# FLEET LISISON PROGRAM

# GUIDE

**(Updated 01Se11)**

## U.S. NAVAL HOSPITAL, OKINAWA JA.

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# FLEET LIAISON PROGRAM
# U. S. NAVAL HOSPITAL, OKINIWA, JA.

## GENERAL ADMINISTRATION
## Section 1

1. Purpose: To provide the Ships Medical Department Representative with general administrative information.

2. Mission: The primary mission of the U. S. Naval Hospital is support readiness in the Western Pacific by promoting, restoring, and maintaining health for all entrusted to our care. The Fleet Liaison Representative will make every effort to meet ships pierside upon their arrival and provide details and coordinate medical logistics request.

3. Medical Assistance: Medical Officers or Senior Medical Department Representatives are encouraged to make contact with the Fleet Liaison Representative when entering Okinawa ports. USNH Okinawa, Japan Phone book can be found here. or https://okib.oki.med.navy.mil/PhoneFrame.htm

   a. Mailing Address: Commanding Officer
   U. S. Naval Hospital, Okinawa, Japan
   PSC 482
   FPO AP 96362-1600

   b. Personal Contact: Fleet Liaison Representative
   Email: NHOki-Fleet@med.navy.mil
   Phone: 090-6861-4208

4. Medical Guard: For ships or units in port, the U. S. Naval Hospital is unable to assume the medical guard due to the logistical location of the hospital. Ships docking in Okinawa ports may seek assistance from the local clinics:

   a. Orawon Beach: Camp Schwab Branch Medical Clinic
   Phone: 625-2260
   Emergency: 911

   b. Kin Red/Blue Beach: Camp Hansen Branch Medical Clinic
   Phone: 623-4623/4328
   Emergency: 911

   c. MCAS Futenma: FutenmaBranch Medical Clinic
   Phone: 636-3150/3570
   Emergency: 911

   d. Naha: Kinser Branch Medical Clinic
   Phone: 637-1250
   Emergency: 911

   e. Camp Courtney: Bush Branch Medical Clinic
   Phone: 622-7446
   Emergency: 911

   f. Camp Foster: Evans Branch Medical Clinic
   Phone: 645-7372
   Emergency: 911

5. Medical Services: The U. S. Naval hospital can provide a wide variety of medical services while you are deployed in the Okinawa area of operations. Requests for appointments and biomedical repair services should be sent by LOGREQ, separate message or email 7 to 10 days prior to the scheduled port visit to ensure appointment availability.

   a. To expedite your request, ensure that the following information is provided on the SF 513:

      (1) Member's Name and Rank.
      (2) Last Four SSN.
      (3) Clinic
      (4) Provisional Diagnosis
      (5) Date of Birth

   b. All patients reporting for consultation are required to bring their health record and a Consultation 'sheet (SF-513) to the Clinic providing the service. The SF –513 should contain all pertinent information to the case with a provisional diagnosis.

   c. Lab results and x-rays, which have been conducted during the previous examinations must accompany the patient.

   d. Notify this command immediately if a patient will be late or unable to maintain their scheduled appointment.

6. Military Sickcall: At prescribed times, sickcall is held at each clinic on a walk-in basis. The U. S. Naval Hospital is a service organization. Every effort is made to have a specialist available to see patients with appointments.

7. Laboratory Specimens: Before sending any specimens or ordering laboratory test from the U. S. Naval Hospital, ensure that the following information and paper work accompany it:

   a. Name and Rank
   b. SSN
   c. Ship or unit FPO
   d. Appropriate Lab Chit.

   Note: Abnormal lab results, which affect treatment protocol, will be reported to the ship by naval message.

8. Physical Examinations: Physical examinations for occupational health, separation, reenlistment and other administrative purposes are available as needed. However, the following must be completed within the capabilities of the ship/SMDR prior to docking in Okinawa:

   a. Medical History DD 2807 and Medical Examination 2808
   b. Diagnostic studies as indicated by physical exam requirements and within ship capabilities

9. Ambulance Service: Ambulance service is available for emergency transportation of patients to the U. S. Naval Hospital or nearest treatment facility. Paragraph 4 lists all clinic emergency telephone numbers needed to request an ambulance for a bonafide emergency.

   **a. Routine transportation of patients to and from the Naval Hospital is the responsibility of the ship. Request for special or additional vehicles should be addressed to CFAO or CTF-76.**
   **-CFAO-Port Operations: phone 315-634-8688**
   **b. Transportation of patients arriving via <u>COD</u> to Kadena AFB with routine outpatient visits can be arranged via the Fleet Liaison Representative. ***For <u>emergency</u> transportation of patients arriving via <u>COD</u>, ambulance transportation can be arranged via the Naval Hospital OOD at DSN 643-7555.**

10. Medical Supplies: Small quantities of medical supplies will be made available to ships SMDR's upon request. However, large quanties or specialized items will require the submission of a DD-1149 and the units accounting data.

11. Bio-Medical Repair: Bio-Medical Repair Technicians are available for advice, repair and servicing of medical equipment. See the enclosed attachment (example LOGREQ) to properly request medical repair assistance.

Assistance can also be obtained via email at MedRepair@med.navy.mil (please courtesy copy NHOki-Fleet@med.navy.mil).

12. Military Appearance: Personnel reporting to the hospital for appointments and examinations must present a clean and proper military appearance. Working uniform, (i.e., khakis, dungarees, etc) may be worn as long as the uniform is clean and in good condition.

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# U.S. NAVAL HOSPITAL, OKINAWA

### PATIENT ADMINISTRATION PROCEDURES
## Section 2

1. PURPOSE: The purpose of this section is to provide the Medical Department Representative with the basic information needed to properly utilize Patient Administration services. Enclosed is a memorandum regarding policy and procedures governing U.S. Naval Hospital, Okinawa Medical Holding Company.

2. ADMISSIONS: Admission to the hospital is always possible following a medical examination. Due to ship movements, this will most likely result in the loss of an individual for an extended period of time. The ships Medical Department must communicate their concerns to the Fleet Liaison when referring a crewmember to the Naval Hospital. Direct communication between the Physician and the ship's Medical Department may be required if the referring Medical Department feels that admission is desired, or not desired. This communication can be most expeditiously completed through contact with the Command Fleet Liaison Representative. When a patient is admitted to the hospital, the Admissions Clerk should e-mail the Fleet Liaison at NHOki-Fleet@med.navy.mil. The message should include the full name, social security, date and time of admission, the ward the patient was admitted to, admitting physician, admitting diagnoses, and the ship the patient is from.

a. TAD Orders: Fully funded orders are required when the ship leaves a member behind. Orders need to be for at least 30 days. Recommend FAX 642-3022 or email (NHOki-Fleet@med.navy.mil) attention Navy Liaison prior to member's arrival. If member is returned to full duty or if the member is returned to area of homeport to recuperate following surgical procedure, but may not be ready to be placed on full duty, ensure that the following information is provided to expedite the member's return to the parent command:

**(1) BLK: 13 Itinerary must include:**
**Command Address,**
**Intermediate location(s)**
**And return to ship, homeport i.e.: Nearest TPU**

**BLK: 16 ** Please check this block for continuous travel for further evaluation at other MTF (CONUS)**

**BLK: 18 Ships Accounting Data to include funding in the per diem and transportation blocks.**

**BLK: 21 Please includes in the comment section authorizes member to proceed to the nearest TPU or Medical Holding company. This will terminate the per diem decreasing the command expenses.**

****NOTE: This information needs to be included to decrease command's expenses on per diem if military transient billeting can be utilized.**

**(2) Personnel Records.**

**(3) Personal articles.**

**(4) Report to Navy Liaison for patient tracking and accountability purposes.**

b. TEMAD/TEMDU Travel Orders: Personnel reporting for non-Emergency treatment must have in their possession a sufficient quantity of military clothing to support their stay and permit further travel as may become necessary. This should include but not limited to:

**(1) Dress Uniforms.**
**(2) Working Uniforms.**
**(3) Appropriate Civilian attire for travel.**
**(4) ATM Cards or checkbook for advance funds in the event unexpected transportation costs occur.**

3. AERO-MEDICAL EVACUATION: Routine aeromedical evacuation of patients to PACOM/CONUS facilities is available to fleet units. The Naval Hospital will act as the originating Medical Treatment Facility (MTF) for all aero-medical evacuations from the Okinawa area:

1. If the patient is an outpatient the parent command must provide fully funded TAD orders in order for the member to fly aerovac/commercial back to parent command.

2. If the patient is to be an inpatient/direct admit, a "provider to provider" contact (resulting with an accepting physician) must take place prior to the patients transfer to our facility. This can be accomplished via phoncon, email or naval message. The fleet Liaison must be notified via email (NHOki-Fleet@med.navy.mil) to ensure complete administrative oversight.

A. If the patient is suicidal/homicidal, then a 1:1 escort must be provided by the referring command. These duties as the escort are completed after the patient has been admitted to the Mental Health Unit, USNH Okinawa.

**BLK: 13 Itinerary must include:**
**Command Address,**
**Intermediate location(s)**
**Return to ship/ homeport i.e.: Nearest TPU**

**BLK: 16 Please check this block for continuous travel for Further evaluation at other MTF (CONUS)**

**BLK: 18 Ships Accounting Data to include funding in the Per Diem and Transportation blocks in the event the above mention services are not available.**

**BLK: 21 This information needs to be included to decrease command's expenses on per diem if military transient billeting can be utilized. Please include in the comment's section: Authorize member to proceed to the nearest TPU or Medical Holding company. This will terminate the per diem, decreasing the command expenses.**

4. PATIENT STATUS REPORTS: To keep the parent command advised as to the status of one of its members, the Navy Liaison, Patient Administrative Department will notify the parent command of the member's current status at least once a week through e-mail or MTF messages. This report will be unclassified and will provide the following information:

a. Date and time of admission.

b. Diagnosis code.

c. Date of discharge and recommendations for convalescent leave and follow-up appointment and expected date of departure and mode of travel to destination.

5. DISPOSTION OF DECEASED PERSONNEL: The Naval Hospital Decedent Affairs Officer will render any assistance when requested. The Decedent Affairs Officer can be contacted at 643-7586 or 643-7594. After normal working hours, contact the Naval Hospital OOD at 643-7555 or 643-7509.

a. Reporting: *(IMMEDIATELY NOTIFY)*

**(1) Commander**
**Fleet Activities Okinawa**
**634-8232**

**(2) Commanding Officer**
**Attn: Office of the Medical Examiner's Office**
**U. S. Naval Hospital, Okinawa**
**643-7282 or 643-7555/7509**

**(3) Naval Criminal Investigative Service Okniawa**
**643-7566**

***NOTE: Notify everyone listed above in the event the death was the result of violence or unusual circumstances.***

**(4) Telecommunication Addresses:**

***(a) COMFLTACTS OKINAWA JA***
***(b) NAVHOSP OKINAWA JA//013//***
***(c) USAF MORTUARY CP KINSER JA//MO//***
***(d) 60SVS TRAVIS AFB CA//SVD//***
***(e) MILMEDSUPPOFF GREAT LAKES IL***

b. Responsibilities: At the time of death, it is the responsibility of the activity of which the victim was attached to prepare and send messages & reports connected with the member.

**(1) Positive identification of the remains must be established by the deceased member's parent command.**

**(2) Disposition of Health, Dental, Pay, Service records and Personal effects is also the responsibility of the parent command.**

**(3) If the Naval Hospital is to perform an autopsy, the member's health and dental records must accompany the remains.**

**(4) The parent command must notify the next-of-kin and establish their desires for the disposition of the remains.**

d. Transfer of Remains: Remains of deceased personnel shall be transferred to the U.S. Naval Hospital for autopsy and to USAF Mortuary, Camp Kinser for preparation and further transportation to USAF Port Mortuary, Travis AFB, CA. Statement of Recognition and Certificate of Death (Overseas) DD Form 2064, shall accompany the remains.

**(1) All copies must be signed by a medical officer or, if no medical officer is on board, the Senior Medical Department Representative.**

**(2) Pending completion and forwarding of the Certificate of Death (Overseas) DD Form 2064, a letter of transmittal will be forwarded with the remains containing the following:**

*(a) Full Name of Deceased.*

*(b) Rank/Rate.*

*(c) Social Security Number*

*(d) Whether positive identification of the deceased has been made and by what means.*

*(e) Suspected Cause of Death.*

*(f) Whether or not an investigation will be held.*

*(g) A Statement of medals and awards authorized.*

*(h) A burial uniform should be provided. The uniform should be a complete Service Dress Blue uniform with ribbions, underwear, and socks. The uniform must be one that will pass a rigid inspection.*

*(i) Identification tags shall be affixed to all remains at the time of transfer.*

(j) *If an escort is to accompany the deceased, a Notification of intent message with the Name, Rank and Social Security Number of the escort will be sent to all message addresses.*

e. Release of Remains: In accordance with JAG Manual, Chapter 8, the release of the remains by the Board of Investigation shall be provided by the Commanding Officer, U. S. Naval Hospital, Okinawa, Japan. The following statements must be signed by the member's Commanding Officer:

**(1) 'The remains of _____ are hereby released to the Commanding Officer, U.S. Naval Hospital, Okinawa, Japan for autopsy. It is requested that a postmortem examination be performed on the remains of _____.**

# ENVIRONMENTAL HEALTH
## Section 3

**1. PURPOSE**: The purpose of this section is to provide the Medical Department Representative with the basic information needed to properly utilize resources of the Environmental Health Department, U.S. Naval Hospital Okinawa.

2. **PRATIQUE AND QUARANTINE**: Although pratiques, quarantine declarations and free pratique certifications are no longer required on a routine basis for U.S. Ports, Japanese quarantine laws DO REQUIRE quarantine declarations on ALL ships arriving to Japan from foreign ports. All ships will hoist and continue to fly the Quebec flag until such time as they have received a pratique.

a. All vessels arriving from foreign ports will prepare a USFJ form 399EJ, "Declaration For Quarantine Clearance Of United States Forces Vessel Docking At United States Controlled Japanese Ports, as required by USFJ Policy Letter, and SECNAVINST 6210.2 series. The form will be prepared by the vessels Medical Officer, or Medical Department Representative for presentation to quarantine officials upon berthing.

b. After determining that quarantine is not indicated the Japanese Government Official or designated preventive medicine personnel from DPHS, in coordination with GOJ, will issue a pratique. ***No personnel, vehicles or cargo will be allowed to disembark until a pratique has been issued.***

3. **WATER AND FOOD SANITATION**:

a. Ships while in port shall be provided water from approved sources treated at civilian water treatment facilities. Food items obtained through liaison with respective port services meet requirements for procurement of food items from approved sources.

b. Requests to provide foodservice sanitation training, water testing and analysis can be obtained by contacting the Environmental Health Department at 643-3028/7808/7718/7622.

4. **DERATING AND DERATING EXEMPTION CERTIFICATES**:

a. A valid Deratting and Deratting Exemption Certificate, is required to be on file for all ships entering port, by International Convention and BUMEDINST 6250.14 series. Certifications are valid for a six-month period. A one-month extension may be granted by the original issuer.

b. Ships requiring certifications should contact the Environmental Health Department at 643-3028/7808/7718/7622. A copy of the current Deratting Certificate should accompany the USFJ Form 399EJ upon arrival and request for a Pratique.

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# U.S. NAVAL HOSPITAL, OKINAWA JA.

## HUMAN IMMUNE VIRUS TESTING
## Section 4

**From: Head, Laboratory Department, USNH Okinawa**
**To: All Submitting Activities**

**Subj: SUBMITTING ACTIVITY INSTRUCTIONS FOR THE COLLECTION AND SUBMISSION OF HIV SPECIMENS FOR TESTING.**

**Ref: (a) BUMED Washington DC 131620Z FEB 96**
**(b) USNAVHOSP OKINAWA INSTRUCTION 6220.5D**

**Enc.: (1) Quick Guide to HIV Specimen Processing in CHCS**
**(2) Definitions for SOT**

**1. INTRODUCTION:** U. S. Naval Hospital, Okinawa serves as the Medical Treatment Facility Transshipment Processing Center (TPC) for all specimens submitted for HIV testing at Viromed Laboratories in Minneapolis, MN. Per reference (a) and (b), all Submitting Activities must follow the enclosed instructions to ensure compliance with Navy and testing contractor requirements.

**2. COLLECTION, LABELING AND PROCESSING.**

a) Whenever HIV specimens are collected, the patient's identification **must** be confirmed using a photo ID (e. g., military ID card, passport or driver's license). Collect the sample in the TPC supplied SST tube.

b) Apply the specimen label to the tube with the following information: 1) member's full name (last name, first name, MI), 2) family member prefix (FMP), 3) social security number (SSN), 4) date of birth, and 5) date drawn. **The label must be placed on the upper 1/3 portion of the SST tube. No part of the label should cover the bottom part of the tube.**

c) The filled SST tubes should be left upright at room temperature to allow for clot formation. The samples should be centrifuged at 1200 g for ten minutes within six hours of collection. Do not refrigerate samples before centrifugation. After centrifuging, if the SST gel does not move to the top of the red cell layer, centrifuge the SST tube again. Samples should be stored in an upright position at refrigerator temperature position until shipment to TPC. Do not freeze.

d) Terumo SST Tubes and other HIV contract supplies can be requested from the HIV Coordinator in the Laboratory Department, USNH. To allow time to obtain the supplies from the contractor, submitting activities should request HIV supplies three to four weeks in advance.

**3. AUTOMATED ROSTER PROGRAM.**

a. The Automated Roster Request Form (ARF) previously used to prepare and submit roster data to accompany HIV test submissions, has been discontinued by the Navy and the HIV reference laboratory.

b. All submissions are now processed through the Combined Healthcare System (CHCS). Patients who are not registered in CHCS must first be registered. Subsequently, HIV tests are ordered in the same manner as all other laboratory tests in CHCS and processed through the USNH Okinawa main laboratory.

**4. SUBMITTING THE SPECIMENS TO THE TPC.**

a. HIV specimens will be accepted at the USNH Okinawa Laboratory, 2nd Deck, Camp Lester, Monday through Friday from 0745-1530. The samples must be hand delivered within 72 hours of collection. If the samples cannot be delivered within 72 hours of collection, contact the HIV Coordinator at USNH for alternate instructions (pour off tube procedures). For delivery of more than 100 specimens at one time, contact the HIV Coordinator at USNH to ensure that adequate personnel are available to process your specimens. The USNH Laboratory (TPC) will ship samples to Viromed (HIV testing contractor) each Thursday.

b. When delivering blood samples to USNH, the specimens should be packaged and transported in a properly labeled closed container in accordance with the Department of Transportation instructions (available upon request). Specimens must be submitted cold and arranged in cardboard tube insert/holders or in the SST tube boxes. Do **not** submit the specimens wrapped in rubber bands or loose in plastic bags. The specimens must be submitted with a hardcopy roster or list of patients being submitted. Each submitting activity should maintain a copy of rosters for tracking purposes.

c. For sample discrepancies (rejected samples), the submitting activity will be given written notification by the HIV Coordinator at USNH either at the time of delivery or the next working day.

**5. RESULTS.**

a. The contract laboratory will return HIV test results via CHCS. Results should be available in CHCS within 2-4 weeks after submission to the TPC.

b. In accordance with reference (a) and (b), the contractor will forward confirmed positive HIV results to Navy Central HIV Program BUMED-02H (NCHP) for verification. NCHP sends final HIV results, as well as notification, counseling, medical evaluation and travel accounting information via the U.S. Postal Service for:

(1) Known positive patients to the submitting activity address specified on the submission roster (labeled MEDICAL DEPARTMENT REPRESENTATIVE EYES ONLY),
(2) DON/Marine Corps initial positive active duty members by BUMED letter to the member's Commanding Officer (labeled CO ONLY),
(3) Other DOD initial positive active duty members to service specific points of contact.

(4) Initial positive reservists members by BUMED letter to the member's Commanding Officer (labeled CO ONLY), and
(5) Initial positive DOD beneficiaries to the submitting activity address specified on the submission roster (labeled MEDICAL DEPARTMENT REPRESENTATIVE EYES ONLY).

c. The service member's command will be responsible for notifying the service member of test results and for scheduling an appointment with the Internal Medicine Clinic duty physician (643-7478/7422), USNH Okinawa.

**6.** For questions or additional information, contact the HIV Contract Coordinator at the U. S. Naval Hospital Okinawa, 643-7723/7724.

## QUICK GUIDE TO CHCS TEST ORDER AND RESULT LOOK-UP PROCEDURES.

**Note:** The following assumes CHCS access is available and users have appropriate keys assigned at the submitting activity.

1. SCREEN PROMPTS AND RESPONSES TO ORDER TESTS FROM THE CHCS NURSING MENU. (Example)

```
   ORE    Enter and Maintain Orders
   DOC    Document Patient Care Menu
   NTE    Enter/Review Patient Notes
   RCR    Review Clinical Results and Orders Menu
   ADT    Admissions/Dispositions/Transfers Menu
   PTI    Patient Instructions
   REF    Reference Information Menu
   MNG    Nursing Management Menu
   USR    User-Specific Customization Menu

Select Nursing Menu Option: ore Enter and Maintain Orders
Select PATIENT NAME: test,patient
Select ORDERING/AUTHORIZING HCP:
Select REQUESTING LOCATION:
ACTION: "N"  NEW ORDERS
Select ORDER TYPE: "LAB"  LABORATORY TESTS
DATE/TIME OF TEST (NOW, AM, QAM or Date&Time):
Select LABORATORY TEST: HIV-1 AB
Coll Sample: BLOOD
Enter the Specimen Source Code: ?
  (Two most common)
        F  FORCE TESTING
        H  Pre/Post Deployment Health Assessment
SCHEDULE TYPE: NOW
COLLECTION METHOD: SEND PATIENT TO LAB
COLLECTION PRIORITY: ROUTINE
LAB PROCESSING PRIORITY: ROUTINE
ORDER COMMENT:
NOTE:
```

2. SCREEN PROMPTS AND RESPONSES TO REVIEW PATIENT RESULT FROM THE CHCS NURSING MENU (Example)

   a. use the following path: **rcr** -→ **lab**

   b. Subsequently enter appropriate patient and date information to view results.

**Enclosure (1)**

## DEFINITIONS FOR SOT

**Source of Test (SOT):**

| | |
|---|---|
| **F** - General Force Testing | **A** - Alcohol and Drug Rehab Admissions Only |
| **P** - Physical Examination (Military/Civilian) | **O** - OB Clinic (obstetrics patients only) |
| **V** - Sexually Transmitted Disease (STD) | **M** - Medical Admission |
| **R** - Requested by Individual | **S** - Surgical Admission |
| **I** - Clinically Indicated (physician request) | **J** - Prisoners or Detained Persons |
| **C** - Referred HIV Contact (physician request) | **D** – Deceased |
| **H –** Pre/Post Deployment Testing | |

**ENCLOSURE (2)**