



DEPARTMENT OF THE NAVY
NAVAL HOSPITAL
100 BREWSTER BLVD
CAMP LEJEUNE, NORTH CAROLINA 28547-2538

IN REPLY REFER TO
NAVHOSPCAMLEJINST 6310.1E
06PH
8 Aug 2014

NAVHOSPCAMLEJ INSTRUCTION 6310.1E

From: Commanding Officer

Subj: MEDICAL CARE PROCEDURES FOR DISEASES AND INJURIES
OF CIVIL SERVICE PERSONNEL

Ref: (a) DoDI 1400.25
(b) OPNAVINST 5100.23G
(c) OPNAVINST 5102.1D

Encl: (1) Occupational Health Permit

1. Purpose. To establish required procedures for diagnosis and emergency treatment of civilian employees for illness and injury on the job, per references (a) through (c).

2. Cancellation. NAVHOSPCAMLEJINST 6310.1D

3. Responsibility. The Director for Public Health (DPH) is responsible for this instruction.

4. Clarifications

a. The term "Naval Hospital" or "Naval Hospital Camp Lejeune" when referenced in this instruction encompasses the Naval Hospital, its branch clinics, and satellite facilities.

b. The term "staff members" when referenced in this instruction refers to staff members (active duty personnel, reservists, civilian employees, contract employees, volunteers) working at the hospital, its branch clinics, and satellite facilities.

5. Background. Per reference (a) the Naval Hospital shall ensure that Department of Defense (DoD) employees are entitled to a safe and healthful work environment that complies with the DoD safety and health policies. The Naval Hospital shall provide prompt medical attention and full assistance in claiming just compensation for injuries or occupational illnesses incurred in the performance of the employee duties.

a. In case of an emergency, the employee should be given emergency first-aid treatment or the medical attention required to prevent loss of life or limb or to relieve suffering until placed under the care of a personal physician.

b. Employees must report immediately, to their supervisor, any occupational injury or illness. The supervisor will furnish enclosure (1) to civilian employees who need treatment. Employees will not be permitted to visit the dispensary without having obtained the form, except where necessary to avoid delay in treatment to the detriment of an employee. In this case, the form may be completed after the patient has been removed from the dispensary. All cases of injury or occupational illness at work shall be recorded at the dispensary or medical department of the activity.

Note: The terms "dispensary" and "medical officer" are used generically to denote the site and provider of medical treatment. This would be the Occupational Health Clinic at Building 65 during working hours or the Emergency Medicine Department at Naval Hospital, after working hours.

c. Enclosure (1) shall be used by the Safety Office as a means of control to ensure the prompt receipt of information needed to investigate mishaps and to complete appropriate mishap reports on civilian employees.

d. The following instructions regarding the preparation and disposition of enclosure (1) shall be observed:

(1) The supervisor shall complete the upper half of enclosure (1). The supervisor should make every effort to determine whether or not an injury or physical disability is occupational before checking the "Questionable" block.

(2) The supervisor will call the clinic (451-2181) to book an appointment unless the injury is considered an emergency then they will be seen at the Naval Hospital Emergency Department. Once the enclosure (1) is completed and the appointment is booked the injured employee shall take enclosure (1) to the dispensary at the time of their appointment.

(3) Employees are provided the right to be seen by their provider of choice but will be encouraged to be seen at the Occupational Health Clinic to help contain costs to the Command.

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(4) Disposition of the employee will be determined by the medical officer on the permit. If the employee wishes to file with the OWCP, the employee will use the forms required by the Office of Workers Compensation Programs (OWCP), such as CA-1 "Federal Employees' Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation," or the CA2 Notification of Disease provided to the employee by the employee's supervisor.

6. Action. Employees requiring treatment of an emergency nature, or requiring treatment after normal working hours will be seen in the Emergency Department. Employees should report to the workcenter supervisor on the first working day after a work-related injury to complete the proper forms per references (b) and (c). Follow-up treatment(s) will be obtained at the Occupational Health Clinic (Building 65) or from a private physician per references (b) and (c).

7. Records. Records created as a result of this instruction, regardless of media and format, shall be managed per SECNAV M-5210.1 of January 2012.

8. Forms. Forms are available at Naval Hospital SharePoint and Naval Forms Online:

Occupational Health Permit, MCBCL, 5100/3

"Federal Employees' Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation, CA-1

Notification of Disease, CA2


D. A. LANE

Distribution List:
Command Intranet

- INSTRUCTIONS:
1. Complete in Triplicate.
 2. Return Original to Supervisor; 1 Copy to Civilian Personnel; 1 Copy to Base Safety Manager.
 3. If an Occupational Injury, Form CA-17 with Part A Completed MUST Also be Submitted.

THIS SECTION TO BE COMPLETED BY SUPERVISOR

TO: OCCUPATIONAL HEALTH NURSE, BUILDING 15, CAMP LEJEUNE, N.C. 28542

FROM: (Title of Supervisor, Shop or Office, and Location)

| | | |
|--|-------------|-----------------|
| NAME OF EMPLOYEE (First, Middle, Last) | PAYROLL NO. | SOCIAL SEC. NO. |
|--|-------------|-----------------|

| | | |
|-----------|---------------|---------------|
| JOB TITLE | TIME LEFT JOB | TIME RETURNED |
|-----------|---------------|---------------|

REASON FOR REFERRAL

INJURY
 ILLNESS
 EMPLOYEE'S REQUEST
 OTHER (Specify)

| | | |
|-------------------------|-------------------------|--|
| DATE AND TIME OF INJURY | DATE REFERRED TO CLINIC | OCCUPATIONAL |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> QUESTIONABLE |

REMARKS

| | | | |
|----------------------------|-----------|-------|------|
| NAME OF SUPERVISOR (Print) | SIGNATURE | PHONE | DATE |
|----------------------------|-----------|-------|------|

THIS SECTION TO BE COMPLETED BY MEDICAL OFFICER

| | | |
|---------------|---------------|--|
| TIME REPORTED | TIME RELEASED | OCCUPATIONAL |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> QUESTIONABLE |

DEGREE OF INJURY

FIRST AID
 DISPENSARY
 HOSPITAL
 PERSONAL PHYSICIAN
 SENT HOME
 OTHER (Explain in Remarks)

DISPOSITION OF EMPLOYEE

| | | |
|--|--|------|
| RETURN FOR FURTHER TREATMENT | TIME | DATE |
| RETURN TO WORK | | |
| DISCHARGED: TREATMENT COMPLETED | | |
| RETURN TO LIMITED DUTY AS INDICATED BELOW | | |
| NO LIFTING, PULLING OR CARRYING IN EXCESS OF _____ LBS. | DESK JOB ONLY | |
| NO EXCESSIVE WALKING, STANDING OR BENDING | NO DRIVING GOVERNMENT VEHICLE | |
| NO EXPOSURE TO SOLVENTS, GREASES, OILS, DETERGENTS, ETC. | NO WORKING AROUND MOVING MACHINERY | |
| NO WALKING ON UNEVEN OR SLIPPERY SURFACES | NO WORKING ON LADDERS, SCAFFOLDING, ETC. | |
| NO EXPOSURE TO EXTREME TEMPERATURE OR HUMIDITY | ONE HAND JOB ONLY | |
| OTHER (Explain) | | |

REMARKS

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|---|------------------------------|------|
| NAME OF MEDICAL OFFICER (Print or Type) | SIGNATURE OF MEDICAL OFFICER | DATE |
|---|------------------------------|------|

PRIVACY ACT STATEMENT
 Authority: SECNAVINST 5100.10B and OPNAVINST 5100.14
 Principal Purpose: To control and monitor treatment and disposition of civilians of Naval Dispensaries in cases of occupational injury or illness.
 Routine Use: To ensure prompt investigation of occupational injuries, and to initiate any necessary immediate corrective action.
 Disclosure: Voluntary. Treatment will be provided without regard to employee's willingness to divulge all or part of the requested information.