DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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FALLS CHURCH, VA 22042

BUMED INSTRUCTION 1300.6

From: Chief, Bureau of Medicine and Surgery

Subj: GENERAL DEPLOYABILITY ASSESSMENTS IN SUPPORT OF OPERATIONAL
       MEDICAL READINESS

Ref: (a) OPNAVINST 1300.20
       (b) DoD Instruction 6025.19 of 13 July 2022
       (c) DoD Instruction 1332.45 of 30 July 2018
       (d) DoD Instruction 6130.03, Volume 2 of 4 September 2020
       (e) DoD Instruction 6490.07
       (f) DoD Instruction 1332.18 of 5 August 2014
       (g) BUMEDINST 6000.19
       (h) DoD Instruction 6490.03 of 19 June 2019
       (i) MILPERSMAN 1050-080
       (j) RESPERSMAN M-1001.5
       (k) NAVMED P-117
       (l) SECNAVINST 1850.4F
       (m) DoD Instruction 6200.06 of 8 September 2016
       (n) SECNAVINST 6120.3A

Encl: (1) Deployability Categories
       (2) General Deployability Assessment Provider Logic Workflow
       (3) Procedures for Performing a General Deployability Assessment

1. Purpose. To ensure individual and unit readiness, deployability assessments are required at
every healthcare encounter, per reference (a) and (b). This instruction establishes the
requirement that all provider-based healthcare encounters must have an assessment of
deployability. This instruction defines that deployability assessment by standardizing the terminology
providers use to document the deployability categories (DCAT) highlighted in enclosure (1) and
references (a), (b), and (c), and prescribes the required actions of the medical department with regards to
DCATs to support unit and personnel operational medical readiness.

2. Scope and Applicability. This instruction applies to budget submitting office (BSO) 18
healthcare providers (HCP) and is encouraged as a standard for all other BSO HCPs serving in a
deployable or deployed unit. For the purposes of this instruction, HCPs include: independent
duty corpsman and all privileged providers across all Corps', civilians, or contract employees
providing care within their scope for active or Reserve Service members. BSO-18 HCPs must
follow the simplified workflow map in enclosure (2), and references (a), (d), and (e), and the
detailed processes outlined in enclosure (3) and references (a) through (l).

3. Background. Navy Medicine is responsible for optimizing medical readiness for current and future assignments to the Fleet and Fleet Marine Forces. This critical function promotes readiness and increases lethality of the Fleet and Fleet Marine Forces. This instruction contains standards and procedures for conducting a general deployability assessment per reference (a), and during annual assessments required per references (b) through (n), for Department of the Navy (DON) members. Naval operations continue to function in a resource constrained environment, and with increasing complexity, unplanned losses of personnel will significantly impact mission accomplishment, as the loss of a single Sailor or Marine may compromise the overall readiness of a unit. While recognizing that certain medical conditions may be assignment and deployment limiting, but do not render the Service member unfit for duty, ongoing surveillance of deployability maximizes operational platform readiness and minimizes unplanned losses for deployments. Each healthcare encounter presents an opportunity to update a member's individual medical readiness (IMR) and the deployment limiting medical condition element of IMR to accurately assess medical readiness. In order to execute this responsibility, Navy Medicine will utilize two types of deployability assessments, general and focused.

    a. A 'general deployability assessment' is performed for every DON member at any provider-based healthcare encounter in the absence of specific orders. This assessment utilizes clinical decisions based on the member's current health condition and medical history, as outlined in enclosure (3) of this instruction, for deployability recommendations.

    b. A 'focused deployability assessment' is performed when a DON member is in receipt of specific orders for permanent change of station, platform assignment, deployment, or redeployment. A focused deployability assessment is complete when a suitability screening is performed for a specific assignment.

4. Roles and Responsibilities

    a. Bureau of Medicine and Surgery (BUMED) Director, Operations (BUMED-N3) must oversee development of training for general deployability assessments and support the Defense Health Agency with implementing requirements into the Department of Defense (DoD) electronic health record to monitor compliance with this requirement. Encounters are considered compliant when procedures outlined in enclosure (3) of this instruction are followed and documented within the encounter.

    b. Commanders, Naval Medical Forces Atlantic and Naval Medical Forces Pacific must oversee staffing, development, training, and performance of general deployability assessments.

    c. Commanders, Navy Medicine Readiness and Training Commands (NAVMEDREADTRNCMD) must:

(1) Monitor compliance through the peer review process, assessing that HCPs are assigning an appropriate DCAT based on their assessment and scope of practice per enclosures (2) and (3), and taking the required action(s) outlined per enclosure (3).

(2) Ensure operational HCPs who maintain credentials at their command completed the same requirements as NAVMEDREADTRNCMD assigned HCPs.

5. Contact information

a. Questions regarding this instruction can be directed to the Force Medical Readiness (BUMED-N34) group e-mail at usn.ncr.bumedfchva.mbx.bumed-medical-readiness@health.mil.

b. Questions regarding deployability category assignment for Navy Service members can be directed to Navy Personnel Command, Deployability Assessment and Assignment Branch (PERS-454), at My Navy Career Center: 1-833-330-MNCC (6622) or at askMNCC@navy.mil.

c. Questions regarding deployability category assignment for Marine Corps Service members can be directed to Headquarters Marine Corps, Manpower Management Division, Separation and Retirements Branch (MMSR-4) at 1-703-784-9308 or 9809, or at smb.manpower.mmsr4@usmc.mil.

6. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the Department of the Navy Directorate for Administration, Directives and Records Management Division portal page at https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/ DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/ AllItems.aspx.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives, and Records Management Division program office.

7. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-N3 will review this instruction annually near the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, DoD, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or canceled in the interim, and will be reissued by the 10th anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A,

paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need is known following the guidance in OPNAV Manual 5215.1 of May 2016.
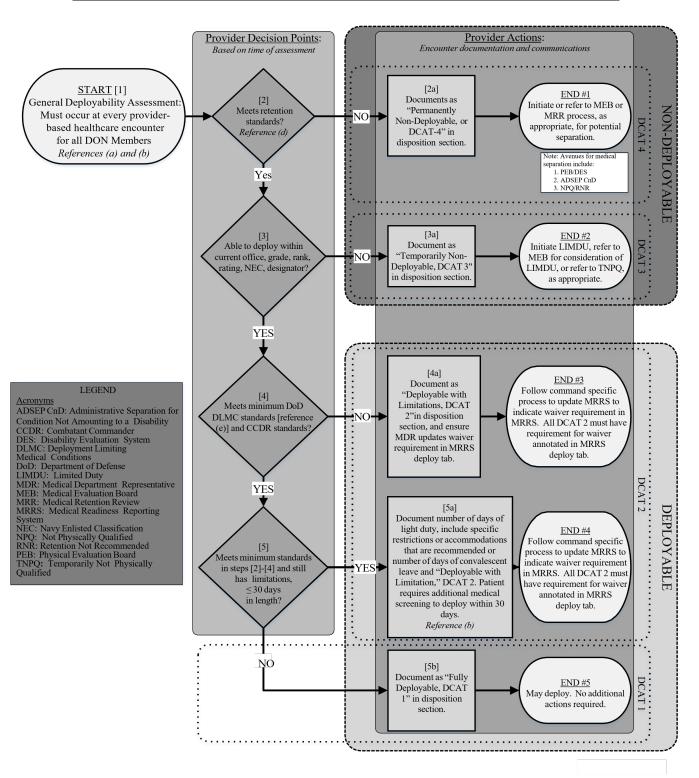
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Releasability and distribution:
This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site at, https://www.med.navy.mil/Directives/

<u>DEPLOYABILITY CATEGORIES</u>

1.   All DON healthcare providers are required to perform deployability assessments per reference (a) and (b), and classify each Service member into one of the four DCATs outlined in references (a) and (c). This enclosure delineates the four DCAT terms which providers must use to identify the appropriate deployability status for a member based on the information available at the time of the encounter. These terms will be used at all provider-based healthcare encounters during the performance of a general or focused deployability assessment.

2.   DCATs for medical readiness broadly define the concept of 'deployable' and 'non-deployable.' Four DCATs are used to identify required medical administrative actions when newly identified.

    a.   The four DCATs are:

        (1) Fully deployable or DCAT 1.

        (2) Deployable with limitations or DCAT 2.

        (3) Temporarily non-deployable or DCAT 3.

        (4) Permanently non-deployable or DCAT 4.

    b.   DCATs 1 and 2 are considered deployable, while DCATs 3 and 4 are considered non-deployable.

GENERAL DEPLOYABILITY ASSESSMENT PROVIDER LOGIC WORKFLOW

Provider Decision Points:
Based on time of assessment

Provider Actions:
Encounter documentation and communications

START [1]
General Deployability Assessment: Must occur at every provider-based healthcare encounter for all DON Members
References (a) and (b)

[2] Meets retention standards? *Reference (d)* — **NO** →

[2a] Documents as "Permanently Non-Deployable, or DCAT-4" in disposition section.

END #1 Initiate or refer to MEB or MRR process, as appropriate, for potential separation.

Note: Avenues for medical separation include:
1. PEB/DES
2. ADSEP CnD
3. NPQ/RNR

(DCAT 4 — NON-DEPLOYABLE)

Yes ↓

[3] Able to deploy within current office, grade, rank, rating, NEC, designator? — **NO** →

[3a] Document as "Temporarily Non-Deployable, DCAT 3" in disposition section.

END #2 Initiate LIMDU, refer to MEB for consideration of LIMDU, or refer to TNPQ, as appropriate.

(DCAT 3 — NON-DEPLOYABLE)

YES ↓

[4] Meets minimum DoD DLMC standards [reference (e)] and CCDR standards? — **NO** →

[4a] Document as "Deployable with Limitations, DCAT 2" in disposition section, and ensure MDR updates waiver requirement in MRRS deploy tab.

END #3 Follow command specific process to update MRRS to indicate waiver requirement in MRRS. All DCAT 2 must have requirement for waiver annotated in MRRS deploy tab.

(DCAT 2 — DEPLOYABLE)

YES ↓

[5] Meets minimum standards in steps [2]-[4] and still has limitations, ≤ 30 days in length? — **YES** →

[5a] Document number of days of light duty, include specific restrictions or accommodations that are recommended or number of days of convalescent leave and "Deployable with Limitation," DCAT 2. Patient requires additional medical screening to deploy within 30 days. *Reference (b)*

END #4 Follow command specific process to update MRRS to indicate waiver requirement in MRRS. All DCAT 2 must have requirement for waiver annotated in MRRS deploy tab.

NO ↓

[5b] Document as "Fully Deployable, DCAT 1" in disposition section.

END #5 May deploy. No additional actions required.

(DCAT 1 — DEPLOYABLE)

LEGEND

Acronyms
ADSEP CnD: Administrative Separation for Condition Not Amounting to a Disability
CCDR: Combatant Commander
DES: Disability Evaluation System
DLMC: Deployment Limiting Medical Conditions
DoD: Department of Defense
LIMDU: Limited Duty
MDR: Medical Department Representative
MEB: Medical Evaluation Board
MRR: Medical Retention Review
MRRS: Medical Readiness Reporting System
NEC: Navy Enlisted Classification
NPQ: Not Physically Qualified
RNR: Retention Not Recommended
PEB: Physical Evaluation Board
TNPQ: Temporarily Not Physically Qualified

PROCEDURES FOR PERFORMING A GENERAL DEPLOYABILITY ASSESSMENT

1. Procedures. General deployability assessments are based on the clinical assessment performed at the time of any provider-based encounter, i.e., "based on today's assessment, this member is fully deployable."

2. Per references (a), (b), (c), (f) and (g), providers must assess if the members are capable of performing the duties typical for their office, grade, rank, rating, designator, Navy enlisted classification (NEC), or military occupational specialty (MOS) code. The variables for the assessment include:

    a. Current assignment and current location.

    b. Ability to complete and pass their Service-specific physical fitness test.

    c. Special duty qualifications of their current assignment (e.g., flight or dive status).

    d. Ability to deploy at any time, with or without prior notification, as part of a unit to which they can be expected to be assigned based on their current office, grade, rank, rating, designator, NEC, or MOS.

3. When applicable, per references (d) and (h), providers must apply the deployment standards listed in reference (d) to assess deployability status of:

    a. DON civilian employees.

    b. DON contract employees. Of note, the contractor is responsible for their medical assessments, examinations, treatments, and preventive measures, unless otherwise stated in their employment contract.

4. All DON healthcare providers are required to assess deployability in alignment with the four DCATs, per references (a), (b), and (c), and enclosure (1). Enclosure (2) is the provider workflow map that providers must follow to identify the appropriate DCAT for a member based on the information available at the time of the encounter. Upon completion of the encounter and based on the current clinical assessment, the responsible or signing provider will make a determination of the member's general deployability in the "disposition section" of the note. Documentation requirements for specific provider groups include:

    a. When the required actions for each DCAT assignment have already occurred at a prior visit, responsible HCPs are still required to document the DCAT and annotate that required actions have already occurred. For example, a mental health provider may document, "from a psychological stand point, temporarily non-deployable, DCAT 3. Member already on

limited duty" in the disposition section of the note. The current DCAT status, if not fully deployable DCAT 1, should also be documented as part of the medical history.

   b.   Providers whose scope of practice is general medicine, such as a primary care provider or an operational medical officer, will make holistic deployability recommendations of the member. Any HCP with a focused scope of practice must restrict their deployability assessment to their area of expertise and should inform the member's primary care manager of their deployability concerns when they exist. For example, an ophthalmologist may conclude and document, "from an ophthalmology stand point, deployable with limitations, DCAT 2. Member should not be exposed to XXX conditions until cleared. Discussed with primary care manager, [Name of healthcare provider], on[date discussed]," in the disposition section of the note.

5.   The medical department's required action(s) for each DCAT are outlined in the action subparagraphs of paragraph 7 of this enclosure.

6.   When Reserve Component (RC) Service members are on active duty orders for 30 or more consecutive days, providers will follow the required actions for Active Component (AC) Service members outlined in the "Action" subparagraphs 7a through 7d of this enclosure. When AC or RC is not clearly delineated in this enclosure, the guidance applies to both AC and RC.

7.   As illustrated in enclosure (2), the DCATs should be considered in reverse order by the provider. DCAT 4 should be considered first, to identify members who do not meet retention standards. DCAT 3 should be considered second, to identify members who require medical administrative action to be classified as non-deployable. DCAT 2 must be identified next and tracked within the IMR tracking system to identify member's potential risk of non-deployability. The vast majority of members will be deployable, i.e., DCAT 1 and DCAT 2. The definition and action for each of the four DCATs are listed in subparagraphs 7a through 7d of this enclosure.

   a.   <u>Fully Deployable or DCAT 1</u>

      (1) Definition. A member that has no medical or mental health condition that precludes him or her from deploying to any combatant command, per reference (d).

      (2) Action. No additional actions are necessary for fully deployable member. Light duty will not be reported as non-deployable unless the deployment restriction duration exceeds 30 days; discretion given to the medical officer to extend light duty status in 30 day increments to a maximum of 90 days for conditions expected to recover or stabilize within subsequent 30 day periods of extended light duty. If it is known from the outset that more than 30 days of duty restriction is required, then light duty is not recommended. Convalescent leave, outlined in reference (i), is considered deployable, as long as member is expected to recover to a deployable status (i.e., fully deployable or deployable with limitations).

b. Deployable With Limitations or DCAT 2

(1) Definition. A member has an acute or chronic condition that <u>may interfere</u> with their ability to perform their duties while deployed <u>and require</u> additional medical screening <u>and</u> potentially a medical waiver to deploy.

(a) Conditions that require additional medical screening include, but are not limited to, acute conditions which require light duty for less than 30 days, per reference (b), require accommodations for medication storage or handling, or medical equipment that requires electricity or environmental considerations. In some instances, these conditions may also require a medical waiver to be approved by the applicable combatant command or Service component command.

(b) Conditions that require a medical waiver to deploy include, but are not limited to, conditions referred to in reference (d), and those with a waiver to deploy that has been approved or is pending approval (i.e., pregnancy or post-partum deployment waiver or requested by the member and already approved).

(c) Additional scenarios in which a member may be deployable with limitations include: A Service member who has been found fit by the Physical Evaluation Board (PEB) and still has a condition that meets the restrictions per reference (d); or an RC Service member who has been found not physically qualified or retention recommended by the Medical Retention Review (MRR) process per reference (j).

(2) Action

(a) HCPs must annotate "deployable with limitations" under the associated diagnoses in the disposition section of the encounter and ensure the deployment tab of Medical Readiness Reporting System (MRRS) is updated to reflect "deployment waiver required" via the command specific process or appropriate medical department representative. If the provider or clinic does not have the capability to add the waiver flag within MRRS, then they must initiate a referral or clinical task to the NAVMEDREADTRNCMD readiness clinic or medical department representative, who will be required to update MRRS and document this action in the encounter.

(b) It is necessary for the HCP to clearly identify what accomodations or requirements a DCAT 2 Service member has to be able to deploy to the best of their knowledge and ability. A member categorized as deployable with limitations may potentially be restricted by naval platform, location, a requirement to have medical officer support vice an independent duty corpsman, or a need for medical surveillance or other types of accomodations, but may otherwise be capable of performing the functions of their office, grade, rank, rate, designator, NEC, or MOS. For example, the HCP managing a Service member with obstructive sleep apnea requiring continuous positive airway pressure may document, "requires access to electrical power outlets in berthing at or near bunk, but may be restricted from assignments to austere locations without reliable electricity."

Enclosure (3)

(c) HCPs must utilize their clinical judgement, coupled with an understanding of the member's ability to perform functions of their office, grade, rank, rating, designator, NEC, or MOS requirements to determine if a potentially deployment-limiting medical condition makes the member deployable with limitations versus temporarily or permanently non-deployable.

(d) If a member is noted to have a deployment limiting medical condition that has not been previously evaluated, he or she must receive prompt assessment by the appropriate specialty and categorization with the correct DCAT. Generally, a member who has a deployment limiting medical condition that still meets retention standards in reference (e), will be deployable with limitations if care requirements for the limiting condition are no more frequent than the minimal frequency (e.g., appointments for specialist consultation, radiology studies, and non-routine laboratory analysis) identified in reference (d).

(e) If needed, further guidance on deployment category assignment can be obtained through consultation with Navy Personnel Command, Deployability Assessment and Assignment Branch (PERS-454), Headquarters Marine Corps, Manpower Management Division, Separation and Retirements Branch (MMSR-4), or Naval Personnel Command Hold or Medical Retention Review Division (PERS-95) for Navy Reserves, and contact information is listed in paragraph 5 of the instruction.

c. <u>Temporarily Non-Deployable (DCAT 3)</u>

(1) Definition. Medical or mental health reasons for this classification include: A member who is pregnant or postpartum, hospitalized and not projected to recover and return to a deployable status (i.e., fully deployable or deployable with limitations) within 12 months or less, AC Service members on temporary limited duty (LIMDU), and RC Service members who are temporarily not physically qualified (TNPQ) or line of duty for health care (LOD-HC).

(a) Any condition that limits a Service member's ability to carry out their duty can justify LIMDU or TNPQ if recovery from the condition is expected to take longer than 30 days or the time needed to clarify the operational impact of the condition will take longer than 30 days. This includes conditions not expressly eligible for Disability Evaluation System (DES) referral, per references (e), (f), chapter 18 of reference (k), and reference (l).

(b) When a member has previously been assigned to LIMDU and has reached the medical retention determination point, this process is separate from general deployability assessments and follows guidance outlined in reference (g).

(2) Action

(a) For AC Service members: If a new condition makes the member temporarily non-deployable, a referral to the local Medical Evaluation Board (MEB) for LIMDU adjudication is indicated, per references (a) and (b). The system of record for LIMDU is the

LIMDU Module within the Sailor and Marine Readiness Tracker or SMART suite of applications, per reference (g).

(b) For RC Service members: If a new condition makes the member temporarily non-deployable, an assignment to TNPQ must be completed in accordance with references (a), (b), and (j), or referral to the MRR process as appropriate.

d. Permanently Non-Deployable (DCAT 4)

(1) Definition. Any member who does not meet the retention standards outlined in reference (e) will be considered permanently non-deployable. This is pending final determination by the MEB for referral to the PEB and enrollment in the DES for AC Service members or final recommendation by the MRR process for RC Service members.

(a) Once an AC Service member is referred to the PEB and enrolled in the DES, they will remain as permanently non-deployable in all provider-based assessments, unless they are found fit by the PEB. In that case, they will revert to the appropriate category based on the current evaluation. AC Service members who have been found unfit for continued military service by the PEB and have been approved for permanent LIMDU by Service Headquarters, per reference (l), will remain permanently non-deployable for the remainder of their time in service, up to three years. Members who are recently found unfit may request permanent LIMDU from PERS-454 or MMSR-4 for consideration and approval, per reference (n).

(b) RC Service members who are in the MRR process or enrolled in LOD-HC benefits evaluation for a condition that does not meet retention standards, per reference (e), will remain permanently non-deployable in all provider-based assessments pending their outcomes. RC Service members who are serving after being found not physically qualified or retention not recommended from the MRR process are considered permanently non-deployable.

(2) Action

(a) If an AC Service member, per reference (a), is considered non-deployable for 12 or more consecutive months or has one or more medical conditions that may, individually or collectively, prevent them from reasonably performing the duties of their office, grade, rank, rating, designator, NEC, or MOS, the local MEB should consider processing for DES, administrative separation for conditions not amounting to a disability, or appropriate disposition per references (f), (g), and (l).

(b) If an RC Service member, per reference (a), is considered non-deployable for more than 12 months consecutive or has one or more medical conditions that may, individually or collectively, prevent them from reasonably performing the duties of their office, grade, rank, rating, designator, NEC, or MOS, the provider will initiate a referral to the MRR process or the LOD-HC process, per references (f), (j), and (l).