

U. S. Army Soldier and Biological Chemical Command
Surety Field Activity
5183 Blackhawk Road
Aberdeen Proving Ground, MD 21010-5424

AMSSB-SSF Letter of Instruction

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Medical Support for Surety Management Reviews
and Initial Response Forces Exercises

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1. Purpose: This letter of instruction (LOI) outlines the program elements of the medical review and some of the underlying reasoning behind them. The intent of the review of the medical elements is not punitive. Rather, the current state of the program is assessed, and guidance is given for those areas that are not in compliance with current requirements.

2. Scope: This LOI applies to personnel assigned to the Surety Field Activity (SFA) or augmenting the activity during Surety Management reviews (SMRs) and/or Initial Response Forces exercises (IRFXs).

3. General:

a. SMRs are conducted by the U.S. Army Soldier and Biological Chemical Command (SBCCOM) Surety Field Activity under AMCR 50-1 in support of AR 50-6. The reviews are intended to be an assessment of the installation's ability to fulfill its surety mission. During the review, six functional areas (mission operations, safety, security, surety management, emergency response, and external support) are assessed. Medical support provided to the surety mission is evaluated under both "Emergency Response" and "External Support."

b. A physician serving as a review team member should have the following credentials and specialized training in order to appropriately assess the medical support provided to the surety mission:

(1) Medical Credentials - familiarization in Cardio Pulmonary Resuscitation (CPR), Advanced Cardiac Life Support (ACLS), and Advanced Trauma Life Support (ATLS).

(2) Specialized Medical Training - attendance at the following courses: Medical Management of Chemical and Biological Casualties Course, as taught by the U.S. Army Medical Research Institute of Chemical Defense (MRICD), the Toxic Chemical Training for Medical Support Personnel Course, as well as Occupational Health Courses provided by the U.S. Army Center for Health Promotion and Preventive Medicine (CHPPM).

4. Policy: The scope of medical review described in this LOI should be accomplished during each scheduled review, i.e., at intervals of eighteen months, at each Army Materiel Command (AMC) installation with a surety mission or during chemical IRFXs which are conducted annually.

5. Emergency Response:

a. Look at the general housekeeping and adequacy of the medical facility to handle patients. Make sure that staff members understand their specific duties during an emergency. Look at the decontamination facilities, stockage of supplies, medications, and emergency equipment. Review clinic Standing Operating Procedures (SOPs). Specifically, does the clinic have an SOP detailing the procedures on how to process potentially exposed patients? Is there a facility to perform patient's decontamination or a designated area to eliminate further spread of contamination? Does the clinic have nominal 5% bleach and is it up to date (i.e., less than one year old or certified as minimal 3% content within the past year)? Does the clinic have the nerve agent antidotes (if applicable), diazepam, airways, appropriate Ambubags, endotracheal tubes, laryngoscope, suction, intravenous fluids and catheters to resuscitate a severely intoxicated nerve agent casualty? Have the clinic staff members been trained and certified by their Medical Response Team (MRT) leader on how to treat chemical agent patients and on associated emergency medical support procedures (i.e., starting intravenous fluids, giving intramuscular injections, ventilating with an Ambubag, etc.)?

b. The following items are most easily assessed during an IRFX:

(1) Equipment - Are all necessary equipment and supplies present, in good working order and sufficient quantities? Do individuals have needed and fitted personal protective equipment (PPE).

(2) Personnel - Are the individuals familiar with their jobs and do they follow the training and protocols they have received? Do they handle the necessary flow of medical information and get instruction as needed from the physician/physician assistant (PA) while in the field? Do they demonstrate familiarity with the equipment and supplies? Finally, if things go wrong, do they attempt to compensate?

(3) Administration - Is there a published workable medical support plan or annex for dealing with an accident/incident? Are the medical personnel familiar with regulatory guidance for necessary reports? Is there a good flow of information between the medical facility, the Emergency Operations Center (EOC) and the medical responders in the field?

c. First Aid/Buddy Aid - Effectiveness of the first aid and buddy aid taught to installation personnel is also evaluated during the exercise. The elements that should be stressed are:

(1) Appropriateness of the buddy aid response. Are the workers knowledgeable, are they treating the right agent (no MARK I Kit - atropine and 2-pam chloride - for mustard), are they responding rapidly?

(2) Are the patients rapidly removed from the contamination and in a way that minimizes further harm? Is decontamination promptly carried out?

(3) Are patients rapidly turned over to medical personnel and details of the accident communicated to the medical responders?

d. Compliance with DA Pam 50-6.

6. External Support: The following areas are reviewed to assess knowledge, compliance and effectiveness of the medical support to the surety mission.

a. Administrative elements covered include:

(1) Regulations - Are all required regulations for support of the surety mission including the occupational health program available at the clinic and current? The reference library is checked using DA Pam 25-30 for current medical publications. Paragraph 7 of this LOI and appendices A from AR's 40-5, 40-13 and 50-6 can be used as quick reference guides.

(2) Memorandums of Agreement (MOAs) - Do current MOAs exist with local civilian medical facilities, ambulance services or other Medical Treatment Facilities (MTFs) to support the installation in case of emergency or special need? The MOAs are also reviewed for specific content and execution of specific requirements, e.g., if the clinic is to provide MARK I Kit and/or teaching, has this been regularly accomplished? Are agreements reviewed and updated in writing annually?

(3) Waivers and Exceptions - Are waivers and exceptions on hand and reviewed?

(4) Mission Statement - Is support of the surety mission in the mission statement of the MTF and/or the supporting Medical Department Activity/Medical Center (MEDDAC/MEDCEN) table of distribution and allowances (TDA)?

(5) Program Document - Is there a current and functional program document for the MTF? Does it cover all the required elements of the surety, occupational health and ambulatory care missions?

(6) Medical Directives - Are the medical directives current? Do they cover all needed areas and specify scope of practice for each level of health care provider? Are emergency procedures clearly spelled out including authorizations? Is there evidence that the staff is familiar with the content of the directives?

(7) Training and Credentials - Has the MRT leader received the appropriate specialized medical training listed in paragraph 3b(2) of this LOI? Is on-going required training being conducted? Are all necessary certifications current to include CPR, ACLS, ATLS, Audiometry and Pulmonary Function Testing (PFT) for appropriate providers? Are medical personnel participating in the installation health and safety program?

(a) Ensure installation medical personnel are trained for accident response at least quarterly and external medical support (off-post medical facilities) participate on an annual basis IAW AR 50-6 and DA Pam 50-6.

(b) Ensure the training and qualifications of the MRT meet the requirements of DA Pam 50-6.

(c) Ensure medical personnel have adequate PPE and training in use of such equipment. Specifically, do medical personnel have appropriate protective clothing and masks? Are they trained in how to operate in protective clothing (if necessary or indicated)? Are their masks properly inspected and up to date?

(8) SOPs - Are there SOPs for all the major program elements of the surety and occupational health missions? Each SOP should be clear, concise and identify the specific elements and responsibilities for each procedure. Documentation of annual physician review should be available as well as evidence that the SOPs have been read by the affected assigned individuals.

(9) Quality Assurance (QA) - The QA program should be reviewed for compliance with AR 40-68. Compliance with medical record requirements for surety and occupational health programs should be part of the ongoing QA program.

(10) Medical Records - Medical records are audited in a number of areas:

(a) Records Segregation - Ensure health records (HRECs), dental records, civilian employee medical records (CEMRs) of personnel in the chemical personnel reliability program (PRP) are segregated from other records IAW AR 40-66.

(b) Identification of Health Records - Ensure all PRP health and dental records are properly identified (DA Form 4515 - PRP Record Identifier) according to current guidance in AR's 40-66 and 50-6.

(c) Accountability - The clinic needs to have complete accountability of all PRP records to include medical, dental and dual status records. Accomplish a 100% record audit unless the number of records is excessive. In that case, accountability is done for total numbers and a method is picked (last 4, letter of alphabet, job title, etc.) to verify accountability of records. Verification is done using a current installation Chemical Duty Position Roster (CDPR) (this also documents whether the MTF receives roster updates in a timely fashion).

(d) Content of Medical Records - Perform a random sample of the medical records, including dual status, for evidence of needed occupational health surveillance. This will include evaluation of an individual's ability to use required protective gear; evidence of ongoing record audits for PRP purposes; medications and/or medical conditions that should have been reported to certifying officials; and record screening in support of the DA Form 3180-R (Personnel Screening and Evaluation Record).

(e) DA Form 3180-R - Ensure that DA Form 3180-Rs are correctly annotated and included in each record.

(f) Health Records Review - Ensure the PRP health records are appropriately reviewed by the installation medical authority (IMA) IAW AR 50-6. When performing the medical record review, the IMA should take into account the functional requirements and physical demands of the job. The IMA must pay particular attention to any history of alcohol or drug abuse, use of medication, or any medical condition that may alter an individual's mental or physical status and possibly impact on the person's ability to perform his/her duties in the PRP. The IMA should provide this medical information in clear, non-medical terms so that the Certifying Official can make a sound decision concerning PRP status. The following information should be provided telephonically and in writing to the Certifying Official:

(1) The medical condition(s).

(2) The name and type of medication(s).

(3) The possible health effect(s) associated with the medical condition(s) and/or medication(s).

(4) Recommendations (based on the medical officer's or civilian physician's medical judgment) on an individual's capability to perform their PRP duties. The medical officer or civilian physician can recommend to the Certifying Official that a person be medically restricted or disqualified from the PRP if appropriate. If restriction is recommended, the medical officer or physician should recommend a restriction time duration. The medical officer or physician should also see the individual for follow-up prior to recommending return to full PRP duties.

(5) The signature of the medical officer or civilian physician on the written notification letter.

(6) It is recommended that this same written notification letter be returned to the medical officer or civilian physician, signed by the Certifying Official, indicating receipt of the information. Also, the Certifying Official should indicate on the same notification letter his/her final decision on PRP status (full duty, restriction or disqualification).

(7) It is also recommended that the medical officer or civilian physician adequately document in the medical record on a SF 600 (Chronological Record of Medical Care) that the above medical information was provided to the Certifying Official indicating that "telephone and written notification was provided to the Certifying Official" and specifically the time, date and what information was provided; also, document on the SF 600 the Certifying Official's final decision (full duty, restriction or disqualification).

(g) Appointment of Medical Evaluator - Ensure that the medical PRP screening individual is appointed (current, signed documentation) by the delegating authority (supporting MEDDAC/MEDCEN commander).

(h) Dual Status - Ensure that medical records of retired military or dependents of military who are PRP Department of the Army civilians are cross-referenced and identified as dual status IAW AR 40-5.

(i) RBC-ChE (Red Blood Cell Cholinesterase) - Ensure OF 23 (Charge-out Record) is in the medical record if the SF 512 (Clinical Record Plotting Chart) RBC-ChE monitoring results are maintained separately at the lab IAW DA Pam 40-8.

(j) Confidentiality - Ensure confidentiality of medical information is maintained between the IMA and the Certifying Official IAW ARs 40-5 and 50-6.

(11) Equipment - Review the available equipment at the MTF for serviceability and adequacy to meet mission requirements. All necessary equipment to meet surety, occupational health and emergency medical response requirements needs to be on hand and operational. This review includes, but is not limited to ambulances, audiometers, spirometers, respirators, life packs, radios, protective equipment and chemical detection alarms.

(12) Supplies - Review supplies to include emergency response chests, MARK I Kits (if appropriate) and pharmacy support from the supporting MEDDAC/MEDCEN.

(13) Emergency Medical Identification - Ensure that persons who may be exposed are furnished identification bracelets/cards and that after hours notification procedures are reviewed and tested.

(14) Surety Board - Confirm participation in installation surety board meetings by the IMA or senior MTF staff.

(15) Occupational Health Management Information System (OHMIS) - Ensure that the three modules of OHMIS - Hearing Evaluation Automated Registry System (HEARS), Health Hazard Information Module (HHIM) and Medical Information Module (MIM) - are properly utilized to support the surety mission.

b. Occupational Health Program - The occupational health program (see AR 40-5) is reviewed for the following elements as they support the surety mission:

(1) Hazards Inventory - Industrial hygiene and laboratory safety data should be current. Workplace hazard inventories of chemical agents and employee exposures should be under HHIM.

(2) Job-Related Medical Surveillance - The examinations (pre-employment, periodic, terminations) conducted in support of the surety program need to be consistent with current regulatory requirements and appropriately documented. The timeliness of examination is also reviewed - military personnel as well as civilians are included. HHIM review is required annually and when operations change to determine scope and frequency of job-related examination.

(3) Hearing Conservation Program - The hearing conservation program (DA Pam 40-501) is reviewed to include audiograms, fitting of hearing protection and follow-up of abnormal exams. Equipment, certifications and use of HEARS software are also reviewed.

(4) Vision Program - Elements of the vision program (TB MED 506) reviewed include vision screening, safety glasses and protective mask inserts. The IMA should ensure PRP personnel receive protective mask inserts in a timely manner and are aware that protective masks cannot be worn until the inserts are available IAW DA Pams 40-8 and 40-173. The IMA should have in place positive measures that prevent personnel from being assigned to PRP duties without the required protective mask inserts. Ensure the Certifying Official is aware of this information.

(5) Pregnancy Surveillance - A program needs to exist to support both the pregnant employee and the installation by evaluation of both the employee and the job. Coordination with the patient's personal physician is essential to determine appropriate job placement during pregnancy.

(6) Occupational Illness/Injury and Illness Absence Monitoring - Procedures should be in place for routine treatment of on-the-job injuries, referrals as needed and follow-ups. A program should also be in place to review employees with prolonged absences as well as surety employees prior to release to duty after an illness or injury.

(7) Alcohol and Drug Abuse Program - Coordination and support to the Drug and Alcohol Program (AR 600-85) is reviewed.

(8) Respiratory Protection Program - Review of the respiratory protection program (AR 11-34, TB MED 502) includes documentation of ability to use a respirator based on medical history, physical examination and spirometry data as necessary. Available equipment should meet the standards of TB MED 509. Personnel performing PFT need to be certified.

(9) Cholinesterase Program - The cholinesterase program is reviewed as follows:

(a) Check that SF 512s include accurate plotting and reporting procedures, presence of baselines on all individuals under surveillance, and filing procedures.

(b) Note whether equipment is clean and well maintained.

(c) Check for proper storage and handling of buffers.
(d) Check for compliance with guidelines developed by the reference laboratory.
(e) Make sure the laboratory SOP reflects the current guidance on RBC-ChE testing IAW DA Pam 40-8 and memorandum, SGPS-PSP, 7 Dec 93. It should include a method by which the SF 512 log sheets are inserted into the employee's health record when personnel have a permanent change of station (PCS) or leave the PRP.

(f) Evaluate the QA program in the laboratory. Review the latest QA reports from CHPPM.

(g) Review the SF 512 RBC-ChE log sheets. Ensure that RBC-ChE results are recorded correctly IAW DA Pam 40-8.

(h) Review how the baseline ChE is derived and make sure that current guidance is followed. Specifically, variations of greater than 10% from the baseline value need to be referred to the IMA for review. Ensure that required re-computations of employee baseline values have been made every three years. Additionally, verify that the IMA has conducted or ensured that necessary "QA" is being performed on all the medical surveillance data.

(10) Employee Information and Training - Review these elements for compliance. IAW DA Pams 40-8 and 40-173, the IMA should establish/review/approve/provide... the following:

- (a) Employee health education program.
- (b) Employee health training.
- (c) Access to health education materials.
- (d) Hazard communication information.

(11) Radiation Protection Program - Review the radiation protection program (AR 40-14) to include forms, record management and labeling, and involvement by the radiation protection officer (RPO).

c. Facilities - The medical treatment facility is reviewed for the following:

- (1) Signs relating to flow of contaminated patients.
- (2) Presence of functional decontamination facilities.
- (3) Buzzers or bells at the "contamination" entrance to the facility.
- (4) Pharmacy security of medications and facility.
- (5) Storage of protective gear.
- (6) Ambulance shelters.

d. Personnel - The clinic TDA is reviewed and compared to actual staffing. Individual members of the staff are interviewed to ascertain knowledge of the surety program, treatment of patients and their individual role in the Occupational Health Program.

7. Abbreviations:

ACLS - Advanced Cardiac Life Support
AMC - Army Materiel Command
ATLS - Advanced Trauma Life Support
CDPR - Chemical Duty Position Roster
CPR - Cardio Pulmonary Resuscitation

CEMR - Civilian Employee Medical Record
CHPPM - U.S. Army Center for Health Promotion and Preventive Medicine
EOC - Emergency Operations Center
HHIM - Health Hazard Information Module
HEARS - Hearing Evaluation Automated Registry System
HREC - Health Record
IMA - Installation Medical Authority
IRFX - Initial Response Force Exercise
LOI - Letter of Instruction
MEDCEN - Medical Center
MEDDAC - Medical Department Activity
MIM - Medical Information Module
MOA - Memorandum of Agreement
MRICD - U.S. Army Medical Research Institute of Chemical Defense
MRT - Medical Response Team
MTF - Medical Treatment Facility
OHMIS - Occupational Health and Management Information System
PA - Physician Assistant
PCS - Permanent Change of Station
PFT - Pulmonary Function Testing
PPE - Personal Protective Equipment
PRP - Personnel Reliability Program
QA - Quality Assurance
RBC-ChE - Red Blood Cell Cholinesterase
RPO - Radiation Protection Officer
SBCCOM - U. S. Army Soldier and Biological Chemical Command
SFA - Surety Field Activity
SMR - Surety Management Review
SOP - Standing Operating Procedure
TDA - Table of Distribution and Allowances

8. Reference Publications: Verify availability of the following documents.

AMC Regulation 50-1, AMC Surety Management Reviews and Accident Response Exercises.

AR 11-34, The Army Respiratory Protection Program.
AR 40-5, Preventive Medicine.
AR 40-13, Medical Support - Nuclear/Chemical Accidents and Incidents.
AR 40-14, Occupational Ionizing Radiation Personnel Dosimetry.
AR 40-66, Medical Record Administration.
AR 40-68, Quality Assurance Administration.
AR 50-6, Chemical Surety.
AR 385-10, The Army Safety Program.

AR 385-61, The Army Chemical Agent Safety Program.
AR 385-64, U.S. Army Explosives Safety Program.
AR 600-85, Alcohol and Drug Abuse Prevention and Control Program.

DA PAM 25-30, Consolidation Index of Army Publications and Blank Forms.
DA PAM 40-8, Occupational Health Guidelines for the Evaluation and Control of Occupational Exposure to Nerve Agents GA, GB, GD, and VX.
DA PAM 40-13, Training in First Aid and Emergency Medical Treatment.
DA PAM 40-18, Personnel Dosimetry Guidance and Dose Recording Procedures for Personnel Occupationally Exposed to Ionizing Radiation.
DA PAM 40-173, Occupational Health Guidelines for the Evaluation and Control of Occupational Exposure to Mustard Agents H, HD, and HT.
DA PAM 40-501, Hearing Conservation Program.
DA PAM 50-6, Chemical Accident or Incident Response and Assistance (CAIRA) Operations.
DA PAM 385-61, Toxic Chemical Agent Safety Standards.
DA PAM 385-64, Ammunition and Explosives Safety Standards.

FM 3-5, NBC Decontamination.
FM 3-7, NBC Field Handbook.
FM 3-9, Potential Military Chemical/Biological Agents and Compounds.
FM 3-21, Chemical Accident Contamination Control.
FM 8-285, Treatment of Chemical Agent Casualties and Conventional Military Chemical Injuries.

Materiel Safety Data Sheets (MSDS) for chemical surety agents stored/used are available

Memorandum, HQDA, SGPS-PSP, 7 Dec 93, subject: Reestablishment of Red Blood Cell Cholinesterase (RCB-ChE) Baseline.

TB MED 502, Occupational and Environmental Health Respiratory Program.
TB MED 503, The Army Industrial Hygiene Program.
TB MED 506, Occupational and Environmental Health Occupational Vision.
TB MED 509, Spirometry in Occupational Health Surveillance.

TM 3-250, Storage, Shipment, Handling and Disposal of Chemical Agents and Hazardous Chemicals.

ROY JORGENSEN
Team Leader,
Surety Field Activity