Global Health Engagement
Volunteer Guidebook

Section II: Tools and Resources
Guide and Appendices

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**Resources** | **URL**
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APAN Global Health Engagement Office Site | [https://wss.apan.org/s/GlobalHealthEngagement/SitePages/GHE%20Home.aspx](https://wss.apan.org/s/GlobalHealthEngagement/SitePages/GHE%20Home.aspx)
United States Institute of Peace (USIP) | [http://www.usip.org/?qclid=C0GF7PO9jrCFJlOg0dAS0AQg](http://www.usip.org/?qclid=C0GF7PO9jrCFJlOg0dAS0AQg)
| [www.facebook.com/dimo.ops](http://www.facebook.com/dimo.ops)
Some Resources used by US Navy for Due Diligence “Vetting” Process for new partnerships | Department of Treasury:  
Charity Navigator rating: [www.charitynavigator.org](http://www.charitynavigator.org)  
BBB Wise Giving Alliance:  
[www.give.org](http://www.give.org)  
Guidestar website:  
[http://www.guidestar.org/AdvancedSearch.aspx](http://www.guidestar.org/AdvancedSearch.aspx)  
Other Sources:  
Registered with Denton Program or Funded Transportation Program  
Security Cooperation Organization, host countries  
Current partner NGOs
APPENDIX A: MEMORANDUM OF UNDERSTANDING

MEMORANDUM OF UNDERSTANDING
BETWEEN
[FLEET COMMAND]
AND
[NGO]
IN SUPPORT OF HUMANITARIAN CIVIC ASSISTANCE AND/OR HUMANITARIAN ASSISTANCE/DISASTER RESPONSE MISSIONS

1. This is a Memorandum of Understanding (MOU) between Commander, U.S. Fleet Forces Command (CFFC)/Commander, U.S. Pacific Fleet (CPF) and [FILL IN NAME OF NGO] (NGO), to set forth the terms of the resource sharing partnership between the CFFC/CPF and NGO in support of efforts during Humanitarian Civic Assistance (HCA) and/or Humanitarian Assistance/Disaster Response (HA/DR) missions.

2. **Purpose**: The purpose of this MOU is to define the circumstances under which NGO utilizes the Fleet Command mission platforms and resources to provide medical, dental and surgical patient care in support of the mission. NGO will deploy health care providers, support staff, and logistics resources in support of this effort.

3. **Responsibilities**:
   a. **NGO responsibilities**:
      1. Designate an NGO Lead Planner and an NGO Team Leader. The NGO Lead Planner will be the point of contact for NGO-related matters prior to deployment of the mission. The NGO Lead Planner shall work in close cooperation and coordinate administrative requirements for NGO volunteers prior to embarkation with the Navy Medical Planner and Navy Civil-Military (CIVMIL) Coordinator. The NGO Team Leader will be the point of contact for the NGO volunteers while embarked aboard the U.S. Navy ship. The NGO Team Leader shall work in close cooperation and coordinate clinical services with the Commanding Officer, Medical Treatment Facility (COMTF) or Medical Contingent Commander (MCC). The NGO Team Leader shall work in close cooperation and coordinate non-clinical, logistical services with the onboard Navy CIVMIL Liaison Officer (CMLO).
      2. Recruit qualified volunteers for participation in HCA and HA/DR missions. All NGO volunteers must agree to complete all Foreign Clearance Guide theater entry requirements and to submit to U.S. Navy initial security background screening procedures by submitting the template found in Appendix A, no later than thirty (30) days prior to embarkation aboard the ship. NGO shall ensure that the Navy CIVMIL Coordinator is provided documentation of completion of the above requirements for each NGO volunteer.
      3. NGO Lead Planner will ensure all NGO volunteers complete Navy Bureau of Medicine and Surgery (BUMED) training prior to embarkation with an HCA mission. The Pre-Deployment training syllabus includes modules from the list found in Appendix B. The location, structure, and responsibility for delivery of training may be mission specific. BUMED NGO Coordinator will provide NGO Lead Planner with the training requirements for NGO volunteers at least thirty (30) days prior to deployment of the HCA mission. BUMED NGO Coordinator, Navy Medical Planner or Navy CIVMIL Coordinator may waive the requirement for training prior to embarkation if training during deployment is available. Participants of HA/DR missions will follow mission specific training requirements tailored by the BUMED NGO Coordinator who will take into consideration time constraints due to the emergency nature of the mission.
      4. NGO Lead Planner will ensure NGO volunteers meet the physical and medical requirements necessary to successfully deploy aboard a U.S. Navy ship to remote, austere and environmentally challenging locations. A list of physical and credential qualification requirements, sample Letter to Physicians and Volunteer Affirmation form, is attached as Appendices C through F. The NGO Lead Planner shall ensure each NGO volunteer obtains a completed Letter to Physician and signs the Volunteer Affirmation form affirming that he/she has read the MOU and meets all...
physical, medical and training requirements. The NGO Lead Planner will provide a copy of each NGO volunteer’s completed documents to the Navy Medical Planner. Waivers for NGO volunteers with chronic medical conditions will be considered at the discretion of the Navy Medical Planner or Fleet Surgeon on a case-by-case basis. All NGO volunteer documentation and/or requests for waiver must be submitted at least sixty (60) days prior to embarkation aboard the ship.

(5) NGO Lead Planner will credential, certify current clinical competency, and supervise all NGO volunteer health care providers who provide health care services aboard the ship or at shore locations/facilities established and operated by U.S. military health care providers. NGO Lead Planner will also be responsible for identifying and ensuring compliance with credentialing requirements, as determined by the Navy Credentials Review and Privileging Program (BUMEDINST 6320.66E; COMUSFLTFORCOMINST/ COMPACFLTINST 6320.2B). Documentation requirements and payment of associated fees and expenses imposed by host nations prior to NGO volunteers providing health care services at shore locations in the host nation shall be a matter entirely within the cognizance of the NGO and its volunteers.

(6) NGO Lead Planner will ensure NGO volunteer health care providers are licensed and credentialed in accordance with the national verification process of their country of origin. Providers may not have any outstanding malpractice actions and must undergo the initial security background screening addressed above in paragraph 3.a.(2).

(7) NGO Lead Planner will provide a copy of curriculum vitae, current state license, board certification, medical school diploma (physicians only), qualifying degree, and attestation letter from current privileging authority stating provider’s authorized scope of practice of all NGO licensed providers for final approval to the Navy Medical Planner at least sixty (60) days prior to the NGO volunteer commencing patient care. The determination that an NGO volunteer meets the qualifications; for an area of practice/specialty must be made by NGO Lead Planner or, if NGO Lead Planner is not a physician, a licensed physician acting on behalf of the NGO Lead Planner whose name and qualifications must also be supplied.

(8) NGO volunteers will obtain appropriate approval and any necessary visas or other country specific documentation to enter/exit or provide health care services in the host nation prior to embarking aboard the ship or commencing any work at shore locations/facilities established and operated by U.S. military health care providers. Navy CMLO will assist NGO volunteers with host nation required entry and/or exit visa stamps when they arrive and/or depart the host nation via the ship. Navy Medical Planner will provide notice of host nation credentialing requirements to the NGO Lead Planner during the mission planning process. NGO volunteers will supply their own vaccinations and/or prophylaxes against diseases (e.g., malaria and dengue fever) according to the Navy force health protection and/or host country travel requirements for the region. NGO will be responsible for any post-deployment health care surveillance of its volunteers (e.g. tuberculosis exposure screening post-deployment).

(9) NGO Team Leader will provide day-to-day supervision of NGO volunteers. NGO volunteers must conduct themselves appropriately, adhere to this MOU and the policies and requirements promulgated by the U.S. Navy for all NGO organizations and volunteers participating in the HCA or HA/DR mission.

(10) NGO volunteers will follow and cooperate with Navy patient safety, quality assurance and other internal programs while working aboard the ship or at shore locations/facilities established and operated by U.S. military health care providers.

(11) NGO Team Leaders will control and supervise work performed ashore by NGO volunteers that is not at shore locations/facilities established and operated by U.S. military healthcare providers and not under the control and supervision of the Navy or Department of Defense. Prior to engaging in activities outside of the HCA or HA/DR mission, embarked NGO Team Leader shall provide information regarding non-DoD sponsored activities to the Navy CMLO for approval from the Mission Commander to ensure alignment with mission objectives.

(12) NGO volunteers will use only those supplies and equipment approved by the COMTF/MCC while performing work aboard the ship or at shore locations/facilities established and operated by U.S. military health care providers. The NGO Lead Planner will coordinate with the COMTF/MCC any supplies or equipment brought aboard the ship and provide a list of such supplies at least thirty (30) days prior to their arrival to the ship.
Medication and/or supplies that will expire within twelve (12) months will not be permitted aboard the ship or at shore locations/facilities established and operated by U.S. military health care providers for use during HCA or HA/DR missions unless waived by the COMTF/MCC. NGO is responsible for the disposition of all NGO unused medical supplies and equipment within thirty (30) days of the ship’s return to homeport at the conclusion of the HCA or HA/DR mission. Delivery of NGO supplies and equipment to the port of embarkation aboard the ship or debarkation from the ship will be at no expense to the Navy, unless otherwise agreed upon by the Navy CIVMIL Coordinator or Navy Medical Planner.

(13) NGO and its volunteers will cooperate fully with the U.S. Government in its investigation, negotiation, settlement, or defense in the event of an incident that the U.S. Government, Navy, or DoD determines is likely to result in a claim, or upon receipt of a notice of claim, a claim, complaint, or suit relating to care rendered under this MOU. NGO and its volunteers also agree to cooperate fully with U.S. Government in its conduct of other administrative or criminal investigations that may become necessary in the course of the deployment. This paragraph shall not be deemed to waive any existing rights against self-incrimination.

(14) NGO Team Leader will ensure NGO volunteers follow all processes and procedures outlined and directed by the Navy CMLO, COMTF/MCC, Mission Commander and the ship’s Commanding Officer/Master to include areas of personnel safety aboard the ship and/or ashore, conduct aboard the ship and/or ashore, and prescribed customs and courtesies within the host nation.

(15) NGO and its volunteers will accept primary responsibility for expenses relating to the transportation, lodging, feeding, and care of volunteers involved in pre-deployment site surveys (PDSS). NGO volunteers participating in PDSS must obtain appropriate approval and any necessary visas or other country specific documentation to enter/exit the host nation. Navy CIVMIL Coordinator will provide advance notice to NGO of PDSS Team travel itineraries, hotel accommodations, proposed site visits, and meetings to facilitate NGO volunteer inclusion.

(16) NGO and its volunteers accept primary responsibility for expenses relating to the transportation, lodging, feeding, and care of NGO volunteers from their point of origin to the point of embarkation aboard the ship and from the ship to their point of origin. Navy CMLO may assist NGO volunteers with transportation from their point of arrival in the host nation to the ship for embarkation and back to the point of departure for debarkation, if time and circumstances permit at the Mission Commander’s discretion. NGO understands that military ships are strategic assets of the U.S., DoD and Navy, and may be required to terminate or alter their deployment on short notice due to other operational requirements.

(17) NGO Lead Planner will collaborate with and provide notice to the Navy CIVMIL Coordinator, Navy CMLO and U.S. Embassies associated with the host nation as to NGO volunteer logistics for arrivals, departures, in-country travel, accommodations and activities. A list of logistics will be submitted to the Navy CMLO for review by the COMTF/MCC and Mission Commander. When practical, NGO volunteers will agree to remain with an HCA mission for a minimum of two host nation mission stops or a minimum of two weeks for an HA/DR mission unless waived by the Navy CIVMIL Coordinator, Navy Medical Planner or COMTF/MCC.

b. [Commander, U.S. Fleet Forces Command/Commander, U.S. Pacific Fleet] responsibilities:

(1) Navy CIVMIL Coordinator will provide to NGO the HCA or HA/DR mission embarkation and debarkation dates and locations to be used by NGO for planning and resourcing the deployment of NGO volunteers prior to and throughout the deployment of the ship. HCA dates and locations will be provided to NGO Lead Planner at least thirty (30) days prior to deployment. HA/DR dates and locations will be provided to NGO Lead Planner as soon as practical. The dates and locations will represent the most current projected deployment plan; however, the dates and locations are subject to change at CFFC/CPF’s discretion due to, but not limited to, natural disaster, weather, changes in force protection status, mechanics, personnel, or operational situations. CFFC/CPF will take into consideration the hardship to NGO and its volunteers regarding expenditure of NGO or NGO volunteer funds, travel arrangements and volunteer availability prior to deviation from the projected deployment plan. However, CFFC/CPF will not be responsible for costs incurred by NGO or its volunteers in the event of a deployment change.
(2) Upon embarkation aboard the ship, Navy CMLO will coordinate ship-to-shore and shore-to-ship transportation that is agreed upon by the COMTF/MCC and the NGO Team Leader. The Navy CMLO will ensure NGO volunteers reporting aboard the ship receive an orientation brief for shipboard safety requirements, prohibited contraband (see Appendix G), and mission objectives.

(3) While embarked aboard the U.S. naval vessel, NGO volunteers will receive berthing (including linens and laundry facilities), messing, ancillary medical services and supplies (including infectious waste removal and disposal services), limited communications support and consultative medical expertise. NGO volunteer requests for special berthing assignments will be at the discretion of the Navy CMLO through consultation with the ship’s berthing coordinator.

(4) While embarked aboard the ship or while participating in mission events ashore in the host nation, NGO volunteers or other NGO relief workers (i.e. in-country NGO participants) will receive medical care as determined by the COMTF/MCC and Mission Commander. Embarked NGO volunteers will be transported to the closest major medical facility if emergency medical services are required that exceed those provided aboard the ship. Cost for non-DoD medical care and/or additional medical transport to a follow-on medical facility or back to the NGO volunteer’s original point of origin will be the responsibility of the NGO.

(5) Navy Medical Planner will provide to the NGO Lead Planner a process for reviewing medical provider credentials wherein the NGO and its volunteers can submit required documentation to the COMTF/MCC (see Appendix E). Navy Medical Planner will provide NGO Lead Planner with a copy of the Credentials Review and Privileging Program (BUMEDINST 6320.66E (including all change transmittals); COMUSFLTFORCOMINST/COMPACFLTINST 6320.2B), host nation-specific and/or mission-specific professional credentialing or licensure requirements. The Navy Medical Planner and [Fleet Command] Surgeon will review all NGO volunteer documents in a timely manner to allow submission of additional documentation, if needed.

(6) COMTF/MCC will maintain quality assurance oversight of all medical care provided aboard the ship or at shore locations/facilities established and operated by U.S. military health care providers.

(7) COMTF/MCC will prioritize the focus of effort for NGO volunteers aboard the ship and ashore in coordination with the NGO Team Leader. The COMTF/MCC is the final approval authority to determine the conditions and acceptance of screened patients aboard the ship and at shore locations/facilities established and operated by U.S. military health care providers. The COMTF/MCC will also be responsible for directing accepted patients to the appropriate healthcare providers. The COMTF/MCC will consult with the NGO Team Leader to align NGO volunteer capabilities and specialties that will facilitate and enhance patient care needs during the mission.

(8) COMTF/MCC will make the final determination of whether NGO volunteers may provide medical or surgical services aboard the ship or at shore locations/facilities established and operated by U.S. military health care providers. The COMTF/MCC retains the right to limit, terminate or deny NGO volunteer participation at HCA or HA/DR mission locations. The COMTF/MCC and/or Mission Commander retain the right to remove from the ship NGO volunteers who violate provisions of this MOU and terminated their volunteer status and their participation in the mission. Such action will be at NGO expense or in such other manner as is established between NGO and its volunteer. Any such action is not appealable, but will not be considered an adverse privileging action for purposes of reporting to the National Practitioner Data Bank. The COMTF/MCC and/or Mission Commander will notify the Navy CMLO and NGO Lead Planner or NGO Team Leader prior to any action to restrict, deny, limit, or remove NGO volunteers during HCA or HA/DR missions, if feasible.

(9) COMTF/MCC will exercise custody and control of NGO supplies and equipment in accordance with NAVMED P-117 and COMSCINST 6000.1D for transport aboard the ship for the duration of the HCA or HA/DR mission. However, NGO supplies and equipment will remain the property of NGO and may be donated at the direction of NGO at any time during the HCA or HA/DR mission subsequent to host nation, COMTF/MCC and Mission Commander approval.

4. Additional Terms and Considerations
a. The physical custody of all patient treatment records will be maintained in accordance with DoD and Navy regulations by the ship’s personnel. All providers are expected to document treatment in medical records in order to ensure appropriate records of care. All patient data and information gathered in the course of treating a patient remains the property of the ship and may not be removed or used by NGO or any individual person or entity without the permission of the Navy. Copies of relevant medical treatment documentation will be sent with patients upon their transfer off the ship and to host nation medical facilities for aftercare and/or healthcare documentation.

b. All providers aboard the ship shall create an environment that maintains the patient’s right to privacy and the confidentiality of patient records. To the extent applicable, all parties, including NGO volunteers, must abide by the requirements of the Health Insurance Portability and Accountability Act Privacy Rule, 45 CFR Parts 160 and 164, and the Privacy Act, 5 U.S.C. 552a. It is the responsibility of NGO and its volunteers to comply with applicable privacy legislation and regulations with respect to patient information and records. Additionally, NGO and its volunteers shall ensure that appropriate administrative, technical, and physical safeguards are utilized to protect the confidentiality of the data and prevent unauthorized use of, or access to, any patient health information NGO retains.

c. As directed by BUMEDINST 3104.2, Use of Personally-owned Imaging and Recording Devices, all medical personnel are prohibited from utilizing personally owned imaging and recording devices to make any recording of patients, patients’ families, or human remains in a health care setting. Medical personnel include military, civil servants, contractors, and NGO volunteers. Health care setting includes expeditionary medical capabilities ashore or afloat. Navy Medicine public affairs officers, combat cameramen, and medical photography offices are exempted from this policy while in the execution of their official duties.

d. There will be no use of any providers, patients, or other aid resources during the HCA or HA/DR mission for any medical research projects, nor will any data on patients or treatments be collected or used for subsequent analysis or statistical review without the prior permission of the Navy and the Assistant Secretary of Defense (Health Affairs). Prior permission of the Navy and the Assistant Secretary of Defense (Health Affairs) is also required for retrospective record review, even if such research is believed to be exempt from federal regulations regarding the protection of human subjects. Medical quality assurance records created by or for the DoD as part of a medical quality assurance program, including quality assurance records created during HCA or HA/DR mission under the oversight of the COMTF/MCC, however, are protected by Title 10, United States Code, Section 1102, and may not be removed from the ship.

e. All NGO marketing efforts are the responsibility of the NGO and must be coordinated with the HCA or HA/DR mission Public Affairs Officer (PAO) to ensure message alignment, to include any written, video or photographic releases, including internet web logs (“blogs”), news releases, brochures, presentations at any seminars or conferences, or in any other oral or written media, about the HCA or HA/DR mission or relating to the services and goods provided as part of the HCA or HA/DR mission. NGO must notify the mission PAO of any public relations personnel participating in the HCA or HA/DR mission no later than thirty (30) days prior to personnel embarking. NGO public relations personnel shall coordinate with the mission PAO before and after deployment. NGO public relations personnel and/or volunteers shall coordinate with the mission PAO during the deployment prior to the release of any HCA or HA/DR mission information.

f. NGO must obtain the advance written consent of DoD prior to using the names, in any form, of DoD, Navy, the ship, or any HCA or HA/DR mission personnel and/or participants in publicity or advertising. Further, while embarked aboard the ship, NGO shall coordinate with and obtain the approval for any media releases, interview coverage or other publicity with the HCA or HA/DR mission PAO. NGO may note and report the facts of the placement and activities of the NGO volunteers for HCA or HA/DR mission in communications with prospective NGO volunteers, with employers of the NGO volunteers and with donors, subject to the following limitation: neither NGO nor its volunteers may mention in these communications, or otherwise publicize, any dates, specific locations or countries to be visited prior to the ship’s arrival in the particular port without specific prior approval of the mission PAO. NGO will neither imply endorsement by the ship, HCA or HA/DR mission, Component or Combatant Commander, Navy, or DoD, nor suggest any exclusivity in the public-private partnership arrangement permitting NGO volunteers to serve aboard the U.S. Navy platform or participate in an HCA or HA/DR mission shore location.
g. NGO volunteers shall adhere to all instructions regarding prohibitions on the possession of contraband on board the ship, including, but not limited to, weapons, alcohol, and illegal drugs, as outlined in Appendix G.

h. NGO volunteers boarding the ship will undergo security screening via a designated entry control point prior to embarkation. Participation in an HCA or HA/DR mission constitutes consent to undergo necessary security measures including a search of the person and belongings of any individual.

i. Any claim arising from negligence of Navy personnel or seaworthiness of the ship shall lie in admiralty law, under the Suits in Admiralty Act (46 U.S.C. App. §§ 741 et seq.) and the Public Vessel Act (46 U.S.C. App. §§ 781 et seq.). Provisions for the submission of administrative claims against the Navy are available at 32 C.F.R. § 752.3. Any claim for negligence of NGO volunteers or of medical malpractice arising from care provided by NGO volunteers during the mission and any medical malpractice liability insurance to cover such claims remain the responsibility of NGO and/or individual NGO volunteer as they deem appropriate. The United States shall be a named insured under any such policy and NGO shall indemnify and hold harmless the United States for liability resulting from negligence or medical malpractice attributable to NGO volunteers. United States will pay any settlement or judgment according to the comparative fault of the U.S. military member if comparative negligence with an NGO volunteer is found.

j. NGO volunteers are not considered employees of the U.S. government. Consequently, the Westfall Act (Title 28, United States Code, sections 2671, 2674, and 2679) is not applicable to NGO volunteers participating in the U.S. aid effort. Likewise, the Gonzalez Act (Title 10, United States Code 1089), which provides authority for DoD to indemnify or provide liability insurance for its health care personnel serving overseas in the event of a medical malpractice claim, is not applicable to NGO volunteers. Similarly, in the event of civil or criminal proceedings involving an NGO volunteer, any related expenses including, but not limited to, legal representation shall be entirely within the cognizance of the respective NGO and/or its volunteer.

k. All NGO volunteers participating in the HCA or HA/DR mission do so at their own risk. The overall security situation in certain locations may be unsettled. All NGO volunteers should be cautious of their personal security when traveling due to the continuing potential for violence, which could be directed against American or other assistance workers. Although all reasonable precautions will be taken to safeguard the NGO volunteers while aboard the ship and at shore locations/facilities established and operated by U.S. military health care providers, neither DoD, Navy, nor the ship’s personnel can guarantee their safety afloat or ashore.

l. With prior approval from the Navy Medical Planner and/or COMTF/MCC, NGO will be permitted to substitute NGO volunteers during the effective period of this MOU on the condition that new NGO volunteers meet the same conditions and requirements outlined above. Substitution of NGO volunteers should be made no less than thirty (30) days prior to embarkation aboard the ship, unless waived by the COMTF/MCC or Navy Medical Planner on a case-by-case basis.

m. The NGO Lead Planner shall obtain signatures from all NGO volunteers on a copy of Appendix F, acknowledging that each NGO volunteer fully understands and agrees to abide by the terms of this MOU. This affirmation will be provided to the Navy CMLO prior to the NGO volunteer’s embarkation aboard the ship.

n. All time requirements in this MOU may be waived by the Navy Medical Planner, Navy CIVMIL Coordinator or COMTF/MCC so long as requirements are satisfied prior to embarkation aboard the ship. Any requirements that cannot be satisfied by the date of embarkation may be completed as soon as practical and/or waived with prior approval from the COMTF/MCC or Navy CMLO.

5. **Effective Period.** The effective period of this MOU is from the date of the last party signature and shall remain in effect for five years thereafter.

6. **Termination.** The MOU may be cancelled at any time by mutual consent of the parties concerned. The MOU may also be terminated by either party upon giving thirty (30) days written notice to the other party. The MOU may also be terminated immediately by [Fleet Command] due to security or other emergency concerns.
7. **Modification, change, or amendment.** Modifications, changes, or amendments to this MOU must be submitted in writing by the requesting party for subsequent approval by both parties as a one-year Addendum to the MOU.

8. **Concurrence.** All parties to this MOU concur with the level of support and resource commitments that are documented herein.

**For [Commander, U.S. Fleet Forces Command/Commander, U.S. Pacific Fleet]:**

Signature and Date  
Print Name:  
Fleet Commander

**For [INSERT NGO NAME]:**

Signature and Date  
Print Name:  
NGO Director
APPENDIX B: AUTHORIZATION TO PRACTICE IN CLINICAL SPECIALTY

Authorization to exercise clinical privileges is given by the senior medical provider within an organization who by custom, regulation and tradition holds both the responsibility and authority for all medical/dental care provided:

- For a hospital ship, the Commanding Officer of the Military Treatment Facility (MTF) authorizes providers to practice their specialty, (figure 2-2).
- For Naval Surface Force ships, the SURFOR Surgeon (supporting the Medical Contingent Commander) authorizes providers to practice their specialty, (figure 2-3).

![Diagram](image)

Figure P-1: Granting or Certifying of Privileges when deployed on a USNS Hospital Ship

- Both the MTF CO or the SURFOR Surgeon:
  - Receive credential/privileging information from the Navy component surgeon along with the authorization recommendation for the provider to practice within their clinical specialty
  - Provide authorization for the NGO or Partner Nation providers to practice within their clinical specialty during the HCA mission
Figure P-2: Granting or Certifying of Privileges when deployed on a U.S. Navy Ship

**Acronyms Defined:**

- SURFOR: Surface Force
- BSO 18: Budget Submitting Office 18 (Bureau of Medicine)
- COs: Commanding Officers
- MSC: Medical Service Corps
- SMDR: Senior Medical Department Representative
- ICTB: Inter-facility Credentials Transfer Brief
APPENDIX C: PRE-DEPLOYMENT IMMUNIZATIONS

All military, interagency and civilian mariners reporting aboard U.S. Navy ships are required to be current on all immunizations listed below before reporting aboard. NGOs and Partner Nation personnel are required to follow the regulations of their sponsoring organizations. Immunizations are the responsibility of the member. Shipboard medical facilities are NOT responsible for providing immunizations to embarking personnel and does not maintain adequate immunization inventory to do so. All military, Interagency and civilian mariners must have the following immunizations documented in their records before reporting aboard the ship.

All immunizations should be current and not due to re-immunization for 6 months after the deployment end date.

☐ Typhoid
☐ Hepatitis A series
☐ Hepatitis B series
☐ Current HIV Test (U.S. Military)
☐ Current PPD Test: Personnel reporting to the ship from non-endemic TB areas must have either a recent (within 1 year) negative PPD or a normal X-ray. Documentation of the negative PPD must be available for review. Personnel reporting to the ship from areas where TB is endemic are required to have a chest X-ray in their possession that demonstrates no evidence of active tuberculosis. The X-ray must have been obtained within three months of boarding the ship.
☐ Tetanus-Diphtheria
☐ MMR
☐ Injectable Polio Vaccine (IPV)
☐ Influenza
☐ H1N1
☐ JEV will be for all Remain over Night (RON) personnel and those who will accrue 30 days of boots on ground time in endemic countries (all except Vietnam and Palau).
☐ The Rabies requirements will follow DoD guidelines and be required for the veterinarians and veterinarians technicians.

The ship will provide malaria prophylaxis (when required) and personal protective equipment to include DEET, netting, etc. If you are allergic to standard medications, please communicate this to the Primary Care Department and discuss whether you need to bring special medications specific to you.
APPENDIX D: MISSION LIFE ABOARD SHIP

Volunteers deploying on a ship will be interested in life aboard ship, and the unique challenges and interesting opportunities of participating on this type of mission. After pre-deployment work and the planning conferences are completed, volunteers will be receiving “welcome aboard” packets and/or other communications from the mission leaders and liaisons that will help them be informed and prepared for the challenges and opportunities of life on an HCA/DR mission. Ship life applies to both “white hulls” (hospital ships) and “grey hulls” (other US Navy amphibious or combatant ships) and this appendix on Life Aboard Ship will apply to both types of deployments. Highlights of orientation and training aboard ship and mission life are presented here, with additional reference materials included as appendices.

HCA/DR missions are often primarily focused on health, and the hospital ships are uniquely equipped. Each hospital ship is capable of providing enhanced, specialized, level three care including all associated ancillary and support services for up to 12 Operating Rooms (ORs) and 999 patient beds. Patient beds are distributed as follows: Intensive care - 88 beds (including 20 post-surgical recovery beds), respiratory isolation with ICU capability - 11 beds, intermediate care - 400 beds, and minimal (formerly "Limited") care 500 beds. Most HA missions will operate at a lower readiness capability. HCA capability typically builds from 8 to 10 ICU beds, 3 to 4 ORs, and 84 to 106 inpatient beds when only DoD personnel are embarked. OR, ward capacity, and medical services are expanded when non DoD partners participate. An OR capability of 8 and a bed capacity of 200 to 250 beds to meet host nation and patient escort demand may be necessary, as required by the Combatant Commander (COCOM). Appropriate staffing is provided to support medical, dental and veterinarian civic action programs and public health projects ashore.1

Emergencies and Safety Protocol

Basic Safety Information
Aboard every U.S. Navy vessel the subject of SAFETY is stressed on a daily basis. Besides the challenges of working at sea, every Navy ship has numerous hazards that are unique and cannot be overlooked. In general, ships have two large machinery spaces and carry thousands of gallons of fuel for propulsion, helicopters, and other vehicles. The ship you may be deployed on is capable of carrying a wide variety of ammunition and explosives and weapons on deck as well as various oils, lubricants and paints that are flammable, toxic or otherwise harmful. The ship’s electrical system is ungrounded, which means that the hull and bulkheads can form part of the electrical circuit under the right conditions. Many electrical and electronic devices aboard are high voltage. Additionally, the ship’s communications and radar antennas emit power that can injure personnel who stand too close.

No less important is the fact that while moving about the ship, one must travel up and down steeply inclined or vertical ladders, and traverse watertight doors and hatches, when accessing weather decks, catwalks and the flight deck, and well deck and vehicle decks. This means an

1 OPNAVINST 3501.161D
increased chance of having a door shut on a hand, finger or leg; tripping or falling; striking your head on a metal object. This training is provided so that everyone aboard can enjoy their cruise without injury. All mission participants will be provided with ship rules and guidelines pre-deployment and these will be reviewed again once aboard ship.

Medical Screening for Embarkation Aboard Ship
The harsh and restrictive working conditions aboard ship and at sea is usually not compatible with certain medical conditions and may cause issues on a mission. Civilian volunteers with significant chronic disease or conditions that require frequent medical monitoring or treatment may be restricted from embarking on a U.S. Navy vessel. Medical/dental conditions that would disqualify or compromise a volunteer from participation are outlined in the U.S. Navy policy COMUSFLTFORCOM/COMPACFLT INSTRUCTION 6320.3A included in Section II, Appendix (H). A medical screening (Appendix (H), Enclosure 1) will need to be completed that is current, within 4 months prior to embarkation and this medical screening will be submitted to the Senior Medical Department Representative (SMDR) or the assigned Senior Medical Officer (SMO) for review at least one month prior to leaving on the ship. The Senior Medical Authority (SMDR/SMO) who has authority for approval of medical clearances may vary by mission. He/she will review the medical screening and history, and have final approval of the participant’s fitness for the mission. Volunteers are responsible for their personal medications and/or medical supplies for the duration of their time on the mission. Medications will not be provided except in an emergency.

Financial Transactions and Facilities/Services Aboard Ship
Cash, Credit Cards, Checks, and all other effects that are typically considered legal tender are not accepted aboard many U.S. Navy ships. None of these items can be utilized to conduct financial transactions when embarked on the ship.

Navy Cash
Navy Cash is a shipboard banking system that allows users to purchase items in the ship’s store, at the vending machines, and is used in paying for meals aboard. This service is available for all embarked personnel including PN Military and NGOs. Upon checking in, all personnel who do not have an account will have the opportunity to set up their account. US Navy Members should have their ABA Routing Number and Checking Account Number in order to register their navy cash card. Other DoD, PN Military, and NGO personnel will need to “prepay” their card for all use. US Dollars are required in order to do this, and personnel should bring necessary money or cash reserves when checking aboard. A complete list of the facilities and services available aboard ship can be reviewed in Appendix (J).

Environmental Awareness
Aboard ship it is necessary to take special measures when dealing with trash and disposal items. In addition to the volume of everyday trash generated by so many people in small space, there are also considerations for hazardous materials and biohazard waste generated during medical procedures. A list of trash disposal requirements during deployment on the ship can be reviewed in Appendix (K).

Water is received from the pier while in port and distilled in evaporators when underway. Some ships are steam powered. The boilers get fresh water first. Practice economy in your use of
fresh water. “Navy showers” are required while the ship is underway; a “Navy shower” is defined as 30 seconds to wet down, turn the water off, soap up and rinse efficiently in a minute or less, and the total water time is typically under two minutes. Navy showers are required while underway. Don’t waste water. Please do your part to conserve and there will be plenty for everyone.

High standards of cleanliness in passageways, working spaces, offices, berthing compartments, bathrooms, food handling and storage areas will be maintained. This is an ALL HANDS effort that must be routine; routine sweepers, daily cleanup, watch-to-watch activities and daily inspections will contribute to operational efficiency and make our home at sea a better place to work and live. Use only covered cups when transporting any beverage anywhere aboard any Navy ship.

**Personal Responsibilities and Conduct**

We are guests in every country we visit. Our good behavior and respect for the culture and laws of other countries goes a long way toward fulfilling our humanitarian mission. Remember, you represent the mission and your organization but most importantly, yourself, when you walk off the ship. These regulations apply to all personnel while on liberty or leave status. U.S. Navy crew members, our fellow military service members and civilian colleagues must follow all procedures outlined and directed by the Chain of Command (CoC) and Commanding Officer relating to appropriate conduct and behavior and customs. We are ambassadors of goodwill.

**Responsibilities of Volunteers, NGOs and Non-Navy Service Members**

Pacific Partnership, Continuing Promise and other related missions are a collegial relationship between U.S. DoD, Interagency members, embarked NGOs and Partner Nation participants. U.S. Navy crew members, fellow military service members and civilian colleagues must follow all procedures outlined and directed by the Commodore and Commanding Officer relating to shipboard safety, appropriate conduct and customs. Volunteers will agree, adhere, and fully cooperate with Navy patient safety, quality assurance and other internal programs while on the mission. These specific responsibilities should be highlighted for NGO Partners and Partner Nations and detailed in the MOU signed by partners prior to mission participation.

Guidance on other things to consider as a matter of personal conduct includes:

- **Military Courtesy/Tradition**
  We adhere to professional forms of address (Sir, Ma’am, Chief, etc.) and military staff will render salutes as appropriate.

- **Quarterdeck Procedures**
  The quarterdeck is the ceremonial area of the ship. It will always be kept in impeccable condition. No smoking, drinking, loitering or eating is permitted in the area. When in the vicinity of the quarterdeck, covers will be worn and salutes rendered. Personnel arriving and departing the ship will request permission to come aboard or to go ashore as appropriate from the Officer of the Deck (OOD); and when in uniform, salute the colors (aft). When in civilian attire, face the colors and briefly stand at attention. Quarterdeck procedures and appearance will reflect the highest standards of military smartness and etiquette. The brow remains the responsibility of the OOD on the quarterdeck.
• **Fraternization/Public Displays of Affection**  
At no time will hand-holding, kissing, or other inappropriate physical interactions be tolerated aboard a Navy ship. SEXUAL RELATIONS OF ANY KIND, BY ANYONE EMBARKED, CIVILIAN OR MILITARY, ARE PROHIBITED ABOARD THE SHIP. Professional working relationships and friendships are encouraged.

• **Sexual Harassment**  
The US Navy position on sexual harassment is ZERO TOLERANCE. Everyone must understand that any form of sexual harassment aboard any U.S. Navy ship will not be tolerated; IT IS WRONG! Sexual harassment is destructive to morale and detrimental to our mission. For clarification, sexual harassment is defined by DoD policy as “…influencing, offering to influence, or threatening the career, pay, or job of another person in exchange for sexual favors, or deliberate or repeated offensive comments, gestures, or physical contact of a sexual nature in a work-related environment.” Sexual harassment is GENDER NEUTRAL; it is not dependent upon the sex of the individuals involved. It is also in the eye of the beholder. If you feel you are a victim of sexual harassment, report it to your chain of command, the Command Master Chief, or the Commanding Officer.

• **Liberty**  
The liberty policy for Military/DoD personnel will be promulgated prior to each port and dependent upon Force Protection Conditions (FPCON) of the ports visited. Adherence to off-limit areas must be heeded by all embarked mission participants. Don’t go alone—a buddy system is usually in place to assure safety.

• **Criminal Activity**  
If you witness or you are a victim of any criminal activity aboard ship call the Command Master-at-Arms immediately. Procedures for reporting will be reviewed aboard.

**Uniforms and Civilian Attire**

**Military Uniforms**  
The required uniforms for military personnel will be determined by the mission command. Bring extra items if they are small and easily lost (such as belt buckles, boot bands, warfare and collar devices). Only a few items are sold in the ship’s store. Utilities or coveralls are worn pier side by enlisted members, and Navy working uniforms (NWUs) or coveralls by officers. When working in port (inside the ship) or when underway the uniform shifts to coveralls for enlisted and officers. Also, invest in warfare pins prior to deployment if you plan on qualifying for a warfare program (i.e. Enlisted Surface Warfare Specialist (ESWS) or Surface Warfare Medical Department Officer (SWMDO)).

**Proper Shipboard Civilian Attire**  
Civilian clothing while aboard Navy ships must be appropriate, neat, clean, and in good taste. Eccentric dress is discouraged, and personal appearance should be conservative and with due respect to the working environment that pervades the ship. Everyone is expected to maintain the highest standards of conduct, dress, and behavior. Specifically:

- All shirts worn for any purpose (to include exercise attire) are required to have sleeves.
- Clothing should be clean, well-maintained and properly fitted.
- Clothing should be worn to present a neat, orderly appearance (e.g. buttoned, belted or zipped, or fastened).
- Clothing with printing, insignia or pictures which are sexually or violently offensive, obscene or suggestive in nature; promote illegal activities; depict derogatory social, religious, racial or ethnic messages; or present an impression contrary to good order are prohibited.
- Except when swimwear is authorized by the command, footwear must always be worn; as a general rule, open-toed shoes are not to be worn while aboard Navy ships except when transiting to/from the shower/head.
- Swimwear will only be worn in cases where the ship’s command program sponsors a Swim Call.
- Close-toed shoes are to be worn on the ship, and steel-toe shoes are recommended. No sandals, high-heels or otherwise unsafe footwear should be brought on the ship

**Robes**
Robes must be worn going to and from showers.

**Shower Shoes.** Because everyone shares the same shower facilities, it is vital that everyone wear shower shoes. These place a barrier between your feet and the decks where athlete’s foot fungus may be present. Don’t risk it; wear shower shoes. These will be available for purchase in ship’s store.

**Sunbathing**
There is NO sunbathing topside aboard a Navy ship. Service Members and guests are invited to the topside decks to enjoy the sunshine, but it is entirely inappropriate to dress in bathing suits, lay about shirtless, etc. while enjoying the sunshine.

For a recommended Packing List see [Appendix (L)](#).

**Personal Communications—during mission participation**

**Operational Security (OPSEC)**
Balancing the need to stay informed while protecting intelligence and operational information is a difficult but essential task. We must be aware that our adversaries have the capability to actively monitor communications, the news media, and the internet and command information channels. Consider carefully the potential value of information we place in the public domain. Posting locations, routines, ship information or pictures to social media sites is prohibited.

**Personal Computers**
Personal computers are authorized aboard for recreational use. Limited bandwidth is expected and there will be limited access to public communication sites. Personal computers and removable flash drives are not allowed to be connected to any ship computer systems.

**Photography and Video Aboard Ship**
Taking photographs and video is permitted aboard ship with a few guidelines. Do not take pictures of any piece of equipment or machinery that has cabinet doors, access plates or panels open to expose its interior. You may take pictures and video of flight operations as well as well
deck operations but you must remove or turn off the flash as it will blind the pilots, day or night. If you are unsure about where you can or cannot take a picture or shoot some video, ask one of the crewmembers.

Although some ship-life photography is permitted, it is prohibited for Navy Medicine personnel or mission volunteer partners (military, civil service, contract, or volunteer) to utilize personally owned imaging and recording devices to make any recording of patients, patients’ families, or human remains in a health care setting unless authorized by their commander, commanding officer, or officer in charge. In some instances, clinical photography of patients may be appropriate for the diagnosis and treatment of medical conditions and for the purpose of professional education, board certification, licensure, and for the advancement of science. In these instances patient privacy will be protected. All appropriate documentation, permissions, and images are to be maintained as part of official records. Use of these media will be carefully controlled and executed in compliance with all regulations, organizational policies and procedures. The complete photographic policy for medical missions can be reviewed in BUMEDINST 31-4.2A, Feb 2013, Appendix (R)

Email for NGOs and Foreign Military Personnel
Limited E-mail and internet access may be available to Partner Nation and NGO personnel. If available it may be very limited and access will be controlled in order to ensure that all personnel have some degree of access. As a planning factor, expect approximately 30 minutes per day of opportunity for internet use.

Telephone
Limited telephone service may be available on the ship. Calling cards for use with the ship’s Sailor Phone (satellite pay phone) system may be purchased in the ship’s store. You may want to bring an international cell phone and/or cell phones capable of using foreign SIM cards. Phone use while at sea is limited to the POTS (Plain Old Telephone System) and the Sailor phones. Use of the POTS line is limited and is used for official business and emergencies if requested through the chain of command.

Mail
Your Mailing Address while embarked will generally look like the below:

**Military Personnel:**
Rate, First Name, Last Name  
Department  
USS SHIPNAME (HULL #)  
FPO AP XXXXX-XXXX

**NGOs/Civilians:**
First Name, Last Name  
Organization  
USS SHIPNAME (HULL #)  
FPO AP XXXXX-XXXX
**Emergency Communications**
For NGO volunteers, if an urgent or crisis situation arises and a family member needs to contact you, the family member should contact the appropriate NGO Liaison immediately. Family members of military participants should contact American Red Cross.
APPENDIX E: PARTNER NATION EMBARKATION FORM
(EXAMPLE)

Information is To record medical data to be used onboard USNS MERCY and to assist in providing appropriate medical response if medical services are needed and to assist with the administrative support to and for PP10 leadership. NOTE: Records may be maintained in both electronic and/or paper form.

Name: (Last) __________________________ (First) ___________ (Middle) ________________ JR/SR/III __________

Occupation: ____________________________ Partner Nation: __________________________

Rank ______________ Title _______________ Sex: M F Date of birth: ____________ (MM/DD/YY)

Official Email: _________________________ Personal Email: ____________________________ (Yahoo, etc.)

Work phone: ____________________________ Home phone: _____________________________

Language Proficiencies: VIETNAMESE XHIBER INDONESIAN TETUM FRENCH SPANISH

USNS MERCY Report Date: ____________ (MM/DD/YY) Projected Detach Date: ____________ (MM/DD/YY)

Are you aware of existing commercial air travel arrangements to meet USNS MERCY. Yes/ No If yes, please provide details below:

<table>
<thead>
<tr>
<th>DEPART INFORMATION</th>
<th>ARRIVAL INFORMATION</th>
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<tbody>
<tr>
<td>Date</td>
<td>Time</td>
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IN CASE OF EMERGENCY

Person to contact in case of Emergency: ____________________________

Relationship: ____________________________ Last ____________________________ First ____________________________

Supervisor’s information: ____________________________ Rank ____________________________ Last, First ____________________________ Phone ____________________________

Supervisor’s Work Email: ____________________________ Cell ____________________________

Allergies? Yes / No If yes, please list: ____________________________

Blood Type: ______________

FOR HEALTHCARE PROVIDERS ONLY

Physician:

☐ ANESTHESIOLOGIST ☐ DENTIST ☐ ER ☐ FAMILY PRACTICE ☐ OB/GYN

☐ PEDIATRICIAN ☐ SURGEON ☐ ORTHOPEDICS ☐ PREVENTIVE MEDICINE

☐ OTHER: ____________________________

Nurse:

☐ ER ☐ ICU ☐ WARD ☐ OR ☐ COMMUNITY HEALTH

☐ FNP ☐ OTHER: ____________________________

Technician Position:

☐ DENTAL TECH ☐ MEDICAL TECH ☐ OPTOMETRY TECH ☐ PHYSICAL THERAPY TECH

☐ RADIOLOGY TECH ☐ SURGICAL TECH ☐ OR TECH ☐ OTHER: ____________________________

SPECIALTY: ____________________________ BOARD CERTIFICATION: ____________________________
APPENDIX F: CIVILIAN VOLUNTEERS EMBARKATION FORM (EXAMPLE)

PRIVATE ACT STATEMENT

AUTHORITY: Department of Defense Regulation 6025.18-R and the Navy Regulations, to record medical data to be used to screen potential volunteer onboard USNS MERCY and to assist in providing appropriate medical response if medical services are needed. The SSN will be used for identification purposes only. NOTE: Records may be maintained in both electronic and/or paper form. PRINCIPAL PURPOSE: Screen riders for health risk and for identification. ROUTINE USES: None. DISCLOSURE: Disclosure of this information is voluntary; however, failure to provide the requested information may impede, delay or prevent further processing of this request.

Name: (Last) ___________________________ (First) ___________________________ (Middle) ___________________________ JR/SR/III

Home Address: ____________________________________ City: _______________ State: ___________ Zip Code: ___________

Occupation: ___________________________ NGO affiliation: ___________________________

SSN: ___________________________ Sex: M F Date of birth: ___________ (MM/DD/YY)

Citizenship: ___________________________ Blood Type: ___________

Official Email: ___________________________ Personal Email: ___________________________ (Yahoo, etc.)

Work phone: ___________________________ Home phone: ___________________________

Language Proficiencies: VIETNAMESE KHMER INDONESIAN TETUM FRENCH SPANISH

USNS MERCY Report Date: ___________ (MM/DD/YY) Projected Detach Date: ___________ (MM/DD/YY)

Are you aware of existing commercial air travel arrangements to meet USNS MERCY: Yes/No If yes, please provide details below:

<table>
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<tbody>
<tr>
<td>Date</td>
<td>Time</td>
</tr>
</tbody>
</table>

IN CASE OF EMERGENCY

Primary Next of Kin: ___________________________ Last First

Relationship: ___________________________ Home Phone: ___________________________ Cell: ___________________________

Home Address: ___________________________ City: ___________

State: ___________ Zip Code: ___________ Email: ___________________________

Secondary Next of Kin: ___________________________ Last First Phone: ___________________________

FOR HEALTHCARE PROVIDERS ONLY

Physician:

- [ ] ANESTHESIOLOGIST
- [ ] DENTIST
- [ ] ER
- [ ] FAMILY PRACTICE
- [ ] OB/GYN
- [ ] PEDIATRICIAN
- [ ] SURGEON
- [ ] ORTHOPEDICS
- [ ] PREVENTIVE MEDICINE
- [ ] OTHER: ___________________________

Nurse:

- [ ] ER
- [ ] ICU
- [ ] WARD
- [ ] OR
- [ ] COMMUNITY HEALTH
- [ ] FNP
- [ ] OTHER: ___________________________

Technician Position:

- [ ] DENTAL TECH
- [ ] MEDICAL TECH
- [ ] OPTOMETRY TECH
- [ ] PHYSICAL THERAPY TECH
- [ ] RADIOLOGY TECH
- [ ] SURGICAL TECH
- [ ] OR TECH
- [ ] OTHER: ___________________________

SPECIALTY: ___________________________ BOARD CERTIFICATION: ___________________________

LICENSE#: ___________________________ DEA#: ___________________________
APPENDIX G: SAFETY RULES AND REGULATIONS ABOARD SHIP

Rules and Regulations. General rules and regulations apply to all personnel and are critical to maintaining safety and good order and discipline aboard the ship. It is your responsibility to listen to the general announcement system known as 1MC for any announcements about situational awareness.

- Do NOT lean against, rest feet on, or cross over any rail or safety line.

- Smoking is permitted in authorized areas only. There will be no smoking during designated evolutions (cleaning stations, handling ammo, refueling, flight deck operations, etc.). A 1MC announcement will be made to identify this.

- After ‘Darken Ship’ has been announced, all weather decks and hatches leading outside the ship will be secured and are off limits to personnel not on watch. All spaces can be accessed within the skin of the ship. Learn an interior route to your workspace/berthing area! You need to be able to egress your spaces with your eyes closed.

- Remain quiet in the vicinity of the bridge.

- Flight Quarters: During flight operations all personnel not involved in flight operations shall remain clear of the flight deck. Hearing protection is required while viewing flight operations from this area. No covers or material that can damage aircraft — Foreign Object Damage (FOD) — will be allowed in the vicinity of the flight deck during flight operations. Flash photography is NOT allowed during flight operations.

- Do NOT alter troop berthing/racks/ventilation/electrical wiring/CCTV cables.

- DO NOT ENTER any engineering space without a proper escort.

- NO food is allowed in berthing areas. All food, including candy/chips, etc., is to be consumed on the mess decks. Insects and rodents will become a problem if personnel disregard this rule.

- Do NOT take food off the mess decks to other areas about the ship.

- Do NOT place foreign objects in commodes, urinals or sinks—including feminine hygiene products, towelettes, or rags. The sewage system will clog and back up. Flush only human waste and toilet paper.

- Do NOT hang clothing or other items from pipes or electrical wiring. Do NOT step on pipes to reach the overhead.

- Extension Cords and plastic power strips are strictly prohibited for use aboard ship.
• Do NOT operate any switch, button, knob, or hand wheel that you are NOT qualified to operate! Please contact Damage Control Central and request assistance if you have questions about shipboard equipment or systems.

• COVERED CUPS ARE REQUIRED FOR DRINKS TRANSPORTED ABOUT THE SHIP.

• FAN ROOMS SHALL NOT BE USED AS STORAGE SPACES.

• SEA & ANCHOR DETAIL: When the ship is transiting to/from port, the smoking lamp is out throughout the ship. The only authorized area for personnel topside is the flight deck.

Alcohol. Possession of alcoholic beverages aboard is strictly prohibited. Alcohol purchased overseas must be turned into the Chief Master-at-Arms (CMAA) for secure storage and will be returned to personnel upon debarkation.

Photography and Video. Taking photographs and video is permitted aboard ship with a few guidelines. Do not take pictures of any piece of equipment or machinery that has cabinet doors, access plates or panels open to expose its interior. You may take pictures and video of flight operations, as well as well deck operations but you must remove or turn off the flash as it will blind our pilots, day or night. If you are unsure about where you can or cannot take a picture or shoot some video, ask one of the crewmembers.

It is prohibited for any Navy Medicine personnel or mission volunteer partners (military, civil service, contract, or volunteer) to utilize personally owned imaging and recording devices to make any recording of patients, patients’ families, or human remains in a health care setting, unless authorized by their commander, commanding officer, or officer in charge. Clinical photography of patients may be appropriate for the diagnosis and treatment of medical conditions and for the purpose of professional education, board certification, licensure, and for the advancement of science. Health care professionals must ensure all appropriate documentation, permissions, and images are per current policies and are maintained as part of official records. Clinical photography can be accomplished through a variety of multimedia technology to collect, analyze, and store patient protected health information. Use of these media will be carefully controlled and executed in compliance with all regulations as well as other organizational policies and procedures, (BUMEDINST 3104.2a of 8 Feb 13).

How to read a Bullseye. Every compartment on the ship has a specific designation which is posted on a bulkhead in the compartment or passageway, see figure 2-1.

• 1st number: The deck or level you are on. Decks below the Main deck (by the mess decks area) are numbered as 2nd, 3rd and down. Levels above the Main deck are numbered as 01, 02 and up.

• 2nd number: The frame the space is located on. Frames are numbered from the bow to the stern.

• 3rd number: The distance from the centerline of the ship – odd numbers are on the starboard side of the ship, even numbers are on the port side.

• Letter – what kind of space it is, such as Q for the work space, L for living space.

• The second line refers to the forward frame and the aft frame that defines the space.
• The third line refers to the department responsible for cleaning and maintaining that space.

Figure Q-1: Shipboard Bullseye

Remember:
• First number is the deck number.
• Middle number is the frame number on the ship. (0 is the bow and going aft the numbers get bigger to stern).
• Last number is which side of centerline you are on. (Odd numbers are to the port side of the centerline of the ship and even numbers are to the starboard side of the centerline of the ship. 0 is mid ship)

Space Evacuations. Should it become necessary to evacuate a space during a shipboard emergency, announcements will be made over the ship’s announcement system 1MC identifying specific spaces/frames of the ship to be evacuated, and prescribed escape routes. Master-At-Arms Force/Ship’s Company/Damage Control Party personnel will direct affected personnel to move expeditiously along egress routes to locations (flight deck, mess decks, etc.) where an accurate muster will be taken. An orderly evacuation must be conducted promptly when directed on the 1MC, so as to ensure the safety of embarked personnel and allow damage control personnel access to fight fires, secure flooding, etc. As a rule, move up and forward on starboard (right) side of ship and down and aft on port (left) side of ship. In the event of a fire that requires evacuation, Emergency Escape Breathing Devices (EEBD) is provided in all spaces. These devices are designed to provide oxygen for 15 minutes to allow escape to a safe area. It is your responsibility to know how to properly operate an EEBD. If you do not know how to properly don an EEBD, please contact Damage Control Central immediately. DO NOT ATTEMPT TO COMBAT A FIRE WHILE USING AN EEBD.

Emergency Equipment. Fire extinguishers, battle lanterns, fire hoses and emergency escape breathing devices (EEBD) are staged throughout the ship and in berthing areas. During General Quarters (see below), all personnel will don flash gear and battle dress, if possible. General Quarters (GQ) gear will remain in the berthing spaces of all personnel not directly associated with Ship’s Company. This equipment is critical to damage control of the ship and should not be tampered with, obstructed, used to hang gear or stow trash in, or pilfered.

** EMERGENCY INFORMATION
Security Alert – Medical Emergency – Fire
Should you hear any of the following over the general announcing system (1MC), “SECURITY ALERT, SECURITY ALERT, AWAY THE SECURITY ALERT FORCE…ALL HANDS NOT
INVOLVED STAND FAST,” “MAN DOWN, MAN DOWN” or “FIRE, FIRE, FIRE,” it means that there is an emergency aboard ship that requires either security forces (police), medical response team (paramedics), or damage control assistance (firemen). Please listen to the 1MC for directions for all personnel aboard without a specific emergency station identified, but most important, listen to the Sailors aboard and they will instruct you on what to do. Stay clear of the emergency so the parties involved can respond properly.

**Medical Emergencies.** In the event of a medical emergency, dial 911 from the nearest phone.

**Fire.** Fire is the most serious threat a ship can face. Report any fire, smoke or burning smell immediately to the Bridge. Your report should include the compartment number, type of fire (if known) and your name. Stop what you are doing, secure equipment and go to your emergency station. Pay attention to the 1MC, loud speaker, and the person in charge of the emergency station. You may be called to augment the zone personnel. If you find a fire, the first thing you do is get the word out and close the space. If possible, stay on the scene until the fire party arrives.

**Man Overboard.** Man Overboard drills are conducted on a regular basis. There is no difference in mustering procedures while conducting a man overboard drills or if an actual person fell overboard. When “Man Overboard” is sounded over the 1MC (loud speaker), muster immediately in your assigned work space. A sight muster is mandatory for ALL personnel. Special care must be taken to ensure that an accurate muster is made to determine who may have fallen overboard. Accuracy and speed of the muster are essential in a man overboard situation. If you see a man overboard, dial 911 from any ship’s phone.

**General Quarter/Emergency Bill.** This bill provides for the maximum manning of all key stations and provides organization and procedures to quickly control major shipboard emergencies such as fire, collision, and man overboard. When the ship’s general alarm is sounded, report to your assigned station immediately (berthing spaces unless otherwise assigned), and remain there until the ship is secured from General Quarters. Report to your station; at a quick pace, but DO NOT RUN.

**Abandon Ship.** You will be assigned an abandon ship station soon after your arrival aboard ship. Familiarize yourself with your boat and its muster location. A diagram and list of lifeboats can be outside of the deck office. When you report to your station, wear a full set of clothing, to include: shoes/boots, a ball cap, and your personal flotation device (often called a rubber ducky). Be sure to bring a long sleeve shirt or jacket. Don your personal flotation device when abandon ship is sounded. Do not jump unless necessary; Jacob’s ladders (rope ladders) are available. Look below you and ensure that the water is clear of personnel or floating wreckage. Always jump feet first as far from any obstacles as you can. When you are in the water, you should:
- Concentrate on staying calm.
- Conserve energy
- Keep clear of oil slicks if possible, swimming underwater to clear burning oil and debris.
- Use the “Buddy System.” It will improve your morale, conserve body heat and make rescue easier. Memorize “nearest land mass.”
- Follow orders of your lifeboat commander.
Remember ODD number of lifeboat/life raft is STBD side. EVEN number of lifeboat/life raft is PORT side. An easy acronym to remember is PESO (Port Even, Starboard Odd). Another was to remember is by the saying: “It’s ODD to be RIGHT.”

Emergency Egress Breathing Device (EEBD). All work and berthing spaces below the main deck have EEBDs on hand for emergency egress. An EEBD is used for emergency egress only and not for fighting fires. An EEBD has 15 minutes of air.

- Remove unit from case.
- Tear off red pull strip and remove unit from bag.
- Pull out actuation ring.
- Bend forward and grasp hood opening with thumbs and pull hood overhead.
- Pull hood down on forehead to ensure a secure fit.
- Check neck seal.
- During normal operation some parts are hot and air flow noise is heard in hood.
- Remove when noise stops.

Safety of Your Shipmates. If you see or hear of someone doing something unsafe or harmful to the ship or themselves, DO SOMETHING! You may be the only one who saw the error and your action may be important in saving the ship or a shipmate’s life. Never hesitate to voice your concerns regarding unsafe situation(s) or something you think is wrong. Promptly inform senior personnel responsible for a given space or equipment of all unsafe conditions discovered.

Damage Control. Preparedness to save the ship, at any hour, under any conditions, is a life and death matter. Damage control is an ALL HANDS effort. Firefighting equipment has a special and important purpose aboard a ship. Do not remove or handle firefighting equipment unless it is needed for an actual fire.

General Safety Standards. Complying with the following standards may save your life:
- Locate and remember all exits from working and living spaces that you frequent.
- Always ensure exits are not blocked with equipment or boxes.
- Know where personal floatation devices are stored in or near your working and living spaces. Know the location of all lifeboat stations and know how to proceed to them from the living and working spaces you frequent.
- Always move up or down a ladder with one hand on the railing.
- Know the emergency shutdown procedures for all equipment you use.
• Rings, watches, key rings, and other items that may become entangled or get caught on projections should not be worn. Carry as little as possible in your pockets.
• Do not lean against lifelines.
• Never straddle or step over lines, wire, and chains under tension.

Electrical Safety. All personal electric or electronic gear must be safety checked and have an electrical safety tag affixed at all times prior to use aboard a Navy ship. A personal electrical equipment check will be conducted as part of the ship’s check-in. Anyone found using unauthorized electrical equipment will have the gear confiscated and turned over to the Master-at-Arms. The Navy takes checking electrical and electronic equipment very seriously, because unchecked gear can be a LIFE THREATENING HAZARD!! If the object does not have a proper ground, YOU may become the ground. The electricity will pass through YOUR body. The following are approved once they have been safety checked: hand-held hair dryers, electric razors, radios, electric tooth-brushes, laptop computers, PDAs and battery operated gear. The following electric and electronic equipment are never permitted aboard a Navy ship: personal refrigerators and hot plates.

Securing for Sea. Unexpected heavy weather or sudden maneuvering may cause the ship to roll and pitch a significant degree. Unsecured equipment, gear and supplies become missile hazards that could injure or kill a shipmate. Take care of yourself, your shipmates, and the ship by properly securing for sea before the ship leaves port and heads into the open seas. Everyone, including officers and chief petty officers, must tour their spaces looking for proper securing for sea. Securing all hatches and scuttles is a must! So close them after use! The medical equipment aboard is equipped with wheels for easy movement. This offers a special challenge for those securing for sea.

Helicopter Operations. Our flight deck is used for a variety of missions associated with helicopter operations, including search and rescue, personnel transfer, personnel rescue and delivery of mail. When flight quarters are set, avoid foreign objects damage (FOD) of helicopter engines which can cause a crash. All personnel will refrain from throwing trash or other FOD material (cigarette butts, gum wrappers, soda cans) over the side or on the deck. Observe safety boundaries set by the Master-At-Arms force. Covers shall NOT be worn on the weather decks; the smoking lamp is out on all-weather decks, and no dumping of trash is allowed during flight operations.

Security Alert. During Security Alert, stay where you are and shut the hatch to your space, follow announced instructions, stand clear of all ladder wells and passageways, and do not inhibit the movement of the Security Alert Team. Unless instructed to do so, do not move about the ship until the Security Alert is secured by an announcement over the 1MC.
APPENDIX H: EXAMPLE OF MEDICAL SCREENING AND QUESTIONNAIRE PRIOR TO EMBARKING FLEET UNITS

Return to Main Document

DEPARTMENT OF THE NAVY

COMMANDER
UNITED STATES PACIFIC FLEET
250 MAKALAPA DRIVE
PEARL HARBOR, HAWAII 96860-3131

COMMANDER
U.S. FLEET FORCES COMMAND
1662 Mitscher Avenue Suite 250
Norfolk, VA 23551-2487

COMUSFLTPFORCOM/COMPACFLTINST 6320.3A
N03H/N01H
7 May 13

COMUSFLTPFORCOM/COMPACFLT INSTRUCTION 6320.3A

Subj: MEDICAL SCREENING FOR U.S. GOVERNMENT CIVILIAN
EMPLOYEES, CONTRACTOR PERSONNEL, AND GUESTS PRIOR TO
EMBARKING FLEET UNITS

Ref: (a) NAVMEDCOMINST 6320.3B
(b) OPNAVINST 6420.1A

Enc1: (1) Medical Screening for Civilian Embarkation Aboard
a United States Navy Vessel

1. Purpose. To establish Fleet policy regarding medical
screening and provision of medical and dental care to U.S.
Government civilian employees, contractors, and guests who
embark as members of the crew or as guests/augments on United
States Naval vessels. This instruction applies for any period
of time when the ship is afloat away from shore for greater than
24 hours. Commanding Officers may also utilize applicable
portions of this instruction for civilian personnel for embarkars
of less than 24 hours in accordance with section 5.b (e.g.
family member day cruise).

2. Cancellation. CINCPACFLTINST 6320.3/CINCLANTFLTINST 6320.6.

3. Discussion. U.S. Government civilian employees and
contractors frequently embark onboard U.S. Naval vessels.
Significant health problems among these personnel can sometimes
exceed or severely strain capabilities of the ship’s Medical
Department, placing these civilians and contractors at
unacceptable medical risk. Therefore, all civilian personnel
must be medically qualified prior to embarking aboard any U.S.
Naval vessel. Reference (a) provides policies and procedures
for delivery of authorized medical and dental care to eligible
civilians at Navy health facilities and methods of payment for
civilian contractor personnel and U.S. Government employees.
4. Policy

a. Any civilian employee of the Department of Defense, civilian contractor, or guest/augment with significant chronic diseases or conditions that require frequent medical monitoring and/or treatment may not embark aboard any U.S. Navy vessel. A current medical and dental screening of all civilian personnel will be completed within four months prior to anticipated embarkation and will be submitted to the ship's Senior Medical Department Representative (SMDR) or medical practitioner assigned by the Senior Medical Officer (SMO) one month before embarkation. Enclosure (1) is provided as a template that will satisfy the mandatory medical screening. In unforeseen or emergent cases, the embarkee must present a copy of the medical screening to the Medical Department point of contact as soon as possible or upon arrival. The SMDR or medical practitioner assigned by the SMO will review the embarkee's history to ensure:

(1) There are no physical limitations or restrictions.

(2) There are no chronic medical conditions requiring ongoing treatment and management.

(3) There are no chronic dental conditions or orthodontic care requiring ongoing treatment and management.

(4) The harsh environment/working/living conditions aboard ship at sea are not likely to cause worsening of any medical condition or increase in the amount/level of medical management required. If necessary, the SMDR or assigned Medical Department practitioner will request that the individual obtain and/or submit any additional information or examinations as required to reach a decision regarding fitness for embarkation.

(5) Contractor personnel must meet all provisions of their contract with regard to physical qualifications.

b. Medical Department personnel will maintain patient confidentiality in accordance with all regulations, except to the extent required to inform duly constituted seniors in the chain of command who may have a need to know the reasons for denying embarkation. Medical screening forms will be maintained in the designated medical spaces under lock and key and will be destroyed upon disembarkation of the individual.
c. Each individual must bring sufficient quantity of current medications to last him/her throughout the underway period. He/she will contact the designated medical representative of the unit in advance of embarkation if any special storage requirements for these medications are required.

d. The following are automatic disqualifiers:

   (1) Any physical limitation that limits an individual's ability to move without assistance about the ship, e.g. casts, canes, crutches, wheel chair, walkers, etc.

   (2) Unstable chronic medical conditions.

   (3) Significant cardiovascular disease.

   (4) Pregnancy.

   (5) Uncompleted dental treatment (acute or chronic abscesses, severe periodontal disease, gross caries, root canal procedures, ill-fitting prosthetic devices (fixed/removable) or orthodontic care in progress).

   e. Any required emergency medical/dental treatment will be provided as outlined in reference (a). If the condition requires prolonged treatment, the individual shall be medically evacuated as soon as indicated.

5. Responsibilities

   a. Type Commander (TYCOM). Publish procedures for implementation at the unit level.

   b. Commanding Officers. Shall make final decision on who may or may not embark. Decision for approval can be delegated to an appropriate person such as the SMDR/SMO. Ultimate responsibility for approval and disapproval of personnel with disqualifying conditions rests with the Commanding Officer.

   c. Executive Officer. Shall oversee implementation of this instruction including forwarding to the SMDR, all required forms for evaluation a month before embarkation of civilians.

   d. Employer/Individual. Provide required certifications and any special storage requirements for medication, if needed,
a month before embarkation. Have a sufficient supply of all required medication(s) for the duration of the at-sea period per TYCOM published procedures.

Patrick Driscoll
Deputy and Chief of Staff

Distribution:
Electronic only via Navy Forces Online Portal
https://www.portal.navy.mil/hq
**MEDICAL SCREENING FOR CIVILIAN EMBARKATION ABOARD A UNITED STATES NAVY VESSEL**

**PRIVACY ACT STATEMENT**

**AUTHORITY**: 10 U.S.C. 50, 505, 507, 532, 976, 1201, 1202, 4346, and E.O. 9397 (58FR).

**PRINCIPAL PURPOSE**: Embarkation aboard a United States Navy Vessel is a strenuous and possibly dangerous activity requiring all participants to be in good health and able to cope with extreme environments including temperature fluctuations, frequent activities such as climbing ladders, and traveling long passageways. Extremely limited medical facilities are available for emergencies only. Civilians (including retired military personnel) are not eligible for Sick Call or non-emergency medical care, nor is the military medical facility aboard able to provide refills for prescriptions. All participants embarking with the ship shall ensure they possess all required prescription medicines and other non-prescription items required (e.g., spare contact lenses, eyeglasses, sunscreen, vitamins). The purpose of this screening is to obtain medical data for determination of medical fitness for embarkation aboard a United States Navy Vessel. Information will be used specifically by the ship's Senior Medical Authority to recommend to the Commanding Officer the individual's fitness for embarkation. Additionally, this information will be retained by the ship's Senior Medical Authority for the period of embarkation to assist in emergency medical procedures should the need arise. Finally, this screening sheet will be destroyed at the conclusion of said embarkation.

**DISCLOSURE**: Disclosure is voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to embark aboard a United States Navy Vessel.

**INSTRUCTIONS**

It is imperative that this form is filled in as completely as possible. Each individual is responsible for completion of items (1) through (3). Any questions left blank may be cause for denial for embarkation. All items should be self-explanatory. Item 1a may be abbreviated to last four digits of Social Security Number and will be used only for filing and identification purposes in case of a medical emergency. Average time of completion of this form is estimated to be ten minutes. Supporting documentation is not required but may expedite final determination for questionable conditions. When complete, this form should be returned to the Senior Medical Authority aboard the ship. This sheet will be destroyed at completion of said embarkation.

1. **APPLICANT**
   a. **LAST NAME, FIRST NAME, MIDDLE INITIAL - SUFFIX**
   b. **HEIGHT (inches)**
   c. **WEIGHT (pounds)**
   d. **PURPOSE OF SCREENING**
      - Shipyard / Contractor
      - Civilian Instructor
      - Family Cruise
      - Other
   e. **DATE COMPLETED**
   f. **BLOOD TYPE**
      - Positive
      - Negative
      - ABO Blood Type
      - Other
   g. **GM6D STATUS**
      - Yes
      - No
   h. **SICKLE CELL STATUS**
      - Yes
      - No
   i. **ALLERGIES** (to medication, common foods or other)
   j. **LAST TETANUS**
   k. **CURRENT MEDICATIONS**

2. Mark each item "YES" OR "NO." Every item marked "YES" must be fully explained in item 2b.

   **a. HAVE YOU EVER HAD OR DO YOU NOW HAVE:**
   **YES**
   **NO**
   **YES**
   **NO**
   (1) Double or blurry vision
   (2) Blindness or night blindness
   (3) Wear contact lenses or glasses
   (4) Congenital, "pin-eye" or eye injection
   (5) Any other eye condition, injury or surgery
   (6) Deafness or any other hearing problem
   (7) Absence or disturbance of the sense of smell
   (8) Dental Disease - periodontal disease, severe periodontal disease, gingivitis, incomplete root canal procedures, or fitting prosthetic devices, orthodontic care in progress
   (9) Asthma, wheezing, shortness of breath or inhaled use
   (10) Collapsed lung or other lung condition
   (11) Pneumonia or bronchitis
   (12) Tuberculosis or lived with anybody with tuberculosis
   (13) Irregular heartbeat or abnormally rapid or slow heart rates
   (14) Heart murmur, valve problem or mitral valve prolapse
   (15) Angina or chest pain
   (16) Heart disease or heart attack
   (17) Heart surgery or pacemaker
   (18) High blood pressure
   (19) Any other heart or cardiovascular problems
   (20) Stomach or intestinal ulcer
   (21) Hepatitis or jaundice
   (22) HIV or AIDS
   (23) Gall bladder trouble or gall stones
   (24) Intestinal obstruction
   (25) Any type of hernia, inguinal, femoral, umbilical, hiatal, etc.
   (26) Any other intestinal problem, such as Crohn's disease or colitis
   (27) Absence or removal of the spleen, or other spleen injury
   (28) Missing a kidney or any kidney malfunction
   (29) Kidney stones
   (30) Unlocated joint, including knee, hip, shoulder or other
   (31) Limited motion of any joint, including knee, hip, shoulder or other
   (32) Loss or dripping of the knee or other joint
   (33) Knee, neck or back strain
   (34) Recurrent neck or back pain
   (35) Ruptured, slipped or bulging disc in neck or back
   (36) Neck or back surgery
   (37) Foot pain

   **b. HAVE YOU EVER HAD OR DO YOU NOW HAVE:**
   **YES**
   **NO**
   **YES**
   **NO**
   (38) Pain or swelling at the site of an old broken or fractured bone
   (39) Any loss of finger, toe or other amputation
   (40) Any splint, cast or fracture within six weeks of embarkation
   (41) Head injury, concussion or loss of consciousness
   (42) Stroke
   (43) Epilepsy, fits, seizures or convulsions
   (44) Frequent or severe headaches causing loss of time from work or use of headache medication
   (45) Dizziness, fainting spells or passing out
   (46) Heat stroke, exhaustion or tendency for dehydration
   (47) Miller sickness (car, boat, etc)
   (48) Medication, herbs, supplements or any other substance to improve attention, behavior or physical performance
   (49) Any skin disease such as eczema, psoriasis or atopic dermatitis
   (50) Any allergy causing swelling of skin and/or shortness of breath
   (51) Thyroid condition or take medication for thyroid disease
   (52) Diabetes, hypoglycemia or other blood sugar condition
   (53) Any type of anemia or bleeding disorder
   (54) Sleepwalking or bedwetting since age twelve
   (55) Seen a psychiatrist, psychologist, social worker or counselor for any reason
   (56) Claustrophobia
   (57) Any handicap or disability
   (58) Any surgery scheduled within thirty days prior to embarkation
   (59) Presently under care of a physician or other health care worker
   (60) Change in medical condition since last physical examination
   (61) Female only. Is there any chance that you are pregnant?
   (62) Any illnesses, surgery or hospitalization not listed above
   (63) Tobacco use
   (64) Alcohol use
   (65) Type of beer or wine or whisky or spirits
   (66) How many per day? (c) How many years?
b. EXPLAIN ALL "YES" ANSWERS TO QUESTIONS (1) – (42) ABOVE. (Describe answer(s), give date(s) of problems, name doctor(s), clinic(s), hospital(s), treatment given and current medical status. Attach additional sheet(s) if necessary.)

By signing this form I certify the information on this form is true and complete to the best of my knowledge and belief, and that no person has advised me to conceal or falsify any information about my physical and mental history. I certify that I have no potentially disqualifying medical conditions other than those specified above, and that if I have any medical concerns that I have consulted my physician prior to embarkation. I further understand that I may be requested to provide further clarification regarding issues within my medical history to the Senior Medical Authority aboard. I also acknowledge that under NAVMEDCOMINST 6320.3B the United States Government will require reimbursement of any cost associated with my use of the military medical facility aboard, or any emergency air ambulance services. I acknowledge that the final determination of my fitness for embarkation resides solely with the Commanding Officer of the vessel.

3. APPLICANT
   a. SIGNATURE
   b. DATE SIGNED
   c. TELEPHONE

4. MEDICAL SCREENER'S ELABORATION OF ALL PERTINENT DATA AND DETERMINATION FOR EMBARKATION
   a. NOTES

   b. SCREENER'S DETERMINATION
      c. NAME OF SCREENER
      d. SIGNATURE
      e. DATE SIGNED

   c. NAME OF SMA
   d. SIGNATURE
   e. DATE SIGNED

5. SENIOR MEDICAL AUTHORITY'S (SMA) DETERMINATION
   a. DETERMINATION
   b. NAME OF SMA
   c. SIGNATURE
   d. DATE SIGNED

6. COMMANDING OFFICER'S DETERMINATION (Required only if Senior Medical Authority does not clear individual for embarkation)
   a. DETERMINATION
   b. NAME OF CO
   c. SIGNATURE
   d. DATE SIGNED
Dear Doctor,

Your patient, ___________________________, has requested to participate in Name of Mission, which consist of spending up to 4 months aboard, a U.S. Navy ship. Navy ships are a challenging and potentially dangerous environment with steel decks, trip hazards, powerful radars, and loud noises. Vertical ladders between multiple levels will have to be climbed throughout the day. It may be hot and humid without air conditioning. In short, conditions are very unlike those found on a cruise ship.

It is our goal to allow maximum participation in Name of Mission. However, individual patient safety is our primary concern and your input is critical to help us decide if your patient can participate without risking their health. A helicopter evacuation in case of a medical emergency is a dangerous evolution for both patient and aircrew.

Please list all of your patient’s medical problems. You must comment on stability of conditions and include details about any hospitalizations or ER visits within the past 2 years, you must provide details of those events; failure to provide this information will result in your patient’s disqualification to participate. Use reverse if you need more space.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Please list all of your patient’s medications and information about any recent dosage change:
                                                                                       
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

PATIENTS MUST BRING THEIR OWN SUPPLY OF MEDICATIONS. Please provide the necessary prescriptions for your patient.

Do you feel your patient may safely embark a US Naval Ship and participate in Name of Mission? YES_____NO_____

Signature: ______________________________

Physician Stamp or Printed Name: _____________________________

City___________________________________ State______________

If you have any questions, you may contact the Mission Civil-military Liaison, TBD, email address. Additionally, we may need to contact you to discuss your patient’s request. You must provide a phone number where our physician may contact you directly. Phone numbers that connect to a central automated answering menu are not acceptable. Please provide your direct physician-to-physician number below.

(______)
APPENDIX J: FACILITIES AND SERVICES ABOARD SHIP

Bosn’s Locker. Furnishes cleaning gear and supplies, free of charge. Cleaning gear will be issued only to compartment Officers in Charge or their representatives. The schedule for issue is posted outside the locker.

Barber Shops. All embarked personnel are able to use the ship’s barber shop for haircuts. Haircuts are made by appointment only. Cutting hair in berthing areas/heads is prohibited. All embarked personnel should recognize that the Sailors employed in the barbershop received formal Navy training to cut hair in a military style only. There is no payment for this service, and tipping is not allowed.

Medical/Dental. Daily sick call hours will be posted. Emergencies are handled at any time.

Cutting Locks. If you lose your locker key/forget your combination, the Master-at-Arms can cut your personal locks. You must have a new lock at that time. If you require a lock cut that is within a work center/government lock, an E-7 or above will need to come to the CMAA Office and authorize that the lock may be cut.

Laundry. Each unit is responsible to clean its own laundry, and will provide a laundry detail. Officer/Senior Enlisted laundry will usually be picked up twice a week underway and in port. The ship’s laundry machines are specifically designed to service uniform items and are of industrial strength, and are not designed to service civilian clothing.

Self-Serve Laundry. You must provide your own soap/detergent. Self-laundry may be used for all non-uniform clothing items, including shirts designed for the specific mission. Note: the laundry is the first place to close in the event water levels starts to diminish.

Ships Store. Many daily necessities are stocked in the ship’s store. Also available are emblematic items to help remember the mission.

Weight Room/Gym. The weight room/gym is open all times except for daily cleaning from 0730-0830. Towels and PT gear are a must; no boots are allowed! PT on the Flight Deck is authorized during daylight hours only. PT will be authorized when flight quarters are not in effect and the sea state permits.

Electrical Checks. All personal electronic devices must be checked for compliance with U/L standards, and tagged by the ship’s electrical division prior to use on the ship. Devices found without proper safety tags will be confiscated. The Electrical Safety Officer will schedule electrical checks in the POD.

Fresh Water. Made daily to feed the boilers and provide for crew and embarked personnel. It is imperative that all personnel conserve water at all times. All personnel are reminded to implement “Navy Showers” (i.e.; Water On–Rinse–Water Off–Soap Down–Water On–Rinse Off–Water Off). When water usage begins to exceed water production, it may be necessary to
implement water rationing, i.e. secure showers. Report any water leaks or flooding to DC Central.

**Chaplain Services.** Ship’s Chaplain is available 24/7 for all hands. Additionally, Divine Services are held in the library; schedules for services will be published and listed in the Plan of the Day (POD).

**Library.** Open to all personnel. Hardbacks and paperbacks are provided for loan. Reference material and periodicals are available for reading within the library. Hours are posted outside the library.

**Vending Machines.** Vending machines are located on the port side mess decks
APPENDIX K: ENVIRONMENTAL AWARENESS

Trash and Garbage. “Trash” that is non-biodegradable such as aluminum cans, paper, etc. shall be kept on station for disposal on the shore. While “Wet Garbage” from the Galley and Scullery that is biodegradable such as food products, kitchen scraps, galley slops, etc. will be processed during underway for discharged off the ship within the distance limit regulation.

Underway. While underway, trash is disposed through the incinerators. Don’t throw trash and garbage over the side unless authorized to do so. There are very strict international limits on the dumping of trash and garbage at sea. Plastic wastes are subject to specific regulations. Never throw plastic waste overboard unless specifically authorized because of its harmful effects to sea life.

In Port. Use dumpsters provided on the pier. Trash and garbage should be taken off ship immediately when trash containers on the ship are filled.

Bio-Hazardous Material/Waste. As per OPNAVINST 5090.1A, all biohazard waste shall be packaged correctly, steam sterilized and retained on station to be off-loaded at a shore-side facility. All sharps shall be collected in a plastic, autoclavable sharps container and will be steam sterilized and retained on station for disposal at a shore-side facility.

Hazardous Material/Waste and Plastics Program. Control of hazardous material/waste and plastics is a social and legal responsibility. An effective program is in place aboard our Navy ships and we need your help to continue it. Material which is normally safe may become hazardous under certain condition. Hazardous Material (HAZMAT) is defined as any material that may pose substantial hazard to human health or the environment when incorrectly used, purposefully released, or accidentally spilled. Such items as bilge waste, flammable/combustible materials, toxic materials, corrosives, aerosols, compressed gasses, medical waste, waste from plant products and food waste are part of the Navy’s program. HAZMAT will not be brought aboard ship unless specifically authorized by the Hazardous Material Coordinator. When permission is granted, all items must have an applicable Material Safety Data Sheet (MSDS) and stored in accordance with shipboard regulations. The Supply Officer is designated as the HAZMAT Officer. All trash will be separated out by plastic, paper, and metal by divisional personnel.

Note: Used batteries are required to be turned-in to HAZMAT (S1 Division) aboard ship for disposal on the shore.
APPENDIX L: WHAT TO PACK (CIVILIAN VOLUNTEERS)

Checkbook/credit card (ATM Machines are not available on most Navy ships. Credit cards are not accepted aboard most Navy ships).

- Laundry Bags (Mesh Nets) with Safety Pins (2 bags)
- Shower Shoes
- Bath Towels (2)
- Face Towels (2)
- Padlocks (2)
- Medications, if any
- Long pants and collared shirts are required in many liberty ports. Slacks are recommended.
- Pajamas/sleepwear
- Bathrobe or PT gear to go to the showers
- 1 pair of khaki pants and collared shirt for potential Medical Civil Action Projects (MEDCAP)
- Working civilian’s clothes
- Physical fitness clothes
- Providers: Several white lab coats for MEDCAP participation.
- Civilian Passports (not required but highly recommended)
- Backpack/Daypack and with hydration device or sports bottle
- Alarm Clock, Battery-Powered (limited/no power outlets at racks)
- Flashlight
- Extra Batteries for electronic devices
- Extra pair eyeglasses/contact lens
- Hygiene Kit, i.e. toiletries, toothbrush/paste, dental floss, razor, shaving cream, soap, deodorant, shampoo, wipes, sanitizer, nail clipper, etc.)
- Lotion
- Baby Wipes/Towelettes
- Foot Powder
- Lip Balm
- Extra Feather Pillow/Bed Sheets/Blanket (cotton/wool only)
- Earplugs
- Zip Lock bags
- Detergents
- PT Gear with workout gloves
- Hiking Boots
- Sun Block SPF30 or higher
- Insect Repellant lotion or spray if sensitive to DEET
- Work gloves
- Baseball Cap or Hat
- Sunglasses

NICE TO HAVE ITEMS
- Camera with extra film or memory card
- IPOD/MP3 Player
- Small Musical Instrument that will fit in your personal locker (see page 26 for locker size)
- Study Materials

NOT RECOMMENDED
- No hard suitcases
U.S. Military/United States Public Health Service (USPHS) required (some may be required for volunteers depending on mission):

In addition to annual General Military Training requirements, all personnel should complete the following additional courses prior to reporting aboard. You are required to bring a copy of the completion certificates/BLS card (if applicable) with you when you report aboard the ship. The Training Department will use these documents to establish your initial training record. Additional training will be conducted during your orientation to the ship and added to your training record.

☐ 1. DoD Information Assurance Awareness Version 8 – OR – DoD Cyber Awareness Challenge VI on Navy Knowledge Online (NKO) or when applicable, for volunteers
- All authorized users (military, civilians and contractors) of Department of Defense information systems are required to complete IA awareness annually. IA awareness training is available for the DON through Navy Knowledge Online (http://www.nko.navy.mil) and MarineNet (http://www.marinenet.usmc.mil). Save or print a copy as proof of having completed this course. The most current training must be completed within 6 months of reporting to the ship or field station.

☐ 2. Antiterrorism (AT). Level 1 AT Awareness Training for Service Members (Outside Continental United States (OCONUS))
- Antiterrorism (AT) Training: You may receive training on line at https://atlevel1.dtic.mil/at/. After logon, use a self-generated user ID and password to proceed. At the end of the process, save or print a copy of the completion certificate as proof of having completed Level-I AT training. The most current AT training must be completed 6 months prior to reporting to the ship or field station.

☐ 3. Trafficking in Persons (TIP).
- For Navy staff, Navy Knowledge Online (NKO) is the primary Method to complete TIP training. This course can be accessed through Navy Knowledge On-line at https://wwwa.nko.navy.mil. Click on Navy-E-learning then ‘browse categories’ and enter part of the subject name. Save or print a copy as proof of having completed this course. The most current training must be completed 12 months prior to travel.

☐ 4. Survival, Evasion, Resistance, and Escape (SERE) 100 Code of Conduct (CoC)/Level B training (SERE/CoC Level B) or higher.
- The most current training must be completed within 18 months prior to arrival to the ship or field station.
- Computer based SERE 100 training is available through Joint Knowledge Online (JKO). The course abbreviation for SERE 100 is J3TA-US022. NIPR address for JKO is http://jko.jfcom.mil/; SIPR is http://jkolms.jwfc.jfcom.smil.mil/html/login/login.jsp.
- SERE 100 is also available on the Navy Knowledge Online (NKO), Advanced Distributed Learning System (ADLS) and the Marine Corps Net (MarineNet). Links to these sites are available at NIPR: http://www.pacom.mil/staff/j35/index.shtml.

☐ 5. Isolated Personnel Report (ISOPREP)
- ISOPREP forms shall be completed by all military personnel participants and submitted to Personnel Recovery Mission Software (PRMS) System prior to reporting. Documentation of successful submission is required for training record such as a memorandum from the command’s Plans Operations and Medical Intelligence (POMI) officer. NGOS will complete ISOPREP upon reporting to the ship or field station.

☐ 6. Basic Life Support (BLS)
- Only staff involved in patient care are required to have valid Basic Life Support (BLS) card prior to deployment. Others are encouraged to obtain the training.

☐ Clinicians: Additional training as required (i.e. Advanced Cardiac Life Support (ACLS); Pediatric Advanced Life Support (PALS); Advanced Trauma Life Support (ATLS); Trauma Nurse Core Course (TNCC))
## Care in Austere Environments

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Course Description</th>
<th>Course Provider</th>
<th>Course Location</th>
<th>Course Link</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humanitarian assistance training: Health Emergencies in Large Populations (HELP)</td>
<td>The main topics are: economic security and water and environment. The course prepares the ground for common approaches to public health among humanitarian organizations, thus contributing to better program coordination in emergency operations. The second week examines communicable diseases and epidemiology and health-related ethical issues that arise in humanitarian activities. It provides an overview of the main legal instruments, particularly international humanitarian law and human rights law, professional codes and declarations that are the basis for decision-making in humanitarian operations that respect the dignity of the victims they seek to assist.</td>
<td>International Committee of the Red Cross</td>
<td>Multiple Locations Worldwide (Consult Calendar <a href="http://www.icrc.org/eng/assets/files/2011/help-course-calendar2012-fees.pdf">http://www.icrc.org/eng/assets/files/2011/help-course-calendar2012-fees.pdf</a>) Application is Required</td>
<td><a href="http://www.icrc.org/eng/resources/documents/misc/help_course.htm">http://www.icrc.org/eng/resources/documents/misc/help_course.htm</a></td>
<td>Consult Calendar for Fees</td>
</tr>
<tr>
<td>Military Medical Humanitarian Assistance Course (MMHAC)</td>
<td>Military Medical Humanitarian Assistance Course is a two-day interactive course offered by Defense Medical Readiness Training Institute (DMRTI) and the Uniformed Services University of the Health Sciences. It is designed to train U.S. military healthcare providers to deliver optimal medical care to civilian populations, primarily women and children, in the aftermath of humanitarian emergencies.</td>
<td>USUHS Department of Pediatrics. Some sponsored by DMRTI.</td>
<td>For info contact: <a href="mailto:phickey@usuhs.mil">phickey@usuhs.mil</a></td>
<td><a href="http://www.cdham.org/the-military-medical-humanitarian-assistance-course-mmhac">http://www.cdham.org/the-military-medical-humanitarian-assistance-course-mmhac</a></td>
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<tr>
<td>Austere Environment Medical Training (AEMT)</td>
<td>AEMT is a highly advanced medical crisis management program that is offered locally and overseas. This course is developed by joint collaboration with renowned rescue companies coming from diverse disaster and crisis management background. The course is endorsed and designed to train our clients providing medical rescue in demanding and challenging conditions. The trainees will go through numerous intensive and advance rescue and medical management techniques where they are expected to perform these skills effectively during their final day evaluation.</td>
<td>ARIS Integrated Medical</td>
<td>Offered locally and overseas through ARIS</td>
<td>[<a href="http://aris-im.com/Austere-Environment-Medical-Training-%5BAEMT">http://aris-im.com/Austere-Environment-Medical-Training-[AEMT</a>]](<a href="http://aris-im.com/Austere-Environment-Medical-Training-%5BAEMT">http://aris-im.com/Austere-Environment-Medical-Training-[AEMT</a>])</td>
<td>contact: <a href="mailto:info@aris-im.com">info@aris-im.com</a> or <a href="mailto:Johnson@aris-im.com">Johnson@aris-im.com</a> for information</td>
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<td>Trauma Nursing</td>
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<td>DIMO</td>
<td>Mobile Education Team</td>
<td><a href="http://www.dimo.af.mil/courses/index.asp">http://www.dimo.af.mil/courses/index.asp</a></td>
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<td>Peace Operation Training Institute</td>
<td>Online</td>
<td><a href="http://www.peaceops-training.org/courses/">http://www.peaceops-training.org/courses/</a></td>
<td>$60.00</td>
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<td>Shelter Nursing</td>
<td>The modules are consistent with the National Response Framework that provides interactive scenarios for Red Cross healthcare professionals to learn to manage healthcare needs in shelters, perform health assessments, disaster triage and respond to public health emergencies in communities across the nation.</td>
<td>Red Cross</td>
<td>availability with location online</td>
<td><a href="https://classes.redcross.org/Saba/Web/Main">https://classes.redcross.org/Saba/Web/Main</a></td>
<td>seems to be free but it was unclear</td>
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<td>Austere Medical Program</td>
<td>A live-tissue, scenario based, humanitarian training program for austere environments. This course immerses the participant in the initial phase of a disaster simulation to include sleep deprivation, primitive living conditions and other aspects of this type of environment that an initial or remote medical disaster team might encounter. Leadership, communication and complex problem solving while managing yourself, contributing to the success of your team, maintaining personal security and performing the necessary medical and camp tasks are emphasized throughout this multi-day and night training scenario.</td>
<td>Direct Action Resource Center (Arkansas)</td>
<td>Direct Action Resource Center (DARC) 6302 Valentine Road, North Little Rock Arkansas 72117</td>
<td><a href="http://www.austeremedicine.com/course/">http://www.austeremedicine.com/course/</a></td>
<td>travel and accommodations provided</td>
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<tr>
<td>Public Health Emergency Management Course</td>
<td>The PHEM Training Program will provide Public Health Emergency Officers (PHEOs) with the knowledge and skills they need to ensure that the DoD is ready to respond to public health emergencies and assist civilian and host nation authorities when called upon. This standardized, joint offered will ensure that PHEOs and MEMs can operate in a variety of environment including other Service’s installation and facilities, an issue of increasing concern due to Joint Basing Initiatives.</td>
<td>Defense Medical Readiness Training Institute</td>
<td>San Antonio Texas</td>
<td><a href="http://www.dmrti.army.mil/courses.html">http://www.dmrti.army.mil/courses.html</a></td>
<td>Contact: <a href="mailto:usarmy.jbsa.medcom-ameddcs.list.dmrti-cbrne@mail.mil">usarmy.jbsa.medcom-ameddcs.list.dmrti-cbrne@mail.mil</a></td>
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<td>Trauma Nursing Care</td>
<td>The course enhances the nurse’s ability to assess, rapidly and accurately, the patient’s responses to trauma. The target population is military Nurse Corps Officers and US government employed RNs</td>
<td>Defense Medical Readiness Training Institute</td>
<td>on-site training, location varies</td>
<td><a href="http://www.dmrti.army.mil/courses.html">http://www.dmrti.army.mil/courses.html</a></td>
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## Ethical Practices

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<td>Harvard Medical School</td>
<td>Beth Israel Deaconess Medical Center</td>
<td><a href="http://www.medcatalog.harvard.edu/courseredetails.aspx?cl=ethical&amp;id=16500">http://www.medcatalog.harvard.edu/courseredetails.aspx?cl=ethical&amp;id=16500</a></td>
<td>Couldn't find cost</td>
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<td>Ethics in Peacekeeping</td>
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<td>Peace Operation Training Institute</td>
<td>Online</td>
<td><a href="http://www.peaceopstraining.org/courses/ethics-in-peacekeeping/">http://www.peaceopstraining.org/courses/ethics-in-peacekeeping/</a></td>
<td>$60.00</td>
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<td>Legal and Ethical Issues in Emergency Nursing</td>
<td>In this course, you will become familiar with several legal and ethical concepts and examine how they apply to healthcare institutions.</td>
<td>Reading Area Community College</td>
<td>Online</td>
<td><a href="http://healthceu.racc.edu/product_p/dig182.htm">http://healthceu.racc.edu/product_p/dig182.htm</a></td>
<td>$10.00</td>
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<td>no cost mentioned</td>
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<tr>
<td>Joint Humanitarian Operations Course (JHOC)</td>
<td>The two-day USAID/OFDA training allows U.S. military leaders to discuss their relationship with USAID and partners and prepares participants for collaborative work during disaster response and humanitarian operations.</td>
<td>USAID</td>
<td>for info contact <a href="mailto:mcarney@usaid.gov">mcarney@usaid.gov</a></td>
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<td>UN-CMCoord (United Nations Civil-Military Coordination) IMPACT (Integrated Missions Practical Approach to Coordination Tools)</td>
<td>UN-CMCoord IMPACT is an electronic learning tool developed by CMCS (Civil-Military Coordination Center) to raise awareness on civil-military coordination guiding documents in complex emergencies. It has been specifically designed for civilian and military working in multidimensional peace missions, while the study is also beneficial for individuals interested to learn more about civil-military coordination from a humanitarian perspective.</td>
<td>UN Office for the Coordination of Humanitaria n Affairs</td>
<td>online</td>
<td>[<a href="http://issuu.com/peaceops/docs/civil_military">http://issuu.com/peaceops/docs/civil_military</a> Coordination_english](<a href="http://issuu.com/peaceops/docs/civil_military">http://issuu.com/peaceops/docs/civil_military</a> Coordination_english)</td>
<td>free</td>
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<td>NATO Civil-Military Cooperation (CIMIC) Basic Course (NCBC)</td>
<td>The NATO CIMIC Basic Course is the course for all CIMIC personnel at the tactical level. Its aim is to provide the individual student with a thorough understanding of the definition, aim, components, principles tasks, function and organization of CIMIC at the tactical level and a basic understanding the operational level. After receiving additional mission-orientated training the students will be able to deploy and assume duties within CIMIC formations: CIMIC Support Unites, headquarters and liaison agencies with the focus on battalion and brigade level. Subjects of the course: Basic NATO CIMIC documents, CIMIC experiences, Cultural awareness, legal aspects, interaction with media.</td>
<td>Civil-Military Cooperation Centre of Excellence</td>
<td>Netherlands</td>
<td><a href="http://www.cimic-coe.org/te/ncbc.php">http://www.cimic-coe.org/te/ncbc.php</a></td>
<td>240.00 euro</td>
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<tr>
<td>Civilian and Military Cultural Assimilation Programs</td>
<td>Berlitz Civilian and Military Cultural Assimilation Seminars provide practical aspects of day-to-day life during foreign assignments and deployment. Our programs are designed to benefit civilian and military personnel by providing tools and hands on training for an effective overseas assignment or deployment, and addressing a full range of skills and perspectives that support an individual’s ability to work within an intercultural environment.</td>
<td>Berlitz</td>
<td>online</td>
<td><a href="http://www.berlitz.us/contact/Government_Institutions/813">http://www.berlitz.us/contact/Government_Institutions/813</a></td>
<td>contact through link to get more info and price</td>
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<tr>
<td>Global Health Strategies for Stability Course</td>
<td>The Center for Disaster and Humanitarian Assistance Medicine, in collaboration with Johns Hopkins Bloomberg School of Public Health will conduct the “Global Health Strategies for Stability” (GHSS) Course. This course was designed to increase USG public health capacity by providing a comprehensive set of skills for understanding and improving the health sector of a nation or region in the context of US National Security.</td>
<td>Center for Disaster and Humanitarian Assistance Medicine</td>
<td>DC area (Aug 2013)</td>
<td><a href="http://www.cdham.org/ghss-course">http://www.cdham.org/ghss-course</a></td>
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<td>Managing Cultural Differences: Learn to Manage Across Cultures</td>
<td>Cultural intelligence is a critical management capability in our global economy. While globalization has increased cross-cultural interactions, it has not created a one world culture. The ability to manage and leverage cultural differences plays a significant role in achieving great performance. High productivity, successful collaborations and breakthrough innovation depend increasingly on culturally adaptable managers.</td>
<td>TMA World</td>
<td>online</td>
<td><a href="http://www.tma-world.com/training-solutions/cross-cultural/cultural-awareness/managing-cultural-differences/">http://www.tma-world.com/training-solutions/cross-cultural/cultural-awareness/managing-cultural-differences/</a></td>
<td>contact to get a quote</td>
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<td>Peace Operation Training Institute</td>
<td>Online</td>
<td><a href="http://www.peaceoperationtraining.org/courses/the-conduct-of-humanitarian-relief-ops/">http://www.peaceoperationtraining.org/courses/the-conduct-of-humanitarian-relief-ops/</a></td>
<td>$60.00</td>
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<tr>
<td>Human Rights Awareness Education</td>
<td>This course aims to teach officers to respect the human rights during any foreign activity.</td>
<td>US Southern Command</td>
<td>Online</td>
<td><a href="http://jko.jten.mil/">http://jko.jten.mil/</a></td>
<td>difficulty finding price</td>
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<tr>
<td>Cultural Awareness (Race &amp;Ethnic Study)</td>
<td>The purpose of this course is to develop learners’ cultural awareness by providing information on the concepts of race, ethnicity, national origin, and culture. By developing cultural awareness, learners will be better able to understand, communicate with, and effectively interact with people from different cultures. This course serves as the foundation upon which learners begin to develop their cultural competency skills to become more effective Equal Opportunity Advisors (EOAs).</td>
<td>Joint Knowledge Online</td>
<td>online</td>
<td><a href="https://wss.apan.org/1539/JKO/Shared%20Documents/JKO_COURSE_CATALOG_DRAFT_APRIL_2013.pdf">https://wss.apan.org/1539/JKO/Shared%20Documents/JKO_COURSE_CATALOG_DRAFT_APRIL_2013.pdf</a></td>
<td>no cost mentioned</td>
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<tr>
<td>Cross-Cultural Competence Trainer</td>
<td>The purpose of this course is to provide the understanding of both one’s own and other cultures is essential for the Department of Defense (DoD) as it faces the increasingly complex security challenges of the 21st century. Interaction with local populations and other cultural factors are not only critical elements in persistent conflict but contribute to the success and/or failure of stability, peacekeeping, humanitarian aid and disaster relief operations. It is imperative that we build a Total Force which is globally aware and adept at interacting with people from a variety of cultures while operating within joint, interagency, coalition and multinational contexts. Cross-Cultural Competence (3C) is emerging as an important and practicable means for enhancing the ability of units and individuals to perform successfully over the full spectrum of operations. And understanding cultural differences will contribute to mission success—just as failing to grasp cultural variations will contribute to mission failure.</td>
<td>Joint Knowledge Online</td>
<td>online</td>
<td><a href="https://wss.apan.org/1539/JKO/Shared%20Documents/JKO_COURSE_CATALOG_DRAFT_APRIL_2013.pdf">https://wss.apan.org/1539/JKO/Shared%20Documents/JKO_COURSE_CATALOG_DRAFT_APRIL_2013.pdf</a></td>
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### Specialty - Veterinary Care in Austere Environments

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<td>Foreign Animal Disease Online Course</td>
<td>The objective of this education initiative is to enhance the capability of the veterinary professional to suspect and assist in the diagnosis of a foreign disease in livestock or companion animals. This course is designed in a self-study format whereby the student utilizes the online educational resources listed below to learn the definitions, etiology, host range, geographic distribution, transmission, incubation period, pathogenesis, clinical signs, gross lesions, diagnosis, control and eradication and public health variables associated with the Foreign Animal Diseases outlined in The Gray Book Online.</td>
<td>Humanitarian Resource Institute, Humanitarian University Consortium Distance Education Initiative</td>
<td>online</td>
<td><a href="http://www.humanitariannet/biodense/fazdc/fadc1/">http://www.humanitariannet/biodense/fazdc/fadc1/</a></td>
<td>$50.00</td>
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<td>Health Care in Post-Conflict and Fragile States</td>
<td>Explore the importance of public health in fragile and conflict-affected states and understand how equal access to good health care is a critical component of post-conflict reconstruction and peace building. Analyze short-term delivery of public health in conflict situations as well as long-term development of the public health sector. Participants will learn how to manage the challenges, rewards, and trade-offs of efforts to deliver health care in countries immersed in ongoing conflicts, countries in transition from war to peace, and countries addressing the legacy of conflict.</td>
<td>United States Institute of Peace</td>
<td>Washington, DC</td>
<td><a href="http://www.usip.org/education-training/courses/health-care-in-post-conflict-and-fragile-states">http://www.usip.org/education-training/courses/health-care-in-post-conflict-and-fragile-states</a></td>
<td>Application and Registration Required The tuition for on-campus courses is $1250 for four- and five-day courses, $895 for three-day courses, and $695 for two-day courses. The tuition for pilot courses is $195. Instructor-led online courses cost $345. The SENSE simulation is currently free of charge. Tuition includes the registration fee.</td>
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<tr>
<td>Humanitarian assistance training: Health Emergencies in Large Populations (HELP)</td>
<td>The purpose of the first week is to provide the public health tools necessary for making appropriate decisions in emergency situations involving large populations. The main topics are: economic security and water and environment. The course prepares the ground for common approaches to public health among humanitarian organizations, thus contributing to better program coordination in emergency operations. The second week examines communicable diseases and epidemiology and health-related ethical issues that arise in humanitarian activities. It provides an overview of the main legal instruments, particularly international humanitarian law and human rights law, professional codes and declarations that are the basis for decision-making in humanitarian operations that respect the dignity of the victims they seek to assist.</td>
<td>International Committee of the Red Cross</td>
<td>Worldwide</td>
<td><a href="http://www.icrc.org/eng/resources/documents/misc/help_course.htm">http://www.icrc.org/eng/resources/documents/misc/help_course.htm</a></td>
<td>Consult Calendar for Fees Application is Required</td>
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<td>Decision Making and Resource Allocation in Medicine</td>
<td>This course is designed as an intensive study of ethical decision making in medicine with the major goal of developing critical thinking about the ethical aspects of clinical and social problems. The course will consider medical care of the elderly as a paradigm for decisions regarding life-sustaining technology, chronic care, and distributive justice in the allocation of health care resources. Students interested in pursuing related questions in other age groups and disciplines (pediatrics, psychiatry, critical care, and oncology) will be encouraged and assisted with appropriate readings. A central aspect of the course will be consideration of how clinical situations influence ethical decision-making.</td>
<td>Harvard Medical School</td>
<td>Beth Israel Deaconess Medical Center</td>
<td><a href="http://www.medcatalog.harvard.edu/coursedetails.aspx?courseid=16500">http://www.medcatalog.harvard.edu/coursedetails.aspx?courseid=16500</a></td>
<td>couldn't find cost</td>
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<td>Combined Humanitarian Assistance Response Training (CHART)</td>
<td>Introductory course designed to provide basic information about complex contingency operations in an international arena to I.S. military service men and women. The course has been adapted for foreign militaries requesting the training, including the Singapore Armed Forces and the Japan Self-Defense Forces.</td>
<td>Center for Excellence (COE) in Disaster Management and Humanitarian Assistance</td>
<td>online and onsite, location changes</td>
<td><a href="http://aseanregionalforum.asean.org/files/Archive/8th/Combined_HAR_Training_Singapore/doc2.pdf">http://aseanregionalforum.asean.org/files/Archive/8th/Combined_HAR_Training_Singapore/doc2.pdf</a></td>
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<td>DIMO</td>
<td>Mobile Education Team</td>
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<td>Peace Operation Training Institute</td>
<td>Online</td>
<td><a href="http://www.peaceopstraining.org/courses/ethics-in-peacekeeping/">http://www.peaceopstraining.org/courses/ethics-in-peacekeeping/</a></td>
<td>$60.00</td>
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<td>Middle East Cultural Awareness Training</td>
<td>MECA Training offers in depth Cultural Awareness Training on the Middle Eastern Region</td>
<td>MECA</td>
<td>online</td>
<td><a href="http://www.mecatraining.com/CulturalAwarenessandmilitary.html">http://www.mecatraining.com/CulturalAwarenessandmilitary.html</a></td>
<td>contact for price: <a href="mailto:info@mecatraining.com">info@mecatraining.com</a></td>
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## APPENDIX O: NAVY-CIVILIAN DICTIONARY

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<th>NAVY TERM</th>
<th>MEANING</th>
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<td>PUBLIC ADDRESS SYSTEM</td>
</tr>
<tr>
<td>AFT</td>
<td>TOWARDS THE BACK</td>
</tr>
<tr>
<td>ALL HANDS</td>
<td>ALL PERSONNEL AND STAFF</td>
</tr>
<tr>
<td>BERTHING</td>
<td>SLEEPING AREA</td>
</tr>
<tr>
<td>BOW</td>
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</tr>
<tr>
<td>BRIDGE/PILOTHOUSE</td>
<td>AREA FROM WHICH SHIP IS MANEUVERED (AKA “WHEELHOUSE”)</td>
</tr>
<tr>
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</tr>
<tr>
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<td>3-LINE PLACARD TELLING YOU WHERE YOU ARE ON THE SHIP (PAGE 22)</td>
</tr>
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<td>CHOW</td>
<td>FOOD</td>
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<td>CMAA</td>
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<tr>
<td>CMC</td>
<td>COMMAND MASTER CHIEF (SENIOR ENLISTED LEADER)</td>
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<td>CO</td>
<td>COMMANDING OFFICER</td>
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<td>COLORS</td>
<td>OBSERVANCE OF FLAG HONORS AND NATIONAL ANTHEM</td>
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<td>HEADWEAR (BALLCAP OR HAT)</td>
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<td>CHIEF PETTY OFFICER</td>
</tr>
<tr>
<td>DARKEN SHIP</td>
<td>CLOSE ALL PORTHOLES AND HATCHES TO WEATHERDECKS</td>
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<tr>
<td>DC</td>
<td>DAMAGE CONTROL</td>
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<td>DECK</td>
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<td>DIV-O</td>
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<td>FLIGHT QUARTERS</td>
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<td>FORWARD DECK WHERE ANCHOR IS LOCATED</td>
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<td>GALLEY/MESS DECK</td>
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<td>GOAT LOCKER</td>
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<td>STAIR WAYS</td>
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<td>LEADING PETTY OFFICER</td>
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<td>MUSTER / LAY TO</td>
<td>REPORT TO APPOINTED AREA</td>
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<td>NAV</td>
<td>NAVIGATION</td>
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<td>PASSAGeway/P-WAY</td>
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<td>MAIN ENTRANCE TO SHIP</td>
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<td>SCUTTLEBUTT</td>
<td>RUMORS/DRINKING FOUNTAIN</td>
</tr>
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<td>SEA AND ANCHOR DETAIL</td>
<td>EXTRA WATCHPOSTS THAT ARE MANNE...</td>
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<td>STRAP LOOSE ITEMS SECURELY OR TO CEASE</td>
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<tr>
<td>NAVY TERM</td>
<td>MEANING</td>
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<tr>
<td>--------------</td>
<td>----------------------------------------------</td>
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<tr>
<td>SKIPPER</td>
<td>COMMANDING OFFICER</td>
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<td>SMOKING LAMP</td>
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<tr>
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<td>RIGHT SIDE OF THE SHIP (STBD)</td>
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<td>BACK OF THE SHIP</td>
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<td>SWEEPERS</td>
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<td>TAPS</td>
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<td>WARDROOM</td>
<td>OFFICER'S MESS</td>
</tr>
<tr>
<td>WEATHERDECK</td>
<td>ANY DECK OUTSIDE THE SKIN OF THE SHIP EXPOSED TO WEATHER</td>
</tr>
<tr>
<td>XO</td>
<td>EXECUTIVE OFFICER (2ND IN COMMAND)</td>
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<tr>
<td>YOKE/ZEbra</td>
<td>CLOSING MARKED HATCHES THROUGHOUT THE SHIP</td>
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# APPENDIX P: INSIGNIA FOR US ARMED FORCES (ENLISTED / OFFICERS)

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<thead>
<tr>
<th>PAY GRADE</th>
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<th>E-2</th>
<th>E-3</th>
<th>E-4</th>
<th>E-5</th>
<th>E-6</th>
<th>E-7</th>
<th>E-8</th>
<th>E-9</th>
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</thead>
<tbody>
<tr>
<td><strong>NAVY</strong></td>
<td>SEAMAN RECRUIT</td>
<td>SEAMAN APPRENTICE</td>
<td>SEAMAN</td>
<td>PETTY OFFICER THIRD CLASS</td>
<td>PETTY OFFICER SECOND CLASS</td>
<td>PETTY OFFICER FIRST CLASS</td>
<td>CHIEF PETTY OFFICER</td>
<td>SENIOR PETTY OFFICER</td>
<td>MASTER PETTY OFFICER OF THE NAVY</td>
</tr>
<tr>
<td><strong>MARINES</strong></td>
<td>PRIVATE</td>
<td>PRIVATE FIRST CLASS</td>
<td>LANCE CORPORAL</td>
<td>CORPORAL</td>
<td>SERGEANT</td>
<td>STAFF SERGEANT</td>
<td>CUNNERY SERGEANT</td>
<td>FIRST SERGEANT</td>
<td>SERGEANT MAJOR</td>
</tr>
<tr>
<td><strong>ARMY</strong></td>
<td>PRIVATE</td>
<td>PRIVATE FIRST CLASS</td>
<td>CORPORAL</td>
<td>SERGEANT</td>
<td>STAFF SERGEANT</td>
<td>SERGEANT FIRST CLASS</td>
<td>FIRST SERGEANT</td>
<td>COMMAND SERGEANT MAJOR</td>
<td>SERGEANT MAJOR</td>
</tr>
<tr>
<td><strong>AIR FORCE</strong></td>
<td>AIRMAN</td>
<td>AIRMAN FIRST CLASS</td>
<td>SERGEANT</td>
<td>AIRMAN</td>
<td>AIRMAN FIRST CLASS</td>
<td>STAFF SERGEANT</td>
<td>TECHNICAL SERGEANT</td>
<td>MASTER SERGEANT</td>
<td>SENIOR MASTER SERGEANT</td>
</tr>
</tbody>
</table>

*Authorized only while serving as the senior enlisted member of any branch of military service.*
OFFICERS INsignia of the
UNITED STATES ARMED FORCES

NAVY

MARINES

ARMY

AIR FORCE
Gaining Access to Global Health Engagement APAN Site

For new APAN members

1. Follow link to APAN homepage: https://community.apan.org/default.aspx
2. Select “Join”
3. Complete membership access form. Once completed continue to page 3 to gain access to GHE site.
For existing APAN members, without access to GHE site

1. Follow link to Global Health Engagement (GHE) Home Page:
   https://wss.apan.org/s/globalhealthengagement/

2. All users on the web have access to our GHE Site Home Page below, however our GHE Community will need to request access to our Joint Collaborated “Missions and Engagements Page via the following link:
   https://wss.apan.org/s/GlobalHealthEngagement/SitePages/Missions.aspx
3. Select “request access” as shown in the access denied screen below

4. You will be notified via email, once the APAN administrator grants you access to your page.
5. For approval and access to specific private collaboration pages for your sub-groups, the following links provide direct access:
   - LNO and Health Attaches:  
     https://wss.apan.org/s/GlobalHealthEngagement/SitePages/LNO%20and%20Health%20Attaches.aspx
   - Fleet and Fleet Marine Force:  
   - NGOs:  
     https://wss.apan.org/s/GlobalHealthEngagement/SitePages/NGOs.aspx
   - Research and Development:  
     https://wss.apan.org/s/GlobalHealthEngagement/SitePages/Research%20and%20Development.aspx
   - DECOM South Africa:  
     https://wss.apan.org/s/GlobalHealthEngagement/SitePages/DEFCOM.aspx
   - GHE Office:  
     https://wss.apan.org/s/GlobalHealthEngagement/SitePages/GHE%20Office.aspx
6. Once a member, to access page in future: bookmark/favorite the GHE page  
   https://wss.apan.org/s/globalhealthengagement in your internet browser or search for “Global Health Engagement” on APAN home page search bar.
Navigating the GHE’s APAN site

Overview

The GHE APAN site can be navigated by the navigation bar (see picture below). The tabs on the navigation bar are the different pages and communities of the GHE site. In regards to privileging and access, these pages are classified as joint pages, and private pages. Joint pages – GHE Home and Mission and Engagements – may be viewed by any member of the GHE site. Private Pages – DEFCOM South Africa, LNOs and Health Attaches, Fleet, NGOs, and GHE Office, can be viewed depending on your access privileges. The following section explains key features of both the joint and private pages.

Libraries

The document library serves as a storage space for important references and resources that may be relevant for the many groups involved in the site. The “Joint Library” may be found on every page, in addition to a private library on each private page. You may view and download files to your desktop, add documents to folders, or create your own folders within the main folders pictured to the right.

Adding Documents

Anyone can add a document to the library, use the “add document” (shown directly above) button. Please ensure all documents are PDF format.

Adding Folders
To add a folder to the library, select the library heading (e.g. GHE Joint Library). This will open up a webpage with only the library open. At the top of the page you’ll see “Library Tools” in the ribbon as pictured to the right. Select, “Documents” tab then the “New Folder” icon. This will allow you to create a new folder in the library. Please ensure you have the main folder open where you would like to create the folder. For example: select the Academic Community Folder if this is where you would like the folder created, then follow the creating new folder process as previously directed.

**Discussion Board**

The discussion board is a place to have a newsgroup-style discussion. The discussion board allows any individual to create a new discussion thread. Topics can be of the user’s preference and can be replied to as many times as desired. See below to 1) add a new discussion, and 2) reply to a thread.

1. **Select add a new discussion, circled to the right:**

2. **Select the thread title on the discussion board, and select the reply icon shown below:**
Useful Links

Each page may include useful links which are hyperlinked to direct the user to external sites. While the GHE Office strives to have the most up to date and informative resources, please contact the GHE Office if you believe a link is outdated or you would like to recommend a resource on a joint/private page. To provide feedback, contact GHEAPAN.Support@med.navy.mil.

Additional APAN Support Contact Information

General APAN Support

For general APAN access questions that are non-GHE APAN related, please contact the support hotline, or visit the APAN support homepage for additional reference.

Hotline

COMM: 808-472-7841

DSN: 315-472-7841

APAN Support Homepage

https://community.apan.org/support/default.aspx

GHE APAN Support

For specific APAN questions and concerns that are GHE APAN related, please contact the GHE Office below:

Global Health Engagement Office Contact

GHEAPAN.Support@med.navy.mil

(703) 681-2540
APPENDIX R: PHOTOGRAPHY AND VIDEO POLICY

BUMED INSTRUCTION 3104.2A

From: Chief, Bureau of Medicine and Surgery

Subj: USE OF PERSONALLY OWNED IMAGING AND RECORDING DEVICES

Ref: (a) SECNAVINST 5720.44C
(b) BUMEDINST 3104.1
(c) DoDINST 6025.18-R of January 24, 2003
(d) SECNAV Manual 5210.1 of Jan 2012

Encl: (1) Definitions
(2) Sample Exemption to Policy Request Letter

1. Purpose. This instruction provides guidance and establishes Navy Medicine policy and responsibilities for the use of personally owned imaging and recording devices for all Medical Department health care personnel.

2. Cancellation. BUMEDINST 3104.2.

3. Scope. This policy extends to all Navy Medical Department personnel, without regard to duty status or status. Medical Department commanders, commanding officers, and officers in charge shall develop local instructions and regulations based upon the policies established herein to mitigate the potential for privacy and ethical violations that may arise from the use of such devices. The definitions provided in enclosure (1) are to be used in the development of any subordinate instruction or policy. Medical Department Public Affairs Officers (PAOs) and Combat Cameramen are governed by reference (a). Biomedical Photography Laboratories are governed by reference (b), and are exempted from this policy in the execution of their official duties. Violations of this instruction subjects military members to disciplinary action under the Uniform Code of Military Justice (UCMJ). Violations of this instruction by DoD civilian employees and contractors may result in adverse administrative action.

4. Background. As the popularity and availability of digital recording devices increases, so does the potential for violating patient privacy and the trust inherent in the provider-patient relationship. Once a recording is transmitted to the Internet (to include social networks), the ability to protect the subject’s confidentiality or restrict its distribution is inherently lost. All parties have a duty to protect Individually Identifiable Health Information (IIHI). Photographic and comparable images where a patient is identifiable falls within the definition of “protected health information” per reference (c). This extends beyond any regulation or law and is a matter of basic respect for our patients, shipmates, and colleagues. Furthermore, as health care professionals, we are bound to a high ethical standard and an inherent duty to protect our patients from any real or potential harm.
5. Responsibilities

a. **Navy Medicine Education and Training Command.** Develop and incorporate training programs that address the policies established herein and emphasizes the ethical importance of protecting patient privacy.

b. **Medical Department Commanders, Commanding Officers, and Officers in Charge.** Publish the moral, ethical, and legal standards associated with this instruction and ensure compliance by issuing local instructions to provide detailed guidance.

c. **Medical Department Personnel.** All personnel, as defined by enclosure (1) must adhere to the policies set herein and fully understand that as health care professionals, they are held to a high moral and ethical standard to protect their patients at all times. They are also directed to report any possible violations of this instruction to their immediate chain of command, without delay.

6. Policy

a. It is hereby prohibited for any Navy Medicine personnel (military, civil service, contract, or volunteer) to utilize personally owned imaging and recording devices to make any recording of patients, patients' families, or human remains in a health care setting, unless authorized by their commander, commanding officer, or officer in charge.

b. Clinical photography of patients may be appropriate for the diagnosis and treatment of medical conditions and for the purpose of professional education, board certification, licensure, and for the advancement of science. Health care professionals must ensure all appropriate documentation, permissions, and images are per current policies and are maintained as part of official records. Clinical photography can be accomplished through a variety of multimedia technology to collect, analyze, and store patient protected health information. Use of these media will be carefully controlled and executed in compliance with all regulations as well as other organizational policies and procedures.

c. When available, government-owned facilities and equipment shall be utilized to the maximum extent possible. However, commanders, commanding officers, and officers in charge may, at their discretion, provide for exceptions where a personally-owned device may be used for mission-essential purposes. Enclosure (2) is provided as a sample request and approval for exemptions and may be modified to suit command-specific requirements.

d. Commands desiring to authorize utilization of personal imaging equipment must establish local policies and procedures to ensure consistency with this instruction and shall include provisions for:

   (1) Requesting and approval of non-government recording devices. Approvals may be granted for up to 1 year and must be documented in the staff member's professional record. Use of mobile devices such as cell phones and personal digital assistants are strictly prohibited and may not be authorized.
(2) Establishment of procedures, training, and equipment to transfer images taken with personal devices onto government computers. Once transferred, photographs must be included as part of the patient’s medical record if clinically relevant, protected as Personally Identifiable Information (PII), and immediately destroyed/deleted from the camera and memory card.

(3) All patient recordings, regardless of recording mechanism, are subject to the various protections noted in law (Privacy Act, Health Insurance Portability and Accountability Act of 1996 (HIPAA), Department of Defense Regulations, and The Joint Commission (TJC) accreditation requirements. Photographs for education and training are meant to stay within the facility and shall not be released for outside conferences or included in handouts without clearance from legal (HIPAA/Privacy) and approval from the commander, commanding officer, and officer in charge.

(4) Images may not be transmitted via unsecure e-mail and must be stored on government equipment authorized for PII.

e. No clinical photography may occur without a separate written informed consent of the patient, legal guardian, or next of kin and must be appropriately labeled for storage. Consent for any clinical photography shall be provided on DD Form 2870, Authorization for Disclosure of Medical or Dental Information and include the following provision in block (8): “Photographs are for the purpose of inclusion in my medical records, educational purposes and/or possible use in medical exhibits, publications of medical knowledge, and lectures for the training of medical and paramedical personnel.”

f. Photography or filming of human causalities, as well as the possession, distribution, transfer, or posting, whether electronically or physically, of visual images depicting patients or human casualties, except as required for official duties, is prohibited.

7. Patients and Visitors. Commanders, commanding officers, and officers in charge should respect that many important life milestones occur within medical treatment facilities (MTFs) and Department of the Navy (DON) health care settings. Patients and their families should be afforded the opportunity to record those events per local instructions and regulations, but shall attain the permission of an authorized staff member prior to making any recording. At any time, a staff member may request that recordings cease if they deem it to be in the best interest of the patient or interferes with the delivery of care.

8. Consent. Under no circumstances will any recording be made without the explicit consent of all whose identifiable image is captured. A parent or guardian must provide consent for any recording made of a minor and the authorized Next of Kin must provide consent for recording of human remains.

9. Public Affairs. Official photography in MTFs and during medical missions in support of Navy, command and unit Public Affairs goals is permitted. Approval and release of imagery will be in compliance with Chapter 2, section 210 of reference (a).
10. **Existing Recordings.** Any Medical Department personnel and MTF staff members who possess recordings of patients or human remains stored on a personally owned imaging or recording device shall take immediate corrective action to delete those records. If members believe a recording is of educational or scientific value and needed in the performance of official duties, they may request support from their command Information Assurance Manager to transfer the files onto a government-owned system for management per paragraph 6b. Once files are securely transferred, all files must be immediately deleted from their personally-owned device(s).

11. **External Agencies Working in DON Health Care Settings.** Personnel from external agencies (e.g., other Services, other Government agencies, coalition partners, and non-governmental organizations), working in DON health care settings are subject to the policies set forth in this instruction.

12. **Records Management.** Records created as a result of this instruction, regardless of media and format, shall be managed per reference (d).

13. **Form and Sample Format**


   b. The Sample Exemption to Policy Request Letter (enclosure (2)) is provided as a Word template at: [http://www.med.navy.mil/directives/Pages/SampleFormats.aspx](http://www.med.navy.mil/directives/Pages/SampleFormats.aspx)

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Distribution is electronic only via the Navy Medicine Web site at: [http://www.med.navy.mil/directives/Pages/BUMEDDDirectives.aspx](http://www.med.navy.mil/directives/Pages/BUMEDDDirectives.aspx)
DEFINITIONS

Health Care Setting  Any location where medical or dental care may be delivered to include, but not limited to MTFs, dental facilities, and expeditionary medical capabilities ashore or afloat.

Medical Department Personnel  Any person employed, contracted, or sponsored by the Department of the Navy to carry out official duties within any health care setting under the technical and professional control of the Chief, Bureau of Medicine and Surgery. For the purposes of this instruction, it includes military, civil servants, contractors, and volunteers.

Next of Kin  Any person designated by law to make medico-legal decisions for a person.

Recording and Imaging Device  Any apparatus capable of recording images, videography, and/or audio.

Enclosure (1)
SAMPLE EXEMPTION TO POLICY REQUEST LETTER

From: Name of individual requesting the exemption
To: Title and Name of Activity Approving the Request

Subj: REQUEST FOR EXEMPTION TO PERSONALLY OWNED RECORDING AND IMAGING DEVICES POLICY ICO (REQUESTOR)

Ref: (a) BUMEDINST 3104.2A
(b) (Insert Local Instruction Number)

1. Per reference (a), I respectfully request permission to utilize a personally owned recording/imaging device in the performance of my official duties as (Title). As such, the audiovisual documentation of patients is required for (provide explanation detailing reasons for request and why government equipment cannot be used - e.g., requirement for clinical residency program, board certification, etc.).

2. I understand that should this request be approved, I am only authorized use of exempted equipment for documenting clinical cases necessary for the performance of my official duties and this exemption expires on (date of end of program/project or 1 year from request date, if applicable).

3. I further understand that patient consent must be obtained prior to making any recording per reference (a) and that patient dignity and privacy is paramount. I have read and understand all pertinent orders and instructions pertaining to the use of such equipment and the consequences for their misuse.

4. I also know and understand local policies contained in reference (b) that detail the procedures for the transfer, storage, and transmission of recordings. Images taken on a personally owned device must be transferred onto an authorized government computer and all files deleted from my personal device prior to being removed from the facility.

(Other information may be added that is command-specific)

I. M. SAILOR

Copy to:
Professional Records
Director of Clinical Program/Project

Enclosure (2)