



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

Canc: Sep 2021  
IN REPLY REFER TO  
BUMEDNOTE 6520  
BUMED-M3  
29 Sep 2020

BUMED NOTICE 6520

From: Chief, Bureau of Medicine and Surgery

Subj: SPECIAL PSYCHIATRIC RAPID INTERVENTION TEAM

Ref: (a) DoD Instruction 6200.03 of 28 March 2019  
(b) BUMEDNOTE 6010 of 15 June 2020  
(c) OPNAVINST 3500.34G  
(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) Specialty Psychiatric Rapid Intervention Team After Action Report - Sample Letter

1. Purpose. To provide organization, policies, responsibilities, and procedures for the operation and rapid activation of the special psychiatric rapid intervention team (SPRINT) as budget submitting office (BSO) 18 activities disaster mental health response capability, supporting limited, and short-term military operations per reference (a).

2. Scope and Applicability. This note is applicable to all identified SPRINT capabilities within BSO-18 activities.

3. Background. SPRINT serves as the BSO-18 activities disaster mental health resource for rapid activation when requested by supported commands. Significant changes in the organization and structure of the military health system to include the embedding of mental health personnel directly in expeditionary units necessitates a codification of SPRINT policies, responsibilities, and procedures.

4. Action. Mental health personnel embedded in Fleet and Marine Corps expeditionary units will be the primary resource for immediate disaster mental health support. When these resources are overwhelmed or do not exist, SPRINT is available for rapid activation. Upon receipt of an official request outlined in subparagraph 9b, SPRINT personnel will be mobilized within 24 hours to provide short-term mental health support to a requesting command.

## 5. SPRINT Scope of Services

a. The primary mission of SPRINT is to provide disaster mental health support to mitigate long-term unit and individual psychiatric dysfunction immediately after a disaster. SPRINT services include psychological first aid, command consultation, mental health triage, and coordination of local resources to provide continuity of support beyond the SPRINT mission. SPRINT engages in direct consultation with the requesting command, with guidance to leadership on anticipated challenges stemming from the event. SPRINT also provides assessments and recommendations related to command climate, conducts command debriefings, assists in identifying at-risk personnel, assists local medical, mental health, and religious personnel with immediate mental health clinical augmentation, facilitates timely follow-up, and briefs the command on the availability and potential utilization of the Organizational Incident Operational Nexus (ORION) Unit Level Psychological Trauma Tracking System. ORION provides extended support for impacted Service members after SPRINT departs, ensuring proper follow-up and continuity of care. Reference (b) provides additional information on ORION.

b. The operating environment for SPRINT consists of any location that includes Navy and Marine Corps Service members. SPRINT 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 require SPRINT 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. Commander, Naval Medical Forces Atlantic (NAVMEDFORLANT) and Commander, Naval Medical Forces Pacific (NAVMEDFORPAC) will provide oversight and direct SPRINT activation for missions within their geographic regions through the coordination of the respective medical force mental health consultant (MHC) with the Navy Medicine Readiness and Training Commands assigned to source the mission.

b. SPRINT, at a minimum, will be task organized with at least one licensed independent mental health provider and one behavioral health technician resourced from a Navy Medicine Readiness and Training Command as directed by Commander, NAVMEDFORLANT or Commander, NAVMEDFORPAC.

c. SPRINT may include psychiatrists, psychologists, psychiatric nurses, mental health psychiatric nurse practitioners, licensed clinical social workers, chaplains, behavioral health technicians and hospital corpsmen. SPRINT composition necessary for the mission will be determined by the respective medical force MHC and directed by either Commander, NAVMEDFORLANT or Commander, NAVMEDFORPAC.

## 7. Qualifications and Readiness Requirements

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

b. SPRINT JQR core competencies may be validated by the medical force MHC. The medical force MHC may designate a qualified officer at a Navy Medicine Readiness and Training Command to sign off individual JQR requirements.

c. All uniformed psychiatrists, psychologists, psychiatric mental health nurse practitioners, licensed clinical social workers, and behavioral health technicians assigned to a Navy Medicine Readiness and Training Command will maintain individual medical readiness, a valid passport, government travel card, secret security clearance, Survival, Evasion, Resistance, and Escape – Level A Code of Conduct training, and an up-to-date DD Form 1833 Isolated Personnel Report.

8. Logistics. 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.

## 9. SPRINT Concept of Operation

a. Informal Warning Order Request Process. Urgency dictates SPRINT must be able to immediately mobilize to the site of a traumatic event as the official request is being routed through appropriate channels. To ensure immediate activation, requesting commands may contact the appropriate medical force MHC directly by phone or e-mail to provide an immediate warning order request for SPRINT. Medical force MHC may act on the command's warning order request to mobilize SPRINT ahead of the routing of the official request.

b. Formal Official Request Process. Requesting commands will submit a voice consultation request to the Navy operations center and submit enclosure (1) through their immediate superior in command or chain of command to the Office of the Surgeon General of the Navy (OPNAV-N093). OPNAV-N093 will notify the Bureau of Medicine and Surgery (BUMED) Deputy Chief, Operations, Plans, and Readiness (OP&R) with the request for SPRINT activation and task NAVMEDFORLANT or NAVMEDFORPAC to take action. Requesting commands are required to fund all travel 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.

c. The medical force MHC will act as the primary point of contact (POC) to the requesting command to coordinate SPRINT support. The medical force MHC will provide consultation on potential courses of action, to include teleconsultation, coordinating local and embedded mental health resources, and SPRINT activation.

d. The senior officer on SPRINT will serve as mission leader and will direct all SPRINT activities during the mission. Upon completion of SPRINT operations, the SPRINT mission leader will debrief the supported command prior to departure, and send enclosure (2), after action report, within 10 business days to the supported command.

e. The SPRINT mission leader will send enclosure (2) and an addendum to include the listed data points in subparagraphs 9e(1) through 9e(3) to BUMED OP&R via the medical force MHC within 15 business days of mission completion.

(1) Number of personnel trained in managing the psychological after effects 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.

#### 10. Roles and Responsibilities

a. BUMED-OP&R will:

(1) Develop standard tools to measure the effectiveness of SPRINT operations.

(2) Maintain a repository of all after action reports, lessons learned, and outcome measures from all SPRINT missions.

(3) In coordination with the Psychological Health Clinical Community, develop practice guidelines for immediate disaster mental health response and update SPRINT training standards as appropriate.

(4) Produce and distribute a communications flow chart smart card providing a quick reference for operational commanders to include BUMED POCs with respective medical force MHC and phone numbers for the Navy operations center watch commander.

b. Commander, NAVMEDFORLANT and Commander, NAVMEDFORPAC will:

(1) Receive and validate tasking from BUMED-OP&R.

(2) Task Navy Medicine Readiness and Training Commands to source personnel for SPRINT mission.

(3) Track activation and return of SPRINT via the sourcing Navy Medicine Readiness and Training Commands.

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

c. Medical Force MHC will:

(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 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) Provide quality assurance on SPRINT missions.

d. Commander or Commanding Officer, Navy Medicine Readiness and Training Command will:

(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, 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 training plan requirements for SPRINT operations listed in NAVMED Form 6520/1. Navy Medicine and Readiness and Training Command may grant an extension to personnel on the 1 year deadline to meet JQR requirement 105 in NAVMED Form 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 team leader.

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

(4) Coordinate with the NAVMEDREATRNCMD travel office for all required travel arrangements and coordinate 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 MHC.

#### 11. Encounter Documentation

a. SPRINT encounters with Service members should be generally viewed as command consultations and non-clinical counseling, and not as clinical encounters requiring documentation in the medical record.

b. SPRINT encounters become clinical and require documentation in the medical record if the SPRINT member conducts a diagnostic assessment, provides treatment for a defined clinical condition or any assessment for the purpose of determining risk of suicide or homicide.

#### 12. Health Information Privacy

a. Confidentiality should be maintained unless for situations enumerated in reference (d), or where approval is provided by the Service member. When indicated, SPRINT will arrange appropriate clinical care for those Service members in need of additional services by directly contacting the identified medical resources to ensure continuity of care. Per reference (d), commands must be notified regarding any Service members who are unable to continue executing the operational mission.

b. In cases of intervention, 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 (e). The Health Insurance Portability and Accountability Act preserves the health information privacy of the living and the deceased. Reference (f) provides guidance for protection of all other personally identifiable information.

c. SPRINT must report breaches of disclosure to Privacy Program Office (BUMED-M331) at usn.ncr.bumedfchva.list.bumed-pii-rpt@mail.mil or telephone (904) 542-3559, DSN (312) 942-3559.

13. 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.

14. Forms. NAVMED 6520/1 Job Qualification Requirement for Special Psychiatric Rapid Intervention Team is available at: <https://forms.documentservices.dla.mil/order/>.



G. D. SHAFFER  
Acting

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>

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  
NAVMEDFOR [PAC OR LANT]  
BT  
MSGID/GENADMIN/[REQUESTING COMMAND NAME]/[MMM]//  
SUBJ/REQUEST FOR SPECIAL PSYCHIATRIC RAPID INTERVENTION TEAM //  
REF/A/ DOC/BUMED NOTICE 6520, SPECIAL PSYCHIATRIC RAPID INTERVENTION  
TEAM/JUL2020//  
POC/[LAST NAME, FIRST NAME/RANK/COMMAND  
NAME/LOCATION/PHONE/EMAIL]//  
GENTEXT/REMARKS/1. Discussed with Special Psychiatric Rapid Intervention Team  
(SPRINT) medical force mental health consultant at [time, date], and request SPRINT support.  
2. Nature of crisis situation: on [DD MMM YYYY] [briefly describe the situation that  
prompted the request for support].  
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.  
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].

SPECIALTY PSYCHIATRIC RAPID INTERVENTION TEAM  
AFTER ACTION REPORT – SAMPLE LETTER

[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 psycho-education 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 psycho-education 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 individual counseling to [enter number] individuals who either individually approached the team or were identified by leadership as particularly in need of individual attention.

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

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

a. The [enter reason for assistance] event has affected the Service members in the command deeply.

b. [Enter additional information as needed].

c. [Command name] leadership response in the aftermath of the disaster has been exemplary. The commanding officer has balanced the two competing priorities of honoring the fallen Service members and maintaining mission readiness superbly.

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, two other opportunities have been provided to staff members to debrief. Appropriate opportunities for self-care have been offered to staff members. 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 military 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]@mail.mil.

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

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

Copy to:  
Medical Force Mental Health Consultant  
NAVMEDFORLANT [or] NAVMEDFORPAC