BUMED INSTRUCTION 8120.1A

From: Chief, Bureau of Medicine and Surgery

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

Ref: (a) SECNAVINST 5510.35D
(b) OPNAVINST 8120.1A
(c) BUMED and DIRSSP MOU of 4 Oct 2019
(d) NAVMED P-5055
(e) SSP OD69206
(f) NAVMED P-117
(g) DoDI 5210.42 of 27 April 2016
(h) DoDM 5210.42, Nuclear Weapons Personnel Reliability Program, 13 January 2015
(i) SSPINST 5510.35
(j) 5 U.S.C.
(k) 45 CFR
(l) 42 U.S.C.
(m) SECNAV M-5210.1 of 23 Sep 2019
(n) DoD 5400.11, Implementation of the Health Insurance Portability and Accountability Act (HIPPA) Privacy Rule in DoD Health Care, 13 March 2019
(o) SECNAVINST 5211.5F
(p) DoD 6025.18, DoD Health Information Privacy Regulation, 24 January 2003
(q) DoD Instruction 6025.18 of 13 March 2019
(r) DoD Instruction 8580.02 of 12 August 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 (NAVMED) 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. **Cancellation.** BUMEDINST 8120.1.

3. **Scope and Applicability**

   a. This instruction applies to all medical and dental personnel, Navy Medicine Readiness Training Commands (NAVMEDREADTRNCMD) and Navy Medicine Readiness Training
Units (NAVMEDREADTRNUNIT) that oversee medical and dental treatment, evaluation, and screening for PRP suitability and records management in the electronic health record.

b. The NNDM PRP Self-Assessment Reporting responsibility in subparagraph 6c(4) of this instruction applies to all NAVMEDREADTRNCMDs and NAVMEDREADTRNUNITs that support the NNDM, including but not limited to, NAVMEDREADTRNCMD Jacksonville, Florida, NAVMEDREADTRNUNIT Kings Bay, Georgia; NAVMEDREADTRNCMD Bremerton, Washington, NAVMEDREADTRNUNIT Bangor, Washington; NAVMEDREADTRNUNIT Patuxent River, Maryland; and any additional commands that may provide support to the NNDM in the future.

4. **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](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), Manual of the Medical Department, 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 U. S. 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 personnel are adhering to medical standards.
5. Policy

   a. All NAVMED 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 transferring 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). Training for PRP medical screeners is available on the PRP Web page at https://intelshare.intelink.gov/sites/jko/prp/sitepages/home.aspx.

   d. Health information discovered during the pre-screening that has potential to compromise thinking, clarity of judgement, safety, security, or reliability, as well as physical limitations, must be communicated to the certifying official of the gaining command in a timely manner to prevent the transfer of unsuitable Service members. Certifying officials and contact information are available on the PRP Web page.

   e. Enclosure (1) is the designated reporting format for self-assessment of the NNDM PRP. Refer to subparagraph 6c(4) of this instruction for additional information.

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

      1. Documentation of review by the CMA or PRP medical personnel who are specifically trained to recognize the impact of conditions, medications, and limitations on PRP duties must include an assessment of the ability to conduct PRP duties for the reviewed encounter. CMA or PRP medical personnel should sign and date the encounter, and document their credentials as a CMA or PRP medical personnel.

      2. Documentation of care by non-CMA or non-PRP medical personnel requires notification to the PRP member’s certifying official, a CMA, or PRP medical personnel to assess impact on PRP reliability. Notification to PRP medically trained personnel should be made by the treating provider by forwarding the medical encounter for adjudication in the Armed Forces Health Longitudinal Technology Application (AHLTA), through a PRP message pool in Military Health System (MHS) GENESIS, by telephone, ‘fit chit’, or via encrypted 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 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), sending a separate encrypted e-mail documenting the certifying official was notified and preserving the e-mail to a location where it will be retrievable for audit, or hard copy notification which can be audited in the medical record.

(4) All PRP members should be identified by a ‘flag’ in ALTHA, in the special duty status section of MHS GENESIS, the ‘pink sheet’ (OPNAV 5510/415 Personnel Reliability Program) in the hard copy record, and must include the International Classification of Diseases (ICD) 10 Code “DOD0224” (Occupational Health Exam – Personal Reliability Program) as a ‘chronic medical problem’. This code should be used for all encounters for PRP members in ALTHA and MHS GENESIS.

6. Responsibilities
   
a. **Deputy Chief, Operations, Plans and Readiness, 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 PRP 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 the semi-annual regulator report, signed by Chief, BUMED, is submitted to DIRSSP per reference (b).

   (6) Ensure BUMED-M35 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 annual refresher), certification, guidance, and oversight to the CMA and shore based 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 subparagraph 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 NAVMED sites that support the NNDM, per reference (m).

(11) Maintain a current listing of qualified NAVMEDREADTRNCMD or NAVMEDREADTRNUNIT 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 subparagraph 4c of this instruction.

b. Commander, Naval Medical Forces Atlantic and Pacific 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 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 the PRP CMA Community Manager at BUMED-M35 by 15 November each calendar year. 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.

c. Commanding Officers and Officers in Charge of NAVMEDREADTRNCMDs and NAVMEDREADTRNUNITs Supporting NNDM 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 CMAs and PRP medical personnel are designated in writing and the Letter of Designation is forwarded to the 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 of enclosure (1) and the NAVMED 8120/1 as applicable.

(4) Report results of the self-assessment to regional commanders annually, no later than 1 November for the calendar year. 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 the same criteria of the Medical Inspector General’s PRP Checklist used to evaluate commands during inspections. This checklist is available at https://intelshare.intelink.gov/sites/jko/PRP/sitepages/home.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. Programs with less than 500 personnel should ensure adequate, redundant CMA coverage.

7. 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 NAVMED 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.

8. 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 or 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.

9. Review and Effective Date. Per OPNAVINST 5215.17A, Healthcare Operations (BUMED-M3) 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. **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://navalformsdocumentservices.dla.mil/formsDir/_OPNAV_5211_9_3056.pdf).


   b. **Reports.** 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 cleared for public release and is available electronically only via the Navy Medicine Web site at [http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx](http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx)
From: Commanding Officer, NAVMEDREADTRNCMD or NAVMEDREADTRNUNIT
XXXX

To: Chief, Bureau of Medicine and Surgery

Subj: PERSONNEL RELIABILITY PROGRAM SELF-ASSESSMENT REPORT CALENDAR YEAR

Ref: (a) BUMEDINST 8120.1A
(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: NAVMEDREADTRNCMD’s or NAVMEDREADTRNUNIT’s ability 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 taken 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 or do not) anticipate meeting all future NNDM support requirements (cite hindrance to completing these actions).

Enclosure (1)
Subj: PERSONNEL RELIABILITY PROGRAM SELF-ASSESSMENT REPORT CALENDAR YEAR

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.

[Signature Block]

Copy to:
Naval Medical Forces Pacific
Naval Medical Forces Atlantic
BUMED CMA Community Manager