DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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IN REPLY REFER TO
BUMEDINST 6550.9C
BUMED-M00C5
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BUMED INSTRUCTION 6550.9C

From: Chief, Bureau of Medicine and Surgery

Subj: POLICY AND GUIDANCE FOR SICK CALL SCREENER PROGRAM

Ref: (a) BUMEDINST 6010.13
(b) NMFSCINST 1553.1

1. Purpose. To provide policy and guidance regarding the qualification, duties, supervision, education, and quality assurance of Navy sick call screeners (SCS) and to standardize the Sick Call Screener Program (SCSP). This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. BUMEDINST 6550.9B.

3. Scope and Applicability. Applies to enterprise-wide Hospital Corpsmen (HM) within pay grades of E-1 through E-6.

4. Background. The primary goals of the SCSP are:

a. To improve the access to primary care for active duty personnel with minor medical conditions by permitting supervised-HM to provide expeditious, clearly-defined health care services.

b. To train HM for service with operational units. This training is available to all HM. However, personnel deploying as Individual Augmentees, or are within 180 days of transferring to an operational platform, will have priority enrollment.

c. To improve the ability of the HM in assisting medical providers with more complicated cases. The HM should be able to complete a patient history and perform a basic examination on patients requiring treatment by a medical provider.

5. Policy. To establish a standardized SCSP and authorize HM to provide timely, supervised, quality primary care services to active duty patients with minor medical conditions.

6. Quality Assessment and Improvement. The measurement, assessment, and improvement of care provided by SCS must be conducted within the guidelines of reference (a).

7. Program Components

a. Selection of Students

(1) Prerequisites - All candidates must have completed the Hospital Corpsman Skills Basic (HMSB) training and HMSB Performance Checklist (PCL) prior to requesting enrollment in the Sick Call Screener Course (SCSC).

(2) Receive an endorsement from their chain of command.

b. Training

(1) SCSC consists of didactic classroom lectures, practical hands-on training in physical examination, physical diagnosis, and a supervised clinical practicum. It may be necessary to complete the course over a period of time but the training must not exceed 60 calendar days.

(2) Upon satisfactory completion of all elements of the program, the trainee will be qualified as a SCS. The HM must attend every session.

(3) The course does not teach an HM to function as an independent must.

(4) Qualified SCS must receive at least 8 hours of supervised clinical in-service training annually and receive annual competency assessments from a SCS supervisor using NAVMED 6550/15 Competencies for the Sick Call Screeners. Annual training and assessments must be documented in the SCS electronic training record in the current Navy Medicine's Learning Management System.

(5) SCS training records will be maintained by the SCSP site manager, who must provide historical documentation and training history to Naval Medical Leader and Professional Development Command (NAVMEDLEADPRODEVCMD). These records must include documentation of the NAVMED 6550/15 at the end of the training program, annual re-evaluation, and in-service training.

8. Roles and Responsibilities

a. Naval Medical Forces Support Command (NAVMEDFORSUPCMD)

(1) Provide oversight and guidance for life cycle maintenance of the SCSP curriculum.

(2) Disseminate curriculum via approved delivery mechanism.

(3) NAVMEDFORSUPCMD Staff Education and Training (SEAT) Program Management Department will provide oversight and guidance to regional SEAT Officer to ensure standard administration of the SCSP at the local command SEAT departments per this instruction.

b. NAVMEDLEADPRODEVCMD

(1) NAVMEDLEADPRODEVCMD will be the center of excellence for the SCSP and will be responsible for updating the SCSP curriculum. NAVMEDLEADPRODEVCMD will forward major changes (objectives, competencies, etc.) to NAVMEDFORSUPCMD for approval.

(2) Appoint, in writing, an SCSP manager to act as a central point of contact for SCSP issues and administration.

(3) NAVMEDLEADPRODEVCMD will provide a standardized format to document training compliance for the SCSP requirements. Approved resources will be made available to the command's SCSP manager via the NAVMEDLEADPRODEVCMD Web site.

(4) Conduct an annual curriculum review, per reference (b).

c. Commanders, Commanding officers, and Officers in Charge

(1) Implement a formal SCSP and exercise overall responsibility for the program.

(2) Appoint, in writing, site directors to oversee and coordinate the program.

d. SCSP Site Director

(1) Must be a medical officer, physician assistant, or nurse practitioner (at or above the paygrade of O-3).

(2) Responsible for the implementation and oversight of all elements of the SCSP.

(3) Ensure all instructors are appropriately trained to deliver the SCSP.

(4) Ensure appropriate documentation of all NAVMED 6550/15.

(5) Appoint, in writing, site managers to supervise the SCSP training and SCS supervisors.

(6) Appoint, in writing, SCS site supervisors to provide direct supervision of all qualified SCSs.

e. SCSP Site Manager

(1) Must be a medical officer, physician assistant, nurse practitioner, or Independent Duty Corpsman (IDC) (paygrade of E-7 or above). If none are available, then an IDC (in the paygrade of E-6) may be assigned as the SCSP site manager.

(2) Supervise the delivery of SCSC.

(3) Establish routine and continuous monitoring of each individual's progress through completion of the SCSC.

(4) Ensure deficiencies are identified, remediated, and documented in the training record.

(5) Use direct patient care opportunities whenever possible to accomplish SCS skills. Use training simulation only when direct patient care is not available.

(6) Document completion of SCSC via Fleet Training Management and Planning System (FLTMPS). Maintain electronic training records to include documentation of the completed NAVMED 6550/15, annual re-evaluation, and completion of in-service training.

(7) All SCSC instructors must be a privileged IDC, nurse practitioner, physician's assistant, or medical officer.

(8) Ensure documentation of all candidates who have successfully completed the SCSP is recorded in FLTMPS, using current and active training code(s) approved by NAVMEDLEADPRODEVECMD. Though FLTMPS is the preferred method to capture historic and overall command training proficiency, documentation of training can be completed via Defense Medical Human Resource System internet to document medical training hours. The use of FLTMPS will standardize the location for documenting course completion across multiple platforms outside of budgeting submitting office 18 activities.

(9) Submit quarterly training reports to the SCSP manager at NAVMEDLEADPRODEVECMD.

f. SCS Site Supervisors

(1) Must be a medical officer, physician assistant, nurse practitioner, or an IDC.

(2) Must supervise all SCS and be available throughout each patient encounter.

(3) Must be involved in the decision-making process and approve all therapeutic interventions before they are carried out by a SCS.

(4) Must review and co-sign every treatment entry pertaining to a patient seen by a SCS, before the patient leaves the area.

(5) Must review quality of care, documentation, and compliance within the authorized scope of care, before the patient leaves the area.

(6) Ensure all SCS receive detailed guidelines regarding authorized scope of care, approved treatment protocols, and approved lists of medications which can be dispensed, and mandatory patient referral to higher echelon of care, per this instruction.

g. SCS

(1) Must evaluate and treat only minor illnesses for which they have been provided approved treatment protocols, under direct supervision of a SCS site supervisor. Routine sick call (triage) patients will have their vitals taken and their complaint(s) reviewed by qualified medical personnel.

(2) Treat the conditions listed in subparagraphs 8g(2)(a) through 8g(2)(j):

(a) Minor headaches.

(b) Uncomplicated upper respiratory infections (such as allergies and coughs).

(c) Uncomplicated ear, nose, and throat (otorhinolaryngological) conditions.

(d) Minor dermatological conditions (such as blisters, minor burns, and insect bites).

(e) Uncomplicated minor musculoskeletal problems (such as foot and wrist injuries).

(f) Uncomplicated gastrointestinal conditions (such as nausea, vomiting, and diarrhea).

(g) Minor wounds not requiring suturing, interval examination, or dressing changes (such as abrasions and lacerations).

(h) Hypertension (limited to the documentation of serial blood pressure checks which have been requested by a referring provider).

(i) Suture removal.

(j) Staple removal.

(3) Must be able to assist the medical provider with medical conditions outside of their scope of care. This would also include times when the SCS is only able to obtain a history and perform a basic physical examination. A SCS may be asked to assist with, but not limited to, those listed in subparagraphs 8(g)3(a) through 8g(3)(k):

(a) General head, eyes, ears, nose, and throat complaints.

(b) General respiratory complaints.

(c) General cardiovascular complaints.

(d) General gastrointestinal complaints.

(e) General genitourinary complaints.

(f) General neurological complaints.

(g) General musculoskeletal complaints.

(h) General skin, hair, and nail complaints.

(i) General endocrine system conditions.

(j) Environmental illnesses and injuries.

(k) Mental health complaints.

(4) Must be able to recognize those patients who require immediate emergency care. In such cases the supervising medical officer will be notified immediately. Listed in subparagraphs 8(g)4(a) through 8g(4)(u), conditions require immediate referral to a medical officer:

(a) Fever (oral temperature) equal to or greater than 102 degrees Fahrenheit.

(b) Fever (oral temperature) greater than 100.4 degrees Fahrenheit and less than 103 degrees Fahrenheit, persistent for 48 hours.

(c) Respiration rate greater than 28 per minute without apparent reason.

(d) Tachycardia-pulse greater than 120 per minute.

(e) A persistent diastolic blood pressure exceeding 105 millimeter of mecury over a 3-day period.

(f) Any suspected infectious disease, such as, chicken pox, and tuberculosis.

(g) Any patient with chest pain believed to be cardiac in origin or heartburn (dyspepsia) unrelieved by antacids.

(h) Any abdominal pain associated with a fever.

(i) Any patient with persistent or worsening abdominal pain.

(j) Any patient with a compromised airway. (Note. A minimally compromised airway associated with throat inflammation (pharyngitis), other head and neck infections, or head and neck trauma may rapidly progress to a life-threatening emergency. Act expeditiously when confronted with any degree of airway compromise).

(k) Any return visit within 2 weeks, for the same complaint that has not resolved when compliance to treatment is assured.

(l) Any loss of limbs, eye injury, or significant visual changes.

(m) Altered mental status with homicidal or suicidal ideations.

(n) Any loss of peripheral pulse.

(o) Tendon, nerve, or vessel damage.

(p) Capillary refill greater than 3 seconds with acute injury.

(q) Pain greater than 7 on a scale from 1-10.

(r) Open fractures, amputations, structural deformities, and joint penetrations.

(5) Refer patients to a higher level of care listed in subparagraphs 8(g)5(a) through 8g5(n).

(a) Dermatitis, rashes, or skin irritations.

(b) Vaccinations.

(c) Urinary bladder and yeast infections.

(d) Ear aches and ear infections.

(e) Any diagnostic labs or tests.

(f) Wellness exams and physical exams.

(g) Basic health screenings.

(h) Medication refill requests.

(i) Abnormal vital signs.

(j) Signs of inflammation (such as redness or pus at the site).

(k) Any contaminated wound.

(l) Animal and human bites.

(m) Any puncture wounds.

(n) Any procedure or situation in which a corpsman is not comfortable with, or other conditions not covered in the immediate emergency care criteria.

9. 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 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.

10. Review and Effective Date. Per OPNAVINST 5215.17A, Office of the Corps Chiefs (BUMED-M00C5) 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.

11. Forms or Information Management Control

a. Forms. NAVMED 6550/15 Competencies for the Sick Call Screeners is available at https://forms.documentservices.dla.mil/order/.

b. Information Management Control. Reports contained in subparagraph 8e(9) of this instruction are exempt from reports control per SECNAV M-5214.1 of December 2005, part IV, subparagraph 7k.

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Acting

Releasability and distribution:
This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site at the Navy Medicine Web site at, https://www.med.navy.mil/Directives