



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH VA 22042

IN REPLY REFER TO
BUMEDINST 6010.33
BUMED-M3
29 Oct 2021

BUMED INSTRUCTION 6010.33

From: Chief, Bureau of Medicine and Surgery

Subj: ORGANIZATIONAL INCIDENT OPERATIONAL NEXUS

1. Purpose. To establish policy and procedures for Organizational Incident Operational Nexus (ORION), a program designed to track Navy and Marine Corps Service members exposed to unit-level, non-combat trauma, and provide targeted outreach to those at elevated risk for psychological injury.

2. Scope and Applicability. This instruction applies to uniformed Navy Medicine (NAVMED) personnel billeted to Navy or Marine Corps commands. ORION is designed for utilization by all Navy and Marine Corps commands that experience a unit-level, non-combat trauma in which the trauma involves any loss of life or expected loss of life and occurs while in the performance of official duties. For traumatic incidents that do not meet ORION criteria, the program can still be utilized for tracking and targeted outreach at a command's discretion.

3. Background

a. Following the two maritime collisions in 2017 involving the guided missile destroyers (DDG) USS *John S. McCain* (DDG 56) and USS *Fitzgerald* (DDG 62), Bureau of Medicine and Surgery (BUMED) conducted a comprehensive review of existing psychological trauma tracking systems and touchpoints across NAVMED to identify how Service members affected by the collisions could be followed over time in order to mitigate the risks of future adverse psychological outcomes. The review revealed there was no enterprise-wide system for tracking Sailors and Marines exposed to non-combat related trauma.

b. Subsequently, BUMED developed ORION, a program designed to provide comprehensive tracking of psychological trauma exposure and conduct targeted outreach (caring contacts) to Service members at elevated risk for psychological injury. A 1-year proof of concept ORION pilot was conducted by BUMED with Service members from the 2017 maritime collisions and two commands who utilized Special Psychiatric Rapid Intervention Team support after suicides. The pilot demonstrated that ORION was successful in identifying Service members in need of mental health follow-up and connecting them to available resources up to a year after the traumatic event, even when Service members had dispersed to over 200 commands around the globe. ORION fulfills a critical gap, providing extended support to impacted Service members for 1-year after a traumatic event, ensuring no Service member is lost to follow up even if they have transferred to another command or left the Navy or Marine Corps.

4. Policy. This instruction is applicable to all uniformed personnel within Navy Medicine billeted to Navy or Marine Corps commands.

5. Action. This policy establishes ORION as the NAVMED program for tracking exposure to unit-level psychological trauma and conducting targeted outreach to Service members in the Navy and Marine Corps. Data for the program is entered and stored within CarePoint (accessible at <https://carepoint.health.mil>) in an ORION registry developed by the Defense Health Agency.

6. Roles and Responsibilities

a. Assistant Deputy Chief, Medical Operations (BUMED-M3B) must:

(1) Provide oversight and ensure operation of the ORION registry, platform, and outreach coordinators.

(2) Define all competency and training requirements needed for ORION implementation by NAVMED personnel.

(3) Ensure the ORION registry implements and maintains appropriate privacy and cybersecurity administrative, physical, and technical safeguards.

b. The Senior Medical Department Representative (SMDR) at echelon 3 commands within the Department of the Navy must provide oversight and monitor utilization of ORION. For echelon 3 commands that do not have an SMDR, utilization of ORION is not required through this instruction. However, these commands can elect to use ORION and designate a point of contact to provide oversight of ORION utilization.

c. Commanders, Commanding Officers (CO), and Officers in Charge of Navy Medicine Readiness and Training Commands must liaise and facilitate utilization of ORION within 10 days of a traumatic event for all local Navy and Marine Corps commands within the co-located medical treatment facility catchment area that do not have NAVMED personnel.

d. Navy or Marine Corps Command SMDRs must:

(1) Utilize ORION within 10 days of a traumatic event.

(2) Report utilization of ORION through the chain of command to echelon 3.

e. ORION Outreach Coordinators must:

(1) Conduct ORION targeted outreach (caring contacts).

(2) Connect Service members to mental healthcare.

(3) Record and manage caring contact data.

7. Procedures for Utilizing ORION

a. The unit SMDR, in consultation with the unit CO, must determine if a unit-level, non-combat trauma meets criteria required to utilize ORION. For traumatic incidents that do not meet these criteria, ORION can be activated at the discretion of the CO after consultation with the ORION point of contact at usn.ncr.bumedfchva.mbx.orion@mail.mil or (619) 532-7484.

b. Inclusion Criteria for ORION. Incident involves unexpected loss of life or presumed loss of life, and one of these subparagraphs 6b(1) or 6b(2):

(1) Incident occurs while in the performance of official duties, or;

(2) Incident occurs on liberty status during deployment.

c. If a traumatic incident meets ORION inclusion criteria, the SMDR must access and enter required information into the ORION registry within 10 days.

(1) The ORION registry is currently available as an application within CarePoint and is only accessible via common access card.

(2) If the ORION-specific Web site is unavailable, the SMDR must activate ORION by notifying the ORION point of contact at usn.ncr.bumedfchva.mbx.orion@mail.mil or (619) 532-7484 and send all required ORION variables listed in subparagraph 7d securely via a password protected file and encrypted e-mail to usn.ncr.bumedfchva.mbx.orion@mail.mil.

(3) For more information, the ORION support center is an available resource for use by leadership and SMDRs, and can be accessed at <https://esportal.med.navy.mil/bumed/rh/m3/m33/nccosc/programs/orion/supportcenter/index.aspx>.

d. In the ORION Registry, the SMDR must:

(1) Enter command information and incident details (e.g., unit identification code, incident date, type of incident). No classified information may be entered in the ORION registry. The ORION registry auto-populates command rosters based on the unit identification code.

(2) Identify Service members who were involved in the incident and stratify them into exposure categories based on their proximity to the traumatic incident.

(a) Criteria for Inclusion in Intimate Exposure Category

1. Service members who were physically harmed during the incident (e.g., direct victims).
2. Service members who witnessed, in person, the incident(s) as it occurred.
3. Service members who responded, in person, to the incident.
4. Service members who serve as the immediate supervisor of any deceased or presumed or expected deceased.
5. Service members who exhibit a concerning emotional reaction as perceived by the command.
6. Service members who were not directly involved in the incident, but are of concern by the command (e.g., close friends, roommate).

(b) Criteria for Inclusion in Proximal Exposure Category. Include Service members who were not directly involved in the incident, but are in the same shipboard divisions or platoon (or equivalent on other platforms) of the deceased individual(s).

(c) Criteria for Inclusion in Distant Exposure Category. Include all other Service members who are not in the intimate or proximal exposure category, but are in the same command of the deceased individual(s).

(3) Enter identifying and contact information for Service members in the intimate and proximal exposure categories (i.e., name, Department of Defense (DoD) identification number, telephone numbers, and e-mails) if not auto-populated accurately by the ORION registry.

(4) Specify criteria used when a Service member is designated in the intimate exposure category.

8. Procedures for ORION Targeted Outreach

a. Outreach coordinators conduct targeted outreach (caring contacts). Caring contacts are non-clinical and involve reaching out to Service members by e-mail or telephone, and connecting them to mental health resources if requested by the Service member.

b. Caring contacts are conducted at specified intervals for 12 months post-incident according to Service members' exposure category and risk level.

c. Service members tracked within ORION are stratified into one of three risk categories based on their level of exposure:

(1) High Risk (intimate).

(2) Medium Risk (proximal).

(3) Low Risk (distant – default risk level for Service members who are not identified as intimate or proximal).

d. ORION extracts additional information (e.g., current mental health diagnosis) from existing DoD data sources for further risk stratification, and Service members either remain in their original risk category or are elevated to a higher risk level.

e. Service members in the high risk category are contacted at 4, 8, and 12 months post-incident.

f. Service members in the medium risk category are contacted at 6 and 12 months post-incident.

g. Service members in the low risk category will not be contacted, but are included in the ORION registry for medical surveillance and future predictive analytics.

9. Procedures for Connecting Service Members to Mental Healthcare. For Service members who request assistance connecting to care, ORION outreach coordinators must:

a. Offer options for mental health services which may include:

(1) Direct care at medical treatment facilities or with embedded mental health.

(2) Purchased care through the TRICARE network.

(3) Care through non-medical resources (e.g., chaplains, Military OneSource, Fleet and Family Support Center, Marine Corps community services).

b. Contact mental health staff at relevant clinics and facilities to initiate facilitation of care.

c. Contact Service members to ensure follow-up has occurred.

10. Procedures for Data Entry by ORION Outreach Coordinators

a. Securely access the ORION registry and platform to record and manage all caring contact data. If the ORION registry and platform are not available, manual procedures must be utilized for data entry and management in a secured database on a DoD issued computer. Data must be transferred to the ORION registry when it becomes available.

b. Safeguard protected health information (PHI) and personal identifiable information (PII) at all times per DoD cybersecurity and privacy policies.

11. Privacy and Security Requirements

a. DoD health care providers and ORION outreach coordinators assigned to DoD covered entities or identified as business associates through contract are subject to compliance with the Health Insurance Portability and Accountability Act privacy, security, and breach notifications rules as implemented in DoD Manual 6025.18, Implementation of the Health Insurance Portability and Accountability Act Privacy Rule in DoD Health Care Programs and DoD Instruction 8580.02, Security of Individually Identifiable Health Information in DoD Health Care Programs. All uses and disclosures of PHI must comply with the requirements stipulated in this instruction and DoD Manual 6025.18, section 4. Contractors are subject to the Defense Federal Acquisition Regulation privacy and security clauses stipulated in their contract.

b. Any misuse or unauthorized disclosure of PII may result in both civil and criminal penalties. The Department of the Navy recognizes that the privacy of an individual is a personal and fundamental right that must be respected and protected. The Department of the Navy's need to collect, use, maintain, or disseminate PII about individuals for purposes of discharging its statutory responsibilities must be balanced against the individuals' right to be protected against unwarranted invasion of privacy. All collection, use, maintenance, or dissemination of PII by Navy and Marine Corps commands must follow the Privacy Act of 1974, as amended (section 552a of Title 5, U.S. Code) and as implemented in SECNAVINST 5211.5F.

c. Unauthorized uses, disclosures, or breaches of PII must be reported per the guidelines stipulated in the SECNAVINST 5211.5F, enclosure (3), paragraph 7.

12. Records Management

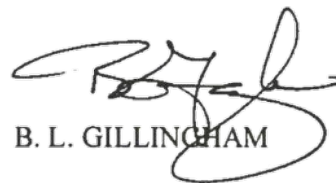
a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division portal 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.

13. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-M3 will review this instruction annually around 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 cancelled in the interim, and will be reissued by the 10-year 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 for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

14. Information Management Control. The reports required in subparagraph 6d of this instruction are exempt from reports control per SECNAV M-5214.1 of December 2005, part IV, subparagraph 7k.



B. L. GILLINGHAM

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>