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

Canc: Jun 2021

IN REPLY REFER TO
BUMEDNOTE 6010
BUMED-M33
15 Jun 2020

BUMED NOTICE 6010

From: Chief, Bureau of Medicine and Surgery

Subj: IMPLEMENTATION OF ORGANIZATIONAL INCIDENT OPERATIONAL NEXUS

1. **Purpose.** To direct implementation of standard procedures for organizational incident operational nexus (ORION), a new comprehensive program designed to track active duty Sailors and Marines exposed to unit-level, non-combat trauma and provide targeted outreach to those at elevated risk for psychological injury.

2. **Scope and Applicability.** This notice applies to 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 presumed or expected loss of life and occurs while in the performance of official duties. For traumatic incidents that do not meet ORION criteria, ORION can still be utilized for tracking and targeted outreach at a command’s discretion.

3. **Background.** Following the Navy’s 2017 maritime collisions involving the guided missile destroyers (DDG) United States Ships (USS) *John S. McCain* (DDG 56) and *USS Fitzgerald* (DDG 62), NAVMED conducted a comprehensive review of current psychological trauma tracking systems and touchpoints across NAVMED to identify how Service members involved in 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. Subsequently, the Navy 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 the Bureau of Medicine and Surgery (BUMED) with crews from the 2017 maritime collisions and two commands who utilized special psychiatric rapid intervention team (SPRINT) 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 the members of the crews had dispersed to over 200 new Commands around the globe. NAVMED is committed to ensuring a no wrong door philosophy leveraging all available options for Service members to receive mental health services when needed. SPRINT continues to serve as NAVMED’s primary tool for immediate mental health support after traumatic events. The growing footprint of mental health personnel embedded directly in expeditionary and training commands provide further opportunities for immediate mental health support after traumatic events.
Service members complete the Periodic Health Assessment and Mental Health Assessment annually which includes items that screen for various mental health disorders. ORION will serve as a critical, additional tool to provide extended, comprehensive tracking for impacted Service members and will work to ensure no Service member is lost to follow up even if they have transferred to another command or left the Navy.

4. **Action.** Establish ORION as NAVMED’s 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 will be entered and stored within CarePoint (available at [https://carepoint.health.mil](https://carepoint.health.mil)) in an ORION registry under development by the Defense Health Agency.

5. **Roles and Responsibilities**

   a. **Assistant Deputy Chief, Medical Operations (BUMED-M3) will:**

      (1) Provide echelon 2 oversight of the ORION registry, platform, and outreach coordinators.

      (2) Serve as the resource sponsor for the ORION program.

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

   b. **Fleet and Force Surgeons will:** Provide echelon 3 oversight of all ORION utilization by senior medical department representatives (SMDR) in units under their responsibility.

   c. **Commanders, Naval Medical Forces Atlantic and Naval Medical Forces Pacific will:** Provide echelon 3 oversight of ORION utilization by Navy Medicine Readiness and Training Commands.

   d. **Commanders, Commanding Officers (CO), and Officers In Charge will:** 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.

   e. **Navy or Marine Corps Command SMDRs will:**

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

      (2) Report utilization of ORION to echelon 3 oversight through the chain of command.
6. Procedures for Utilizing ORION

   a. The SMDR, in consultation with the Unit CO, will: 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 still be activated at the discretion of the CO. The SMDR is encouraged to seek support and consultation from any available SPRINT or embedded mental health personnel.

   b. Inclusion Criteria for ORION

      (1) Incident involves any unexpected loss of life or presumed loss of life.

      (2) Incident occurs while in the performance of official duties.

      (3) Incidents that occur on liberty status during deployment.

   c. If a Traumatic Incident Meets ORION Inclusion Criteria, the SMDR must: Access and enter required information into ORION registry within 10 days.

      (1) ORION registry is currently in development as an application within CarePoint. An ORION-specific Web address will be disseminated as soon as it is available to access ORION registry. The registry will be accessible through the common access card.

      (2) Until the ORION-specific Web site is available, the SMDR will activate ORION by notifying the ORION point of contact at usn.ncr.bumedfchva.mbx.orion@mail.mil or (619) 532-7484 for assistance and send all required ORION variables listed in subparagraph 6d securely via a password protected file through encrypted e-mail to usn.ncr.bumedfchva.mbx.orion@mail.mil.

   d. In the ORION Registry, the SMDR will:

      (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. ORION registry will auto-populate 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 are 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 (please specify reason).

   (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 identification number, phone numbers, and emails) if not auto-populated accurately by ORION registry.

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

7. Procedures for ORION Targeted Outreach. Outreach coordinators will conduct targeted outreach (caring contacts) at specified intervals for 12 months post-incident according to Service members’ exposure category and risk level.

   a. 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).
Note: ORION will extract additional information (e.g., current mental health diagnosis) from existing Department of Defense data sources for further risk stratification. Service members will either remain in their original risk category or be elevated to a higher risk level.

b. Service members in the high risk category will be contacted at 4, 8, and 12 months post-incident.

c. Service members in the medium risk category will be contacted at 6 and 12 months-post incident.

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

e. Caring contacts are non-clinical and involve reaching out to Service members over e-mail or by phone and connecting them to mental health resources if so requested by the Service member.

f. ORION Outreach Coordinators will:

   (1) Follow-up with Service members who request assistance connecting to mental health care during caring contacts.

   (2) Offer options for mental health services. Services may include:

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

      (b) Purchased care through the TRICARE network.

      (c) Care through Military OneSource, Fleet and Family Support Center, or Marine Corps Community Services.

   (3) Contact mental health staff at relevant clinics and facilities to facilitate initiating care.

   (4) Reach out to Service members to ensure follow-up has occurred.

   (5) Securely access the ORION registry and platform to record and manage all caring contact data. If the ORION registry and platform is not available, manual procedures will be utilized for data entry and management in a password protected excel database secured on a Department of Defense computer with appropriate firewalls. Data will be transferred to ORION registry when it becomes available again.

   (6) Secure personal health information and personally identifiable information at all times.
(7) Use appropriate safeguards, including encryption in the use of storage, maintenance, transit, and final disposition of all information and data, per Secretary of the Navy (SECNAV) Instruction 5211.5E, Department of the Navy Privacy Program.

8. Records Management

a. Records created as a result of this notice, 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 notice 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.

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