreign Policy Advisor.

e. If Patient Movement is to Bahrain.

(1) Contact the Aviation Unit to advise of inbound patient.

(2) Contact the Ministry of Interior 1757-2222 or 1739-0000 to give them the opportunity to arrange ambulance transport.

(3) Ministry of Interior may ensure access to flight line through security gate.

(4) Bahrain does not allow direct flight to hospital(s).

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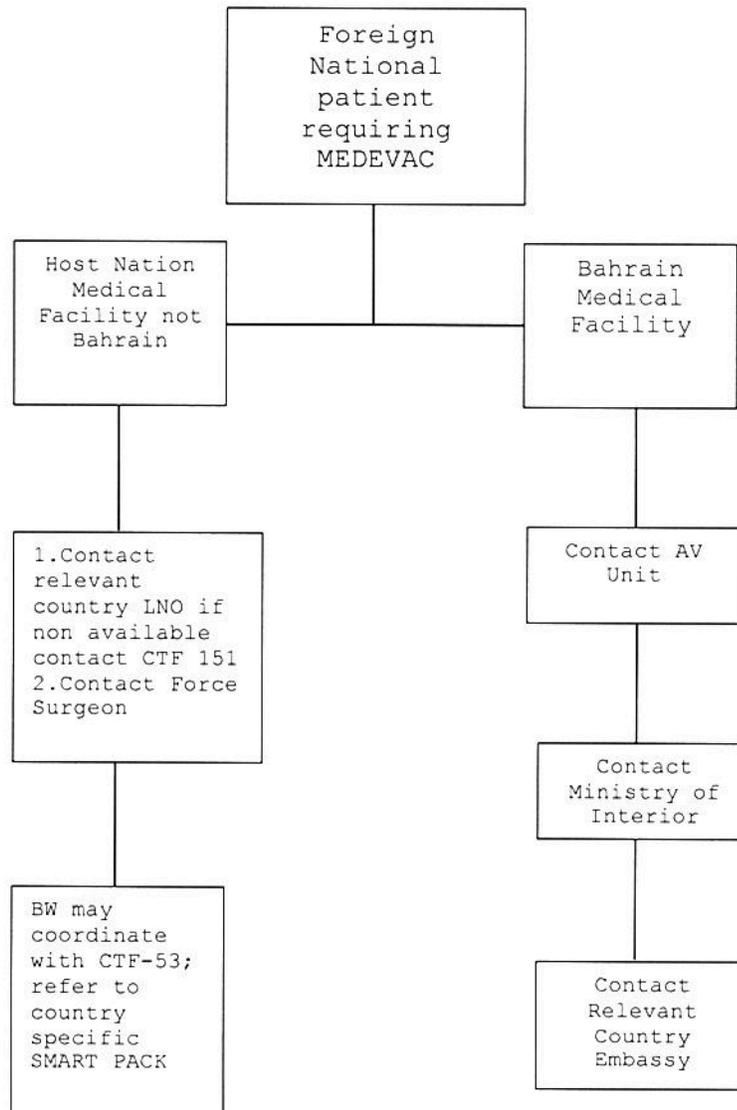
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(5) Notify the Naval Branch Medical Clinic Fleet Liaison 439-3465; 3941-4726.

f. Host nation hospitals within the AOR routinely require advance payment for services. Non-US force personnel and contractors should be prepared to make a cash prepayment for care.

4. All US and Coalition Ships and US Shore medical facilities will support NON-US forces for emergent care as directed thru the Operational Task Force Battle Watch.



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TAB I TO APPENDIX 1 TO ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPORD 1000-15

Subj: PATIENT MOVEMENT WITH A HISTORY OF INFECTIOUS DISEASES

Ref: (a) NTRP 4-02.10 SHIPBOARD QUARANTINE AND ISOLATION
(b) NTPP 4-02.2M/MCRP 4-11.1G, PATIENT MOVEMENT

Guidance: The Centers for Disease Control and Prevention and USTRANSCOM are continuously developing strategies and capabilities for the movement of infectious patients. Units should contact the service component Force Surgeon and USTRANSCOM for the latest guidance prior to arranging MEDEVAC.

IAW ref (a) and (b) Factors to consider when moving an infectious patient include the following:

1. For respiratory symptoms like coughing, sneezing, or runny nose, have the patient wear a clean dry surgical type mask (or N95 respirators as a last resort)
2. Patients should be transported on a dedicated aircraft with a minimum number of crewmembers.
3. Infectious patients should be positioned as far down wind of cabin airflow as possible.
4. Mechanical ventilators for infectious patients should provide high-efficiency particulate air (HEPA) or equivalent filtration of airflow exhaust.
5. Whenever possible, noninfectious patients or passengers should not be on-board.
6. The number of medical providers should be limited to those required to provide essential care during the flight.
7. Infection control measures should focus on source control; engineering controls to limit airborne dissemination of the virus; containment of the area of contamination, such as designating clean and dirty areas on the aircraft; use of PPE; safe work practices to prevent exposure; and waste disposal.
8. It will likely be necessary to place individuals that were exposed to the potentially infectious patient into quarantine to prevent the spread of the disease throughout the ship. Refer to figure 4-1 in ref (a) for a detailed Quarantine and Isolation Decision Tree.

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TAB J TO APPENDIX 1 TO ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPORD 1000-15

Subj: MEDEVAC MESSAGE

1. Policy. The Medical Evacuation (MEDEVAC) message is used to notify the COMFIFTHFLT Surgeon of patient movement, intended movement or request for assistance. A MEDEVAC request shall be sent regardless of priority, even if the patient has already departed via MEDEVAC prior to message release.

2. Sample MEDEVAC Request Message

DTG
FM YOUR UNIT
TO COMFIFTHFLT//
INFO COMUSNAVCENT//
BT
CONFIDENTIAL//N06000//
MSGID/YOUR UNIT/-/MONTH//
SUBJ: MEDEVAC REQUEST//
REF/A/DOC/COMFIFTHFLT OPORD 1000-15/31 JAN 16//
AMPN/APPENDIX 1 TO ANNEX Q/MEDEVAC MSG//
RMKS/1. **ACTIVE DUTY ENLISTED** or **ACTIVE DUTY OFFICER:**
2. **PATIENT'S CHIEF COMPLAINT:**
3. **PRECEDENCE:**
URGENT (less than 24 hours) - *An emergency case which must be moved immediately to save life or limb, or to prevent complication of a serious illness.*
PRIORITY (less than 48 hours) - *Patients requiring prompt medical care not available locally. Such patients must be delivered with the least possible delay.*
ROUTINE (72 to 96 hours) - *Patients moved on routine or scheduled flights.*
ROUTINE WITH SPECIAL REQUIREMENTS - *Patients who are non-ambulatory, with casts or other fixtures.*
4. **LITTER/AMBULATORY:**
5. **RANK/RATE:**
6. **AGE:**
7. **SEX:**
8. **WEIGHT:**
9. **MEDICAL SPECIALTY:** (MED, ORTHO, PSYCH, ETC.)
10. **ICD-9 CODE:**
11. **PREVIOUSLY IDENTIFIED OR RELATED CONDITION:** YES / NO
12. **SPECIAL EQUIPMENT REQUIREMENTS:** (CATHETER, CAST, O2, IV)
13. **PERMANENT DUTY STATION:**
14. **VITAL SIGNS:**
A. TEMP:
B. PULSE:
C. RESP:
D. B/P:
15. **MEDICATIONS:**
16. **BRIEF HISTORY:** (ONLY KEY INFORMATION)
17. **ATTENDING PHYSICIAN/MEDICAL DEPARTMENT REPRESENTATIVE:**

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18. **TELEPHONE/INMARSAT:**
19. **ATTENDANT:**
A. NAME:
B. GRADE:
20. **OTHER:** (Indicate here if you are requesting assistance with patient movement.) If you have movement planned, provide details; "plan movement of patient on C-2 flight from Fujairah to Bahrain on 17 Jan 04 ETA 1200Z."

Note 1: For MEDEVACS going to or through Europe, include SIXTHFLT SURGEON NAPLES IT //10// as an info addressee on the MEDEVAC message.

Note 2: TRANSCOM Regulating and Command and Control Evacuation System (TRAC2ES) provides automated information system (AIS) patient movement tracking and is used by TPMRC to generate a lift-bed plan. It is the primary mode of AE patient in-transit visibility (ITV) regulating and tracking throughout the AOR. The NBHC Bahrain OFMLS is the TRAC2ES manager in Bahrain.

3. Patient Requirements

- a. SF 513 consultation form is required for all referrals.
- b. Health records as appropriate to medical/dental care needed.
- c. 30 day-fully funded TAD orders.
- d. Military ID/CAC card.
- e. Adequate supply of medications.
- f. Passport (Some Host Nations may accept a Military ID/CAC with a Command letter attesting to citizenship for patient and escort).
- g. \$500 in hand, cash advance.
- h. Patient should be provided adequate funds to cover the expense of meals, lodging, and incidentals. All personnel transferred to Bahrain will be charged for all messing and lodging.

(1) Every attempt should be made to utilize International SOS when seeking care outside of a U.S. Military MTF.

(2) ISOS will validate medical care and create a Guarantee of Payment (GOP) which will be used to initiate care at the host nation healthcare facility. Many hospitals have a cashless/claim system established with ISOS.

(3) **If International SOS is not utilized, payment for health care received by members is the responsibility of their parent operational unit.**

4. Unit Requirements. The items listed below will accompany the patient and escort:

- a. Funded TAD orders for patient and any attendants. Itinerary section should include known destination and "ALL POINTS NECESSARY IN THE MEDEVAC

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SYSTEM." Patients must have "varied itinerary as required" written into the orders, and the "variations authorized" box marked.

b. ISOS will attempt to provide emergency ground transportation from landing field to healthcare facility. For afloat units; securing transportation from afloat to ashore is the responsibility of the unit.

5. Escort Requirements

a. Escorts may be required to travel with the patient out of the AOR. \$500 in hand cash advance or an activated Government Travel Card(GTC), and funded TAD orders (30 days) for escorts must contain the same itinerary language as for the patient and must also read "**varied itinerary as required**" written into the orders and the "variations authorized" box marked.

b. Passport (Some Host Nations may accept a Military ID/CAC with a Command letter attesting to citizenship for patient and escort).

c. Before leaving the parent command, the escort will be briefed by the medical department on duties and responsibilities. The escort will be required to accompany the patient 24 hours a day until released by medical authority. Briefing guidelines for physical restraint is mandatory.

d. When it is determined that the member is Fit-for-Duty, the member's status will revert to that of a regular passenger and be manifested back to their command.

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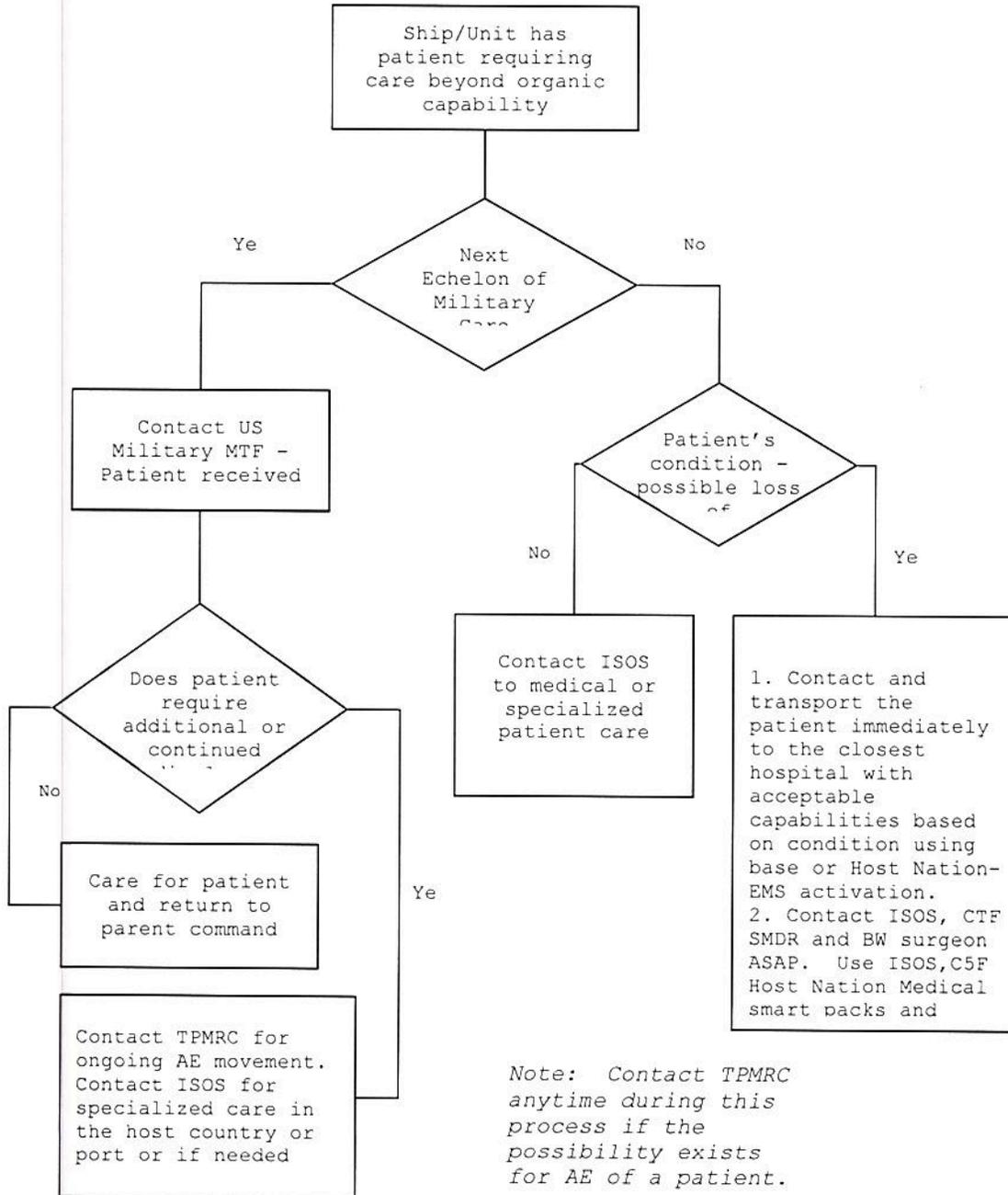
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TAB K TO APPENDIX 1 TO ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPORD 1000-15

Subj: MEDEVAC FLOW CHART



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TAB L TO APPENDIX 1 TO ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPORD 1000-15

Subj: AF FORM 3899, PATIENT MOVEMENT RECORD

1. **Guidance.** Provided is an example of an AF Form 3899, Patient Movement Record. This document serves as a legal document to request aeromedical evacuation (AE). Patient requirements and care provided during AE are illustrated on this form. This form is to be retained and placed into the patient's medical record. The form is initiated and completed prior to the patient departing the originating ship/unit.

2. The form is completed by the requesting command and sent to TPMRC. All entries must be typed (preferred) or written legibly in either blue or black ink.

a. Patient Identification

(1) **Name** - Enter the patient's last name, first name, and middle initial.

(2) **SSN** - Enter the patient's SSN. (**NOTE:** If patient is a family member/beneficiary the sponsor's SSN will be used).

(3) **Date of Birth** - Enter the patient's date of birth.

(4) **Age** - Enter the patient's age.

(5) **Sex** - Check the applicable block for either male or female.

(6) **Status** - Enter the patient's status (i.e. Active Duty, retired, family member, civilian, etc.).

(7) **Service** - Enter the patient's branch of service (i.e. Army, Navy, Air Force, Coast Guard, etc.).

(8) **Grade** - Enter the sponsor's grade.

(9) **Unit of Record** - Enter the patient's home unit.

(10) **Cite/Authority No** - Enter the patients TRAC2ES cite number, if known.

b. Validation Information

(1) **Originating Facility/Phone Number** - Enter the name and the phone number of the originating command.

(2) **Destination Facility/Phone Number** - Enter the name and the phone number of the destination MTF.

(3) **Reason Regulated, Max # Stops, Max # RONs, Altitude Restriction**

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(4) **Ready Date and Appointment** - Enter the Julian date for both ready date and appointment date. Enter the date the patient is scheduled for an appointment or surgery at the destination MTF.

(5) **Number of Attendants** - If the patient is assigned attendants, enter the total number of medical and/or non-medical attendants accompanying the patient. If no attendants are assigned, then mark the blocks "N/A".

(6) **CCATT** - Check if CCATT required. Indicate the name, sex, weight and rank of CCATT attendants.

(7) **Classification** - Check the applicable block for either ambulatory or litter and in the block to the right enter the patient's classification.

(8) **Precedence** - Check the applicable block for U - urgent (12 hours); P - priority (24 hours); or R - routine (72 hours).

c. Other Information

(1) **Attending Physician** - Enter the name of the attending physician at the originating facility.

(2) **Accepting Physician** - Enter the name of the physician at the destination facility who will be accepting the patient.

(3) **Origination Transportation** - Enter the name of person making the request.

(4) **Destination Transportation** - Leave blank.

(5) **Insurance Company** - Enter the insurance company name, address, phone #, policy and relationship to policy holder. Write none or N/A as applicable.

(6) **Waivers** - Enter any known medical waivers.

d. Clinical Information

(1) **Diagnosis** - Enter the patients' primary diagnosis first and any secondary diagnosis thereafter.

(2) **Weight** - Enter the patient's weight in pounds.

(3) **Blood Type** - Enter the patient's blood type.

(4) **Battle Casualty, Disease, Injury** - Place an "X" in the applicable box.

(5) **Labs and Vitals** - Enter current labs and vital signs.

(6) **Clinical Issues** - Place an "X" in either the "Yes" or "No" boxes for each of the items listed. (NOTE: If an item is marked "Yes", provide an explanation in the Assessment/Progress section.)

(7) **Special Equipment & Diet Information** - Check applicable boxes.

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e. Pertinent Clinical History

(1) **Physicians Orders** - The attending physician will complete this section and enter all required treatments and medications needed to be administered to the patient while they are in the AE system. No member of the AEC will alter anything written in this block. If the order is incorrect, do not change the order, but document your actions and the rationale for them on the reverse of the form. Flag the order in some fashion so others will not make the same mistake. If the patient continues in the AE system, a flight surgeon will be asked to clarify the order at the earliest possible opportunity.

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PATIENT MOVEMENT RECORD

DATA PROTECTED BY PRIVACY ACT OF 1974

PERMANENT MEDICAL RECORD

(s) - Information needed to submit patient movement record

SECTION I PATIENT IDENTIFICATION

Form for patient identification including fields for name, SSN, date of birth, age, sex, status, service, grade, unit of record, and phone number.

SECTION II VALIDATION INFORMATION

Form for validation information including medical treatment facility, ready date, appointment, attendants, classification, and reason regulated.

SECTION III OTHER INFORMATION

Form for other information including attending and accepting physician details, transportation phone numbers, insurance company, and waivers.

SECTION IV CLINICAL INFORMATION

Large form for clinical information including diagnosis, allergies, labs, vital signs, clinical issues, infection control, special equipment, diet information, and medications.

SECTION V PERTINENT CLINICAL HISTORY (Transfer Summary)

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<i>Physician's Signature</i>	<i>Date/Time</i>
<i>Signature of Clearing Flight Surgeon</i>	<i>Date/Time</i>

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APPENDIX 2 TO ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPORD 1000-15

Subj: JOINT BLOOD PROGRAM

Ref: (a) COMNAVSURFORINST 6000.1, Shipboard Medical Procedures Manual
(b) COMNAVAIRFORINST 6000.1, Shipboard Medical Procedures Manual
(c) NAVMED P-117, Manual of the Medical Department
(d) OPNAVINST 6530.4B, Navy Blood Program

1. CONCEPT OF OPERATIONS: Fluid and blood product availability at different taxonomy continuum of healthcare capabilities.

- a. First Responder Capability: Ringers Lactate and human albumin
- b. Forward Resuscitative Capability: Ringers Lactate, human albumin, Group O red blood cells, liquid
- c. Theater Hospitalization and CRTS Capability: Ringers Lactate, albumin (25 percent), red blood cells (liquid and frozen), fresh frozen plasma, platelet concentrate
- d. Definitive Capability at Role 3: Ringers Lactate, albumin (25 percent), red blood cells (liquid and frozen), fresh frozen plasma, platelet concentrate.
- e. CONUS MTF Capability: Full range of resuscitation fluid and blood products

2. PLANNING FACTORS AND ISSUES:

- a. Four units of red blood cells per initial admission of each WIA and DNBI.
- b. One technician and four cell washers can deglycerolize 96 units of frozen blood cells in 24 hours. Assign staff for 12-hour shifts and 7-day work weeks.
- c. Walking Blood Bank: This is a tertiary source of blood (i.e., to be used only after liquid and frozen blood sources have been depleted (CNSF 6000.1 series). However, walking blood bank response should be checked frequently. Activate the Walking Blood Bank (or parts of it) during mass-casualty drills. Activating the walking blood donor program requires follow up of recipients by BUMED and the medical treatment facility where the ship is home ported. All transfusion records should be turned over to the medical treatment facility responsible for supporting the ship in homeport.
- d. Meet OPNAV 6530.4A requirements: Save the donor card, a frozen plasma sample, and the correct donor / unit numbers. Report transfusions on ships to BUMED Navy Blood Program Office and meet the requirements in TAB E of this Appendix.

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Tabs

- A - Joint Blood Program Operational Structure
- B - Blood Requirements and Capabilities
- C - RESERVED
- D - RESERVED
- E - Blood Utilization Report

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TAB A TO APPENDIX 2 TO ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPORD 1000-15

Subj: JOINT BLOOD PROGRAM OPERATIONAL STRUCTURE

Ref: (a) USCENTCOM Joint Theater Blood Program Guide

Blood Distribution within the AOR

The CENTCOM Joint Blood Program Officer-Forward is the primary contact single item manager for blood product distribution in the theater. The Armed Services Whole Blood Processing Laboratory East (ASWBPL-E) sends blood and blood products to the theatre Blood Transshipment Center (EBTC). The EBTC is the initial point where blood arrives in theater where it is re-iced and coordinated to be shipped and/or shipped out to the appropriate facilities. CENTCOM EBTC is located in Qatar. BSDs supply blood products to service MTF's. The closest BSD to your MTF will serve as your blood supply units. A Combat Support Hospital may serve as a BSU (Blood Supply Unit). Coordination must be done as soon as you arrive at your site. If you do not know who your blood supply detachment or unit is, contact the JBPO in Qatar for the nearest BSD or BSU to your site.

Blood Products available in Theater

Packed Red Blood Cells (pRBCs), Fresh Frozen Plasma (FFP), Plasma Frozen within 24 Hours after Phlebotomy, and Cryoprecipitated Antihemophilic Factor (CRYO) are routinely available in the CENTCOM AOR. Currently, Apheresis Platelets are collected in theater and available for limited locations. For availability, contact CENTCOM JBPO (Fwd) at DSN 318-436-4116. Under emergency, lifesaving conditions, when deemed clinically appropriate (example: for platelets or pRBC shortages), Fresh Whole Blood (FWB) can be collected and transfused in theater. All whole blood collected in theater must be type specific and used within four hours of collection at room temperature or 24 hours at refrigerated temperatures. The FWB will either be transfused or destroyed within 24 hours of collection.

Class VIIIb Products

<u>Product</u>	<u>Shelf Life</u>	<u>Transfusion</u>	<u>Storage</u>
RBCs	42 days	42 days	1-6 ⁰ C
FFP	12 months	24 hours (FFP thawed)	-18 ⁰ C or colder
Plasma Frozen	12 months	24 hours (thawed)	-18 ⁰ C or colder
<u>within 24 hrs</u>			
Thawed Plasma	5 days	5 days	1-6 ⁰ C
Platelets	5 to 7 days*5 to 7 days	20-24 ⁰ C w/	<u>agitation</u>

*Collection sites are 5 days for platelets. Locations that are shipped to may extend to 7 days max.

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Expired Blood:

RBCs have a shelf life of 42 days once collected. RBCs arrive in theater with approximately 34 days or less shelf life. Blood that is not transfused and expires at the MTFs should be destroyed IAW established local procedures for destroying biological waste (incineration/burning). If the facility does not have the ability to dispose of the blood properly, contact the EBTC or CENTCOM JBPO for guidance.

Collins Boxes: (Standardized blood shipping box)

Return Collins boxes to your Main DSH/EBTC at Qatar to ensure theater blood support mission is continuously met.

If returning to the EBTC, return to the following address:

FB4804 379 ELRS/LGRDDC TMO OFFICE
BLDG 5452 PRECISION RD. AND POWER DR.
AL UDEID AB QA 09309

Blood Report:

NIPR for Individual Site Usage: <https://tmds.tmip.osd.mil/portal>
SIPR for Consolidated Reporting: <https://msat.fhp.smil.mil/portal>

User Requirements:

Establish TMDS Account
Establish MSAT Account - If required for consolidated reporting
Computer Hardware/Scanner Requirements
Internet Access

Standard Operating Procedures

Additional Information and SOP's available within reference (a).

CENTCOM Joint Blood Program Quick Phone Reference

For cell numbers in theater: dial local DSN operator-Ask to be connected to cell phone number with country code

Qatar DSN Operator: 437-1110
Arifjan DSN Operator: 560-1110
Bagram DSN Operator: 431-1110
Bahrain DSN Operator: 439-4000

CENTCOM MacDill AFB, FL
MEDLOG 312-529-0350 (LTC Walsh)
VOSIP 302-529-0116

ASBPO

Director (CAPT Fahie 312-761-8026
Deputy Director, Ops 312-761-6067
Cell (517) 340-5201
Deputy Director, Policy 312-761-8024
Senior Enlisted Leader 312-761-8010
Information Technology 312-761-1736

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JBPO
CAOC
JBPO Desk 436-4116
VOSIP 308-436-0071
CENTCOM
JBPO Desk - 436-8590
VOSIP 308-532-9014
Cell country code: 974-3369-9428

ASWBPL East - McGuire AFB, NJ
DSN 312 650-3373/ 4728/ 4729
24 Hour DSN 650-2442
24 Hour Mobile 609 658-7392
APCC (flight delays) 312-779-0355

EBTC, Al Udeid AB, Qatar
DSN 437-2016/2003
VOSIP 308-437-3031
Cell Country Code: 974-6689-7592

BSD Bagram Air Field, Afghanistan
DSN 431-5446/481-0099
Cell country code: 93-070-221-0633
VOSIP 308-431-6412 (office)
Apheresis 431-9438 (in CJTH)

Special Handling and Load Planners
** ITARS is the last 6 of the TCN (not including the XXX)

AUAB 318-437-6234
Ali Al Salem, Kuwait 318-442-2705/2706
Bagram 318-447-6747
Bahrain 318-439-4121
Load Planning 437-2660
AMD Plans 436-4189
Big Dog Flights: VoSIP: 706-421-6025/6027

EUCOM/AFRICOM JBPO
DSN 314-486-8176
Commercial 011-49-6371-868176
Cell Phone: 011-49-162-296-1672
ASBBC: 314-486-8150/8319
Landstuhl Help Desk: 314-486-8106
Landstuhl Lab: 341-486-7500

Customers and Clients

Kuwait: EMF Kuwait, Camp Arifjan
Laboratory 318-430-1975/2809
Lab OIC 318-430-1942
Cell country code: 965-6778 9168

Qatar: 379 EMDG - Clinic
DSN 437-4216
Lab 437-4214

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Blood Facilitators:
JPMRC: 436-1575
AECT: 436-4183/VOSIP: 436-3052
MEDLOG-SWA: 432-2881

Afghanistan Role III Laboratory
Kandahar 421-6392/6413 (OIC)
CJTH 431-3216

Iraq Department of State
Tom Berger: DSN 318-239-2110
Comm: BDSC: 571-306-4250

CJFLCC-I MEDLOG
MAJ Doornink: VOSIP: 308-850-0479
DSN: 318-824-9914
(Kuwait Cell): 965-6908-1744

Iraq Role II
Irbil: 302-776-1071 VOSIP: 708-776-1074
Al Asad: 302-641-3009

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TAB B TO APPENDIX 2 TO ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPORD 1000-15

Subj: BLOOD REQUIRMENTS AND CAPABILITIES

Ref: (a) COMNAVSURFORINST 6000.1, Shipboard Medical Procedures Manual
(b) COMNAVAIRFORINST 6000.1, Shipboard Medical Procedures Manual

1. All units within the AOR should be capable of providing blood donations in emergent situations. The "walking blood bank" concept shall be fully functional.

2. Blood Capabilities:

Disclaimer: Blood and blood products capabilities are dependent on projected operational environment, type of deployment, availability of products, equipment capacity aboard ships, and medical personnel manning (FST, M+1).

Ship	Deployment	RBCs	FFP	Platelets*
LHA	Contingency	400-450	20	50
	Mobilization	400-450	40	TBD
LHD	Contingency	400-450	20	50
	Mobilization	400-450	40	TBD
LPD	Contingency	26	06	N/A
ERSS	Contingency	23-16	15	N/A
T-AH	Contingency	1400	100	25
	Mobilization	1400	110	TBD

3. Units that require blood should submit a request for blood through the Force Surgeon's Office in accordance with Tab A to this Appendix. All blood re-supply ordering for ERSS is coordinated through the ERSS Team Manager out of the CTF-51 office. They will assist in the procurement and delivery of blood products for units that have limited capability.

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TAB C TO APPENDIX 2 TO ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPORD 1000-15

Subj: Theater Blood Distribution System

Ref: (a) CJCSM 3130.03, APEX Planning Formats and Guidance, 18 Oct 12

1. Reference (a) dictates the structure of the OPORD 1000.
2. This required section does not currently apply, so is reserved for future use.

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TAB D TO APPENDIX 2 TO ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPORD 1000-15

Subj: Joint Blood Program Manpower Requirements

Ref: (a) CJCSM 3130.03, APEX Planning Formats and Guidance, 18 Oct 12

1. Reference (a) dictates the structure of the OPORD 1000.
2. This required section does not currently apply, so is reserved for future use.

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TAB E TO APPENDIX 2 TO ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPORD 1000-15

Subj: BLOOD UTILIZATION REPORT

1. Guidance. A weekly report is required to be submitted to the Force/Fleet Surgeon's Office by units with blood capabilities (i.e. ERSS, CRTS). The report is a summary of blood utilization and inventory.

2. Reporting Requirements. There are several areas that require reporting. Each line item requires a detailed history and status of each patient. A detailed explanation for the report is provided below.

a. Unit Information: e.g. CVN 72

b. Point of Contact Information: Rank and name (LT John Doe), E-mail, voice communications information (shore and/or POTS).

c. Inventory Data:

(1) List product type (e.g. packed red blood cells, whole blood).
(2) List amount by type. Under each product list amounts by blood type.

(3) Expiration date for each product.

d. Patient Infusion Information:

- (1) Unit # (Blood Identification Number)
- (2) Expiration date of unit used
- (3) Product blood type (ABO/RH)
- (4) Product type (whole, PRBC)
- (5) Transfusion date (date given to patient)
- (6) Patient's name (last, first, MI)
- (7) DOD ID Number or Patient ID Number.
- (8) Nationality of patient
- (9) Patient's blood type
- (10) Patient's sex and age

3. Report Format. Below is the format for submission of the blood Utilization Report. The information shall be submitted via e-mail to cusnc.medsitrep@me.navy.smil.mil.

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Unit:	
POC:	POTS TEL:
Shore Tel:	EMAIL:
BLOOD STATUS AS OF:	4-Dec-15

I. INVENTORY DATA									
PACKED RED BLOOD CELLS									
EXP. DATE	O+	O-	A+	A-	B+	B-	AB+	AB-	TOTAL
30 Dec 17	8	2							10
TOTAL	8	2							10
7 Day Expiration	0	0							10

PT TRANSFUSION INFORMATION									
UNIT #	EXP Date	Product ABO/Rh	Product Type	Transfusion Date	Patient's Name	FMP/SSN	Nationality	Patient's ABO/Rh	Sex/Age
W0013 10 012485	30-Dec-17	O Pos	PRBCs						
W0013 10 012481	30-Dec-17	O Pos	PRBCs						
W0013 10 012483	30-Dec-17	O Pos	PRBCs						
W0013 10 012471	30-Dec-17	O Pos	PRBCs						
W0013 10 012474	30-Dec-17	O Pos	PRBCs						
W0013 10 012503	30-Dec-17	O Pos	PRBCs						
W0013 10 012508	30-Dec-17	O Pos	PRBCs						
W0013 10 012504	30-Dec-17	O Pos	PRBCs						
W0016 10 005964	30-Dec-17	O Neg	PRBCs						
W0016 10 006011	30-Dec-17	O Neg	PRBCs						

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APPENDIX 3 TO ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPORD 1000-15

Subj: HOSPITALIZATION

Ref: (a) COMNAVSURFORINST 6000.1, Shipboard Medical Procedures Manual
(b) COMNAVAIRFORINST 6000.1, Shipboard Medical Procedures Manual
(c) COMSUBLANT/COMSUBPACINST 6000.2 (Series), Standard Submarine Medical Procedures Manual
(d) NAVMED P-117, Manual of the Medical Department
(e) NWP 4-02, Naval Expeditionary Health Service Support Afloat and Ashore
(f) OPNAVINST 6320.6 (Series), Hospitalization of Service Members in Foreign Medical Facilities

1. Situation.

a. Casualties requiring inpatient care outside of the Military Treatment System within the AOR will be referred to inpatient facilities as directed by International SOS. Prior to MEDEVAC from operational platform Medical Departments will contact International SOS Commercial Phone (collect): 00-44-20-8762-8133 ISOS is able to coordinate ground/air transport, medical bill processing, medical bill payment, scheduling patient appointments, transportation to an ISOS affiliated medical treatment facility, and transportation back to the unit.

2. Mission. In a life, limb, or sight-threatening situation within a port, the unit should use the most expeditious method to get the member to the appropriate treatment facility. At the earliest possible time, ISOS needs to be informed in order to coordinate transportation, emergency care, and payment.

3. Execution.

a. The following information is required to request consults through ISOS and to receive DEERS eligibility verification: Name, rank/rate, SSN, and unit (as possible). This process applies to all active duty and reserve members deployed in the AOR.

b. Contact information for ISOS:

(1) Commercial Phone (collect): 00-44-20-8762-8133 (Available 24/7)

(2) Fax: 00-44-20-8762-8125

(3) E-mail: tricarelon@internationalsos.com

4. Administration and Logistics. Hospital capabilities within the AOR can be referenced within the Medical Smart Packs on the Collaboration at Sea website. The Primary hospitals for units stationed on Bahrain will Be Bahrain Specialist Hospital.

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a. Host nation hospitals within the AOR routinely require advance payment for services. Non-US force personnel and contractors should be prepared to make a cash prepayment for care.

5. Command and Control. Any patient admitted as an inpatient or transferred to another facility must be reported to the COMUSNAVCENT Force Surgeon's Office via the daily MEDSITREP.

a. Units are responsible for providing escorts for all hospitalized patients.

b. The USNBHC Bahrain OFMLS shall be notified by the MAO/SMDR when all patients are consulted or transferred to medical facilities in Bahrain.

c. Any healthcare coordinated at a civilian facility without the use of ISOS will incur a cost to the member or command. Commands/units will be responsible for all medical bills, transport of the patient, and submitting receipts for reimbursement by Tricare.

Tabs

A - RESERVED

B - RESERVED

C - Medical Facility Locations and Bed Capabilities

D - RESERVED

E - Hospitalization for Non-US Forces

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TAB A TO APPENDIX 3 TO ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPORD 1000-15

Subj: TIME-PHASED BED REQUIREMENTS

Ref: (a) CJCSM 3130.03, APEX Planning Formats and Guidance, 18 Oct 12 (U)

1. Reference (a) dictates the structure of the OPORD 1000.
2. This required section does not currently apply, so is reserved for future use.

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TAB B TO APPENDIX 3 TO ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPORD 1000-15

Subj: PEAK BED REQUIREMENTS

Ref: (a) CJCSM 3130.03, APEX Planning Formats and Guidance, 18 Oct 12 (U)

1. Reference (a) dictates the structure of the OPORD 1000.
2. This required section does not currently apply, so is reserved for future use.

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TAB C TO APPENDIX 3 TO ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPORD 1000-15

Subj: MEDICAL FACILITY LOCATIONS AND BED CAPABILITIES

References: Medical Smartpack's located on Collaboration at Sea (CAS) Website

1. Decision to refer a service member to a higher level of care lies on the Senior Medical Department Representative of the unit thru his/her appropriate chain of command. Hospital care availability will be dependent on location of patient and closest hospital with regards to need.

2. To view hospital capabilities in the AOR, refer to Host Nation Medical Smartpacks located on the CAS website.

<https://www.uar.cas.navy.smil.mil/bghub.nsf>

3. Smartpacks available for the following with others in development:

- a. Bahrain
- b. Egypt
- c. Jordan
- d. Kingdom of Saudi Arabia
- e. Kuwait
- f. Oman
- g. Qatar
- h. United Arab Emirates
- i. Djibouti

4. Additional information on united States Military Treatment Facilities is available in Appendix 8.

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TAB D TO APPENDIX 3 TO ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPORD 1000-15

Subj: BED REQUIREMENTS VERSUS CAPABILITIES

Ref: (a) CJCSM 3130.03, APEX Planning Formats and Guidance, 18 Oct 12 (U)

1. Reference (a) dictates the structure of the OPORD 1000.
2. This required section does not currently apply, so is reserved for future use.

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TAB E TO APPENDIX 3 TO ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPORD 1000-15

Subj: HOSPITALIZATION FOR NON-US FORCES

1. Definitions:

- a. Friendly NON-US Forces: Any Coalition nation's service member.
- b. Hostile NON-US Forces: Any enemy nation's service member.
- c. US Forces: Any active or reserve component US service member.

2. Hospitalization of NON-US forces will be reported to the NAVCENT Surgeons office thru the operational chain of command to the COMUSNAVCENT Battle Watch.

3. NON-US forces will refer to host nation smart packs located on the CAS website referred to in TAB C of this appendix for available facilities. NON-US forces will follow guidelines of their services for hospitalization or utilize International SOS.

- a. Host nation hospitals within the AOR routinely require advance payment for services. Non-US force personnel and contractors should be prepared to make a cash prepayment for care.

4. All US and Coalition Ships and Shore medical facilities will support NON-US forces for emergent care as directed thru the Operational Task Force Battle Watch.

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APPENDIX 4 TO ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPORD 1000-15

Subj: RETURNS TO DUTY

Ref: (a) CJCSM 3130.03, APEX Planning Formats and Guidance, 18 Oct 12

1. Reference (a) dictates the structure of the OPORD 1000.
2. This required section does not currently apply, so is reserved for future

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APPENDIX 5 TO ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPORD 1000-15

Subj: MEDICAL LOGISTICS (CLASS 8A) SYSTEM

Ref: (a) NAVSUP P-485, Naval Supply Procedures, Afloat Supply
(b) OPNAVINST 6530.4B, Navy Blood Program
(c) OPNAV P-45-113-99, Afloat Medical Waste Management Guide
(d) Standard Operating Procedures for Management of Medical and Bio Waste, Kingdom of Bahrain
(e) BUMEDINST 6280.1B, Management of Regulated Medical Waste
(f) US Army Medical Materiel Agency memo entitled Destruction of Vaccine Standard Operating Procedures dated 19 February 2010

1. Purpose. To provide general guidance for medical logistics and bio-medical waste disposal procedures while operating in the NAVCENT AOR. Included in this guidance is how to obtain an account and order medical supplies through the United States Army Medical Materiel Center-Europe (USAMMCE) while in the NAVCENT AOR. (Note: This appendix does not apply to the Afghanistan AOR. Procedures in Afghanistan are provided by the respective AOR commander.)

2. General Guidance

a. Units entering the COMUSNAVCENT AOR are required to maintain an organic Authorized Medical Allowance List (AMAL). It is the responsibility of the ship/unit to maintain and resupply AMAL requirements PER ref (a) and Annex F of this OPORD.

b. Most ship/units should have an established supply chain. Units that do not have an established medical supply chain need to establish an account with United States Army Medical Material Center - Europe (USAMMCE). USAMMCE is the designated single integrated medical logistic manager for EUCOM and CENTCOM.

c. Medical waste is divided into two categories; infectious and non-infectious medical waste. Disposal should be completed PER references (b) and (c). Disposal must comply with local and international laws, ordinances, and/or customs governing such disposal. Infectious medical waste can only be disposed of in Bahrain, in accordance with reference (d). Procedures for transfer of infectious waste in Bahrain are listed below.

3. Establishing a Medical Logistics Account

a. USAMMCE provides supply support for units operating in the NAVCENT AOR. It is recommended that all units contact Customer Support USAMMCE to establish an account, allowing ordering directly from the website. Accounts can be established prior to arriving in the AOR.

USAMMC-EUROPE Customer Support/EOL
CMR 434 BOX 343
APO AE 09138
DSN 314-495-7170

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Website (NIPR): <https://usammce-cust.amedd.army.mil/>

NIPR: usammcecs@amedd.army.mil

SIPR: hqusammcepirmasens@eur.army.smil.mil

b. Go to the above NIPR Website to create an account. Request a new customer account by clicking on the ONLINE WEB ORDERING link. If an account has already been created, click on the LOGON-FOR REGISTERED USERS link. To create an account, fill in the blanks under the ONLINE ORDERING REGISTRATION FORM and submit. Use the Navy Unit Identification Code (UIC) for the DODAAC block. A verification e-mail will be sent with the customer's logon credentials.

c. The entire USAMMCE catalog may be viewed by clicking on the USAMMCE CATALOG link at the home page. Once the logon is completed, customers will be able to order supplies in one of two ways.

(1) Low bandwidth customers: Order manually by submitting a list to the above NIPR e-mail account. Cut and paste the selected items onto an Excel spreadsheet. Be sure to include the Unit Identification Code and contact information prior to sending.

(2) High bandwidth customers: Utilize the Web Online Ordering System. Click on the ONLINE WEB ORDERING link at the home page. Enter the NSN, Material Number, or Nomenclature and click SUBMIT QUERY to search for items. Use the % symbol for wildcard searches. Click on the BASKET icon to add the requested item to the customers list. On the next page fill in all required fields (i.e. Ordering UIC/DODAAC, Signal Code, Fund Code/APC Code, Quantity, Priority, and/or Advice Code). If there is a question about the information there will be a "?" link to receive selection criteria for some fields. Failure to correctly fill in the fields may prevent the order from being processed. Each line item must be submitted, a collective transfer is NOT possible. To continue shopping, click on the SEARCH BY STOCK NUMBER OR NOMENCLATURE link at the top and follow the same instruction above.

d. Paper printouts are not possible. Customers are required to cut and paste each line item onto an Excel spreadsheet and save it for future reference when receiving items. Customers requiring additional information or help should contact customer support.

4. Infectious Waste Disposal Guidance

a. Comprehensive procedures for disposal of infectious waste at sea can be found in reference (c). Transfer of infectious waste to a shore-based facility in the AO is only authorized at the port of Bahrain.

b. The Naval Support Activity (NSA) Bahrain Base Environmental Coordinator, Mr. Awni Almasri, Commercial: 011-973-1785-4603 or e-mail: almasria@nsa.bahrain.navy.mil, is the established controller for medical waste disposal. All medical waste will be inspected prior to acceptance by the Environmental Coordinator to make certain it is properly treated, packaged and labeled. All ships are requested to notify the Environmental Coordinator at least 24 hours prior to delivering waste. Medical waste must be packaged properly, as outlined per reference (d). Additionally,

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references (c) and (e) provide guidance on packaging and handling for acceptance and disposal.

c. This service is conducted on a fee-for-service basis. Request for disposal is submitted on form DD 1348-1 (for each type of waste). The funding document covers the transport and disposal cost. Ships must provide a line of accounting with an estimated dollar amount of \$500 along with date and time of off-load. Hazardous waste (i.e. lab chemicals) must also include a Material Safety Data Sheet (MSDS) for each item transferred along with the DD 1348-1.

d. All ships that have steam autoclaves must autoclave sharps containers and/or bags. Guidance is available in references (c) and (e).

e. Per references (c) and (e), all medical waste is to be properly bagged and/or containerized to prevent needle-stick injuries and spillage of contents.

f. Instructions for disposal of vaccines can be found at the official Anthrax Vaccine Immunization Program Website:
http://www.usamma.army.mil/avip_index.cfm or within reference (f).

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APPENDIX 6 TO ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPOD 1000-15

Subj: FORCE HEALTH PROTECTION

- Ref:
- (a) NAVMED P-5010, Manual of Naval Preventive Medicine
 - (b) NAVMED P-5038, Control of Communicable Diseases Manual
 - (c) USCENTCOM 021502Z DEC 13 Mod 12 to USCENTCOM Individual Protection and Individual-Unit Deployment Policy
 - (d) JCS Memo, MCM-0028-07, "Updated Procedures for Deployment Health Surveillance and Readiness"
 - (e) DoDINST 6490.03, Deployment Health (11 Aug 06)
 - (f) OPNAVINST 6100.3, Deployment Health Assessment Process
 - (g) BUMEDINST 6230.16, Malaria Prevention and Control
 - (h) OPNAVINST 6250.4C, Pest Management Programs
 - (i) OPNAVINST 6210.2, Quarantine Regulations (29 Jun 06)
 - (j) BUMEDINST 6210.4, Ship Sanitation Certificate Program
 - (k) BUMEDINST 6220.12C, Medical Surveillance and Medical Event Report
 - (l) BUMEDINST 6220.13A, Rabies Prevention and Control
 - (m) BUMEDINST 6222.10C, Prevention and Management of STDs
 - (n) BUMEDINST 6230.15B, Immunization and Chemoprophylaxis for the Prevention of Infections Disease
 - (o) BUMEDINST 6224.8B, Tuberculosis Control Program
 - (p) Armed Forces Epidemiological Board memo entitled Antimalarials and Current Practice in the Military - 2003 - 13 (31 Jul 03)
 - (q) Centers for Disease Control website, Health Information for International Health Travel, latest edition
<http://wwwnc.cdc.gov/travel>
 - (r) National Center for Medical Intelligence
<https://www.NCMI.DETRICK.ARMY.MIL>
 - (s) USCENTCOM SG SIPRNET Force Health Protection Page
(<https://hqsweb03.centcom.smil.mil/index.asp?division=CCSG>)
 - (t) US Army Public Health Command SIPRNET page
(<https://phc.army.smil.mil/Pages/default.aspx>)
 - (u) OPNAVINST 5100.19E, Navy Safety and Occupational Health (SOH) Program Manual for Forces Afloat
 - (v) OPNAVINST 5100.23G CH-1, Navy Safety and Occupational Health Program Manual
 - (w) NTRP 4-02.10, Shipboard Quarantine and Isolation NTRP 4-02.10

1. Purpose. To provide guidance on the measures necessary to safeguard personnel against disease and other health hazards in COMUSNAVCENT / COMFIFTHFLT AOR as per references (a) through (w).

2. Concept of Operations. All deploying Naval forces will institute effective elements of force health protection measures, health surveillance, and deployment health processes to prevent Disease Non-Battle Injury and various health concerns in this AOR.

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3. General Health Threats

a. Food and water - Contaminated food and water constitute the greatest immediate risk to the health of forces in this AOR. Use approved sources of food and water only. Information and source listings for countries are available at the U.S. Army Public Health Command website at:
<http://phc.amedd.army.mil/topics/foodwater/ca/Pages/DoDApprovedFoodSources.aspx>

b. Environmental hazards - Establish monitoring programs that can prevent or control the environmental stressors (heat, cold, dust/sand) and implement appropriate countermeasures. Heat and cold injuries are preventable. Individual commands are responsible for the training and education of military personnel regarding prudent use of clothing, nutrition, hydration, acclimatization, work/rest intervals and hygiene. U.S. Naval afloat forces maintain programs in accordance with applicable type command shipboard medical manual. Additionally, for program support refer to references (a), (u) and (v).

c. Vector borne disease and hazardous animals and plants - Awareness of your surroundings is the key to prevention. Prepare for each port visit or country visit by educating personnel to exercise caution in their contact with all domestic and wild animals. Enforce procedures that protect against arthropod-borne diseases (e.g., DoD Insect Repellent System: application of permethrin on uniforms, use of DEET on skin, covering exposed skin), bed nets, and ensure compliance with medical prophylaxis, when prescribed. Medical Departments should review the most recent assessments and risk maps produced by the National Center for Medical Intelligence (NCMI) at [UNCLASSIFIED HTTPS://WWW.NCMI.DETRICK.ARMY.MIL](https://www.ncmi.detrick.army.mil) or SIPRNET [HTTPS://WWW.NCMI.DIA.SMIL.MIL](https://www.ncmi.dia.smil.mil). Service specific program guidance includes references (c), and (g) through (l).

d. Personnel deploying to malaria endemic areas will be prescribed antimalarial medication. Doxycycline or Atovaquone/Proguanil (Malarone) are acceptable as the primary malaria chemoprophylactic agent. Individuals with contraindications to Doxycycline and Malarone may be prescribed Mefloquine once screened for any contraindications. Other FDA approved agents may be used to meet specific situational requirements. Personnel should deploy with their entire course of malaria chemoprophylaxis in hand (including terminal Primaquine). This course includes: the entire risk period; the pre-exposure period (e.g., 2 days for Doxycycline and Malarone, or two weeks for Mefloquine); and the terminal prophylaxis period (e.g., two weeks of Primaquine, plus either four weeks of Doxycycline or Mefloquine, or one week of Malarone). Once the disease transmission period has terminated, terminal prophylaxis with Primaquine is indicated for all countries in the USCENTCOM AOR where P. Vivax and P. Ovale are transmitted and where chemoprophylaxis was administered (unless specifically stated by local component/JTF Surgeon guidance). Individuals who are noted to be G6PD-deficient will not be prescribed Primaquine. Individuals should remain on malaria chemoprophylaxis until such time that they can begin Primaquine and then continue both for the prescribed duration. For additional information or updates, contact the Force Health Protection Officer or Force Preventive Medicine Technician at COMUSNAVCENT/COMFIFTHFLT Force/Fleet Surgeon at DSN: 318-439-4032.

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4. Force Health Protection Measures

a. Pre-deployment: Conduct "pre-deployment" briefings on the health hazards in the AOR per reference (e). Provide training to all deploying personnel on the health hazards identified in the medical threat analysis and on the specific protective measures and use of required personal protective equipment. Theater-specific immunizations requirements are set forth per references (c) and (n).

b. During Deployment: Conduct disease surveillance and epidemiological investigations of suspected disease outbreaks during deployment. Any suspected/confirmed occurrence requires immediate notification through medical channels to COMUSNAVCENT Force/Fleet Surgeon's Office and reporting requirements are outlined in reference (k).

c. Redeployment/Post Deployment: Conduct briefings to personnel exiting the AOR. Include possible diseases that may manifest after deployment and procedures for terminal chemoprophylaxis. Ensure medical follow-up of deployed personnel and other post deployment health requirements (Post Deployment Health Assessment and Post Deployment Health Reassessment).

d. Additional medical information is available at the SIPR classified website: <http://205.0.215.195/fleet/c5f/site.nsf/Main.html?openPage>

5. Pandemic Influenza Readiness

a. Evolving viral strains that cause Influenza-like Illnesses (ILIs) can pose a significant risk to mission and force in the C5F AOR. Host nations are particularly sensitive to the possibility of new strains being introduced into the population by visiting ships/units. SMDRs must assure that they maintain their ships/units at the highest state of readiness to detect and respond to a potential outbreak of ILIs. This includes, but is not limited to, assuring adequate personal protective equipment (PPE), adequate fitted or one-size fits-all N95 face masks, adequate viral sampling and shipping materials, adequate anti-viral stockpiles and up-to-date instructions for isolation, quarantine and social distancing procedures to meet or exceed latest OPNAV, USFF, TYCOM and CENTCOM requirements. PI readiness will be included in daily MEDSITREPS.

6. Shipboard Sanitation Control Exemption Certificate (SSCEC).

a. Ships shall maintain SSCP certification IAW Ref (i) and (j) and will optimize the use of PMTs from large deck platforms (CVs and LHDs) in their CSG/ARG if applicable.

b. Ships homeported or visiting Bahrain who are in need of a SSCEC should contact the U.S. Naval Branch Health Clinic (NBHC) Operational Forces Medical Liaison Services (OFMLS) office: E-mail: fltmedliaison-bah@med.navy.mil, DSN: 318-439-3465, COM: +973-1785-3465.

c. The original issuer of a SSCEC is able to provide a one-time 30 day extension. Ships requiring a renewal of their SSCEC, outside of Bahrain, should contact the Force/Fleet Surgeon's Office. The expense of travel shall be the requesting command's responsibility.

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Tabs:

- A - Lead Force Health Protection Responsibilities for APODS and SPODS
- B - Force Health Protection in a CBR environment
- C - Disease and Injury Report
- D - Pandemic Influenza and Infectious Disease

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TAB A TO APPENDIX 6 TO ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPOD 1000-15

Subj: LEAD FORCE HEALTH PROTECTION RESPONSIBILITIES FOR APODS AND SPODS

1. Assigned lead FHP Responsibilities for APODs in the AOR.

APOD	LOCATION	COMPONENT
Al Jaber	Kuwait	AFCENT
Fujairah	UAE	NAVCENT
Isa	Bahrain	NAVCENT
Kandahar	Afghanistan	USFOR-A
Masirah	Oman	AFCENT
Naval Support Activity	Bahrain	NSA Branch Health Clinic

2. Assigned lead FHP Responsibilities for SPODs in the AOR

SPOD	LOCATION	COMPONENT
Ash Shuaybah	Kuwait	AFCENT
Fujairah	UAE	NAVCENT
Jebal Ali	UAE	NAVCENT
Khalifa Bin Salman	Bahrain	NAVCENT
Djibouti	Djibouti	AFRICOM
Naval Support Activity	Bahrain	NSA Branch Health Clinic

*See SMART packs for additional port specific information.

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TAB B TO APPENDIX 6 TO ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPORD 1000-15

Subj: FORCE HEALTH PROTECTION IN A CBR ENVIRONMENT

1. Chemical, Biological, and Radiological (CBR) Operations

a. Medical personnel shall be trained and prepared to treat and evacuate CBR casualties. Ongoing education and crew training is also necessary. Units shall administer appropriate force protective immunizations when available and as directed.

b. Medical department personnel will not normally be directly involved with decontamination efforts since this will render their services useless and risks contamination and closure of medical areas until they themselves are decontaminated.

c. All units must be capable of decontaminating casualties. Contaminated casualties will not be moved by air until decontaminated, unless the aircraft is already contaminated and is moving to a decontamination site.

d. LHA/LHD and CV/CVN medical departments shall be equipped and have trained laboratory technicians to perform biological agent confirmatory testing. Units supplied with Polymerase Chain Reaction (PCR) equipment shall conduct monthly quality assurance runs as required by Biological Defense Research Directorate (BDRD) and Fleet Forces Command PER reference (m).

e. All deployed units shall:

(1) Maintain sufficient levels of protective clothing for their personnel.

(2) Maintain sufficient levels of CBR medications for their personnel in accordance with reference (h) and (i).

(3) Ensure all Medications are included in the DOD Shelf Life extension Program and updated every 90 days.

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TAB C TO APPENDIX 6 TO ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPORD 1000-15

Subj: DISEASE AND INJURY REPORT

1. Guidance. A weekly report is required to be submitted to the Force/Fleet Surgeon's Office. The report is a summary of disease and injury surveillance as part of the DOD deployment health surveillance program.

2. Reporting Requirements. Because the expected encounter rate will vary based on unit strength, there are different spreadsheets designed with calculations preset (CVN, DDG, SSN, LHA, etc.). Templates can be downloaded from the Navy and Marine Corps Public Health Center website at <http://www.med.navy.mil/sites/nmcphc/program-and-policy-support/disease-and-injury-reports/Pages/default.aspx>. An example of the report is provided below.

Weekly DNBI Report: (Air Craft Carriers) ver 3

Unit Name															
Fleet	Predominant Location				Home Port										
Onboard Total Strength this Week:	Port														
Report Date															
Preparer's Name											Preparer's phone #				
Email address															
CATEGORY	Sunday New Visits	Monday New Visits	Tuesday New Visits	Wednesday New Visits	Thursday New Visits	Friday New Visits	Saturday New Visits	Total for week	Rate - % per week	Expected Rate	Suggested Action Level	Days of Light Duty	Lost Work Days	Admits	
Fever, Unexplained								0	#DIV/0!	0.00%	0.01%				
Influenza-like illness								0	#DIV/0!	0.03%	0.11%				
Lower respiratory illness								0	#DIV/0!	0.03%	0.26%				
Rash								0	#DIV/0!	0.03%	0.09%				
Localized Cutaneous Lesion								0	#DIV/0!	0.03%	0.17%				
GI - Infectious								0	#DIV/0!	0.23%	0.83%				
Botulism-like								0	#DIV/0!	0.00%	0.00%				
Neurological								0	#DIV/0!	0.02%	0.07%				
Psychiatric, Mental Disorders								0	#DIV/0!	0.05%	0.18%				
Heat/Cold Injuries								0	#DIV/0!	0.00%	0.01%				
Injury, Rec./Sports								0	#DIV/0!	0.06%	0.15%				
Injury, MVA								0	#DIV/0!	0.02%	0.05%				
Injury, Work/Training								0	#DIV/0!	0.18%	0.40%				
Injury, Other								0	#DIV/0!	0.10%	0.22%				
All Other								0	N/A	N/A	N/A				
Total DNBI	0	0	0	0	0	0	0	0	#DIV/0!	4.48%	7.20%	0	0	0	
Comments															

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TAB D TO APPENDIX 6 TO ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPORD 1000-15

Subj: PANDEMIC INFLUENZA AND INFECTIOUS DISEASE

- Ref:
- a. Unified Command Plan, 6 APR 11 NOTAL
 - b. Guidance for the Employment of the Force (GEF) 2010, 9 APR 11
 - c. CJCSI 3110.01, Joint Strategic Capabilities Plan (JSCP) 10 JUN 11
 - d. National Strategy for Pandemic Influenza, 1 NOV 05
 - e. National Strategy for Pandemic Influenza Implementation Plan, 1 MAY 06
 - f. DOD Implementation Plan for Pandemic Influenza, 6 AUG 06
 - g. National Strategy for Countering Biological Threats, 23 NOV 09
 - h. National Strategy for Biosurveillance, 31 JUL 12
 - i. DOD Pandemic Influenza Clinical and Public Health Clinical Guidelines for the Military Health System, 23 APR 07
 - j. DOD Directive 1300.22E, Mortuary Affairs Policy, 25 MAY 11
 - k. DOD Directive 5100.46, Foreign Disaster Relief, 6 JUL 12
 - l. DOD Directive 6200.04, Force Health Protection, 23 APR 07
 - m. DOD Directive 6490.03E Ch-1, Comprehensive Health Surveillance, 8 FEB 12
 - n. DOD Instruction 6200.03, Public Health Emergency Management within the DOD, 1 JUN 12
 - o. CSCSI 3121.01B, Standing Rules of Engagement/Standing Rules for use of Force for U.S. Forces, 18 June 2008 NOTAL
 - p. USCENTCOM Force Deployment Guidance Series, Current Edition NOTAL
 - q. USNORTHCOM Campaign Plan 3551-xx, Department of Defense Campaign Plan for Pandemic Influenza and Infectious Disease, 14 March 2014
 - r. DOD Financial Management Regulation 7100.14R Volume 12
 - s. World Health Assembly, International Health Regulation, 2d Edition, 23 MAY 05
 - t. Joint Pub 3-0, "Joint Operations" 11 AUG 11
 - u. Joint Pub 3-29, "Foreign Humanitarian Assistance," 17 MAR 09
 - v. Joint Pub 3-57, "Civil Military Operations," 8 JUL 08
 - w. Joint Pub 4-0, "Joint Logistics", 18 JUL 08
 - x. Joint Pub 4-02, "Health Service Support," 26 JUL 12
 - y. USCENTCOM Theater Strategy, 2 NOV 11 NOTAL
 - z. USCENTCOM Theater Campaign Plan, JUN 11 NOTAL
 - aa. CJCSM 3150.13C Joint Reporting Structure - Personnel Manual
 - ab. USCENTCOM CCJ1 MSG Strength Accounting (JPERSTAT REPORT) Instructions, DTG, 112120ZJAN 13.
 - ac. USCENTCOM Campaign Plan 1251-xx NOTAL
 - ad. COMUSNAVCENT Pandemic Influenza (PI) Outbreak Preparation and Response Plan for COMUSNAVCENT NOTAL
 - ae. U.S. Government Global Health Security Agenda, 13 FEB 14
 - af. DOD Directive 6200.3, Emergency Health Powers on Military Installations, 12 May 03
 - ag. DOD Directive 3025.14, Protection and Evacuation of U.S. Citizens and Designated Aliens In Danger Areas Abroad (Non-Combatant Evacuation Operations)

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1. Purpose. Reference (ad) lays the foundation on efforts to contain and/or mitigate the effects of a PI&ID outbreak. COMUSNAVCENT will conduct planning to protect personnel and resources necessary to maintain readiness to sustain mission assurance.

2. Mission. COMUSNAVCENT conducts activities and operations to prepare for, detect, mitigate, respond to, and recover from the effects of a pandemic influenza or infectious disease outbreak of operational significance in order to sustain assigned missions and provide support to international partners to protect the Nation's interests.

3. Conditions for Implementation. A potential PI&ID outbreak can have significant impact on military operations. An outbreak that is of relevance to cause moving from the preparation phase into subsequent phases of Reference (ad); this Plan, will most likely have the following characteristics: novel or re-emerging, most people are susceptible, efficiently transmitted from person to person, ability to spread globally in a short period, and the pathogen must be severe enough (morbidity and/or mortality) to cause significant absenteeism (from illness/death, family care, or fear of infection). Additionally, the disease must be operationally significant: it threatens DOD mission assurance, has a high likelihood of impact on force health protection due to limited or no natural protection or medical countermeasures, and/or causes significant requests for DOD assistance from international partners. The pathogen may occur in humans, animals or plants. Naturally-occurring diseases combined with the risk of a deliberate or accidental release of harmful pathogens result in a wide-ranging threat spectrum. Operationally, DOD response to the effects of a PI or ID outbreak does not change based upon origin (deliberate, accidental, or natural).

4. Operations to be Conducted.

a. Force Requirements. Upon implementation of Reference (ad) USNAVCENT Force Surgeon Office will disseminate Medical Intelligence and protective postures via Fleet Message.

5. Concept of Operations. Reference (ad) facilitates decentralized execution to achieve synchronization through common phasing constructs, objectives, assumptions, and key tasks to be accomplished and supports the National Strategy for Pandemic Influenza as well as the National Strategy for Countering Biological and Chemical threats. Reference (ad) will use six phases of operations: phase 0 - steady-state activities, and phases 1-5 contingency operations.

a. Phases.

(1) Phase 0 - Prepare. DOD develops synchronized plans for PI&ID, and integrates planning efforts with the interagency community and partner nations. DOD conducts integrated SCPA to better prepare partner nations to detect, report, and respond to PI&ID outbreaks. Activities executed during this phase are considered steady-state operations.

(2) Phase 1 - Protect. Upon identification of a potential or actual disease outbreak of operational significance, DOD takes decisive action to protect DOD forces from becoming infected. The focus is the

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protection of U.S. forces, DOD civilians, DOD contractors performing critical roles, dependents and beneficiaries, as well as the associated resources necessary to maintain readiness. Additionally, DOD will work with the interagency and partner nations, to ensure DOD freedom of movement, and to coordinate communication strategies.

(3) Phase 2 - Mitigate. DOD will mitigate the effects of an operationally significant disease outbreak on mission assurance and its forces. The focus of this phase is the protection of mission essential functions. Additionally, DOD will continue to work with the interagency and partner nations, to ensure DOD freedom of movement, and to coordinate communication strategies.

(4) Phase 3 - Respond. DOD will provide assistance to civil authorities (domestic and/or international). The focus of this phase is providing support to civil authorities. Additionally, DOD will continue to work with the interagency and partner nations, to ensure DOD freedom of movement, and to coordinate communication strategies.

(5) Phase 4 - Stabilize. DOD will complete RFAs and scale down response operations when military and civil authorities (domestic and/or international) decide appropriate. The focus of this phase is completion of assistance and preparation for transition.

(6) Phase 5 - Transition and Recover. DOD will redeploy remaining civil support response forces, reconstitute the force, and make any preparations required for follow on waves of the pandemic. The focus of this phase is transition from civil support operations, reconstitution of the force, and preparing for subsequent pandemic waves.

6. Key Assumptions.

- a. Mission essential functions will be degraded due to significant absenteeism caused by an operationally significant infectious disease outbreak.
- b. Mission essential functions will be degraded due to limitations on freedom of movement due to partner nation restrictions.
- c. COMUSNAVCENT's ability to maintain mission essential functions will be degraded due to significant absenteeism.
- d. Partner nations' ability to maintain mission essential functions will be degraded due to significant absenteeism.
- e. All geographical locations within the AOR will not be affected simultaneously or to the same degree.
- f. Operational Units will have some warning of PI&ID outbreak before significant operational impacts occur and be able to commence mitigating measures.
- g. Force Health Protection activities can limit/delay the spread of PI&ID.

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h. Developed nations need less assistance than less developed countries.

i. Medical resources (military, domestic, and foreign) will be overwhelmed.

j. Medical countermeasures will not be immediately available or 100% effective.

7. Operational Constraints.

a. Under existing force health protection (FHP) policy, a combatant commander's (CCDR's) responsibility/authority for FHP is limited to assigned or attached forces under the current forces for and to its subordinate commands/headquarters. GCC/functional combatant commands (FCCs), Services, and DOD agencies will ensure unity of effort in the implementation of FHP in the GCCs' AOR (see Annex Q).

b. COMUSNAVCENT planning will be coordinated with the Force Surgeons' Office (N014).

8. Plan location. A copy of the COMUSNAVCENT PI & ID Plan will be kept of the NAVCENT CAS Portal, under Medical Support.

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APPENDIX 7 TO ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPORD 1000-15

Subj: MEDICAL TREATMENT FACILITY AND HOST NATION HEALTH SUPPORT

1. General. U.S. medical services available consist of a permanent Naval Branch Health Clinic (NBHC) Bahrain.

2. NBHC Bahrain (Level I)

a. NBHC Bahrain is an ambulatory care branch clinic. NBHC Bahrain has no in-patient or observation beds but the clinic's OFMLs coordinates all inbound MEDEVACs into Bahrain. Medical staff from clinic does visit inpatients at host nation medical facilities daily to coordinate and communicate status medical care plans. NBHC is staffed 24/7.

b. Services:

(1) Physicals: Routine exams, flight physicals, special duty physicals, and preliminaries for diving medical exams.

(2) Consultations: Medical providers are on call 24 hours a day. Consultations can be sent electronically to NBHC Bahrain Operational Forces Medical Liaison Service (OFMLS).

(3) Ancillary Services: Basic laboratory and x-ray.

(4) Eyeglasses: Items may be ordered through NBHC Bahrain. No on-site fabrication capability exists.

(5) Mental Health services: Routine outpatient care is available with a psychologist and social worker.

(6) Dental Services: Comprehensive dentistry and radiology.

c. Contact Information:

(1) POC: OFMLS - Cell (Comm) (011) 973-3941-4726, Office (Comm) (011) 973-1785-3465, (DSN) (318) 439-3465, mobile (Comm) (011) 073-3940-5490.

(2) NIPR e-mail: Fltmedliaison-bah@med.navy.mil

2. Additional FIFTH Fleet AOR host nation medical capabilities are contained in the Medical "Smart Packs" referenced in Appendix 3 Tab C of this annex.

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APPENDIX 8 TO ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPORD 1000-15

Subj: MEDICAL PLANNING RESPONSIBILITIES AND TASK IDENTIFICATION

- Ref:
- (a) COMNAVSURFORINST 6000.1, Shipboard Medical Procedures Manual
 - (b) COMNAVAIRFORINST 6000.1, Shipboard Medical Procedures Manual
 - (c) COMSUBLANT/COMSUBPACINST 6000.2 (Series), Standard Submarine Medical Procedures Manual
 - (d) NAVMED P-117, Manual of the Medical Department
 - (e) NWP 4-02, Naval Expeditionary Health Service Support Afloat and Ashore
 - (f) OPNAVINST 6320.7 (Series), Health Care Quality Assurance Policy for Operating Forces
 - (g) OPNAVINST 6400.1C, Training, Certification, Supervision Program, and Employment of Independent Duty Corpsman (IDCs)
 - (h) USCINCCENT 081411Z May 01, Individual Protection and Individual/Unit Deployment
 - (i) Protection and Individual-Unit Deployment Policy
 - (j) NAVMED Policy 09-015, Navy Medicine TRICARE Overseas Program (TOP) Health Care Services Support Contract Memorandum of Understanding (MOU) Policy
 - (k) OPNAVINST 6320.6 (Series), Hospitalization of Service Members in Foreign Medical Facilities
 - (l) JP 4-02.2, Joint Tactics, Techniques and Procedures for Patient Movement in Joint Operations

1. Purpose: This appendix provides concept of operations, assigns tasks, to support COMUSNAVCENT/COMFIFTHFLT operations. Contingency or wartime guidance is found in supporting OPLANS and CONPLANS. Medical leaders within the COMUSNAVCENT Area of Responsibility (AOR) will integrate to the maximum extent possible into command functions and organizations for the purpose of maximizing force health protection and overall unit medical readiness.

2. Task Force/Strike Group Commanders

a. Provide guidance for medical care of the sick and injured within their commands. Each CTF, ESG, and CSG has the authority to execute a MEDEVAC if required care is beyond the capability of the unit's medical department. If a U.S. medical facility is not available, utilize International SOS (ISOS) in accordance with references (j) and (k) or Joint Patient Movement Requirement Center (JPMRC) reference (l). Any issue that negatively affects or potentially impacts medical readiness and force health protection must be reported to the Force Surgeon via the appropriate Commander. This should include ISIC, Regional Support Organization (RSO) and TYCOM as information addressees.

b. Fleet Surgical Teams deploy with LHA and LHD Casualty Receiving and Treatment Ships (CRTS). The Expeditionary Resuscitative Surgical System (ERSS) is another medical asset that may be deployed to support theater operations. Additional or enhanced medical capabilities are available when requested or as directed by higher authority with the Health Services Augmentation Program. All units shall plan for and be prepared to receive

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medical augmentees as directed by higher authority for training or deployment.

c. Medical personnel attached to USMC units will augment ship's medical department when embarked. USMC medical supplies are reserved for USMC operations. Medical departments shall provide suitable space for USMC medical personnel.

3. Task Force/Strike Group Surgeon

a. The Senior Medical Officer (SMO) of the Task Force/Group advises the Commander on all matters pertaining to health services support and has directive authority to coordinate efforts to fully utilize the capabilities of the medical departments of all ships in company.

b. The SMO will provide guidance for intra-Force/Group medical, dental, and preventive medicine services. He/she will outline procedures for off-ship emergency medical response and assistance during both independent and combined/joint operations.

c. The Senior Medical Department Representative for each unit will ensure the daily MEDSITREP message includes personnel placed on the Binnacle List/Morning Report, identifies those placed Sick in Quarters for 24 hours or longer, or admitted to the ship's medical ward. A brief narrative of accident/injury situations will also be provided. See Appendix (6) for amplifying information.

d. The Senior Medical Department Representative will ensure that Medical Evacuation Plans for transit through the Suez Canal/Red Sea and operations throughout the AOR are vetted through the Force/Fleet Surgeon and their respective Operational Commanders.

4. Medical Evacuation (MEDEVAC) Policy. The decision to MEDEVAC is a command decision. MEDEVAC should be undertaken only when the movement of the patient will enhance the prospects of recovery. Patients who are not anticipated to recover or return to a full duty status within 25 days will be evacuated out of the AOR. Appendix (1) of this annex provides guidance for obtaining care beyond the organic capabilities of units and discusses MEDEVAC procedures.

5. Medical Regulating

a. Medical regulating will be in accordance with references (j), (k) and (aa). When operating with the USMC, close coordination with the Marine Expeditionary Unit (MEU) and medical regulating officer is required.

b. If a service member cannot be returned to duty from an overseas facility, then the patient will be entered into the MEDEVAC system. If International SOS (ISOS) is utilized, ISOS should provide periodic updates to the parent command. Units shall still report known patient movement to their chain of command. Appendix (1) of this annex provides guidance for obtaining medical appointments and MEDEVAC procedures.

6. Reporting Requirements. All units with medical departments or medical personnel will submit a Medical Joining Report to the Force Surgeon's Office

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within 10 days of INCHOP to AOR. Medical issues will be reported in the daily OPREP FEEDER and daily MEDSITREP reports. MEDEVAC Reports, Blood Status Reports, Medical Status, and other periodic medical reports are also required. A complete list of reports along with their periodicity is located in Tab A thru E.

a. Units will report directly to the Senior Medical Officer afloat for their Task Group. If a unit moves from one task group to another, a joining report will be submitted to the Senior Medical Officer afloat for the gaining Task Group with an informational copy forwarded to the Force Surgeon's Office.

b. All patient care performed within the AOR by ashore and afloat medical departments and embarked medical departments will be documented in the electronic health record and information uploaded to the Theater Medical Data Store as required.

Tabs:

- A - Medical Assets of COMNAVCENT/COMFIFTHFLET
- B - Medical Gaurdship Responsibilities
- C - Required Reports
- D - Medical Joining Report Format
- E - Daily Medical Situational Report

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TAB A TO APPENDIX 8 TO ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPORD 1000-15

Subj: MEDICAL ASSESTS OF COMUSNAVCENT/COMFIFTHFLEET

1. General. U.S. medical assets available in 5th fleet include U.S. Military Hospital Kuwait (ROLE II); 379th Expeditionary Medical Group Qatar (ROLE II); the Navy Medical Research Unit Three, (NAMRU-3) Egypt; and Expeditionary Medical Unit Djibouti (ROLE II). Expeditionary Medical Unit Djibouti is a 6th Fleet AOR asset but due to its proximity to 5th fleet it is included here.

2. U.S. Military Hospital (USMH) Kuwait (ROLE III)

a. Located at Camp Arifjan, provides R III medical support. Coordination of services can be arranged with USMH Kuwait Patient Administration Department.

b. Services:

(1) The Emergency Department is available 24/7.

(2) Physicals: Routine physical exams are scheduled through the Troop Medical Facility Arifjan.

(3) Consultations: Services available are: Aerospace/flight medicine, dental, family medicine, general surgery, internal medicine, gynecology, occupational health, optometry, maxillofacial and oral surgery, orthopedics/surgery, physical therapy, psychiatry/psychology, and pulmonary. Consultations can be sent electronically to the Patient Administration e-mail account.

(4) Surgical Services: Level III surgical care includes general, trauma, orthopedics, OB-GYN, endoscopic and maxillofacial dental procedures.

(5) Inpatient Services: In-patient care, ICU and mental health are available (limited) with twice weekly scheduled Air Evacuations.

(6) Ancillary Services: Radiology basic series imaging, ultrasonography, CT scan and fluoroscopy. Advanced laboratory services are available. Preventive Medicine services are available.

(7) Optometry: Eye glass fabrication is available.

(8) Flight Surgeon Support: Army Flight Surgeon located at the Troop Medical Clinic Buehring.

(9) Victim Advocate, NCIS and SAFE Qualified provider are available.

c. Contact Information:

(1) POC: (Comm) (011) 965-2389-1968/1933, (DSN) (318) 430-1968/1933

(2) NIPR e-mail: usmhkpatientadministration@kuwait.swa.army.mil

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3. Expeditionary Medical Facility Djibouti (Level II)

a. Provides Level II medical support to Camp Lemonier.

b. Services:

(1) Consultations: General surgery, physical therapy, and dental services are available. Consultations can be sent electronically to the Fleet Liaison's e-mail account. Medical providers are on call for emergencies 24 hours a day.

(2) Ancillary Services: A digital radiographic service with reach back support to a Walter Reed National Military Medical Center radiologist. Basic laboratory services are available.

(3) Victim Advocate, NCIS and SAFE qualified provider available.

c. Contact Information:

(1) POC: (DSN) (311) 824-4906 (Front Desk), (Comm) (253) 358-956

(2) NIPR e-mail: EMFfleetliaison@hoa.usafricom.mil

4. 379th Expeditionary Medical Group (Level II)

a. Air Force Level II facility located in Auab, Qatar.

b. Services:

(1) Surgical Services: General/laparoscopic and orthopedic.

(2) Medical Services: General medicine managed by internist/family practice physicians.

(3) Ancillary Services: Optometry and dental services are available on a case by case basis. Basic radiographic and laboratory services are available.

c. Contact Information:

(1) POC: (DSN) 318-437-4216/4210, e-mail chiefmedicalofficer@auab.centaf.af.mil

(2) Other contact information: Direct Physician Contact: 318-437-1110 (switchboard - ask to connect to cell phone)

(a) General Surgery 589-6210

(b) Orthopedic Surgery 553-0476

(c) Medicine 583-2826

(d) Dental 589-2837

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5. Afloat Medical Assets. Medical assets within COMFIFTHFLT area of responsibility vary with the composition of deployed ships and augmentation forces. Generally there is a CSG (CVN), one CRTS (LHA/LHD/LPH) and one small mobile Role II afloat (ERSS) within the AOR at all times. Updated information about Afloat Medical Assets can be obtained by contacting the Fifth Fleet Surgeon's office via e-mail on SIPR at cusnc.medsitrepre@me.navy.smil.mil or the C5F Battle Watch.

6. Naval Medical Research Unit-Three (NAMRU-3) located in Cairo Egypt. NAMRU-3 is a World Health Organization collaborating center for Human Immuno-Deficiency Virus and Cholera, a Center for Disease Control Collaborating, and Center for Cholera 0139 and Emerging Viruses. NAMRU conducts enhanced global surveillance for priority diseases, infectious diseases and conditions that might affect our military personnel and their families. Epidemiological and laboratory studies educate Department of Defense personnel on the risk of infectious diseases and develop the core capabilities to reduce risk and respond to outbreaks in the Emergency Management and Response Office Region.

7. Sexual Assault Forensic Exam. Afloat primary MEDEVAC locations for sexual assault forensic exam are LHD and CVN. Shore based MEDEVAC locations for SAFE exams are Qatar (Role II), Al Udeid, EMF Djibouti (Role II), Africa, Naval Branch Health Clinic Bahrain and Naval Branch Health clinic Diego Garcia. These locations have Victim Advocates, NCIS and SAFE qualified provider(s) available.

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TAB B TO APPENDIX 8 TO ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPORD 1000-15

Subj: MEDICAL GUARDSHIP RESPONSIBILITIES

1. Policy. Provide immediate 24-hour medical support coverage to pier side and anchorage commands.

2. Guidance

a. Prior to arrival in foreign ports Senior Medical Department Representatives (SMDR) will contact the Fifth Fleet Surgeon for medical briefings on the area.

b. All SMDR's will provide, prior to arrival in port Bahrain, a list of special medical needs to the United States Naval Branch Health Clinic (USNBHC) Bahrain Operational Forces Medical Liaison Service (OFMLS) office.

c. Senior Officer Present Afloat-Medical (SOPA-M) will establish a 24-hour medical guard for all pier side medical departments. A medical officer, dental officer, nurse practitioner, physician assistant or independent duty Corpsman will staff the medical guardship duty. A recall procedure with contact information will be established and appropriately posted with each unit present. SOPA-M is responsible for ensuring all ships in port are in receipt of the guardship schedule and changes are promulgated in a timely manner. This plan will include the name of the guardship, its location, name of the medical department representative on medical guardship duty, phone number (or radio net monitored), transportation assets available and local emergency numbers. The SOPA-M will assure that SMDR is readily available to assess and report on patients taken to Host Nation hospital Emergency Departments.

d. All medical requirements beyond the capabilities of individual units or commands will be referred to the Medical Guardship with the exception of medical emergencies (see below).

e. All medical departments in port are responsible for routine health care of their crews. Ship medical departments are responsible for providing transportation assets (including duty drivers).

f. The Medical Guardship will be notified immediately of a medical emergency. Further, notification will be made to the COMUSNAVCENT/COMFIFTHFLT Battle Watch Officer. The duty Guardship Medical Department representative will assume charge of the casualty and render necessary care. Transfer to the nearest approved host nation MTF is authorized. Contact the TRICARE International SOS (ISOS) at 00-442-087-628-284 e-mail: tricarelon@internationalsos.com. ISOS will assist with payment for medical care bills as soon as possible.

g. Dental conditions, trauma and severe psychiatric disorders are to be handled as outlined for medical emergencies.

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h. Ships unable to assume assigned Medical Guardship duties will inform their chain of command.

i. All commands with medical providers will have a medical staff recall plan while in port.

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TAB C TO APPENDIX 8 TO ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPORD 1000-15

Subj: REQUIRED REPORTS

- Ref:
- (a) DODINST 6490.03, Deployment Health (11 Aug 06)
 - (b) Joint Staff memo MCM-0006-02 of 1 Feb 02
 - (c) MOD 12 to USCENTCOM Individual Protection and Unit Deployment Policy Message
 - (d) CENTCOM FRAGO 09-1734, Concussion/MTBI Management and Tracking DTG 301620Z DEC 13
 - (e) MILPERSMAN 1770-090, Reporting Requirements for Suicide Related Behaviors
 - (f) NAVADMIN 090/15, Personnel Casualty Reporting
 - (g) NAVADMIN 122/09, Suicide and Suicide Event Reporting
 - (h) BUMEDINST 6220.12B, Medical Surveillance and Medical Event Report
 - (i) COMUSFLTFORCOM 121820Z Sep 13, Disease and Injury Reporting

1. Purpose. To provide a listing of required medical reports to the Force Surgeon's Office while operating in the COMUSNAVCENT/COMFIFTHFLT AOR.

a. Medical Joining Report. To provide information and establish procedures for reporting medical capabilities of ships operating within the COMFIFTHFLT AOR. Submit the report 10 days prior to INCHOP and when any significant changes occur in the medical department status. Refer to Tab D of this appendix for format and guidance.

b. Daily Medical Situation Reports. Medical events will be reported in the daily OPREP FEEDER and daily MEDSITREP reports.

(1) OPREP FEEDER - The Daily OPREP-5 Feeder is the basic vehicle for keeping COMUSNAVCENT/COMFIFTHFLT and Task Force Commanders informed and for sharing items of interest with other ships.

(2) MEDSITREP - All afloat units are required to submit a medical situation report daily to the Carrier Strike Group (CSG) or Amphibious Readiness Group (ARG) Surgeon they are attached to. Commands assigned to independent operations will submit reports directly to the COMFIFTHFLEET Force/Fleet Surgeon's office. Carrier Strike Group and Amphibious Readiness Group Surgeons will submit consolidated reports to include all units within the strike group. Refer to Tab E for format and instructions. This report is to provide ongoing patient status updates and movements. The Medical Administrative Officer and/or Senior Medical Department Representative will send reports to the cusnc.medsitrep@me.navy.smil.mil e-mail account. Patients will be continually tracked until returned to the unit, fit for full duty, or transferred to a MTF in CONUS.

c. Blood Utilization Report

(1) Units with blood capabilities (CRTS, ERSS, and CV/CVNs) in the AOR are required to keep the Force/Fleet Surgeon's Office informed of the status of blood supplies and equipment. A weekly Blood Utilization Report will be submitted.

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(2) The format for blood utilization is located in Tab E of Appendix 2. The report will be submitted via e-mail to cusnc.medsitrep@me.navy.smil.mil.

d. Disease and Injury (D&I) Report

(1) Per reference (i), as of 1 October 2013, units are no longer required to submit D&I reports to NMCPHC. However, the reporting system used as part of this change is not currently deployed with all commands. Because of this issue, the identification and monitoring of unusual trends or increases in disease or injury is not attainable. Therefore, a weekly D&I Report will be submitted.

(2) The format for the report is located in Tab C of appendix 6. The report will be submitted via e-mail to cusnc.medsitrep@me.navy.smil.mil.

e. Traumatic Brain Injury (TBI) Report

(1) Units are required to report all Mild Traumatic Brain Injury (MTBI) PER reference (d). Reporting is conducted utilizing the daily MEDSITREP report, refer to Tab E. Medical Providers will ensure that all patients with head injuries have a documented Military Acute Concussion Exam (MACE) exam and will include the MACE exam results in the daily sitrep.

(2) The following are mandatory events that require reporting:

(a) Any service member within 50 meters of a blast (inside or outside).

(b) Any service member in a vehicle associated with a blast event.

(c) A direct blow to the head or witnessed loss of consciousness. This includes combat related and non-combat related events (e.g.. sports related injuries).

(d) Command Directed. If a supervisor suspects that an individual may be suffering from the effects of a concussive event, but does not meet the criteria above, especially in cases with exposure to multiple blast events.

f. Suicide Event Reporting

(1) All suicide related behaviors, regardless of outcome, must be reported via the OPREP-3 Reporting System PER reference (e). In the INFO line of the message include the following PLADs: COMUSNAVCENT and COMFIFTHFLT. This is in addition to reporting on the status/condition/place on the daily MEDSITREP.

(2) A Personnel Casualty Report (PCR) must be submitted PER reference (f) and (g). When the PCR is sent via e-mail, in the cc line add the following address: cusnc.medsitrep@me.navy.smil.mil. If Naval message is used, info the above address.

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2. Other Reports. The Force Surgeon will be an info addressee on all casualty reports, medical equipment, and medical events per reference (h). Follow guidelines that are specific for each report.

3. Significant Events. If a significant medical event occurs, the ship's/unit's Commanding Officer will notify the Battle Watch Officer by the most expedient and secure means possible for further guidance and assistance. The SMDR should contact the C5F Surgeon or Acting Surgeon by POTS ASAP for all patients requiring urgent MEDEVAC, admission to ship's ICU, emergent surgery, suicide attempts, sexual assaults (with unrestricted reporting) and all miscarriages, stillborn or live birth deliveries.

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TAB D TO APPENDIX 8 TO ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPORD 1000-15

Subj: MEDICAL JOINING REPORT GUIDANCE

1. Medical Joining Report Format

FM/USS NEVER SAIL//
TO/COMFIFTHFLT//
INFO COMUSNAVCENT
BRMEDCLINIC BAHRAIN
CHAIN OF COMMAND
UNCLAS//N06300//
MSGID/GENADMIN/USS NEVER SAIL/MONTH//
SUBJ/MEDICAL JOINING REPORT//
REF/A/DOC/COMFIFTHFLT OPORD 1000-15/DDMMYY//
AMPN/APPENDIX 6 TO ANNEX Q/MEDICAL JOINING RPT/
POC//FULL NAME/LT/MEDICAL OFFICER/LOC: NEVER SAIL
/EMAIL: SAILOR(AT)NEVERSAIL.NAVY.SMIL.MIL//
RMKS/A. IRW REF A THE FOLLOWING IS PROVIDED.

1. CURRENT AMAL PERCENTAGE (OVERALL):
2. CURRENT EMERGENCY AMAL PERCENTAGE:
3. CURRENT EQUIPMENT CASREPS:
4. LIST OF EQUIPMENT NOT FULLY MISSION CAPABLE:
5. NUMBER OF DEDICATED OPERATING ROOMS:
6. NUMBER OF OTHER OPERATING AREAS EQUIPPED WITH SUITABLE EQUIPMENT FOR PERFORMANCE OF BASIC SURGICAL PROCEDURES:
7. NUMBER OF FIXED X-RAY MACHINES:
8. NUMBER OF PORTABLE X-RAY MACHINES:
9. NUMBER OF REFRIGERATORS IN MEDICAL SPACES SUITABLE FOR STORAGE OF WHOLE BLOOD/TOTAL CAPACITY OF SAME BLOOD UNITS:
10. NUMBER OF BLOOD PRODUCTS ON HAND BY ABO/RH TYPES:
11. NUMBER OF WALKING BLOOD DONORS, EXCLUDING LANDING FORCE PERSONNEL, BY ABO/RH TYPE:
12. NUMBER OF ICU BEDS AVAILABLE:
13. NUMBER OF OTHER SICK BAY BEDS:
14. NUMBER OF OVERFLOW BEDS SUITABLE FOR CARE OF CASUALTIES:
15. CBRNE DETECTION CAPABILITY:

MALARIA CHEMOPROPHYLAXIS:

16. NUMBER OF DOXYCYCLINE DOSES:
17. NUMBER OF MALARONE DOSES:
18. NUMBER OF MEFLOQUINE DOSES:
19. NUMBER OF PRIMAQUINE DOSES:

PANDEMIC INFLUENZA READINESS:

20. NUMBER OF/PERCENT OF CREW N95 MASKS:
21. NUMBER OF/PERCENT OF CREW TAMIFLU DOSES:
22. NUMBER OF NASAL/PHARYNGEAL SWABS AND VIRAL TRANSPORT MEDIA VIALS:
23. NUMBER OF MEDIUM COLD-CHAIN LAB SPECIMEN SHIPPING CONTAINERS (NSN: 8115-LL-000-001):

CBRN MEDICATION READINESS:

24. NUMBER OF ATROPINE AUTO-INJECTORS:
25. NUMBER OF PRALIDOXIME CHLORIDE AUTO-INJECTORS:

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26. NUMBER OF 500MG CIPROFLOXACIN TABLETS:
27. NUMBER OF PYRIDOSTIGMINE-BROMIDE BLISTER PACKS:
28. NUMBER OF CANA AUTO-INJECTORS:
ADMINISTRATION:
29. SHIP SANITATION CONTROL EXEMPTION CERTIFICATE EXPIRATION DATE AND ISSUING AUTHORITY:
30. LIST OF SHIP COMPANY MEDICAL/DENTAL PERSONNEL BY RANK/RATE, FULL NAME, MEDICAL SPECIALTY/SUB-SPECIALTY/NEC:
31. LIST OF EMBARKED MEDICAL REGULATING TEAM PERSONNEL:
32. LIST OF EMBARKED NON LANDING FORCE MED/DENTAL PERSONNEL INCLUDING HSAP/FST PERSONNEL:
33. LIST OF LANDING FORCE MED/DENTAL PERSONNEL:
34. NAME/EMAIL ADDRESS FOR SENIOR MEDICAL DEPARTMENT REPRESENTATIVE:
35. OTHER ITEMS: SENIOR MEDICAL DEPARTMENT REPRESENTATIVE EMAIL, POTS-LINE, SECURE VOICE OR COMMENTS TO BE OF INTEREST.//

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TAB E TO APPENDIX 8 TO ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPORD 1000-15

Subj: DAILY MEDICAL SITUATION REPORT

1. Guidance. A daily medical situation report (MEDSITREP) will be submitted to the Force Surgeon's Office. Below is a line item explanation of information required for inclusion. Track all patients until status becomes Return to Duty. This report will be made by SIPR email only.

a. Required Information:

- (1) Provide a list of inpatients by ICD-9 Code: Last Name, First Name, rank(E4, E5, O2, etc do not use rate). Provide history, to include mechanism of injury if applicable, and current treatment plan for all patients. If a MTBI reportable event occurs include the following required information PER reference (d).
 - (a) Significant activity (SIGACT) number (if applicable).
 - (b) Service member's personal identifier (e.g., DoD identification number or Battle Roster Number).
 - (c) Unit identification code (UIC).
 - (d) Combatant command in which the event occurred.
 - (e) Other comments applicable to the event.
- (2) Number of general ward beds occupied and total number of general ward beds.
- (3) Number of ICU Beds occupied and total number of ICU beds.
- (4) Number of isolation beds occupied and total number of isolation beds.
- (5) Total number of outpatient visits (separate by disease or non-battle injury).
- (6) Number of personnel in Sick-in-Quarters status.
- (7) Evacuations - List by destination/location then ICD-9 code. Last Name, First Name, rank(E4, E5, O2, etc do not use rate), and command if from another unit. Provide history and current treatment plan for all patients.
- (8) Pending MEDEVAC - List by destination/location then ICD-9 code. Last Name, First Name, rank(E4, E5, O2, etc do not use rate), and command if from another unit. Provide history and current treatment plan for all patients.
- (9) Host Nation Hospital Admissions - List by destination/location

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then ICD-9 code. Last Name, First Name, rank(E4, E5, O2, etc do not use rate), and command if from another unit. Provide history and current treatment plan for all patients.

(10) Supply Status - List the current AMMAL percentage for each ship and current Emergency AMMAL percentage for each ship. If Emergency AMMAL's are below 100% provide an explanation and updated status.

(11) Provide percentage of all CBRNE medications available as per AMMAL requirement of the ship.

(12) Pandemic Influenza Readiness status - Provide the following information:

(a) Number of medical/dental personnel fit-tested for the N95 mask.

(b) Number of universal fit N95 masks onboard as well as the number required per AMAL.

(c) Number of Oseltamivir dose packs onboard.

(d) Confirmation of having a local isolation and quarantine instruction or SOP in the ship's Battle Bill.

(e) Number of nasal/oropharyngeal swabs and number of viral transport media onboard.

(f) Number of medium cold-chain lab specimen shipping containers onboard (NSN: 8115-11-00-0001).

(13) Equipment status - Provide casualty reports (CASREP) by DTG and type of report, also provide description of any equipment deficiency (this does not replace reporting requirements noted in the actual instruction). Provide Job Service Number (JSN) info for all equipment not fully mission capable.

(14) Refer to reference (h) for a list of reportable medical events (this report does not replace the reporting requirements noted in actual instruction).

(15) Provide any departmental comments and/or concerns that may be of importance. Use this section to report medical care provided for special situations. Provide history and current treatment plan for all patients.

b. Below is the format for submission of the MEDSITREP. The information shall be submitted via e-mail to cusnc.medsitrep@me.navy.smil.mil no later than 1000Z daily.

c. Sending via NIPR any PII/PHI information contained within a document shall be sent using the SAFE website located at <https://safe.amrdec.army.mil/safe/>

EXAMPLE:

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Subj: DAILY MEDICAL SITUATION REPORT

DAILY MEDICAL STATUS: (Unit Name)

1. INPATIENT CENSUS: (1 Admission, 0 Sleepers, 0 Borders)

- a. ICD 9/10: 237.71
- b. LAST NAME
- c. FIRST NAME
- d. GENDER: MALE / FEMALE
- e. AGE: 28
- f. RANK: ABFAN
- g. UNIT: HST/AIR/V4
- h. CATEGORY: INJURY / ACCIDENT / MENTAL HEALTH
- i. PREVIOUS RELATED CONDITION: YES / NO

(1) 29 Oct - 28 yo male with prepatellar bursitis without evidence of septic joint admitted for IV antibiotic therapy. 29 Oct 10 - Minimal interval improvement. Case discussed with Infectious Disease consultant via telecon with recommendation for IV vancomycin.

(2) 30 Oct: Gratifying interval improvement with marked reduction in erythema and pain. Plan is to continue with IV vancomycin and Septra DS 2 tabs BID.

(3) 1 NOV: Vanco Day #3 w/ continued improvement but still with a significant infectious/inflammatory process.

- 2. GENERAL WARD ADMISSIONS (OCCUPIED/TOTAL): #/#
- 3. INTENSIVE CARE UNIT (OCCUPIED/TOTAL): #/#
- 4. ISOLATION BEDS (OCCUPIED/TOTAL): #/#
- 5. OUTPATIENT VISITS (DIS/NBI): #/#
- 6. SICK IN QUARTERS: #
- 7. MEDEVAC:

a. USMH Kuwait

- a. ICD 9/10: 237.71
- b. LAST NAME
- c. FIRST NAME
- d. GENDER: MALE / FEMALE
- e. AGE: 28
- f. RANK: ABFAN
- g. UNIT: HST/AIR/V4
- h. CATEGORY: INJURY / ACCIDENT / MENTAL HEALTH
- i. PREVIOUS RELATED CONDITION: YES / NO

(1) 29 Oct - 28 yo male with prepatellar bursitis without evidence of septic joint admitted for IV antibiotic therapy. 29 Oct 10 - Minimal interval improvement. Case discussed with Infectious Disease consultant via telecon with recommendation for IV vancomycin.

(2) 30 Oct: Gratifying interval improvement with marked reduction in erythema and pain. Plan is to continue with IV vancomycin and Septra DS 2 tabs BID.

(3) 1 NOV: Vanco Day #3 w/ continued improvement but still with a significant infectious/inflammatory process.

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8. ACTIVE MEDEVACs:

- a. Landstuhl Regional Medical Center
- a. ICD 9/10: 237.71
- b. LAST NAME
- c. FIRST NAME
- d. GENDER: MALE / FEMALE
- e. AGE: 28
- f. RANK: ABFAN
- g. UNIT: HST/AIR/V4
- h. CATEGORY: INJURY / ACCIDENT / MENTAL HEALTH
- i. PREVIOUS RELATED CONDITION: YES / NO

(1) 29 Oct - 28 yo male with prepatellar bursitis without evidence of septic joint admitted for IV antibiotic therapy. 29 Oct 10 - Minimal interval improvement. Case discussed with Infectious Disease consultant via telecon with recommendation for IV vancomycin.

(2) 30 Oct: Gratifying interval improvement with marked reduction in erythema and pain. Plan is to continue with IV vancomycin and Septra DS 2 tabs BID.

(3) 1 NOV: Vanco Day #3 w/ continued improvement but still with a significant infectious/inflammatory process.

9. FOREIGN HOSPITAL ADMISSIONS:

- a. Bahrain Defense Force Hospital
- a. ICD 9/10: 237.71
- b. LAST NAME
- c. FIRST NAME
- d. GENDER: MALE / FEMALE
- e. AGE: 28
- f. RANK: ABFAN
- g. UNIT: HST/AIR/V4
- h. CATEGORY: INJURY / ACCIDENT / MENTAL HEALTH
- i. PREVIOUS RELATED CONDITION: YES / NO

(1) 29 Oct - 28 yo male with prepatellar bursitis without evidence of septic joint admitted for IV antibiotic therapy. 29 Oct 10 - Minimal interval improvement. Case discussed with Infectious Disease consultant via telecon with recommendation for IV vancomycin.

(2) 30 Oct: Gratifying interval improvement with marked reduction in erythema and pain. Plan is to continue with IV vancomycin and Septra DS 2 tabs BID.

(3) 1 NOV: Vanco Day #3 w/ continued improvement but still with a significant infectious/inflammatory process.

(1) 237.7, LAST NAME, FIRST NAME, E3, (List by ICD-9 Code), 20 y/o male with LLQ pain X 24hr. Rebound tenderness and guarding. Patient was taken to surgery for appendectomy.

10. SUPPLY STATUS:

- a. SHIP:
 - (1) OVERALL AMMAL %: 85% (% AMMAL)
 - (2) EMERGENCY AMMAL %: 100% (% AMMAL)

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11. CBRNE MEDICATIONS: (% AMMAL)
12. EQUIPMENT STATUS:
 - a. CASREP: (DTG and type of casualty)
 - b. DEFICIENCIES: (JSN for all equipment not fully mission capable)
13. PANDEMIC INFLUENZA READINESS:
14. REPORTABLE EVENTS: (Summary of event, date report submitted)
15. MISC COMMENTS: (Significant departmental events)

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APPENDIX 9 TO ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPORD 1000-15

Subj: DIVING MEDICAL OPERATIONS

1. Purpose. To provide information and establish procedures regarding diving medical coverage and recompression chamber operations in the COMFIFTHFLT AOR.

2. Concept of Operations. Diving operations within the COMFIFTHFLT AOR will be conducted per applicable provisions. Diving physical preliminaries may be performed at the Naval Branch Health Clinic (NBHC) Bahrain.

3. Guidance

a. Operations: Diving units in the COMFIFTHFLT AOR will conduct operations utilizing the following guidelines:

(1) The primary recompression chamber (PRCC) for all diving activities in COMFIFTHFLT is located at CTF 56. The chamber crew is on 24 hours recall.

(2) All USN diving units conducting planned diving will notify CTF 56 Master Diver or chamber staff at least 24 hours prior by message, e-mail, fax, telephone, or radio telephone. USN diving units will provide the following information:

(a) Name of unit that will be conducting diving operations, location, date, time, type of equipment, and depth.

(b) Transportation assets available for MEDEVAC (unit name), in the event of a casualty.

(c) Notification/communication procedures in event of mishap.

(d) PRCC location primary/secondary.

(e) Point of contact (POC) at the dive location and instructions on how to contact them. For dive operations outside the vicinity of Mina Salman Pier and Sitra Anchorage, the OIC of the diving unit will coordinate the MEDEVAC from available assets.

(3) For emergency dive operations, the requesting unit will notify CTF 56 by the fastest method available.

(4) Diving Officer/Supervisor will ensure adequate voice communications to notify MEDEVAC support in event of an accident. If communications are lost, diving operations will terminate.

b. Diving Operations Accident: Procedures to follow in the event of a diving accident, possibly requiring recompression treatment:

(1) Assess patient and determine severity of symptoms.

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(2) Provide the following information by voice communications (fastest means available) to CTF 56 Dive Chamber Supervisor Duty Phone: +973-3912-8360 and CTF 56 Maritime Operations Center (MOC) Watch Floor: DSN: 318-439-8050 ; name of diver or aviator, unit assigned, location of diver, type of accident (decompression or other), dive profile and/or time at altitude, gas used at time of accident, time of symptom onset, status of patient, description of symptoms, vital signs, neurological exam results and treatment or medications given.

(3) If the patient is a diving or aviation decompression casualty call:

- (a) Dive Chamber Supervisor Duty Phone: +973-3912-8360/3930-1217
- (b) CTF 56 Undersea Medical Officer: DSN 318-439-9299/4827;
Mobile: +973 3942 0698; 3930-0145
- (c) CTF 56 Dive Locker: DSN: 318-439-6564 Comm: +973-1785-6564
- (d) Master Diver: Cell: +973-3838-5423
- (e) CTF 56 Maritime Operations Center (MOC) Watch Floor: DSN: 318-439-8050; MOC will contact the above personnel in all cases.
- (f) COMUSNAVCENT Battle Watch Officer: 973-1785-4577 or 973-1785-4346

(4) See Appendix 1 for MEDEVAC procedures.

c. Diving Accidents Outside of Bahrain: Uncertified Gulf States RCC facilities may be used in circumstances to save a life. Refer to Tab A for Contact information.

4. Navy Hyperbaric Medical Officer Services. Hyperbaric medicine services are available through the CTF 56 Undersea Medical Officer.

Tabs:

A - COMFIFTHFLT Uncertified RCC List

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TAB A TO APPENDIX 9 TO ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPORD 1000-15

Subj: COMFIFTHFLT UNCERTIFIED RECOMPRESSION CHAMBER (RCC) LIST

1. Provided is a list of known dive chambers in the AOR. Chambers and staff are subject to change without notice.

a. Bahrain: CTF 56 Dive Locker, NSA Bahrain. POC: MDV 011-973-3912-8360 (cell). CTF 56 Medical: DSN: 318-439-9299 or 011-973-3942-0698 (cell). If CTF 56 is unavailable, contact NDSTC Panama City, FL: DSN: 850-234-4651 or NEDU, DSN: 850-230-3100.

b. Oman: Royal Navy of Oman Poly Clinic Hyperbaric Medicine. One 8-man chamber and one 6-man chamber. POC Dr. Yousef Said Al Bulushi +968 2634-5637. Last survey: 22Dec2013.

c. Kuwait: Naval Special Unit, Kuwait Naval Base, Ras Al Qulayiah, Kuwait. Fixed dual lock chamber in air conditioned space. Operated by U.S. Army 74th Engineer diving unit. POC Dive Team OIC: 001-965-964-7128 Dive Team MDV: 001-965-975-8573; Duty Phone (DSN): 318-839-1067/1068. Last survey: 28May2013. (Needs to be recertified as the certification is only good for 1 year)

d. Egypt: Hurghada Naval Hyperbaric and Emergency Medical Center, Hurghada, Egypt. Two fixed dual lock chambers located in the emergency Medical Center. POC 065-344-9150. Last survey: 28 Oct 12 (Needs to be recertified as the certification is only good for 1 year)

e. United Arab Emirates (UAE): U.S.N. Transportable Recompression Chamber System (TRCS), Port of Fujairah, Northeast UAE. 20-ft portable container with air-conditioning unit. POC: NDCS CAPPS(OIC): +971 5045-60745. Headquarters Special Operations Compound Abu Dhabi, 26 Dec 2013, Spec Ops Command Medical Center, UAE Last Surveyed 26Dec2013 050-657-5763.

f. Jordan: Prince Hashim Hospital, Aqaba, Jordan. Multi-place chamber. No formal evaluation has been completed. No contact info available.

g. Saudi Arabia: King Abdulaziz Naval Base, Jubail, KSA. Fixed dual lock chamber in air conditioned space. POC: Fouad A. Rajab +966 3364-1234 ext 2682 or +966 50-584-2005. Last survey: 29 Dec 2013, Armed Forces hospital King Faisal naval Base Jeddah, Saudi Arabia 26 Aug 2013 +966 05-9834-15856.

h. Lebanon: Notre Dame Hospital, Jounieh, Lebanon. Fixed dual lock chamber in air conditioned space. POC: Chief, Office of Defense Cooperation U. S. Embassy Beirut +961 454-3800 or +961 314-1877. Last survey: Jul 2013 (Needs to be recertified as the certification is only good for 1 year. The chambers there are not fit for use due to multiple issues Jbeil, Beirut).

i. Qatar: Qatar Naval Base, Doha, Qatar. Fixed dual lock chamber in air conditioned space. POC: Duty Officer +974-461-5279. Last survey: 28 Jan 2014.

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APPENDIX 10 TO ANNEX Q TO COMUSNAVCENT/COMFIFTHFLT OPORD 1000-15

Subj: DEFINITIONS

1. Provided is a list of accepted definitions for this Annex.

a. **Amphibious Assault Ship (LHA) and (LHD)** - Medical capabilities, LHAs are designed to function as primary CRTSS during amphibious operations. LHAs require augmentation by 178 medical department personnel to achieve full casualty treatment capability. It is capable of receiving both helicopter and waterborne casualties.

b. **Casualty Receiving and Treatment Ship (CRTS)** - In amphibious operations, an LHA/LHD is designated to receive, provide treatment for, and transfer casualties.

c. **Expeditionary Medical Facility (EMF)** - EMF is task organized and scaled to fit requirements identified by the COCOM. Task-organization allows medical planners to build a customized medical facility to support the specific mission. In addition to the typical specialist care associated with Level III field medical treatment facilities (MTF), the modular nature of EMF equipment sets and the ability to task organize allows the EMF to support the sophisticated resuscitative and stabilizing surgical care of Level II platforms.

d. **International Code of Disease-9 (ICD) Codes** - The Health Insurance Portability and Accountability Act and reference (h) require all commanders and all medical facilities to ensure the highest level of patient confidentiality and privacy. To comply with this directive and thus protect patients, it is imperative that appropriate ICD-9 codes be used in the disease identification and pertinent history section of all MEDEVAC messages and patient movement requests. **Ensure the highest possible attention to this requirement.**

e. **International SOS (ISOS)** - Given that medical requirements may exceed the capabilities of a unit or strike group in either the severity of illness/injury or quantity of those requiring care, TRICARE has contracted with ISOS to assist with arranging care ashore. ISOS facilitates care at hospitals and individual providers that have been previously screened or determined to provide quality care. Fiscal transactions for healthcare obtained in coordination with ISOS are cashless and claimless for the patient.

f. **Level I** - Level I care is typically unit level medical support typically provided by the first responder; that is, the personnel of a unit and its organic battalion aid stations (BASs), ship's medical department, or squadron medical sections.

g. **Level II** - Level II care includes initial emergency resuscitative and stabilization surgery, coupled with life and limb saving actions. It provides a mobile surgical capability within theater and is located as close to the battlefield as is tactically possible. It does, however, require

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operational and logistical support when employed. It is essential to establish the capabilities of Level II treatment and the relationship to the next appropriate level of care.

h. **Level III** - Level III care provides essential care within the theater and is characterized by the use of a theater hospital. The theater hospital is at the core of ensuring quality health care to our forces, and the key to its success is the ability to provide care within 12 hours from time of injury.

i. **Level IV** - Level IV care provides definitive health care and requires that the military healthcare system develop and establish the most efficient means to interface with HSS requirements. This requires evacuation and hospitalization strategies that can maintain the capability to provide a fit and healthy force, prevent casualties, and provide care and management of casualties in theaters as well as in CONUS.

j. **Lift-Bed Planning** - Patient movement lift-bed planning is the simultaneous integration of medical regulating with the selection of means and assets for patient transport.

k. **Medical Regulating** - Action necessary for the movement of casualties through the levels of care. The process of matching casualties with a medical treatment facility that provides necessary health service support capabilities and available bed space.

l. **Organic Transportation** - Airframes or vehicles that belong to the unit, ship, or battle group.

m. **Patient Movement Requirements Center (PMRC)** - A joint service center staffed by medical administrative officers, flight nurses, flight surgeons and NCOs from all services that are responsible for lift-bed planning, clinical validation and patient manifesting.

n. **MEDEVAC** - Transport of patient, from low to higher echelon of care for medical evaluation/treatment.

o. **ESCORT** - Service member of equal or higher rank **NOT** in a PCS/TAD status.

p. **Patient Movement Request (PMR)** - Various forms and formats (i.e., voice, radio, and message) are currently in use by Services to request evacuation. PMRs are used when a patient is to be moved from one facility to another. PMRs establish the record of evacuation and provide in-transit visibility of a patient's location. PMRs should be submitted via TRAC2ES web or mobile (when available). If TRAC2ES is unavailable an AF Form 3899, Patient Movement Record, can be sent (or the form information voice transmitted) via e-mail, facsimile, voice telephone, radio and/or satellite communications. The number of patient information items required to request movement will be determined by the respective Patient Movement Requirements Center (JPMRC or TPMRC-E) and will depend on the operational environment and the volume of patient movement requests.

q. **TRANSCOM Regulating and Command and Control Evacuation System (TRAC2ES)** - An automated information system designed to support the functions

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of medical regulating, clinical validation, transportation, and in-transit visibility of patients in the patient movement system.

r. **Theater Patient Movement Requirements Center- Europe (TPMRC-E)** - TPMRC-E is a tri-service office staffed by medical administrative officers, flight nurses, flight surgeons and NCOs from all services that are responsible for medical regulating, clinical validation, and patient movement planning for EUCOM and AFRICOM. TPMRC-E manages the European Theater medical regulating and patient movement system in peacetime and wartime operations.

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