BUMED INSTRUCTION 8120.1

From: Chief, Bureau of Medicine and Surgery

Subj: NAVY NUCLEAR DETERRENCE MISSION PERSONNEL RELIABILITY PROGRAM SELF-ASSESSMENT

Ref:  
(a) SECNAVINST 5510.35C  
(b) OPNAVINST 8120.1A  
(c) BUMED and DIRSSP MOU of 4 Feb 15  
(d) NAVMED P-5055  
(e) SSP OD69206  
(f) NAVMED P-117  
(g) DOD Manual 5210.42, Nuclear Weapons Personnel Reliability Program, 13 January 2015  
(h) DOD Instruction 5210.42 of 27 April 2016  
(i) SSPINST 5510.35  
(j) 5 U.S.C.  
(k) 45 CFR  
(l) 42 U.S.C.  
(m) SECNAV M-5210.1 of January 2012  
(n) DoD 5400.11-R, Department of Defense Privacy Program, 14 May 2007  
(o) SECNAVINST 5211.5E  
(p) DoD 6025.18-R, DoD Health Information Privacy Regulation, 24 Jan 2003  
(q) DoD Instruction 6025.18 of 2 Dec 2009  
(r) DoD Instruction 8580.02 of 12 Aug 2015  
(s) BUMEDINST 5239.2  
(t) DIRSSP ltr 8120 Ser SP00/020118006 of 7 Feb 18

Encl:  (1) Template – Personnel Reliability Program Self-Assessment Report Cover Letter

1. **Purpose.** To implement the requirements of references (a) and (b) and establish policies and a formal Self-Assessment Program for radiation health and the Personnel Reliability Program (PRP) at Navy Medicine sites supporting the Navy Nuclear Deterrence Mission (NNDM). To provide a template for the PRP Self-Assessment Report and the corresponding NAVMED 8120/1 Navy Nuclear Deterrence Mission Issue Resolution Form.

2. **Background.** Bureau of Medicine and Surgery (BUMED) is the echelon 2 supporting flag officer to the Deputy Under Secretary of the Navy for Policy for Department of the Navy nuclear weapons (NW) PRP policy per reference (a) and provides technical guidance and support for radiation health for nuclear weapons (RH-NW) workers per reference (c). Reference (c) is available at: [https://intelshare.intelink.gov/sites/jko/PRP/sitepages/home.aspx](https://intelshare.intelink.gov/sites/jko/PRP/sitepages/home.aspx).
a. Navy Nuclear Power (NNP) radiation workers are separate and distinct from RH-NW worker programs; however, the same guiding instruction, reference (d) is applicable to both programs. In addition, specific nuclear weapons radiologic control policies apply. These can be found in reference (e). Self-assessment of the radiation health program is also covered by reference (e). Reference (e) is available at: https://intelshare.intelink.gov/sites/jko/PRP/sitepages/home.aspx.

b. Nuclear power and nuclear weapons both require a high degree of reliability in personnel, mental alertness, and good judgement to maintain the integrity and accountability of these critical programs. Each program is governed by different policy instructions. Nuclear power reliability is governed by reference (f), chapter 15, article 15-103 for nuclear field duty. Nuclear weapons PRP is governed by references (a), (g), and (h).

c. Nuclear weapons require special consideration because of policy implications, military importance, destructive power, and the political consequences of an accident or unauthorized act. The safety, security, control, and effectiveness of nuclear weapons are of paramount importance to the security of the United States. Only those personnel who demonstrate both the ability and reliability to perform sensitive work associated with United States nuclear weapons, nuclear command and control systems, materials and equipment, and special nuclear material may be certified into the PRP. Once screened into the program per references (a), (g), and (h), personnel must be continuously evaluated for adherence to PRP standards. Medical personnel supporting the NNDM must review all medical and dental encounters per references (a), (g), and (h) to ensure that personnel are adhering to medical standards.

3. Scope and Applicability

a. This instruction applies to all medical personnel, clinics, and medical treatment facilities (MTF) that provide medical and dental evaluation and screening for PRP suitability and records management in the electronic health record.

b. The NNDM PRP Self-Assessment Reporting responsibility at paragraph 5c(4) of this instruction applies to all MTFs that support the NNDM, including Naval Branch Health Clinic Kings Bay, Georgia; Naval Branch Health Clinic Bangor, Washington; Naval Health Clinic Patuxent River, Maryland; and any additional commands that may provide support to the NNDM in the future.

4. Policy

a. All Navy Medicine sites supporting NNDM will have a robust and auditable PRP self-assessment program per reference (b). It outlines governance of NNDM and sets forth requirements for all echelon 2 commands.

b. All personnel being considered for PRP duties will have a medical evaluation per references (a) and (g).
c. Pre-screening records to determine PRP suitability of a Service member will be conducted by medical personnel of the losing command. Medical personnel of the gaining command will conduct electronic health record pre-screening prior to the Service member’s arrival when pre-screening was not conducted by the detaching command or was inconsistent with reference (a).

d. Health information discovered during the pre-screening, that has potential to compromise thinking, clarity of judgement, safety, security, or reliability, must be communicated to the certifying official in a timely manner to prevent the transfer of unsuitable Service members.

e. Enclosure (1) is the designated reporting format for self-assessment of the NNDM PRP. Refer to paragraph 5c(4) of this instruction for additional information.

f. Personnel performing PRP duties are continuously evaluated through the review of medical and dental encounters by the competent medical authority (CMA) or PRP medical personnel, per reference (a). Continuous evaluation requires the following:

(1) Documentation of care and medical review by the CMA or PRP medical personnel, who are specifically trained to recognize the impact on PRP duties, must include an assessment on the ability to conduct PRP duties. As proper medical practice, CMA or PRP medical personnel must sign and date the encounter.

(2) Documentation of care and medical review by non-CMA or non-PRP medical personnel requires notification to the local lead CMA. Notification may be made by assigning the medical review for co-signature in the Armed Forces Health Longitudinal Technology Application (AHLTA), through message pools in Military Health System (MHS) Genesis, by telephone, or via e-mail. Documentation of the notification must be retained for audit.

(3) Information of concern must be communicated to the certifying official as defined in reference (a), enclosure (6), paragraph 4, in a timely manner (promptly or immediately as the situation warrants) to ensure that weapons are always safe, secure, and reliable. An auditable record of all notifications made to certifying officials must be maintained. Options include stating in the medical record that certifying official was notified (document date notified) or sending a separate e-mail documenting the certifying official was notified and preserving the e-mail to a location where it will be retrievable for audit.

(4) All encounters with PRP members must include the International Classification of Diseases (ICD) 10 code “DOD0224” (Occupational Health Exam – Personal Reliability Program). This ICD10 code is used for exam or assessment, occupational, for individuals in the PRP and surety program (Chemical, Biological, Nuclear).
5. **Responsibilities**

   a. **Deputy Chief, Readiness and Health, BUMED must:**

   (1) Review, advise on, and provide input for all medical aspects of Department of the Navy nuclear weapons policy.

   (2) Prepare designation letter for the Director, Fleet Programs (BUMED-M95) as CMA Community Manager, consistent with references (a) and (c), for Chief, BUMED signature.

   (3) Provide a robust and auditable self-assessment program at all sites that support the NNDM.

   (4) Ensure adequate level of personnel are assigned to support the Department of the Navy PRP and RH-NW functions and ensure Director, Strategic Systems Programs (DIRSSP) is informed of any issue that may impact adequate staffing.

   (5) Ensure a semi-annual regulator report, signed by Chief, BUMED, is submitted to DIRSSP per reference (b).

   (6) Ensure BUMED-M95 fulfills the requirements of references (c) and (l), section 1320d-6, Health Information Technology for Economic and Clinical Health Act of 2009.

   (7) Develop and provide education and training (initial and refresher), certification, guidance, and oversight to the CMA and PRP Medical Personnel Community.

   (8) Provide inspection support to DIRSSP during nuclear weapons technical inspections on facilities for which DIRSSP is the certifying authority and DIRSSP led PRP inspections of non-custodial commands.

   (9) Designate a program manager for review and evaluation of the NNDM PRP Self-Assessment Report, enclosure (1), received from facilities that support NNDM, identified in paragraph 3b of this instruction. Enclosure (1) provides standards and evaluation criteria for the PRP Self-Assessment Report. It was adopted from and aligns with the Medical Inspector General’s PRP Checklist. Separate from the NNDM Self-Assessment for PRP, the RH-NW Self-Assessment for PRP can be found at references (d) and (e).

   (10) Maintain auditable records, for 5 years for the PRP Self-Assessment Program for all Navy Medicine sites that support the NNDM, per reference (m).

   (11) Maintain a current listing of qualified MTF and Fleet CMAs and ashore PRP Medical Personnel.

   (12) Provide technical guidance and assistance for Department of the Navy radiation health matters to DIRSSP, as required in references (a) through (c).
(13) Apply the prescreening requirements of paragraph 4c of this instruction.

b. Commander, Navy Medicine Regions must:

   (1) Give priority to support of NNDM through adequate staffing of clinics and ancillary personnel who are in the PRP or RH-NW Program. Ensure compliance with training and certification of supporting staff in compliance with references (a) and (i). Reference (i) is available at https://intelshare.intelink.gov/sites/jko/PRP/sitepages/home.aspx

   (2) Ensure that a robust and auditable self-assessment program is present at all sites that support the NNDM. The PRP Self-Assessment Report criteria can be found in enclosure (1).

   (3) Review PRP Self-Assessment Report results annually and submit the report to BUMED-M95 with a copy to the PRP CMA community manager.

c. Commanding Officers and Officers in Charge of MTFs supporting NNDM must:

   (1) Ensure medical personnel supporting the PRP have been trained and possess current annual certification per references (a) and (i).

   (2) Designate CMAs and PRP Medical Personnel in writing and forward to BUMED CMA community manager. Reference (i) provides qualification cards and examples of required attestations and letters.

   (3) Conduct annual PRP Self-Assessment Report using the format and criteria using enclosure (1) and the NAVMED 8120/1 as applicable.

   (4) Report annually results of the self-assessment to BUMED-M95, via the regional commander for endorsement no later than 15 November. The PRP Self-Assessment Report is required by DIRSSP to fulfill the duties set forth in reference (b) by the Chief of Naval Operations. Per reference (b), paragraph 9, the reporting requirements are exempt from requiring a report control symbol. The report is aligned to and uses the same criteria the Medical Inspector General’s PRP Checklist uses to evaluate MTFs during inspections. This checklist is available at: https://intelshare.intelink.gov/sites/jko/PRP/sitepages/home.aspx. A Microsoft Word copy of enclosure (1) is available for downloading at http://www.med.navy.mil/directives/Pages/SampleFormats.aspx.

   (5) Ensure adequate time is available for CMA to conduct administrative duties associated with proper management of the PRP. This includes attendance at weekly PRP meetings with the Strategic Weapons Facility and Marine Corps Security Force Battalion. This also includes a deduction in full-time equivalent for PRP based on the population supported. The best practice is one CMA to every 500 personnel, however programs with less than 500 personnel should ensure adequate, redundant CMA coverage.
6. **Health Information Privacy and Security.** Service treatment records (medical and dental) and electronic health records accessed, reviewed, or shared pursuant to this instruction are subject to privacy and security statutes, regulations, and Navy Medicine policy. All personnel must adhere to the privacy and security requirements of:

   a. **Personally Identifiable Information (PII)** pursuant to the Privacy Act of 1974, as amended, reference (j), section 552a, and as implemented by references (n) and (o), and BUMED policy.

   b. **Protected Health Information (PHI)** pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security Rule at reference (k) Part 160 (general requirements) and Part 164 (privacy and security requirements), as implemented by references (p) and (q), and BUMED policy.

   c. **PII and PHI Safeguards** as implemented by references (r) and (s).

   d. **PHI Breach Reporting.** Any unauthorized, wrongful disclosure of PHI must be promptly reported within 1 hour of discovery as required by DoD and Navy Chief Information Officer policy pursuant to reference (l) section 1320d-6 of the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, and reference (k). It is BUMED policy to report breaches of disclosure to the BUMED Privacy Office for proper handling and guidance at: telephone (904) 542-3559, DSN (312) 942-3559, or usn.ncr.bumedfchva.list.bumed-pii-rpt@mail.mil. Refer to reference (t) for additional guidance.

   e. **Disclosure of PII and PHI to non-health care personnel must be documented on OPNAV 5211/9 Disclosure Accounting Form.**

   f. **Disclosure Under PRP.** All personnel enrolled in the PRP must complete OPNAV 5510/419 Nuclear Weapons Personnel Reliability Program Authorization for Disclosure of Medical and Dental Information. Completion of OPNAV 5510/419 and consent to release PHI will be documented in the health record.

7. **Records Management.** Records created as a result of this instruction, regardless of media and format, must be managed per reference (m). While reference (b) sites a retention period of at least 3 years, reference (m) provides for a controlling retention period of 5 years.

8. **Review and Effective Date.** Per OPNAVINST 5215.17A, BUMED-M9 is responsible for review of this instruction annually on the anniversary of its effective date to ensure applicability, currency, and consistency with Federal, Department of the Navy, and Navy policy and statutory authority using OPNAV 5125/40 Review of Instruction.

10. **Forms and Information Management Control**

   a. **Forms**


      (2) OPNAV 5211/9 Disclosure Accounting Form is available at: [https://navalforms.documentservices.dla.mil/formsDir/_OPNAV_5211_9_3056.pdf](https://navalforms.documentservices.dla.mil/formsDir/_OPNAV_5211_9_3056.pdf).


   b. **Information Management Control.** Reports contained within paragraphs 5 and 6 of this instruction are covered by Report Control Symbol DD-AT7L(A)1403(5510) within reference (a).

   ![Signature]

   **TERRY J. MOULTON**
   Acting

**Releasability and distribution:**
This instruction is not cleared for public release and is available only via the Navy Medicine internal Web site, [https://es.med.navy.mil/bumed/directives/Pages/default.aspx](https://es.med.navy.mil/bumed/directives/Pages/default.aspx).
From: Commanding Officer, Naval Hospital XXXX  
To: Chief, Bureau of Medicine and Surgery (BUMED-M95)  

Subj: PERSONNEL RELIABILITY PROGRAM SELF-ASSESSMENT REPORT  
CALENDAR YEAR ____  

Ref: (a) BUMEDINST 8120.1  
(b) OPNAVINST 8120.1A  
(c) DIRSSP ltr 8120 Ser SP00/020118006 of 7 Feb 18  

Encl: (1) PRP Self-Assessment Report for Calendar Year ____  
(2) Navy Nuclear Deterrence Mission Issue Resolution Form  

1. Per references (a) through (c), the annual Personnel Reliability Program Self-Assessment Report for calendar year ____ is submitted as enclosure (1) in support of the Personnel Reliability Program. It represents this command’s compliance, readiness, and ability to execute duties and responsibilities associated with the Navy Nuclear Deterrence Mission (NNDM). Issues undergoing resolution are contained in enclosure (2).  

2. Current Status: Naval Branch Health Clinic’s readiness to execute the NNDM is assessed as satisfactory with comment. (Mention unresolved issues identified in enclosures (1) and (2)).  

3. Previous Performance: Improvements are noted since the first self-assessment, including (name actions changed since the recent self-assessment). Best practices identified in the previous report have been continued, including (provide information related to best practices).  

4. Projected performance: I (do/do not) anticipate meeting all future NNDM support requirements (cite hindrance to completing these actions).
5. My point of contact is lead competent medical authority XXXX, MC, USN, who can be reached at (XXX) XXX-XXXX or e-mail address.