



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

IN REPLY REFER TO
BUMEDINST 6520.4
BUMED-N3
19 Apr 2023

BUMED INSTRUCTION 6520.4

From: Chief, Bureau of Medicine and Surgery

Subj: SPECIAL PSYCHIATRIC RAPID INTERVENTION TEAM

Ref: (a) DoD Instruction 6200.03 of 28 March 2019
(b) BUMEDINST 6010.33
(c) OPNAVINST 3500.34H
(d) DoD Instruction 6490.08 of 17 August 2011
(e) DoD Manual 6025.18, Health Insurance Portability and Accountability Act Privacy Rule Compliance in DoD Health Care Programs, 13 March 2019
(f) SECNAVINST 5211.5F

Encl: (1) Special Psychiatric Rapid Intervention Team Request for Support - Naval Message Format
(2) Special Psychiatric Rapid Intervention Team After Action Report - Sample Letter

1. Purpose. To establish policy and procedures for the operation and activation of the Special Psychiatric Rapid Intervention Team (SPRINT), which serves as a disaster mental health response capability, supporting limited and short-term military operations, per reference (a).
2. Scope and Applicability. This instruction applies to all budget submitting office 18 commands, units, personnel, and operational activities having medical personnel under the authority, direction, and control of Chief, Bureau of Medicine and Surgery (BUMED).
3. Background. SPRINT serves as a disaster mental health resource for rapid activation when requested by commands.
4. Policy. Mental health personnel embedded in Fleet and Marine Corps expeditionary units will be the primary resource for immediate disaster mental health support for units and commands under their cognizance. When all other mental health resources (e.g., Embedded Mental Health and non-medical counseling resources) are overwhelmed or unavailable, SPRINT is available for rapid activation (24 to 48 hour mobilization) in coordination with the impacted unit's commander, SPRINT officer in charge (OIC), and regional senior mental health executive (SMHE).

5. SPRINT Scope of Services

a. The primary mission of SPRINT is to provide short-term, non-clinical support to mitigate long-term unit and individual psychological distress immediately after a disaster. SPRINT services include: psychological first aid, mental health triage, command consultation, and coordination with local resources. SPRINT also briefs the command on the availability and potential utilization of the Organizational Incident Operational Nexus Program for long-term tracking, targeted outreach, and connection to mental health support or care, per reference (b), if desired. In the event of a mental health emergency, SPRINT will coordinate with local resources and ensure safe transfer of care.

b. SPRINT operates in any location that includes Navy and Marine Corps Service members, and provides short-term support world-wide for requesting commands that have experienced a recent disaster or traumatic event. Examples of disasters or traumatic events that may result in a SPRINT response include, but are not limited to:

(1) Mishaps during training and operations that lead to loss of life or threatened loss of life.

(2) Traumatic events in combat and austere environments that overwhelm local mental health resources.

(3) Fatalities (such as suicide or homicide) witnessed by personnel within the command work spaces or living spaces.

(4) Natural and man-made disasters that result in the loss of life, threatened loss of life, or displacement.

6. Organization

a. SPRINT is tasked and organized to meet the needs of the impacted command. Echelon 3 commanders (i.e., Naval Medical Forces Atlantic (NAVMEDFORLANT) and Naval Medical Forces Pacific (NAVMEDFORPAC) provide oversight and direct SPRINT activation for missions within their geographic regions through the coordination of the respective medical force SMHE with the Navy Medicine Readiness and Training Commands (NAVMEDREADTRNCMD) assigned to source the mission.

b. For future planning and programming purposes, SPRINT will be composed of a psychiatrist, clinical psychologist, mental health nurse practitioner, clinical social worker, and three behavioral health technicians. In execution, this team will be tasked and organized to meet the unique needs of the mission, either a smaller personnel complement or to include augmentation with chaplains and or general hospital corpsmen if necessary. SPRINT request

for forces should be validated by a SMHE to ensure appropriate staffing for the unique mission requirement are deployed or employed at the direction of BSO-18 commanders of NAVMEDFORLANT, NAVMEDFORPAC, and NAVMEDREADTRNCMD.

7. Qualifications and Readiness Requirements

a. Per reference (c), all uniformed psychiatrists, clinical psychologists, psychiatric mental health nurse practitioners, and licensed clinical social workers assigned to a NAVMEDREADTRNCMD must meet all competencies within the SPRINT NAVMED 6520/1 Job qualification requirement (JQR) for SPRINT within 1 year of reporting to the NAVMEDREADTRNCMD. Once the JQR competency is met, there is no requirement for re-qualification.

b. SPRINT JQR core competencies may be validated by the medical force SMHE. The medical force SMHE may designate a qualified officer at an NAVMEDREADTRNCMD to sign off individual JQR requirements.

c. All licensed and credentialed providers assigned to a SPRINT mission will have an inter-facility credentials transfer brief as a privileging by proxy application initiated by their current privileging authority to U.S. Fleet Forces Command.

8. Logistics

a. SPRINT missions are not self-sufficient. The requesting command will provide base operating support to include, but not limited to travel, berthing, utilities, shelter, messing, security, and administrative and communication support.

b. SPRINT is designed to provide immediate, but brief support to the requesting command. SPRINT support is typically provided for 1 to 3 days. Where necessary, exceptions to this timeline can be made per the respective medical force SMHE. However, after 5 to 7 days, every effort must be made to transition the support to available mental health resources and primary care.

9. SPRINT Concept of Operation

a. Formal Request Process

(1) Requesting commands must contact the Navy Operations Center at (703) 692-9284 for a voice consultation and submit enclosure (1) via their Immediate Superior in Command or chain of command to the Surgeon General of the Navy.

(2) OPNAV-N093 will notify the Bureau of Medicine and Surgery (BUMED) Director, Maritime Operations Center (MOC) with the request for SPRINT activation and task action to NAVMEDFORLANT or NAVMEDFORPAC.

(3) Requesting commands will fund all travel expenses by SPRINT. If the requesting command does not have an available line of accounting for SPRINT mission travel at the time of the request, NAVMEDFORLANT or NAVMEDFORPAC will provide immediate resources necessary for rapid SPRINT activation. The requesting command will reimburse NAVMEDFORLANT or NAVMEDFORPAC.

b. The SPRINT OIC will serve as the initial primary point of contact (POC) to the requesting command and will confer with the SMHE to coordinate SPRINT support. Potential courses of action may include teleconsultation, coordinating local and embedded mental health resources, and SPRINT activation.

c. Upon activation, SMHE will designate a SPRINT mission leader to serve as the primary POC. The mission leader will direct all SPRINT activities during the mission. Upon completion, the SPRINT mission leader will debrief the supported command prior to departure, and submit a completed after action report, per enclosure (2), within 10 business days of mission completion to the supported command.

d. The SPRINT mission leader will submit an after action report to include the listed data points in subparagraphs 9d(1) through 9d(4) to BUMED-MOC via the medical force SMHE within 15 business days of mission completion.

(1) Number of personnel educated in managing the psychological aftereffects of traumatic events.

(2) Number of personnel contacts made by SPRINT.

(3) Number of personnel referred to mental health resources, to include mental health providers, medical providers, counselors, and chaplains.

(4) Composition of the SPRINT by Corps or specialty or Navy enlisted classification code and duration of mission. This data should include requested composition and actual composition of the team.

10. Roles and Responsibilities

a. Director, Mental Health (BUMED-N333) must:

(1) Maintain a repository of all after action reports, lessons learned, and outcomes from all SPRINT missions. Submit redacted lessons learned reports in the Navy Lessons Learned system (L2EARN).

(2) Produce and distribute a communications quick reference card for operational commanders that includes BUMED POCs with respective medical force SMHE and phone numbers for the Navy operations center watch commander.

(3) Update and maintain this instruction based on the Office of the Chief of Naval Operations directives for SPRINT capabilities.

b. Commanders, NAVMEDFORLANT and NAVMEDFORPAC must:

(1) Receive and validate tasking from BUMED-MOC.

(2) Task NAVMEDREADTRNCMD to source personnel for SPRINT mission.

(3) Track activation and completion of SPRINT via the sourcing NAVMEDREADTRNCMD.

(4) Coordinate with requesting command for necessary funds or reimbursement as appropriate.

c. Medical Force SMHE must:

(1) Serve as the primary consultant to NAVMEDFORLANT or NAVMEDFORPAC on SPRINT and all other operational mental health support requirements.

(2) Serve as the primary POC and consultant to the SPRINT OIC in support of commands requesting SPRINT or other mental health support.

(3) Serve as the disaster mental health consultant to SPRINT, embedded mental health, and other mental health resources within the NAVMEDFORLANT and NAVMEDFORPAC regions.

(4) Designate a qualified officer at an NAVMEDREADTRNCMD to be the primary POC to the requesting command.

(5) Provide quality assurance on SPRINT missions.

d. Commander, Commanding Officer, or OIC NAVMEDREADTRNCMD must:

(1) Ensure active duty mental health licensed independent providers and behavioral health technicians within their command meet all readiness requirements for SPRINT activation as noted in this directive.

(2) Ensure all uniformed psychiatrists, clinical psychologists, psychiatric mental health nurse practitioners, and licensed clinical social workers within their command have access to

required training and experience to meet all critical competencies for SPRINT operations listed in NAVMED 6520/1. NAVMEDREADTRNCMD may grant an extension to personnel on the 1 year deadline to meet JQR requirement 105 on the NAVMED 6520/1 if there were no opportunities for personnel to participate in at least one full disaster mental health operation under the supervision of a SPRINT mission leader.

(3) Notify the director of the relevant medical treatment facility of personnel tasked to support SPRINT mission.

(4) Provide oversight for all required travel arrangements and reimbursement by requesting command if necessary.

(5) Ensure one uniformed licensed mental health provider is available 24 hours a day and 7 days a week for SPRINT mission coordination with the medical force SMHE.

e. SPRINT OIC will:

(1) Provide initial consultation on potential courses of action, to include teleconsultation, coordinating local and embedded mental health resources, and SPRINT activation.

(2) Not be involved in every SPRINT mission.

f. SPRINT Mission Leader will coordinate with the SMHE and depending on the location of the mission, act as the primary POC and consultant.

11. Health Information Privacy

a. Confidentiality must be maintained except when mandatory disclosure is required as enumerated in reference (d), or where approval is provided by the Service member. When indicated, SPRINT will work with organic medical assets or primary care to arrange appropriate clinical care for those Service members in need of additional health services. Per reference (d), commands must be notified regarding any Service members who are unable to continue executing the operational mission.

b. SPRINT is expected to be knowledgeable, mindful, and compliant with the Health Insurance Portability and Accountability Act of 1996, and its Privacy and Security Rule under 45 Code of Federal Regulations Part 160 and 164, per reference (d) and (e). The Health Insurance Portability and Accountability Act of 1996 privacy rules establish permitted and required uses, disclosures, and minimum necessary standards for protected health information of both living and deceased Military Health System beneficiaries. Reference (f) provides guidance for protection of all other personally identifiable information.

c. SPRINT must report breaches of disclosure to Privacy Program Office (BUMED-N61) at usn.ncr.bumedfchva.list.bumed-pii-rpt@mail.mil or telephone (904) 542-3559, DSN (312) 942-3559.

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 and 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, Operations (BUMED-N3) will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of Defense, 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. Forms and Information Management Control

a. Form. NAVMED 6520/1 JQR for SPRINT is available at: <https://forms.documentservices.dla.mil/order/>.

b. Information Management Control. The reports required in subparagraphs 7a, 9c, 9d, 10a(1), and 11c are exempt from reports control per SECNAV M-5214.1 of December 2005, part IV, subparagraph 7k.



D. K. VIA
Acting

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/>

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SPECIAL PSYCHIATRIC RAPID INTERVENTION TEAM
REQUEST FOR SUPPORT - NAVAL MESSAGE FORMAT

[O, DTG]
FM [REQUESTING COMMAND NAME]
TO CNO WASHINGTON DC
INFO
[FLEET COMMANDER]
[ISIC]
[TYCOM]
BUMED FALLS CHURCH VA
CNO WASHINGTON DC//N3/N5/N0931//
NAVMEDFORLANT PORTSMOUTH VA
NAVMEDFORPAC SAN DIEGO CA
DEFENSE HEALTH AGENCY FALLS CHURCH VA
BT
MSGID/GENADMIN/[REQUESTING COMMAND NAME]/[MMM]//
SUBJ/REQUEST FOR SPECIAL PSYCHIATRIC RAPID INTERVENTION TEAM //
REF/A/ DOC/
POC/[LAST NAME, FIRST NAME/RANK/COMMAND
NAME/LOCATION/PHONE/EMAIL]//
GENTEXT/REMARKS/1. NATURE OF CRISIS SITUATION: ON [DD MMM YYYY]
[BRIEFLY DESCRIBE THE SITUATION THAT PROMPTED THE REQUEST FOR
SUPPORT].
2. VOICE CONSULTATION WITH NAVY MEDICINE FORCES [ATLANTIC] OR
[PACIFIC] MENTAL HEALTH DEPARTMENT REPRESENTATIVE, [NAME] AT [TIME,
DATE], WHO VALIDATED APPROPRIATENESS OF SPRINT REQUEST
3. PROPOSED DATES AND LOCATION OF SUPPORT: [DD MMM YY – DD MMM YY,
LOCATION].
4. LOGISTICS AND REPORTING REQUIREMENTS:
A. REQUESTING COMMAND POC: [RANK FIRST NAME LAST NAME, UNIT,
PHONE NUMBER, E-MAIL ADDRESS].
B. PASSPORT AND VISA REQUIREMENTS: [AS NECESSARY TO REACH
REQUESTED LOCATION].
C. REPORTING INSTRUCTIONS: REPORTS TO [REQUESTING COMMAND NAME]
[HOW].
5. LOCAL TRAVEL ARRANGEMENTS:
A. UPON ARRIVAL AT [LOCATION] YOU WILL MEET UNIT REP [RANK FIRST
NAME LAST NAME].
B. UNIT REP WILL PROVIDE TRANSPORTATION TO ARRANGED LODGING AND
THEN TO ARRANGED ONWARD MOVEMENT TO [COMMAND NAME].
C. UNIT REP MAY BE CONTACTED AT [PROVIDE MOBILE PHONE NUMBER].
TRANSPORTATION TO AND FROM THE UNIT IS ORGANIZED BY UNIT IN
CONJUNCTION WITH THE MEDICAL DEPARTMENT

Enclosure (1)

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D. UNIFORM OR ORGANIZATIONAL EQUIPMENT REQUIREMENTS: NAVY WORKING UNIFORMS (NWU) OR FLAME RESISTANT VARIANT (FRV) COVERALLS WITH STEEL TOE BOOTS.

6. POC: [LIST ANY ADDITIONAL POCs NECESSARY FOR THE COORDINATION AND ACTIVATION OF THE SPRINT MISSION].

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SPECIAL PSYCHIATRIC RAPID INTERVENTION TEAM
AFTER ACTION REPORT – SAMPLE TEMPLATE

[DD MMM YY]

From: Mission Leader, Special Psychiatric Rapid Intervention Team

To: Supported Commander

Subj: AFTER ACTION FINDINGS ICO SPECIAL PSYCHIATRIC RAPID
INTERVENTION TEAM ACTIVATION OF [DATE]

1. A Special Psychiatric Rapid Intervention Team (SPRINT) was mobilized on [date] to provide support to [Command name]. [Command name] requested SPRINT services after [enter reason for request]. The team consisted of:

a. [Team member name], [rank], [Service] and [title], or [specialty].

b. [Team member name], [rank], [Service] and [title], or [specialty].

2. The SPRINT team departed [command name] at [time] on [date] and arrived at [command name] at [time].

3. At [command name], the team provided the listed interventions:

a. Detailed in-brief with the commanding officer to gain increased situational awareness of the incident and develop strategies to most aptly support anticipated challenges.

b. Provided “walk-about” rounds within [command name] work spaces to gather better situational awareness and to offer ready access for any urgent individual needs that could arise.

c. Conducted a psychoeducation brief to officer leadership regarding suicide prevention, care for the survivors of suicide, and insights regarding the anticipated challenges ahead related to this recent tragedy. [Enter number] officers were in attendance.

d. Conducted a psychoeducation brief to the senior enlisted leadership regarding suicide prevention, care for the survivors of suicide, and insights regarding the anticipated challenges ahead related to this recent tragedy. [Enter number] senior enlisted leaders were in attendance.

e. Provided psychological first aid to [enter number] individuals who either individually approached the team or were identified by leadership as particularly in need of individual attention.

Enclosure (2)

f. Detailed out-brief with the commanding officer summarizing SPRINT impressions and recommendations regarding potential short and long-term aspects of the psychological response to the incident. A plan was made for continued follow-up with the command after SPRINT departure from the site.

4. SPRINT's overall impression of the situation at present is:

a. The [enter reason for assistance] event has [provide overall impression of impact to Service members in the unit].

b. [Enter additional information as needed].

c. [Command name] leadership response in the aftermath of the disaster has been [enter overall impression of leadership response].

5. Recommendations:

a. All efforts should be made to maintain [command name] current strong cohesion as this will have a positive impact on effective adjustment and emotional recovery. Including SPRINT's effort, [enter any additional resources that were provided to support staff members]. Appropriate opportunities for self-care have been offered to staff members [and indicate if the command was briefed on the availability and potential use of Organizational Incident Operational Nexus]. These efforts are deemed appropriate and adequate at this time.

b. [Command name] Service members should be provided opportunities for counseling in the future as needed, either via the command chaplain, Fleet and Family Services Centers, mental health at a medical treatment facility, or Military One Source.

c. SPRINT stands by ready to return if requested and the team may be reached via the SPRINT Mission Leader: [name] at [telephone number] or at [e-mail]@health.mil.

6. Data points:

a. [Enter number] of personnel educated in managing the psychological aftereffects of traumatic events.

b. [Enter number] of personnel contacts made by SPRINT.

c. [Enter number] of personnel referred to mental health resources, to include mental health providers, medical providers, counselors, and chaplains.

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7. Prepared By: [name], [e-mail address], [phone number].

J. A. DOE
Lieutenant, Medical Service Corps
United States Navy

Copy to:
Medical Force Mental Health Executive
Naval Medical Forces Atlantic [or] Naval Medical Forces Pacific