

CHAPTER 1
ORGANIZATION AND PERSONNEL

Section A. Organization.

1. Mission of the Coast Guard Health Services Program.
2. Director of Health and Safety.
3. Health and Safety Division, Maintenance and Logistics Commands MLC (k).
4. Responsibilities of Commands with Health Care Facilities.

Section B. Personnel.

1. General Duties of Medical Officers.
2. Duties of Senior Medical Officers.
3. Duties of Flight Surgeons.
4. General Duties of Dental Officers.
5. General Duties of Senior Dental Officers.
6. Primary Duties and Responsibilities of Chief, Health Services Division.
7. General Duties of Pharmacy Officers.
8. Maintenance and Logistics Command Pharmacy Officers.
9. Environmental Health Officers.
10. Clinic Administrators.
11. Physician Assistants (PA/PYA(s)) and Nurse Practitioners (NP).
12. TRICARE Management Activity-Aurora (TMA) Liaison Officer.
13. Health Services Technicians.
14. Health Services Technicians with a Dental qualification code (Dental Technician).
15. Independent Duty Health Services Technicians (IDHS).
16. Coast Guard Beneficiary Representatives at Uniformed Services Medical Treatment Facilities (USMTF).
17. Coast Guard Representative at the Department of Defense Medical Examination Review Board (DODMERB).
18. Health Benefits Advisors (HBA).
19. Dental Hygienists.
20. Red Cross Volunteers.
21. Volunteers.

Section C. Coast Guard Health Services Officer Training Matrix.

1. Introduction.
2. Coast Guard Medical Officer Training Matrix
3. Coast Guard Dental Officer Training Matrix
4. Coast Guard Leadership Courses Matrix
5. Coast Guard CBRNE Courses Matrix
6. Coast Guard Disaster Training Matrix

CHAPTER 1

ORGANIZATION AND PERSONNEL

Section A. Organization.

1. Mission of the Coast Guard Health Services Program.1
2. Director of Health and Safety.1
3. Health and Safety Division, Maintenance and Logistics Commands MLC(k).3
4. Responsibilities of Commands with Health Care Facilities.5

CHAPTER 1 ORGANIZATION AND PERSONNEL

Section A. Organization.

1. Mission of the Coast Guard Health Services Program.
The mission of the Coast Guard Health Services Program is to provide health care to active duty and reserve members in support of Coast Guard missions, to ensure the medical and dental readiness of all Coast Guard members to maintain ability for world-wide deployment and to ensure the availability of quality, cost-effective health care for all eligible beneficiaries.
2. Director of Health and Safety (CG-11).
 - a. Mission. The mission of the Director of Health and Safety is to:
 - (1) Serve as advisor to the Secretary of Homeland Security.
 - (2) Serve as advisor to the Commandant.
 - (3) Develop and implement the Coast Guard's overall health care program.
 - (4) Develop and implement the Coast Guard's overall safety program.
 - (5) Develop and implement the Coast Guard's overall work-life program.
 - (6) Administer a comprehensive automated Medical Information System.
 - b. Duties and Responsibilities. Under the general direction and supervision of the Commandant, Vice Commandant, the Chief of Staff, and Assistant Commandant for Human Resources, the Director of Health and Safety shall assume the following duties and responsibilities:
 - (1) Serve as Program Director (PD) for the Health Services Program (CG-112), the Safety and Environmental Health Program (CG-113) and the Work-Life Program (CG-111).
 - (2) Act as advisor to the Commandant in providing counsel and advice on:
 - (a) Health care issues affecting operational readiness and quality of life in the Coast Guard.
 - (b) Interdepartmental and inter-service agreements for health care of Coast Guard personnel.
 - (c) The significance of legislative matters affecting the Coast Guard Health Services, Worklife and Safety and Environmental Health Programs.

- (d) Important developments in the Department of Defense and the Department of Health and Human Services which affect the Coast Guard Health Services, Worklife and Safety and Environmental Health Programs.
- (3) Serve as advisor to the Secretary in developing and implementing departmental national security/defense emergency medical, health, and sanitation policies and plans and such other advisory services that may be required or requested.
- (4) Ensure availability of a comprehensive, high quality health care program (quality is defined as the desired level of performance against established standards and criteria) for all authorized beneficiaries.
- (5) Plan, develop and administer a comprehensive program for the prevention of illness and injury of Coast Guard personnel and dependents, to reduce losses, and protect the environment in Coast Guard working facilities and living spaces/by establishing and maintaining adequate safety and environmental health standards for aircraft, vessel, shore facilities, and motor vehicle; providing information and encouragement to beneficiaries for personal wellness programs and providing healthy and pleasing meals at Coast Guard dining facilities.
- (6) Liaison with TRICARE Management Activity (TMA), including the appropriation of funds, on behalf of the Coast Guard as provided in the Dependents Medical Care Act and regulations pursuant thereto.
- (7) Monitor and protect the health of personnel attached to the Coast Guard through the Occupational Medical Surveillance and Evaluation Program (OMSEP).
- (8) Direct the administration of funds in those appropriations or allotment fund codes under the control of the Director of Health and Safety, including furnishing total budget estimates and apportionment or allotment recommendations to the Chief of Staff.
- (9) Advise responsible offices concerning establishing physical standards for military duty and special operational programs.
- (10) Procure and recommend assignments to the Commander, Coast Guard Personnel Command (CGPC), and review the performance of Public Health Service personnel detailed to the Coast Guard.
- (11) Provide professional health care guidance to all health services personnel.

- (12) Maintain liaison with the Public Health Service, the Department of Veterans Affairs, the Department of Defense, and other Federal agencies and serve on interservice boards and committees as appointed.
- (13) Set policy and guidelines for the subsistence program.
- (14) Provide technical advice to operating program managers.
- (15) Set policy and guidelines for health care quality assurance; and act as the Governing Body for Coast Guard health care.
- (16) Set policy and guidelines for the [Substance Abuse Program](#).
- (17) Serve as a member of the Human Resources Coordinating Council.
- (18) Administer the Coast Guard Emergency Response System.
- (19) Oversee the detailed Public Health Service personnel. The responsibility of the Public Health Service for providing physicians, dentists, and other allied health personnel support to the Coast Guard is set forth in 42 USC, 253. These personnel are provided on a reimbursable basis and are subject to Coast Guard regulations and the Uniform Code of Military Justice (UCMJ).
- (20) Set policy and guidelines for the enforcement of the Health Insurance Portability and Accountability Act (HIPAA) at Coast Guard health care program facilities.

3. Health and Safety Division, Maintenance and Logistics Commands MLC (k).

a. Mission. The mission of MLC (k) is to:

- (1) Interpret and implement health care policies as set forth by the Commandant.
- (2) Develop and implement the Coast Guard's overall Health Services, and Safety and Environmental Health Programs for the Area.
- (3) Serve as Health Care Advisor to Commander, Maintenance and Logistics Command.

b. Functions and Responsibilities. Under the direction and supervision of the Commander, Maintenance and Logistics Command (MLC), the Chief, Health and Safety Division shall:

- (1) Act as Medical Advisor to the Area commander in providing counsel and advice on:

- (a) Interagency and inter-service agreements for health care of Coast Guard personnel.
 - (b) The significance of legislative matters affecting the Coast Guard health care program.
 - (c) Important developments in the Department of Defense which affect the Coast Guard health care program.
- (2) Serve as advisor to the Area commander in developing and implementing national defense emergency medical, health, and sanitation policies and plans.
 - (3) Plan, develop, and administer a comprehensive health care program for all beneficiaries.
 - (4) Develop health services mobilization requirements and support documents;
 - (5) Review and act on requests for contract health care services.
 - (6) Act as contract technical representative in reviewing health care contract proposals.
 - (7) Administer the health care quality assurance improvement program.
 - (8) Administer the Safety and Environmental Health Programs.
 - (9) Administer the Substance Abuse and Treatment Prevention Program (IAW PersMan and Health Promotion Manual).
 - (10) Develop and implement pharmaceutical support services.
 - (11) Manage and supervise the laboratory certification process.
 - (12) Be responsible for providing funding for direct health care expenditures.
 - (13) Be responsible for the general oversight of health care budgets.
 - (14) Be responsible for the oversight of general clinic policy to include setting standards for clinic operations and prioritizing of clinic functions IAW the mission of the Health Services Program.
 - (15) Designate clinics as catchment area patient management sites.

- (16) Maintain liaison with U. S. Public Health Service, the Department of Veterans Affairs and the health departments of the Department of Defense and other Federal agencies within the area of responsibility.
- (17) Ensure compliance with HIPAA requirement.
- (18) Be responsible for implementing a comprehensive Medical Information System.
- (19) Be responsible for assigning Designated Medical Officer Advisors (DMOA) to all independent duty HS's and for oversight of overseeing the DMOA program.
- (20) Review and validate all area health care proposals submitted to meet current and out year mission planning requirements. This includes personnel billet restructuring, facility renovation / construction proposals, and electronic resource proposals.
- (21) Ensure each CG unit is assigned to a Coast Guard clinic or sick bay for the purposes of operational medical readiness and health service support. Ensure every clinic/sick bay is aware of their responsibility for the units within their designated AOR.
- (22) Coordinate with unit commanding officers to detail health services personnel (officer and enlisted, Coast Guard and Public Health Service) for special assignments including meeting short-term staffing needs.
- (23) Be responsible for the general oversight of subsistence program by providing assistance to Coast Guard units (ashore and afloat) to ensure the maintenance of high quality food service operations.
- (24) Oversee the Coast Guards HIV program.

4. Responsibilities of Commands with Health Care Facilities.

Unit commanding officers shall be responsible for:

- (a) Oversight of clinic procurements.
- (b) Ensuring adherence to policies, military regulations and general administrative procedures.
- (c) Funding for administrative and non-health care expenditures for clinics.
- (d) Ensuring compliance with action items required by quality assurance site surveys.
- (e) Maintenance, repair and general support of clinic facilities.

- (f) Working with the appropriate MLC in fostering quality, productivity and operating efficiencies.
- (g) Support the utilization of assigned health services personnel for maintaining operational medical readiness health service support to Coast Guard personnel within the designated clinic/sick bay AOR. This includes medical and dental readiness support and regional Flight Surgeon on-call responsibilities.

CHAPTER 1

ORGANIZATION AND PERSONNEL

Section B. Personnel

1.	General Duties of Medical Officers (MO).....	1
2.	Duties of Senior Medical Officers.	7
3.	Duties of Flight Surgeons.	9
4.	General Duties of Dental Officers.	11
5.	General Duties of Senior Dental Officers.....	12
6.	Primary Duties and Responsibilities of Chief, Health Services Division.....	14
7.	General Duties of Pharmacy Officers.....	16
8.	Maintenance and Logistics Command Pharmacy Officers.....	17
9.	Environmental Health Officers.	18
10.	Clinic Administrators.....	20
11.	Physician Assistants (PA) and Nurse Practitioners (NP).....	23
12.	TRICARE Management Activity-Aurora (TMA) Liaison Officer.....	24
13.	Health Services Technicians.....	25
14.	Health Services Technicians –with a Dental qualification code (13).....	28
15.	Independent Duty Health Services Technicians (IDHS).	29
16.	Coast Guard Beneficiary Representatives at Uniformed Services Medical Treatment Facilities (USMTF).....	33
17.	Coast Guard Representative at the Department of Defense Medical Examination Review Board (DODMERB).....	35
18.	Health Benefits Advisors (HBA).....	36
19.	Dental Hygienists.....	38
20.	Red Cross Volunteers.	40
21.	Volunteers.....	40

This page intentionally left blank.

CHAPTER 1 ORGANIZATION AND PERSONNEL

Section B. Personnel

This section describes the primary duties and responsibilities of personnel that provide health service support within the Coast Guard direct care system. The primary missions of the CG direct care system are health care to active duty and reserve members in support of Coast Guard missions and ensuring the medical and dental readiness of CG members for world-wide deployment.

1. General Duties of Medical Officers (MO).

The principal mission of medical officers is to support the operational missions of the Coast Guard. Medical Officers include Physicians, Physician Assistants (PA), and Nurse Practitioners (NPs) who are members of the Coast Guard or Public Health Service detailed to the Coast Guard. Medical officers are required to have appropriate certification or licensure while assigned to the Coast Guard. Physicians must have an unrestricted state license to practice medicine. See 1-B-11 for nurse practitioner and physician assistant credential requirements. Civilian medical practitioners (under contract to the Coast Guard or GS employees) assigned to a medical treatment facility are considered medical officers to the limits defined by the language of their contract and/or job description. Civilian medical practitioners who have a contract with the Coast Guard to see patients in their private offices are not considered medical officers for the purpose of this instruction.

- a. Primary duties and responsibilities: The primary duties and responsibilities of the Coast Guard Medical Officer, in support of CG missions, as authorized by applicable laws and regulations are:
 - (1) To provide health care for all Coast Guard active duty and reserve personnel. This will be accomplished, in part, by:
 - (a) Treatment of sick and injured personnel.
 - (b) Prevention and control of disease.
 - (c) Making the appropriate referrals IAW existing policy and regulation.
 - (d) Promotion of healthy lifestyle choices.
 - (e) Giving advice on such matters as hygiene, sanitation, and safety.
 - (f) Recommending duty status of active duty/reserve personnel (and Coast Guard civil service employees, if applicable).
 - (g) Ensuring that the member is notified of results of all PAP smears, mammograms, biopsies, pregnancy tests, and all tests that are abnormal or whose results indicate a need to initiate or change treatment and/or duty status.

- (2) Ensure the medical and dental fitness/readiness for unrestricted worldwide duty of active duty and reserve personnel.
- (3) Ensure all appropriate documentation is completed in appropriate Medical Information Systems (MIS), Medical Readiness System (MRS), Composite Health Care System (CHCS) (including proper utilization and completion of CPT and ICD codes in CHCS) and Dental Common Access System (DENCAS), as applicable (see Chapter 14 for information of CG MIS).
- (4) Ensure that all HSs under their responsibility are properly trained in the clinical and emergency medicine aspects of the HS rate and proactively participate in the HS training program in order to prepare the HS for Independent Duty. This is primarily accomplished through the function as Designated Medical Officer Advisor (DMOA) and Designated Supervising Medical Officer (DSMO) to the HSs so assigned (see below for further description). Every HS performing duties in a CG clinic or sick bay shall be assigned a DSMO or a DMOA as appropriate. The DSMO and DMOA will function as the signature authority for clinical practical factors /qualifications for HSs assigned. The duties include:
 - (a) Ensuring that HSs who participate in EMT operations maintain their certification, knowledge and Health Services skills in EMT operations.
 - (b) Provide Health Services refresher training on clinical and emergency procedures.
 - (c) Preparing, through training and experience, health services technicians for independent duty assignments.
- (5) Thoroughly understand all operational missions of the unit and other CG units within the clinic/sickbay AOR and the human factors involved in performing them.
- (6) Maintain an active interest and participate in the local unit's safety program, assist the safety officers in planning, implementing, and coordinating the unit safety program, and advise the command on safety issues.
- (7) Be thoroughly familiar with the types of personal protective and survival equipment carried at the unit. Be familiar with the Rescue and Survival System Manual, COMDTINST M10470.10 (series).
- (8) Actively participate in the unit training program to ensure that personnel are capable of coping with the hazards of mission performance by presenting lectures and demonstrations which include, but are not limited to:

- (a) Fatigue.
 - (b) Emergency medicine.
 - (c) Stress.
 - (d) Drug and alcohol use and abuse.
- (9) Participate in a program of continuing education and training in operational medicine including training with other branches of the Armed Forces. This is accomplished primarily through attendance at annual training offered through various DoD sources. (See chapter 1C of this Manual for further guidance).
- (10) Participate in all required initial and annual training in the privacy and security requirements mandated by Health Insurance Portability and Accountability Act (HIPAA).
- (11) Serve as the medical member in physical disability evaluation cases.
- (12) Advise commanding officers on: health status of personnel; the physical fitness of personnel; immunization/medical readiness standards; nutritional adequacy / weight control, food handling and preparation; heating, ventilation, and air conditioning; housing; insect, pest, and rodent control; water supply and waste disposal; safety.
- b. Amplifying policy/guidance for MO's. Amplifying policy/guidance for the appropriate Performance of the CG MOs duties will include:
- (1) Designated Supervising Medical Officer (DSMO). Medical officers assigned as “designated supervising medical officer” (DSMO) will assume clinical responsibility for the treatment provided by each health services technician in their clinic for whom they are responsible. Additionally, the DSMO is responsible for ensuring the completion of clinical practical factors / qualifications for each HS that is supervised and is the signature authority for signing off on these qualifications. Assignment as a DSMO shall be made in writing and signed by the DSMO's commanding officer. Clinical supervision and accountability is defined as follows:
 - (a) During normal clinic hours, HS consultation with the DSMO as determined by that medical officer, review 20 percent of each day's new patient encounters seen only by the HS, and review 100 percent of all patient encounters seen only by the HS who return with no improvements. (Ideally these reviews would include the patient's presentation to the medical officer.) The DSMO shall countersign all records reviewed.
 - (b) Outside normal clinic hours, direct or telephone consultations may be coordinated with the DSMO or duty MO. The following

working day, a review of 100 percent of all visits seen only by the HS will be done by the DSMO or duty MO. The DSMO or duty MO shall countersign all records reviewed.

- (c) The DSMO shall use the variety of clinical presentations of illness and injury to provide ongoing clinical training to the HSs that provide care under their oversight. It is imperative that medical officers use every available teaching opportunity to ensure that HSs are trained to provide care as an Independent Duty HS.
- (2) Designated Medical Officer Advisor (DMOA). Health Services Technicians on independent duty (IDHSs) shall have a DMOA identified. The DMOA shall provide professional advice and consultation to the IDHS and shall ensure that the IDHS maintains his/her clinical competency. The DMOA, with the XO of the IDHS's unit, is responsible for ensuring the medical and dental readiness compliance through the supervised IDHS. Additionally, the DMOA is responsible for ensuring the completion of clinical practical factors/ qualifications for each IDHS that is supervised and is the signature authority for signing off on these qualifications. The cognizant MLC (k) shall apportion units with IDHSs to units with medical officers attached. The MLC will make such assignments in writing, addressed to the Chief, Health Services Division of the clinic providing support, via their Commanding Officer. Upon the Chief, Health Services Division's assignment of a DMOA to an IDHS, the assignment letter will be forwarded to the DMOA via the DMOA's commanding officer. A copy of this assignment letter shall be forwarded, by the clinic medical administrator, to the IDHS' unit (CO/XO) and to the appropriate MLC(k) and Commandant (CG-1121). Assignment letters shall be addressed to the specific individuals involved, and new letters shall be issued following a change of DMOA or IDHS. The cognizant MLC (k) shall make assignment changes as necessary and forward such information to the affected units and Commandant (CG-1121). Commanding officers with CG Medical Officers designated as DMOAs shall support the additional AOR duties and responsibilities of the DMOAs assigned to his/her command. The DMOA shall be thoroughly familiar with the duties and responsibilities of the IDHS as outlined in this section and in Chapter 9 of this Manual. Professional advice and consultation, in this instance, is defined as follows:
- (a) Telephone, radio, or e-mail / electronic consultation regarding specific cases as necessary between the HS and the DMOA. This does not preclude consultation between the HS and another Coast Guard medical officer, a medical officer of the Army, Navy, Air Force, or USPHS, or a physician under contract to the Coast Guard whose contract provides for such consultations.

- (b) Visit with assigned HS. The DMOA should have his assigned HSs come to the clinic for a personal visit. This visit should be scheduled as soon after the HS reports as is practical. This visit will normally be scheduled for a period of at least two weeks as this will allow the time required for the DMOA to evaluate the HS's performance factors and qualifications, and to develop a formulary for the HS. This visit is an excellent opportunity for a more junior corpsman at the clinic to gain experience as an IDHS by providing backfill at the IDHS's unit.
- (c) Schedule regular visits with assigned IDHS's (once a quarter) when practical, or at minimum, regular telephone calls.
- (d) Treatment record review: At the end of each quarter, the commanding officer of the independent duty HS or his designee (cannot be the HS) shall select at random 15 health records which have at least one entry made by the HS during the previous quarter. For each of these records, copies shall be made of all SF 600 entries during the quarter. Copies of the SF-600's shall be sealed in an envelope and marked for the "DMOA's Eyes Only". The copies are then forwarded to the DMOA for review. The DMOA shall review these record entries according to established criteria for record review at his/her facility. Each record entry (copy) shall be annotated "reviewed," dated, and stamped with the DMOA's name and pertinent comments made concerning the record entry. One copy of the reviewed record entries shall then be returned to the HS via the unit's commanding officer. A second copy of the reviewed entries shall be retained by the DMOA. Both the HS and DMOA copies shall be retained at the respective commands for a period of three years, for MLC review during QA site surveys. The record review shall be discussed with the HS in the quarterly phone contact between the DMOA and the HS. The DMOA is encouraged to provide input to the unit CO or XO regarding the professional performance of the independent duty HS.
- (e) In addition to (d) above, the DMOA will review all record entries on each patient that required consultation between the DMOA and IDHS. The IDHS may forward these copies directly to the DMOA by a process separate from (d) above.
- (f) Review of MLC quality assurance site survey reports for the independent duty site: The DMOA and HS shall review the MLC quality assurance site reports for the site. They shall collaborate on the required written plan of corrective actions which must be submitted to the MLC following the site survey. The DMOA should also consult with the unit commanding officer regarding the findings of the survey report. MLC (k) shall ensure that the reports are made available for review by the DMOA and the IDHS.

- (g) Special situation: Additional responsibilities for DMOAs assigned to support MSSTs and EMSSTs are in development but shall include the active involvement and oversight of the training and mission assistance incumbent on developing a special operations/tactical medical operations program for the assigned units. It is anticipated that MSST DMOAs will have responsibility for providing medical control duties for the supported unit. DMOAs assigned to MSSTs shall be physicians and will be expected to attend additional training for tactical medical knowledge and experience.
- (3) Physical Examinations. Medical officers shall conduct physical examinations in accordance with Section 3-C of this Manual and in cases involving disability evaluation be guided by the Physical Disability Evaluation System, [COMDTINST M1850.2 \(series\)](#), and the Department of Veterans Affairs Publication, Physician's Guide for Disability Evaluation Examinations.
- (4) Reports to Command. Report injuries to, or deaths of, personnel; damage, destruction, or loss of health services department property; and any other important occurrence, to the commanding officer for entry into appropriate log. Report any suspected child/spouse abuse to the commanding officer, and local law enforcement/child protective agency in accordance with the Family Advocacy Program, [COMDTINST 1750.7 \(series\)](#), and other local, state, or Federal law. Report patients in serious or critical condition to the commanding officer, with the information needed to notify the next of kin.
- (5) Educational Measures. Conduct health education programs, including disseminating information about preventing disease and other subjects pertaining to hygiene and sanitation.
 - (a) Sexually Transmitted Diseases. Conduct or supervise the instruction of personnel regarding sexually transmitted diseases and advise them of the associated dangers.
 - (b) First Aid Instruction. Conduct or supervise a program which will ensure knowledge and ability in first aid.
 - (c) Occupational Medical Surveillance and Evaluation Program (OMSEP). Conduct or supervise a program to indoctrinate personnel in the various aspects of occupational health and the OMSEP.
 - (d) Human Immunodeficiency Virus (HIV). Conduct or supervise the instruction of personnel regarding (HIV) and advise them of the associated dangers.
 - (e) Wellness. Conduct or supervise a program to emphasize the importance of life-styles in maintaining health.

- (f) Human Services. Conduct or supervise the instruction of Health Services personnel to ensure they are aware of all the services available to maintain a state of well being for personnel.
 - (g) Cooperation with other agencies. Cooperate with Federal, state, and local agencies for preventing disease, reporting communicable diseases, and collecting vital statistics.
- (6) Medical officers may also provide health care for other eligible beneficiaries as authorized by applicable laws and regulations.

2. Duties of Senior Medical Officers.

The senior medical officer attached to a unit is responsible, though the Chief of the Health Services Division (C, HSD) to the commanding officer of the unit for the provision of health services. In addition to the general duties of a medical officer, the senior medical officer is responsible for:

- a. Ensuring the medical readiness. Ensuring the medical readiness directly and through the DMOA, DSMO and HSs assigned, the medical readiness of unit's in the assigned AOR.
- b. Prescribed regulations. Performing those duties as prescribed in United States Coast Guard Regulations, [COMDTINST M5000.3 \(series\)](#) and section (1 B 6) below if designated by Commander, Coast Guard Personnel Command (CGPC) as division chief.
- c. Advise commanding officer. Advising the commanding officer of any deleterious environmental health factors.
- d. Supervising any assigned PYA/PA and NPs. Supervising any assigned PYA/PA and NPs including, on a monthly basis, random review for approximately five percent of the PYA/PA/NP's charts for adequacy and appropriateness of treatment rendered. May designate, in writing, supervisory responsibility of assigned mid-level provider(s) to other active duty physicians within the command.
- e. Pharmacy duties. In the absence of a pharmacy officer, maintaining antidotes for narcotics and poisons and ensuring only properly trained personnel are assigned to the pharmacy.
- f. Commanding officer's representative. Acting as the commanding officer's representative on local emergency planning boards, and, during emergencies or disasters, furnishing advice to the commanding officer, formulating plans, and helping civilian authorities meet health care needs using the guidance and policy outlined in Alignment With The National Incident Management System and National Response Plan [COMDTINST 16000.27 \(series\)](#) on the Incident Command System in the CG.
- g. Managing the quality of health care services provided.

- h. Quality assurance technical supervisor. Acting as quality assurance technical supervisor for all contracted health services.
- i. Use of personnel. Ensuring efficient and effective use of all assigned medical officers and civilian consultants.
- j. Overseeing the HS training program. Overseeing the HS training program outlined above to include ensuring, through training and experience, that Health Services Technicians are prepared for independent duty assignments. This includes the development of and effective supervision of training through assigned DSMOs and DMOAs.
- k. Recommending the DSMO. Recommending to the command a DSMO for each HS who provides medical treatment to patients and overseeing this responsibility for other medical officers in the chain-of-command.
- l. Convening medical boards. Convening medical boards as appropriate in accordance with Chapter 3, Physical Disability Evaluation System, [COMDTINST M1850.2 \(series\)](#).
- m. Quality ancillary services. Ensuring that all ancillary service areas (e.g., laboratory, radiology, etc.) maintain adequate policy, certification, radiation safety, and procedures manuals.
- n. Professional oversight. In conjunction with the MLC, providing professional oversight and establishing qualifications standards and privileging for assigned personnel, including contract, reserve, auxiliary and student providers.
- o. Assigning the duties of medical officer and HS personnel. Assigning the duties of medical officer and HS personnel and ensuring position and billet descriptions are accurate and that credentials and privileging requirements are met. For HS personnel, this should occur in coordination with the Clinic Administrator.
- p. Determine the priority and range of services for each beneficiary group. As outlined in 1.B.1 above, and within general Coast Guard and unit guidelines, determine the priority and range of services for each beneficiary group.
- q. Maintaining liaison. Maintaining liaison with counterparts in nearby (75 miles) Military Treatment Facility (MTF), Uniformed Services Treatment Facility (USTF), Veterans Administration (VA) and private sector facilities.
- r. Preparing performance appraisals for assigned staff.
- s. Reviewing and ensuring accuracy. Reviewing and ensuring accuracy of Composite Health Care System (CHCS), Medical Readiness System (MRS) and Readiness Management System (RMS) and other statistical and information report.

- t. Quality Improvement Program. Ensuring active participation and compliance with the Quality Improvement Program.
 - u. Infection control procedures. Ensuring strict adherence to current infection control procedures and standards.
 - v. Keeping the division chief informed.
 - w. Other duties assigned by the Chief, Health Services Division and the Commanding Officer.
3. Duties of Flight Surgeons.
- In addition to fulfilling the general duties of medical officers (and SMO and/or C, HSD, if applicable), flight surgeons in an active DIFOPS billet must provide a significant degree of operational oversight and interaction within the Air Station community in order to ensure the highest level of health and safety wellbeing within the unit. All Flight surgeons in a DIFOPS billet shall have the responsibility of participating in a regional Flight Surgeon-call program. Commanding officers with assigned flight surgeons shall support this regional on-call system to the full extent possible as this is a CG-wide requirement to be performed by locally assigned flight surgeons. Additionally, provision of a comprehensive Aeromedical Program will require significant attention to the non-clinical operational duties described below that may involve a significant amount of the flight surgeon's duty time:
- a. Expert in the Aviation Medicine Manual. Be a subject matter expert in the Coast Guard Aviation Medicine Manual, [COMDTINST M6410.3 \(series\)](#).
 - b. Know the unit. Thoroughly understand all operational missions of the aviation unit and participate as a frequent flight crew member during routine training missions and on operational missions such as MEDEVACS and SAR, as appropriate. Must meet the requirements as set forth in the Coast Guard Air Operations Manual, [COMDTINST M3710.1 \(series\)](#) and the Coast Guard Aviation Medicine Manual, [COMDTINST M6410.3 \(series\)](#).
 - c. Be familiar with the operational missions of other Coast Guard units in the local area.
 - d. Know the aircraft. Obtain a significant understanding of the flight characteristics of all aircraft assigned to the unit and be thoroughly familiar with the human factors involved in pilot and crew member interaction with the aircraft.
 - e. Air Operations Manual. Be familiar with the Coast Guard Air Operations Manual, [COMDTINST M3710.1 \(series\)](#), with specific emphasis on Chapter 6, Rescue and Survival Equipment; Chapter 7, Flight Safety; and the sections of Chapter 3 (Flight Rules) dealing with protective clothing and flotation equipment.
 - f. Aviation personnel are fit for flight duty. Ensure that aviation personnel are

physically and psychologically fit for flight duty and attempt to learn any unusual circumstances which might adversely affect their flight proficiency; this includes getting acquainted with each pilot and crew member.

- g. Recommendations to the commanding officer. Make recommendations to the commanding officer concerning the health status of aviation personnel. In particular, only a Flight Surgeon (FS), Aviation Medical Officer (AMO) or Aeromedical PA (APA) shall issue “up” chits, except as noted in the Coast Guard Aviation Medicine Manual, [COMDTINST M6410.3 \(series\)](#).
- h. Air station flight safety program. Maintain an active interest in the air station flight safety program by assisting the flight safety officer in planning, implementing, and coordinating the station flight safety program, and advising the command on the aeromedical aspects of flight safety.
- i. Aircraft Mishap Analysis Boards. When so assigned by CG-1121, participate as the medical member of Aircraft Mishap Analysis Boards and be responsible for completing the Medical Officer’s Report in accordance with Chapter 2 of Safety and Environmental Health Manual, [COMDTINST M5100.47 \(series\)](#).
- j. Personal protective and survival equipment. Be thoroughly familiar with the types and uses of personal protective and survival equipment carried on aircraft at the unit. The flight surgeon shall be familiar with the Rescue and Survival Systems Manual, [COMDTINST M10470.10 \(series\)](#).
- k. Aviation training program. Actively participate in the unit aviation physiology training program to ensure that aviation personnel are capable of coping with the hazards of flight by presenting lectures and demonstrations which include, but are not limited to:
 - (1) Fatigue.
 - (2) Medication and nutritional supplement use in aviation personnel.
 - (3) Emergency medicine.
 - (4) Survival.
 - (5) Disorientation.
 - (6) Night vision.
 - (7) Reduced barometric pressure.
 - (8) Crash injury avoidance.
 - (9) Stress.
 - (10) Drug and alcohol use and abuse.
- l. MEDEVAC. Advise the command on MEDEVAC operations and participate in the Regional Flight Surgeon on-call program as outlined in the Coast Guard Aviation Medicine Manual, [COMDTINST M6410.3](#) (details under development).

- m. Refresher training. Ensure that HSs who participate in aviation operations maintain their knowledge and skills in aeromedical physiology, and provide refresher training lectures and demonstrations to Emergency Medical Technicians (EMTs) and health services technicians on emergency medical procedures.
 - n. Continuing education. Participate in a program of continuing education and training in aviation and operational medicine including familiarity with information published for and training with flight surgeons in other branches of the Armed Forces (see chapter 1C of this Manual and the Coast Guard Aviation Medicine Manual, [COMDTINST M6410.3](#) for further guidance).
4. General Duties of Dental Officers.

The principal duty of dental officers is to support the Coast Guard operational mission by determining and maintaining each member's dental fitness for unrestricted duty on a worldwide basis. Coast Guard dental officers are assigned to perform duties as general dental officers. Exceptions will be authorized in writing by Commander, Coast Guard Personnel Command (CGPC).

a. General Responsibilities.

Coast Guard dental officers must stay informed in all fields of general and military dentistry and be responsible for:

- (1) Ensuring the fitness for unrestricted duty of active duty personnel on a worldwide basis; and ensure all appropriate documentation is completed in appropriate Medical Information Systems (MIS). This includes Medical Readiness System (MRS), Dental Common Access System (DENCAS) and Composite Health Care System (CHCS).
- (2) Providing dental care for all eligible beneficiaries as authorized by applicable laws and regulations (verify non-enrollment in Tricare Dental Plan before providing covered services).
- (3) Preventing and controlling dental disease (this includes performing dental prophylaxis).
- (4) Promoting dental health.
- (5) Referring eligible beneficiaries for dental treatment per MLC (k) SOP.
- (6) Prioritizing the delivery of dental care to meet Coast Guard unit operational readiness requirements.
- (7) Ensuring that patients with periodontal disease have the opportunity to receive follow up care.
- (8) Ensuring that results of all biopsies are received and reviewed by a dentist to ensure that the appropriate action is taken.

- (9) Ensuring that when dental externs are assigned to the clinic, that a protocol is developed detailing lodging and subsistence arrangements, types of procedures allowed, available population to be treated and supervising dental officer responsibilities. See Student Externship Programs (SEP), [COMDTINST 6400.1 \(series\)](#), for amplifying information. The protocol must be signed by the Commanding Officer and provided to all participating dental schools.
 - (10) Ensuring that procedures for handling medical emergencies within the dental clinic are clearly written and emergency drills are practiced periodically.
 - (11) Participate in all required initial and annual training in the privacy and security requirements mandated by HIPAA.
 - (12) Actively utilize and be thoroughly familiar with required applications and modules of appropriate Medical Information Systems (MIS).
- b. Dental examinations. Dental officers shall conduct the dental examination portion of physical examinations in accordance with Chapter 3 of this Manual. Dental examinations shall be conducted as soon as practical on personnel who report for duty so as to determine the need for dental treatment and to verify their dental records. Annual Type 2 dental examinations shall be conducted on all active duty and Reserve personnel collocated with dental examiners (e.g., Coast Guard DOs, DOD DOs, or civilian contract dentists).
 - c. Care of Mass Casualties. Dental officers shall be qualified to perform first aid procedures in order to treat or assist in treating mass casualties.
 - d. State Licensure. While assigned with the Coast Guard, dental officers are required to have an unrestricted state license to practice dentistry.
 - e. Continuing Education. Participate in a program of continuing training in operational medicine/dentistry including familiarity with information published for other branches of the Armed Forces.
5. General Duties of Senior Dental Officers.
The Senior Dental Officer attached to a unit is responsible through the Chief of Health Services Division (CHSD) to the Commanding Officer of the unit for the provision of dental services. In addition to the general duties of a dental officer, the Senior Dental Officer is responsible for:
- a. Ensuring dental readiness.
 - b. Preventive dentistry and dental health education program. Conduct and organize preventive dentistry and dental health education programs for all eligible beneficiaries.

- c. Prescribed regulations. Performing those duties as prescribed in United States Coast Guard regulations, [COMDTINST M5000.3](#) (series) and section (1 B 6) below if designated by Commander, Coast Guard Personnel Command (CGPC) as Division Chief.
- d. Training. Preparing, through training and experience, health services technicians for independent duty assignments.
- e. Administration. Overseeing the preparation of reports, updating the dental clinic policy and procedures manual, and maintaining records connected with assigned duties.
- f. Supervising. Overseeing the overall working condition, cleanliness and infection control of the dental clinic, which includes sterilization procedures, dental supply, equipment, publications maintenance, and the establishment of a preventive maintenance program for dental equipment and supplies.
- g. Dental supplies. Maintaining custody, security, and records of the dispensing of dental supplies including all controlled substances and poisons under the cognizance of the dental branch.
- h. Prescriptions. Issuing prescriptions for, and supervising the dispensing of controlled substances used in the dental branch.
- i. Overseeing personnel. In conjunction with the MLC (k), providing professional oversight and establishing qualifications standards and privileging for assigned personnel, including contract, reserve and student providers.
- j. Managing the quality of dental care services provided.
- k. Assigning personnel. Ensuring position and billet descriptions are accurate and that credentials and privileging requirements are met.
- l. Determining the priority and range of services for each beneficiary group. Within general Coast Guard and unit guidelines, determining the priority and range of services for each beneficiary group.
- m. Maintaining liaison. Maintaining liaison with counterparts in MTF, USTF, VA and private sector facilities.
- n. Preparing performance appraisals for assigned staff.
- o. Statistical and informational reports. Reviewing and ensuring accuracy of Dental Common Access System (DENCAS), Composite Health Care System (CHCS), and Readiness Management System (RMS) and other statistical and informational reports.
- p. Training. Ensuring that appropriate training is conducted on a regularly scheduled basis.

- q. Quality Improvement Program. Ensuring active participation and compliance with the Quality Improvement Program.
 - r. Ensuring strict adherence to current infection control procedures and standards.
 - s. Keeping the division chief informed.
 - t. Other duties assigned by the Chief, Health Services Division.
6. Primary Duties and Responsibilities of Chief, Health Services Division.
 The Chief, Health Services Division (CHSD) will be designated by CGPC with input and concurrence of the unit Commanding Officer and the Program Manager Commandant (CG-112). The CHSD has authority over and responsibility for all personnel and activities within the clinic and/or super sickbay and, as appropriate, the assigned AOR:
- a. Advisor to the commanding officer. Act as an advisor to the commanding officer regarding all health related matters.
 - b. Daily routine. Under the unit executive officer, carry out the plan of the day as it pertains to the Health Services Division.
 - c. Administrative functions. Is responsible for the oversight of the administrative as well clinical functions of the clinic and the supervision of the clinical medical administrator.
 - d. Support role. Ensure that the clinic performs Supporting Clinic duties for units designated by the cognizant MLC in their area of responsibility (AOR) IAW this instruction, cognizant MLC Instructions, their SOP, and other pertinent directives. These duties include but are not limited to the following:
 - (1) Ensure the medical/dental readiness of all active duty and SELRES personnel within their area of responsibility and ensure that, as appropriate, all documentation is completed in appropriate Medical Information Systems. (Medical Readiness System (MRS), Dental Common Access System (DENCAS), Readiness Management System (RMS) and Composite Health Care System (CHCS)). This includes the review of health records and correction of deficiencies regarding the following:
 - (a) Mandatory Immunizations.
 - (b) Physical examinations.
 - (c) Annual dental exams.
 - (d) HIV testing.
 - (e) DNA specimen submission.
 - (f) Tuberculosis testing.

- (g) Sick cell testing.
- (h) G-6-PD deficiency determination.
- (2) Provide pharmacy oversight to designated units via collateral duty Pharmacy Officer.
- (3) Provide prime vendor pharmaceutical services to designated units via collateral duty Pharmacy Officers.
- (4) Provide prime vendor medical/surgery services to designated units.
- (5) Ensure that DMOA and DSMO programs are in place for designated units and ensure that each assigned DMOA/DSMO is fully aware of his/her responsibilities and is carrying out these responsibilities IAW with DMOA and DMSO policies above.
- (6) Provide physical examination review oversight (approval/disapproval) to designated units.
- (7) Ensure that health care delivery is provided in a timely manner to units for which a clinic is designated as their Primary Care Management (PCM) site.
- (8) Provide health benefits advice to designated units.
- (9) Assist with nonfederal medical and nonfederal dental preauthorization processing for designated units.
- (10) Assist with nonfederal invoice processing for designated units.
- (11) Assist with the timely completion of Medical Boards.
- (12) Review the division AFC-30 and AFC-57 budget submittals.
- (13) Be responsible for the allocation of resources (personnel, funds, space, and equipment) within the division.
- (14) When directed by the command, represent the division at staff meetings and ensure timely dissemination of the information to division personnel.
- (15) Prepare performance appraisals as appropriate and ensure that performance evaluations for all health services personnel are prepared and submitted in accordance with current directives.
- (16) Review all division reports.
- (17) Be responsible for the division training program, including rotation of personnel assignments for training and familiarization, in the health care delivery system.
- (18) Oversee clinic policies, procedures and protocols for compliance with this Manual, MLC Instructions, Standard Operating Procedure (S.O.P), HIPAA and other pertinent directives.

- (19) Provide oversight with regard to applicable Federal, state, and local statutes and regulations.
- (20) Seek opportunities for cost reduction and enhancement of patient care through billet conversions, resource sharing, contracting, etc.
- (21) Designate a clinic Quality Improvement Coordinator and ensure that the QA program is carried out.
- (22) Proctor student extern programs.
- (23) Proactively support and promote the command wellness program.
- (24) Participate in health care initiatives with local/regional DOD delivery systems, under Headquarters and MLC guidance.
- (25) Oversee and promote work-life issues pertaining to health care.
- (26) Ensure strict compliance to current infection control procedures and standards.
- (27) Serve as chair of the Patient Advisory Committee.
- (28) Perform other duties as directed by the Commanding Officer.

7. General Duties of Pharmacy Officers.

While assigned with the Coast Guard, pharmacy officers are required to have an unrestricted state license to practice pharmacy. Pharmacy officers shall ensure that medications are acquired, stored, compounded, and dispensed according to applicable Federal laws in their primary and collateral duty clinics. This includes the direct supervision and management of the following:

- a. Dispensing and labeling of all drugs, chemicals, and pharmaceutical products.
- b. Maintaining signature files for all health care providers.
- c. Patient-oriented pharmaceutical services providing. Patient-oriented pharmaceutical services including monitoring for appropriate drug therapy, allergies, therapeutic duplication, and medication interactions. Significant patient interactions should be documented on the SF-600.
- d. Providing verbal and written patient medication counseling when appropriate.
- e. Collateral Duties. Carry out Collateral Duties as further outlined in Chapter 10 of this manual.
- f. Supplies. Maintaining routinely stocked items at levels consistent with anticipated usage between regularly scheduled procurements of pharmacy supplies and determining the most effective expenditure of funds.
- g. Security measures. Ensuring that security measures are instituted to prevent unauthorized entrance into the pharmacy or misappropriation of pharmacy stock.

- h. Controlled substance. Receiving, safeguarding, and issuing all controlled substances as the command-designated custodian of controlled substances.
 - i. Quality control. Ensuring adequate quality control of all pharmaceuticals locally compounded.
 - j. References. Maintaining current drug information references and a reference library of pertinent textbooks and professional journals.
 - k. Pharmacy and Therapeutics Committee. Serving as subject matter expert and implementing the decisions of the Pharmacy and Therapeutics Committee and serving as secretary of that committee.
 - l. Monthly inspections. Inspecting monthly all clinic stocks of drugs and biologicals.
 - m. Formulary. Developing and maintaining a formulary for local use by medical and dental officers.
 - n. Drug information. Informing the clinical staff of new drug information, policy changes, or other pertinent data on drugs.
 - o. Continuing education. Participate in a program of continuing education in pharmacy or related fields.
 - p. Monthly inspections of poison antidote and emergency drug supplies. Maintaining, updating, and documenting monthly inspections of poison antidote and emergency drug supplies.
 - q. Technical advice. Providing technical advice to the unit concerning drug testing, substance abuse, and other pharmaceutical matters.
 - r. Immunization requirements. Providing guidance and advice to the medical staff on current immunization requirements.
 - s. Resource for designated therapeutic categories. Serving as a resource for designated therapeutic categories of medications as they relate to the Coast Guard Health Services Allowance Lists, DoD Basic Core formulary, HS Drug Formulary and other drug lists.
 - t. Continuing education. Participate in a program of continuing training in operational medicine/pharmacy including familiarity with information published for other branches of the Armed Forces.
 - u. HIPAA and MIS. Participate in all required initial and annual training in the privacy and security requirements mandated by HIPAA and actively utilize and be thoroughly familiar with required applications and modules of appropriate Medical Information Systems (MIS).
8. Maintenance and Logistics Command Pharmacy Officers.
Under the general direction and supervision of the Chief, Quality Assurance Branch, MLC, the MLC pharmacy officer shall:

- a. Quality assurance program. Plan, develop and implement, within the resources available, an MLC-wide pharmacy quality assurance program to:
 - (1) Review and evaluate the delivery of pharmaceutical services in support of mission operations, implement established policies pertaining to pharmaceutical services, and recommend appropriate changes.
 - (2) Monitor pharmacy operations, via quality assurance site visits, financial monitoring, and other workload indicators to ensure optimum utilization of personnel and financial resources.
 - b. Plan and administer the acquisition and distribution of pharmaceuticals:
 - (1) Review, analyze, and recommend the most efficient and cost effective means for providing pharmaceutical services throughout the Area, including the financial resources to be allocated to each operating facility under MLC oversight.
 - (2) Monitor the procurement of controlled substances by Coast Guard units within the Area.
 - (3) Provide to MLC (kqa(LANT) or kom(PAC)) a system for the random monitoring of drugs procured from nonfederal sources.
 - c. Consultant. Serve as pharmaceutical consultant on pharmacology, pharmacy, and drug utilization and provide technical pharmacy expertise, assistance, and advice to the MLC Commander and command elements within the Area.
 - d. Provide guidance and advice. Regarding the evaluation, training, and justification for pharmacy personnel to meet operational needs of units within the Area.
 - e. Provide liaison. Provide liaison or representation to regional Federal and professional pharmacy groups and committees.
 - f. Collateral duty assignments. Administer and monitor the collateral duty assignments of pharmacy officers in their respective Area.
 - g. MIS Project Review Board (PRB). Provide guidance, advice and technical support as needed as subject matter expert in matters pertaining to the MIS Project Review Board (PRB).
9. Environmental Health Officers.
 Environmental health officers are responsible for recognition, evaluation, and control of biological, chemical, physical, and ergonomic factors or stresses arising from the environment which may cause sickness, impaired health and well-being, or significant discomfort and inefficiency, property damage, or which could adversely affect the Coast Guard's industrial hygiene, pest management, radiological health, and sanitation. Specific responsibilities can include:

- a. Environmental health program. Planning, budgeting, implementing and directing an environmental health program to support commands within their geographic area of jurisdiction.
- b. Health audits. Conducting environmental health audits of Coast Guard facilities and operations in order to detect health hazards and noncompliance with applicable safety and environmental health laws, regulations, standards, and procedures. Facilities and operations include:
 - (1) Work environments.
 - (2) Storage, handling, treatment, and disposal of hazardous materials and hazardous waste.
 - (3) Storage, handling, treatment, and disposal of infectious medical waste.
 - (4) Food preparation, service and storage operations.
 - (5) Solid wastes storage, handling, treatment, and disposal.
 - (6) Pest management operations.
 - (7) Potable water treatment, storage and distribution systems.
 - (8) Waste water collection, treatment, and disposal system.
 - (9) Housing facilities.
 - (10) Ionizing radiation sources.
 - (11) Non-ionizing radiation sources.
 - (12) Recreational facilities.
 - (13) Health care facilities.
 - (14) Child care facilities.
 - (15) Laundry and dry-cleaning operations.
 - (16) Barber shop operations.
- c. Technical assistance. Providing technical assistance to units to abate deficiencies identified by the environmental health officer during the audit.
- d. Hazard abatement. Monitoring ongoing hazard abatement actions to ensure that identified hazards are being eliminated promptly.
- e. Training. Providing environmental health training to commands within their jurisdiction.
- f. Technical assistance. Providing technical assistance to units on request to identify and abate health risks.
- g. Plans and specifications. Reviewing engineering plans and specifications for new facilities and modifications to existing facilities to ensure conformance with environmental health standards and practices.

- h. Technical advisor. Serving as technical advisor to commands within their jurisdiction.
 - i. Health risk assessment. Initiating and conducting special health risk assessment studies.
 - j. Liaison. Maintaining liaison with Federal, state, and local government agencies concerning environmental health for commands within their jurisdiction.
 - k. Medical monitoring data. Advising commands when medical monitoring data indicates the possibility of occupationally-induced or aggravated disease and investigating possible causes so that corrective measures can be initiated.
 - l. Occupational Medical Surveillance and Evaluation Program. Providing consultation, advice, and training on the Occupational Medical Surveillance and Evaluation Program (OMSEP) to Coast Guard commands within their area of jurisdiction.
 - m. Enrolling personnel in the OMSEP. Enrolling personnel in the OMSEP when they meet the criteria of occupational exposure as defined in paragraph 12-A-2.
 - n. Disenrolling personnel from the OMSEP. Disenrolling personnel from the OMSEP when they do not meet the criteria of occupational exposure as defined in paragraph 12-B-4.
 - o. Reports. Environmental health officers shall submit reports to the appropriate MLC (k) about environmental health conditions observed during their surveys.
 - p. Duty Limitations. Environmental health officers shall carry out all management functions required to operate the safety and environmental health program within their AOR. They may be required to perform only those technical duties for which they are trained. They may represent health services at various staff meetings in matters relating to the management and budgetary aspects of their assignment. They will be primarily responsible for special studies as in the case of monitoring chemical spill response and enforcement personnel. They will be responsible to the Commander, MLC (k) for proper implementation of the safety and environmental health program.
10. Clinic Administrators. Officers, Chief Warrant Officers (experience indicator 19), or senior enlisted personnel assigned, under the direction of the Chief, Health Services Division, to manage and administer health care facilities. The Clinic Administrator will not be required to, nor attempt to, perform clinical duties for which he/she is not trained. The General Duties and Responsibilities of the Clinic Administrator will, with the approval of the CHSD, be:

- a. Medical/dental readiness. Ensure the medical/dental readiness of all active duty and SELRES personnel within their area of responsibility and ensure that, as appropriate, all documentation is completed in appropriate Medical Information Systems. (Medical Readiness System (MRS), Dental Common Access System (DENCAS), Readiness Management System (RMS) and Composite Health Care System (CHCS)).
- b. Plan, supervise, and coordinate general administration of the health services facility.
- c. Budgets. Prepare, submit, manage, and exercise fiduciary control and accountability over the health services division AFC-30 and AFC-57 funds.
- d. Acquisition of supplies and equipment. Provide fiscal oversight over the acquisition of equipment and supplies.
- e. Maintain a planned program of equipment maintenance and replacement.
- f. Security. Provide physical security of health services division supplies and pharmaceuticals.
- g. Liaison. Maintain liaison with other local agencies (military and civilian) in all health care related matters.
- h. Resources. Provide resources to assist medical and dental officers in emergency care of the sick and injured when necessary.
- i. Disaster preparedness plan prepare. The disaster preparedness plan as it relates to the health services division.
- j. Heavy weather bill. Prepare the heavy weather bill as it relates to the health services division.
- k. Cost reduction and enhancement. Seek opportunities for cost reduction and enhancement to patient care through billet conversions, resource sharing, contracting, etc.
- l. Advisor to the Chief, Health Services Division. Serve as an advisor to the Chief, Health Services Division on all administrative matters.
- m. Supervise of enlisted personnel. Oversee, with the DSMO, the supervision of enlisted personnel assigned to the health services division for the adequate performance of all non-clinical HS performance factors/qualifications (the DSMO is required to sign for clinical qualifications).
- n. Correspondence, reports, and records. Ensure that correspondence, reports, and records comply with appropriate instructions Information and Life Cycle Management Manual [COMDTINST M5212.12 \(series\)](#) and the Coast Guard Correspondence Manual, [COMDTINST M5216.4 \(series\)](#).
- o. Maintain an adequate health services division reference library.

- p. Mentoring. Train subordinates, conduct classes, instruct enlisted personnel in their duties, and supervise their study of regulatory and professional publications and courses for advancement in rating.
- q. Continuing education. Participate in a program of continuing education in Health Care Administration.
- r. Assist beneficiaries with health benefits information.
- s. Appearance and conduct. Enforce standards of appearance and conduct of health services division personnel.
- t. Medical Information Systems. Ensure that accurate, appropriate data is submitted to all automated Medical Information Systems.
- u. Coding. Ensure proper coding of medical work is being conducted. This may be accomplished easier through the implementation of Super Bills. Each clinic is responsible for recording patient encounters and should develop a local protocol for Super Bills Bubble Sheets. The respective MLC's have sample formats that may be followed although; due to the individuality of each clinic, producing a standard form is not practical and should be done locally.
- v. HS assignments. Oversee clinic rotation assignments of Health Services Technicians.
- w. Implement Policies. Implement clinic policies, procedures, and protocols, for compliance with Coast Guard regulations, the Medical Manual, [COMDTINST M6000.1 \(series\)](#), MLC INST/SOP, and other pertinent directives.
- x. Compliance with regulations. Ensure compliance with all applicable Federal, state, and local statutes, together with the medical, dental and pharmacy officers.
- y. Work-life issue. Oversee and promote work-life issues pertaining to health care.
- z. Patient Advisory Committee. Serve as assistant chair for the Patient Advisory Committee.
- aa. Personnel evaluations. Ensure that enlisted personnel evaluations for members assigned to the health services department are prepared and submitted in accordance with the Coast Guard Personnel Manual.
- bb. Nonfederal (NONFED) health care, contracts, and Blanket Purchase Agreement (BPA). Provide administrative oversight in the areas of NONFED health care, contracts, and BPAs.
- cc. Health care invoices. Ensure that health care invoices are processed in accordance with MLC INST/SOP.
- dd. Physical examinations. Ensure that local physical examinations comply

with current standards. May function as the reviewing/approving authority for all non-aviation/non-diving physical exams.

- ee. Environmental sanitation program. Promote and administer the unit's environmental sanitation program (in the absence of an environmental health officer).
- ff. Occupational Medical Surveillance and Evaluation Program (OMSEP). Oversee the unit's OMSEP, in the absence of an environmental health officer.
- gg. Health Insurance Portability and Accountability Act (HIPAA) local Privacy/Security Official. Serve as the HIPAA local Privacy/Security Official, or delegate these responsibilities in writing.
- hh. Radiation safety. Ensure compliance with radiation safety requirements (periodic radiation equipment inspections and personal dosimetry) per Safety and Environmental Health Manual, [COMDTINST M5100.47 \(series\)](#).

11. Physician Assistants (PA) and Nurse Practitioners (NP).

- a. General Responsibilities. PA and NP responsibilities as general medical officers are defined in Section 1-B-1. The further duties of PA designated Aeromedical Physician Assistants are detailed in the Coast Guard Aviation Medicine Manual COMDTINST M6410.3 (series). Under the supervision of the senior medical officer they are subject to the duty limitations listed below. In lieu of state licensing, PA are required to maintain certification from the National Commission on Certification of Physician Assistants (NCCPA) and privileging. Since NP are commissioned in the PHS, an active, unrestricted state license as NP and certification be either the American Academy of Nurse Practitioners or American Nurses Credentialing Center, and privileging as an NP is required for clinical practice with the Coast Guard.
- b. Duty Limitations.
 - (1) Senior Medical Officers (SMO) of units with mid-level providers (physician assistants or nurse practitioners) assigned shall assign clinical duties and responsibilities to each provider and shall be accountable for the actions of those providers.
 - (a) To determine the extent of oversight required, SMOs shall be guided by this section, the provider's clinical training and previous experience, by personal observation, and Chapter 13-C, Clinical Privileges.
 - (b) The SMO may delegate supervisory responsibility to another staff physician or certified mid-level provider (mentor). A copy of this delegation shall be filed in the non-certified provider's Professional Credentials File (PCF).

- (c) Physicians responsible for supervising mid-level providers shall perform and document reviews of at least five percent of the mid-level provider's charts each calendar month for accuracy of diagnosis and appropriateness of treatment rendered. This will be determined on the charting, previous experience and personal observation of the performance of the mid-level provider by the supervising medical officer.
- c. Not Certified. Physician assistants who are not certified by the National Commission on Certification of Physician Assistants (NCCPA), recent graduates who have not taken or passed the NCCPA examination, and nurse practitioners who do not have an active, unrestricted RN license and who have not taken or passed a specialty board examination offered by the American Academy of Nurse Practitioners or the American Nurses Credentialing Center, shall practice in Coast Guard facilities only under the following conditions:
 - (1) All health record entries shall be co-signed by a licensed or certified provider by the end of the next working day.
 - (2) All prescriptions, except for those on the Coast Guard HS formulary, shall be co-signed by a licensed or certified provider by the end of the next working day.
 - (3) When a supervisory provider is not present at the unit, non-certified mid-level providers shall be restricted to providing medical care, except for emergencies, to active duty members only.
 - (4) Non-certified mid-level providers may stand clinic watches providing a standby licensed or certified provider is available via telephone to discuss any questions or concerns.
 - (5) With the exception of operational emergencies, non certified mid-level providers are not eligible for independent TAD assignments at locations where a supervisory provider is not present.
 - (6) Nothing in this section limits PA or NP access to any available source of information or advice during an emergency.
 - (7) Policy regarding supervision, duties and responsibilities of midlevel providers is further amplified in the Health Services Quality Improvement Implementation Guide (QIIG) Eight.

12. TRICARE Management Activity-Aurora (TMA) Liaison Officer.

- a. Responsibilities. The Coast Guard TMA liaison officer maintains liaison between TRICARE and Commandant (CG-11) on matters of policy, operations, and program administration. This function will not involve the responsibility for formulating department policies. Departmental policies will continue to be developed by members of the liaison group for the Uniformed Services Health Benefits Program.

- b. Duties. Specific duties include, but are not limited to the following:
 - (1) Coordinate and assist, as necessary, in preparing and submitting uniform workload data for use in budgetary programming at departmental level.
 - (2) Ensure timely notification to Commandant (CG-11) concerning changes in TRICARE operational or administrative procedures.
 - (3) Identify gaps in the TRICARE information program and recommend solutions.
 - (4) Represent Coast Guard viewpoints on matters relating to TRICARE operational and administrative procedures.
 - (5) Assist in developing future TRICARE information programs.
 - (6) Keep the Coast Guard informed of problem areas relating to service beneficiaries and service health care facilities, where appropriate, and recommend changes which will benefit the TRICARE operation.
 - (7) Monitor purchases of high-cost equipment for use by TRICARE beneficiaries and make recommendations concerning future purchases as opposed to rental.
- c. Duties within TMA Liaison Division.
 - (1) Investigate and respond to Presidential, Congressional, and beneficiary inquiries and complaints. Investigate and respond to inquiries concerning eligibility.
 - (2) Make public presentations concerning program benefits to various groups.
 - (3) Prepare special studies relating to program activities.
 - (4) Serve as liaison representative for United States Public Health Service (USPHS), Department Veterans Affairs (DVA), and National Oceanic & Atmospheric Association (NOAA).
 - (5) Other Duties. Participate in contract performance appraisal visits to the fiscal administrators. This function involves a comprehensive review and evaluation of the operations of the civilian agencies which, under contract, administer the program within each region.

13. Health Services Technicians.

- a. Rating Structure. The rating structure for health services technicians is contained in Group VIII, Enlisted Performance Qualifications Manual, [COMDTINST M1414.8 \(series\)](#). One of the primary goals of the HS rate is to have all HSs capable and trained as Independent Duty HSs.
- b. General Duties of Health Services Technicians.
 - (1) The primary purpose of a health services technician is to provide supportive services to medical and dental officers and primary health

care in the absence of such officers. In accordance with Paragraph 7-5-4, United States Coast Guard Regulations, [COMDTINST M5000.3 \(series\)](#), health services technicians shall not be detailed to perform combatant duties.

- (2) In particular, health services technicians are responsible for all administrative aspects of health care and health record maintenance for both their command and subordinate commands without health services personnel attached. Geographically separate subordinate commands will retain responsibility for security (i.e. physical custody) of health records. In addition to the military duties common to all enlisted personnel, health services technicians perform health services department functions, such as:
 - (a) Respond to calls for emergency medical assistance or evacuations (MEDEVACs).
 - (b) Maintain appointments and appointment records utilizing the appropriate CHCS module.
 - (c) Ensure that all appropriate documentation is completed in appropriate Medical Information Systems, (Medical Readiness System (MRS), Dental Common Access System (DENCAS), and Composite Health Care System (CHCS), to assist in the tracking of operational medical and dental readiness.
 - (d) Maintain a Health Services Log. Each unit with Health Services personnel shall maintain a Health Services Log. This log is used to document the daily operations of the clinic or sickbay. At a minimum it is used to record all individuals reporting to sick call or for treatment, inspections and inventories conducted, and the results of potable water test.
 - 1 Sickbays and clinics shall submit the Health Services Log to the commanding officer for review, approval, and signature on a schedule to be determined by the commanding officer.
 - 2 The patient listing portion of the Health Services Log can be produced by CHCS. At a minimum it must contain the name of patient, date of visit, Division or Department, members unit OPFAC (for active duty Coast Guard only), and branch of service.
 - (e) Maintain a Binnacle List: The Binnacle List can be produced by CHCS. At a minimum it must be sorted by OPFAC and Department/Division and include patient name, diagnosis (command discretion), status, date of onset of status, and duration of status or date of status expiration. The Binnacle Lists(s) shall be distributed to local command(s) as determined by the health care facility command.

- (f) Perform occupational medical monitoring duties.
 - (g) Render first aid.
 - (h) Perform tentative diagnosis and emergency treatment. (In doing so, appropriate drugs, oral or injectable, may be administered as required in emergency situations to prevent or treat shock or extreme pain. In all other incidents where injection of controlled substances is required, permission must be obtained from a physician prior to administration. In either case, the commanding officer shall be notified immediately and entries shall be made in the patient's health record).
 - (i) Provide nursing care where trained.
 - (j) Provide definitive treatment.
 - (k) Provide prophylactic treatments.
 - (l) Instruct crew members in first aid and oral hygiene.
 - (m) Prepare materials (including sterile instruments) and medications for use.
 - (n) Maintain military readiness of the health services division by complying with the appropriate Health Services Allowance List.
 - (o) Perform administrative procedures in health care matters, maintain health and dental records current in all aspects.
 - (p) Adhere to regulations, instructions, and control of precious metals, controlled substances, and poisons.
 - (q) Exercise responsibility for all equipment and stores placed in their charge, and exercise personal supervision over their condition, safekeeping, and economic expenditure.
 - (r) Maintain cleanliness of all health services spaces.
 - (s) Provide services as a health benefits advisor.
 - (t) Assist in the processing of nonfederal health care requests and invoices.
 - (u) Maintain the security and confidentiality of all medical and dental records and databases and any other protected health information and actively utilize and be thoroughly familiar with required applications and modules of appropriate Medical Information Systems (MIS).
- (3) Each HS who provides medical treatment to patients at a Coast Guard clinic staffed by one or more medical officers shall have a medical officer from that facility assigned in writing as his/her designated supervising medical officer (DSMO). The DSMO shall assume responsibility for all clinical treatment provided by the HS. Each

independent duty HS, and HSs assigned to clinics without a medical officer, shall have a medical officer assigned in writing as his/her “Designated Medical Officer Advisor” (DMOA), to provide professional advice and consultation when needed. Refer to 1-B-1.b(1) and 1-B-1.b(2). for further details concerning DSMO/DMOA. Health services technicians assigned to units without a medical officer shall provide only “first response” emergency care to non-active duty personnel.

(a) Care shall be taken during medical examinations which involve chest, genital, and rectal areas to afford maximum privacy and minimum exposure of the patient. An attendant of the same gender as the patient may be requested by the patient during examination or treatment. Health services technicians are authorized to conduct examinations to include: auscultation, palpation, percussion, and visual inspection as indicated by the medical complaint. However, Health Services technicians shall not perform:

- 1 Routine digital examinations of the prostate.
- 2 Routine examinations through instrumentation of the urethra.
- 3 Routine gynecological examinations.

Such routine examinations shall be referred to a medical officer. In situations where no medical officer is readily available and such examination is necessary to provide emergency care, the health services technician is authorized to do so. If the HS and patient are of different gender, an attendant of same gender as the patient shall accompany the patient during the examination or treatment.

(b) Participate in a course of continuing education, either clinical or administrative, through correspondence courses, resident courses, etc., including all required initial and annual training in the privacy and security requirements mandated by HIPAA.

14. Health Services Technicians –with a Dental qualification code (13).

a. Primary responsibility. The primary responsibility of Dental Technicians is to provide chairside assistance to dental officers.

b. Additional duties include:

- (1) Cleansing, sterilization, maintenance, and preparation of dental instruments.
- (2) Cleansing, disinfecting, and maintenance of dental equipment and dental operatories.
- (3) Preparing of dental materials.
- (4) Assessing, referral, and treatment (under direct supervision of a dental officer) of common dental conditions. Charting dental conditions.

- (5) Maintaining dental records.
- (6) Exposure and development of dental radiographs.
- (7) Providing oral hygiene instruction, taking impressions and fabricating study models.
- (8) Performance of emergency intervention as necessary.
- (9) Maintain the security and confidentiality of all dental records, databases, and other protected health information and actively utilize and be thoroughly familiar with required applications and modules of appropriate Medical Information Systems (MIS).
- (10) Ensure that all appropriate documentation is completed in appropriate Medical Information Systems, (Medical Readiness System (MRS), Dental Common Access System (DENCAS), and Composite Health Care System (CHCS), to assist in the tracking of operational medical and dental readiness.

15. Independent Duty Health Services Technicians (IDHS).

Formerly referred to as IDTs, the IDHSs will follow the guidance in this Chapter and Chapter 9 of this Manual.

a. General Duties.

- (1) Health services technicians on independent duty perform the administrative duties and, to the extent for which qualified, the clinical duties prescribed for medical officers of vessels and stations. (See United States Coast Guard Regulations, COMDTINST M5000.3 (series) and Section 1-B of this Manual.) They shall not attempt nor be required to provide health care for which they are not professionally qualified. They shall provide care only for active duty personnel; however they may provide care to non-active duty patients on an emergency basis. The filling of prescriptions for other than active duty personnel shall be strictly limited to emergency situations and to authorized stock on hand under the allowance list for the unit. They may, under the guidance set forth in Paragraph 10-A-6-h. of this Manual, establish non-prescription medication handout programs for eligible beneficiaries.
- (2) Health services technicians shall not be detailed to perform combatant duties in accordance with Paragraph 7-5-4, United States Coast Guard Regulations, COMDTINST M5000.3 (series).
- (3) In accordance with the Personnel Manual, COMDTINST M1000.6 (series), commanding officers are authorized to use health services technicians for general duties except noted below:
 - (a) Health Services Technicians shall not be used for duties that require bearing arms (except for the limited purposes allowed by

the Geneva Convention for their own defense or protection of the wounded and sick in their charge) even though the bearing of arms may be purely ceremonial.

(b) Health services technicians shall not be used for combat duties that are unrelated to health care or administration.

- b. Specific Duties (see Chapter 9 also). Use the Health Services Log to document and keep track of your specific duties such as those listed below.
- (1) Sanitation of the Command. Make daily inspections to ensure that appropriate sanitation practices are maintained. Maintain a log that includes heat stress monitoring, potable water testing and pest control.
 - (2) Health of Personnel. The IDHS's will assist the command in ensuring the medical and dental readiness for the personnel in their AOR by providing monthly Medical and Dental Readiness reports to the command, through the CG Analytics System in CG Central, scheduling the crew for required readiness exams and procedures as needed, and informing the command when a given crew member or department fails to cooperate with the IDHS's efforts to comply with readiness requirements. The IDHS shall also maintain a tickler system to include all return appointments requested by physicians or dentists from outside referrals requested by the command.
 - (3) Care of Sick and Injured. Hold daily sick call. Diagnose and treat patients within capabilities. When indicated, refer cases to facilities where medical or dental officers are available or, if this is not practical, obtain help and advice by radio or other expeditious means.
 - (4) Procurement, Storage, and Custody of Property. All parts of the Health Services Allowance List (HSAL) Afloat, [COMDTINST M6700.6 \(series\)](#), and Health Service Allowance List Ashore, [COMDTINST M6700.5 \(series\)](#) contain information needed for ordering and procuring supplies. The HSAL also contains procedures for storage and custody of property.
 - (5) Reports. Prepare and submit reports required by this Manual and other directives.
 - (6) Health Records. Maintain health records as required by Chapter 4 of this Manual. Ensure that all treatment records and/or consults from outside referrals are obtained and placed in the health record. In addition, ensure that each patient is notified of all physical exams, consultations, and diagnostic tests (e.g., pap smears, mammograms, biopsies, x-rays, etc.) performed at any facility prior to filing in the health record. Maintain the security and confidentiality of all medical/dental records, databases and any other protected health information..

- (7) Training. Prepare and carry out a program for training non-medical personnel in first and self-aid, personal hygiene, sexually transmitted disease prevention, medical aspects of CBR warfare, cardiopulmonary resuscitation, etc., as part of the unit's regular training program.
 - (8) Other Duties. As assigned by the commanding officer.
- c. Reporting Procedures.
- (1) Policy. Upon reporting for independent duty, the health services technician shall consult with the commanding officer and executive officer to determine their policies regarding health care and the administration of the health services department.
 - (2) Inventory. Obtain the unit Health Services Allowance List and inspect the inventory of all health services department equipment, supplies, and publications. Initiate action for repair, survey, or replenishment of equipment, supplies, and publications. Verify inventory records and check logs of controlled substances. Report any discrepancies to the commanding officer without delay. Amplification of requirements and procedures is contained in Chapters 8 and 10 of this Manual.
 - (3) Health Records. Check health records against the personnel roster. Any missing records should be accounted for or requested from previous duty stations. If records cannot be accounted for within one month's time, open a new health record. Check health records for completeness, and if not current, obtain and enter all missing information to the fullest extent possible. (See Chapter 4 of this Manual for instructions pertaining to health records).
 - (4) Operational Readiness. Ascertain the state of operational readiness of the health services department and advise the commanding officer. Operational readiness refers to the immediate ability to meet all health care demands within the unit's capabilities.
- d. Responsibilities. The commanding officer is responsible for the health and readiness of the command. The health services department is charged with advising the commanding officer of conditions existing that may be detrimental to the health of personnel and for making appropriate recommendations for correcting such conditions. Meticulous attention to all details and aspects of preventing disease must be a continuing program. It is imperative that shipboard and station sanitation and preventive health practices be reviewed constantly in order that any disease promoting situation may be discovered immediately and promptly eradicated.
- e. Routines. Many of the items listed in the daily, weekly, monthly and yearly requirements can be documented in the Health Services Log.
- (1) Daily Routines.

- (a) Sickcall. Hold sickcall daily at a time prescribed by the commanding officer.
 - (b) Binnacle List. Prepare the unit Binnacle List and submit it to the commanding officer. (See section 6-B of this Manual for instructions pertaining to the Binnacle List).
 - (c) Inspections. The following shall be inspected daily:
 - 1 Living spaces.
 - 2 Heads and washrooms.
 - 3 Fresh provisions received (particularly milk and ice cream).
 - 4 Scullery in operation.
 - 5 Drinking fountains.
 - 6 Garbage disposals.
 - 7 Sewage disposals.
 - 8 Coffee messes.
 - 9 Water supplies.
 - 10 Industrial activities. (See Chapter 7 of this Manual and the Food Service Sanitation Manual, COMDTINST 6240.4(series)).
 - (d) Testing of Water. Perform water tests for chlorine/bromine content daily outside of CONUS and at all units that make or chlorinate/brominate their own water and record the results in the Health Services Log. Consult the Water Supply and Wastewater Disposal Manual, COMDTINST M6240.5 (series).
 - (e) Cleaning. Health services department spaces shall be cleaned daily and all used instruments cleaned and stored until sterilization can be accomplished.
- (2) Weekly Routines.
- (a) Inspections. Conduct sanitation inspection of the ship or station with emphasis on food service, living spaces, and sanitary spaces, specifically including food handlers, refrigerators and chill boxes, and galley spaces and pantries. Submit a written report to the commanding officer and make an appropriate entry in the health services log.
 - (b) Training. Conduct training in some aspect of health care or treatment unless required more frequently by the commanding officer or other directive.
 - (c) Hold field day.

- (d) Resuscitators. Inspect and test resuscitators to ensure proper functioning. Record results in the health services log.
- (3) Monthly Routines.
 - (a) Reports. Submit all required health services monthly reports, outlined by Chapter 9 of this Manual and other appropriate directives.
 - (b) Inspection of Battle Dressing Station Supplies. Monthly, inspect battle dressing station supplies to ensure adequate and full inventory. Check sterile supplies and re-sterilize every six months. Replace expired or deteriorated supplies and materials. Enter an appropriate entry in the health services log indicating that the inspection was conducted and the action taken.
 - (c) First Aid Kits. Inspect hinges and hasps to ensure that they are free from rust, corrosion, or excessive paint.
 - (d) Poison Antidote Locker. Inspect poison antidote locker for proper equipment and medications as allowance list.
- (4) Quarterly Routines.
 - (a) Inventory of Controlled Substances. The Controlled Substances Inventory Board shall conduct an inventory, as required by Chapter 10 of this Manual, and submit a written report of the findings to the commanding officer.
 - (b) Reports. Submit all required health services reports as outlined in Chapter 6 of this Manual and other appropriate directives.
 - (c) Inventory. Conduct a sight inventory of all health services consumable supplies/equipment as required by Chapter 8 of this Manual and the Health Services Allowance List.
 - (d) First Aid Kits. Inspect the contents to ensure adequate and full inventory. Replace expired and deteriorated supplies and materials. Make an appropriate entry in the health services log.

16. Coast Guard Beneficiary Representatives at Uniformed Services Medical Treatment Facilities (USMTF).

- a. Duties. Ensure Coast Guard active duty personnel and the commands of those personnel are provided the following:
 - (1) Coast Guard authorities are provided prompt and current information concerning the status of Coast Guard personnel being treated.
 - (2) Coast Guard personnel being treated receive necessary command administrative support.

- (3) The USMTF use the patient's Coast Guard health record and that entries are made in it or on forms that are filed in it.
 - (4) The necessary health records and forms either accompany the patient or are forwarded to the command having custody of the health record.
- b. Responsibilities. The representative is responsible for the following:
- (1) Notification of Patient Status. It is essential that the representative keep cognizant command levels advised of the status of Coast Guard patients admitted for inpatient treatment. Notify commands, by the most expedient means possible, within 24 hours of admission or discharge of members of their command.
 - (2) Health Record Entries. The representative is responsible for ensuring that all information concerning inpatient hospitalization, (e.g., admissions, operative summaries, discharge summaries) which is required to be entered in the health record, is furnished to the command which maintains the patient's health record. The representative shall also make the USMTF aware that all entries or forms associated with outpatient medical and dental activity must be entered in the patient's Coast Guard health record.
 - (3) Copies of Forms. The USMTF is responsible for completing and furnishing at least one copy of the following forms to the representative. The representative is responsible for preparing any additional copies needed.
 - (a) Inpatient hospitalizations:
 - 1 [SF-502](#), Narrative Summary (or other discharge summary form).
 - 2 Operative summary if surgery was done.
 - (b) Physical examinations:
 - 1 [DD-2808](#), Report of Medical Examination.
 - 2 [DD-2807-1](#), Report of Medical History.
 - 3 ANY specialty reports obtained pursuant to the physical examination.
 - (c) Initial (IMB) and Disposition Medical Boards (DMB):
 - 1 Medical Board Report Cover Sheet [CG-5684](#) for IMB/DMB.
 - 2 Current, Report of Medical Examination [DD-2808](#) for IMB.
 - 3 Current, Report of Medical History [DD-2807-1](#) for IMB.
 - 4 Current, Narrative Summary [SF-502](#) for IMB/DMB.

- 5 ANY specialty reports obtained pursuant to the physical examination for IMB/DMB.
 - 6 [CG-4920](#), Evaluatee's Statement Regarding the Findings of the Medical Board, signed by the patient for IMB/DMB.
 - 7 The command endorsement, Line of Duty/Misconduct Statement (if any), and members rebuttal (if any) should normally be done at/by the command for IMB/DMB.
- (4) Liaison and Assistance. The representative shall:
- (a) Maintain liaison between the Coast Guard units in the area and the USMTF as follows:
 - 1 Clinical services to obtain timely appointments for Coast Guard personnel.
 - 2 Pharmacy to facilitate drug exchange with Coast Guard units.
 - 3 Biomedical repair to help originate and maintain agreements for repair and maintenance of local Coast Guard medical equipment.
 - (b) Whenever possible, personally meet with each hospitalized Coast Guard active duty member and meet or phone the immediate family of the member, offering them assistance.
 - (c) In appropriate cases, channel other Coast Guard and DOD resources such as Mutual Assistance, Family Programs, Red Cross, etc. to assist hospitalized members and their dependents.
- (5) Assignment and Duties. Health Services technicians assigned to a USMTF as Coast Guard Beneficiary Representatives are attached to MLC (k) which will exercise military control over them. The representative is expected to comply with the rules and orders of the USMTF to which assigned, and is subject to the orders of the hospital commander. However, it is expected that any duties assigned will be consistent with the purpose noted in subparagraph 13a. above.
17. Coast Guard Representative at the Department of Defense Medical Examination Review Board (DODMERB).
- a. General. DODMERB is located at the USAF Academy, CO and is a joint agency of the military departments responsible for scheduling, reviewing, and certifying service academy and ROTC scholarship applicant medical examinations, and other programs assigned by the Office of the Assistant Secretary of Defense, Health Affairs.
 - b. Responsibilities.
 - (1) As a member of DODMERB, the Coast Guard:

- (a) Establishes entrance standards for the Coast Guard Academy.
 - (b) Makes its health care facilities available for completing entrance physical examinations for all service academies.
- (2) As a member of DODMERB, the Coast Guard liaison:
 - (a) Is assigned as an examination evaluator/administrator.
 - (b) Participates in implementing plans and organizational procedures for board actions.
- c. Duties.
 - (1) Maintain a current list of examining centers which includes dates and examination quotas.
 - (2) Schedule examinations for the applicants.
 - (3) Notify applicants and program managers of scheduled examinations.
 - (4) Review and apply medical standards.
 - (5) Notify applicants and program managers of the status and qualifications of applicants.
 - (6) Provide copies of medical examinations and medical information to the various programs on applicants until they are no longer eligible.
 - (7) Provide copies of medical examinations and medical information to eligible applicants as requested.

18. Health Benefits Advisors (HBA).

- a. Responsibilities. Individuals designated as Health Benefits Advisors (HBAs) at CGMTFs are responsible for advising and assisting beneficiaries concerning their health benefits. This individual shall:
 - (1) Keep current on the multiple health and dental care programs and options available to Active Duty, Selected Reserve, retirees and their family members such as: TRICARE, Uniformed Services Family Health Benefits Program (USFHBP), Retiree Dental Program, TRICARE Dental program, etc.
 - (2) Advise all beneficiaries on matters pertaining to healthcare benefits, including.
 - (a) Obtaining Non-availability Statements and using the local appeal system for Non-availability Statements.
 - (b) Obtaining prior authorization for specialty care under TRICARE prime.
 - (c) Educating Prime enrollees on access standards for Acute, Routine and Specialty healthcare.

- (3) Advise TRICARE beneficiaries on the relationship between TRICARE, Department Veterans Affairs (DVA) programs, Social Security, Medicare, insurance provided through employment, and the effect of employment and private insurance on benefits available under TRICARE. Emphasize the following:
 - (a) Availability of TRICARE and explain financial implications of using non-participating providers.
 - (b) Provide beneficiaries the names and addresses of participating providers of the specific services the beneficiary requires.
 - (c) Caution beneficiaries to verify that the provider participates in TRICARE at the time of service and they are accepting new patients.
 - (4) Coordinates TRICARE problem cases with MLC and TRICARE contractors.
 - (5) Assist all beneficiaries in properly completing TRICARE enrollment and claim forms.
 - (6) Serve as a single point of contact for all health benefits programs available to active duty and retired members and their dependents.
 - (7) Provide information and assistance based upon personal, written, or telephone inquiries concerning healthcare benefits.
 - (8) Keep beneficiaries informed of changes within the various programs, e.g., legislative changes affecting benefits available or other policy/procedures impacting upon the usage of civilian medical care. Provides for an ongoing program of lecture services, informational seminars, and group counseling to various beneficiary groups, service clubs, retirement briefings, etc.
 - (9) Maintains liaison with local providers and encourages them to increase their acceptance of the TRICARE program.
 - (10) Maintains liaison with cognizant MLC, and unit collateral duty HBAs in local area.
- b. Training.
- (1) Individuals designated as HBAs must be trained in TRICARE benefits, exclusions, claims preparation, processing, cost-sharing formulas, eligibility criteria, and alternatives to TRICARE.
 - (2) Training Schedule.
 - (a) Requests for attendance at the TRICARE course should be submitted via the Chain of Command to the CG TRICARE Liaison Officer at TMA-Aurora.

- (b) TRICARE course registration form is available at <http://www.tricare.osd.mil/>. This form may be submitted electronically or by mail.
 - (3) TMA-Aurora Liaison Staff Seminars. The Liaison Office at TMA-Aurora provides seminars for large beneficiary groups, e.g., recruiter, career counselor, etc. Arrangements for seminars should be made directly with CG Liaison.
 - (4) Funding. Training requests for the TRICARE course will be funded by the cognizant unit.
- c. Sources of Reference Materials. HBAs shall acquire and become familiar with specific reference materials on Federal and nonfederal health programs. Specifically, as TRICARE policies change, the HBA shall maintain an updated reference library through distribution channels as outlined below:
- (1) TRICARE Information: TRICARE Web Site: www.tricare.osd.mil.
 - (2) TRICARE Publications: TRICARE Smart Site: www.tricare.osd.mil/smart
 - (3) Beneficiaries can check their own claim status and eligibility at www.mytricare.com
 - (4) TRICARE Claim Forms (DD-2642, 04/2003)
Now available at Website: [http:// www.tricare.osd.mil](http://www.tricare.osd.mil) or by contacting:
 - Stock Point: Navy Publications and Forms Center
 - 5801 Tabor Avenue
 - Philadelphia, PA 19120
 - U/I: PD
 - (5) Referral for Civilian Medical Care (DD-2161). May be printed locally by accessing CG Standard Workstation III, USCG Adobe Forms or by contacting:
 - Stock Point: Navy Publications and Forms Center
 - 5801 Tabor Avenue
 - Philadelphia, PA 19120
 - U/I: PD
 - (6) Fiscal Intermediary Distribution by Region. Fiscal Intermediary Newsletter.
 - (7) Local Community. Local Publication - Social Services Directory.

19. Dental Hygienists.

Dental hygienists are licensed graduates of American Dental Association accredited schools of dental hygiene. Whether contract or active duty providers, they are authorized to treat beneficiaries in Coast Guard dental clinics under the

oversight of a dental officer. Restrictions on the degree of required oversight and the scope of services vary from state to state.

- a. Scope of practice. In the interests of standardization, quality assurance, and risk management, dental hygienists in Coast Guard health care facilities shall, in most circumstances, treat patients only when a dental officer is present for duty at the command. At the discretion of the SDO, and in the interest of expediency, this guideline may be overridden if each of the following conditions is met on each patient:
 - (1) Only active duty members are treated.
 - (2) A medical officer is present in the building.
 - (3) Patients' Periodontal Screening and Recording (PSR) scores are 10 or less.
 - (4) The licenses of the SDO and dental hygienist are not jeopardized by this action.
- b. Patient criteria. In every case, patients must receive a Type 2 examination by a dental officer no more than six months prior to treatment by a dental hygienist.
- c. Patient review. The Senior Dental Officer (SDO), or a staff dental officer designated by the SDO, shall conduct an intra-oral review of no fewer than 5% of the dental hygienist's patients for completeness of plaque/deposit removal and damage to hard/soft tissues. The responsible dental officer shall document these reviews in the patients' dental records.
- d. State laws. The scope of the dental hygienist's services shall be governed by either the state in which the license is held or the state in which the clinic is located, whichever is more restrictive, and shall be itemized in the clinic's Standard Operating Procedures (SOP).
- e. Injections. In some cases the state license may contain an addendum certificate which "privileges" the dental hygienist to administer injections of local anesthesia under the direct oversight of a licensed dentist. If the state in which the clinic is located also allows this, then the dental hygienist may deliver local anesthesia under the direct oversight of the dental officer. In all cases, the dental hygienist must possess specific credentials from the state of licensure allowing him/her to administer local anesthesia. "Direct oversight" shall mean that the dental officer personally has authorized the dental hygienist to administer local anesthesia to the specific patient being treated at the specific time (i.e., "blanket approvals" are not authorized). The dental officer shall be physically present in the clinic while local anesthesia is administered by the dental hygienist. While direct oversight does not require the dental officer to be physically present in the dental hygienist's operatory, the dental officer must be in the clinic and be capable of responding to an emergency immediately.

20. Red Cross Volunteers.

Red Cross Volunteers are people who have completed a formal training program offered by a Red Cross Chapter and have a certificate of successful completion. Red Cross training is a screening and educational tool that enables individuals with an interest in helping others to function as supervised medical assistants in the clinic.

- a. Responsibilities. Red Cross Volunteers are responsible for scheduling their time in the clinic with clinic staff, accepting supervision, and carrying out activities mutually agreed upon by themselves and the clinic. These duties must fall within the scope of duties for which Red Cross training has prepared the volunteer. Duties may include: patient transport via gurney or wheelchair within the clinic; assessing and properly recording temperature, respiratory rate, heart rate, and blood pressure; acting as a chaperone during exams or treatment; assisting in specialty areas, i.e., laboratory (with appropriate additional training and supervision); answering telephones, filing and other clerical duties; cleaning and wrapping instruments.
- b. Supervision. Supervision of Red Cross volunteers is the responsibility of the Clinic Administrator and may be delegated.
- c. Orientation. Each volunteer must have an initial orientation to the clinic documented. Orientation shall include at least the following topics:
 - (1) Fire Safety.
 - (2) Emergency procedures (bomb threats, mass casualty, power outages, hurricanes/tornadoes).
 - (3) Universal precautions and infection control.
 - (4) Proper handling of telephone emergency calls.
 - (5) Phone etiquette, paging, proper message taking.
 - (6) Patient Bill of Rights and Responsibilities, to include confidentiality, and chaperone duties in accordance with Chapter 2-J-3-b of this Manual.
 - (7) Privacy Act and HIPAA.

21. Volunteers.

- a. Volunteer Health Care Workers (HCW). Volunteer health care workers (HCW) who are not privileged providers with the U. S. Public Health Service (USPHS), Department of Defense (DOD) or Coast Guard Auxiliary (AUX) shall work under the supervision of clinic staff, as determined by the CHSD. (Note: All volunteers, except USPHS, DOD, Coast Guard AUX, or Red Cross volunteers which are covered elsewhere in this chapter, are required to sign a gratuitous service agreement. A sample of this agreement can be found on the [CG-1121 WEB Site](#)). These volunteers may provide

support services that include but are not limited to: patient transport via gurney or wheelchair within the clinic, assessing and recording vital signs, acting as a chaperone during examination or treatment, clerical duties such as answering telephone or filing, cleaning and wrapping instruments, etc. Non-privileged health care providers with special skill sets (e.g. RN, EMT, paramedic, dental hygienist) may work up to the level of their license/certification at the discretion of and supervision by the SMO or SDO of the clinic. Verification of the capabilities of the provider is the responsibility of the SMO or SDO. Written documentation that the member has received/understood instructions concerning items listed in 1-B-21-g.(1) through (7), must be signed by the Clinical Supervisor/Administrator and counter signed by the Senior Medical Officer.

- b. Coast Guard non-rate volunteers. Coast Guard non-rate, (active/reserve) who wish to learn more about the HS rating by participating in clinical activities prior to applying/attending HS “A” school are considered volunteers and must follow the same guidelines set forth in Chapter 1-B-21-b. and g. of this Manual. Additionally, written documentation that the member has received/understood instructions concerning items listed in 1-B-21-g.(1) through (7), must be signed by the Clinical Supervisor/Administrator and counter signed by the Senior Medical Officer. Additional requirements include:
- (1) Priority should be given to the non-rate (active/reserve) that are on the HS “A” school list. Other non-rate (active/reserve) personnel will be considered by the Clinic Supervisor/Administrator on a case-by-case basis.
 - (2) All non-rates (active/reserve) must obtain written approval by their department supervisor prior to being assigned to the medical department.
 - (3) The non-rate (active/reserve) must be supervised at all times within the clinic by a senior HS1/HS2 and may not provide independent patient care.
 - (4) The non-rate (active/reserve) will not to be utilized as part of the HS clinical duty rotation schedule, and must work during normal clinical hours Monday-Friday while assigned to the clinic. This clinical participation will not preclude non-clinical duties or assignments.
 - (5) Non-rates (active/reserve) aboard cutters must be directly supervised by the ships “HS” and follow the same guidelines in Chapter 1-B-21-b. and g. Written documentation as stated in 1-B-21-g. must be signed by the “XO” and “HS”.
- c. TAD “non-medical personnel”. TAD “non-medical personnel” who are assigned to medical will follow the same guidelines in Chapter 1-21-g., and will not be utilized in the delivery of patient care.

- d. Health care providers up to 14 days. Health care providers who are members of the USPHS or DOD and volunteer to work in Coast Guard clinics for up to fourteen days per year will not be required to apply to CG-11 for clinical privileges.
- (1) Volunteer providers in this category will submit a copy of a current active state license, copy of current clinical privileges and a current CPR card to the local clinic when they report in. They will also complete a request for clinical privileges appropriate to their category and submit to the local SMO/SDO.

Volunteer providers can also submit a Credentials Transfer Brief in lieu of their license and CPR card.
 - (2) For all categories of volunteer health care providers, only one active, unrestricted license from a state or U.S. Territory is required. Volunteers are authorized to work in any Coast Guard clinic in any state or territory even if they are not licensed in that jurisdiction.
 - (3) The SMO/SDO will evaluate the clinical privileges requested and by signing the request will authorize the provider to perform those health care services.
- e. Health care providers who volunteer more than 14 days. Health care providers who are members of the USPHS or DOD and volunteer to work in Coast Guard clinics for more than fourteen days per year will be required to apply for clinical privileges from CG-11 as described in Chapter 13-B and C of this Manual.
- f. Auxiliary. Volunteer health care providers who are members of the Auxiliary, will be required to apply for clinical privileges from CG-11, IAW with protocols described in the Medical Manual, COMDTINST M6000.1(series), Chapter-13-B and C and are required to satisfy the same standards for credentialing and privileging that are required for active duty health care providers in the Coast Guard. Volunteer providers will work under the direct or indirect supervision of Coast Guard clinic providers.
- g. Initial orientation. Each volunteer must have an initial orientation to clinic standard operating procedures which must be documented and must include at the minimum:
- (1) Fire safety.
 - (2) Emergency procedures (e.g., bomb threats, mass casualty, power outages, and hurricanes/tornadoes).
 - (3) Universal precautions and infection control.
 - (4) Proper management of telephone calls, emergency calls.
 - (5) Telephone etiquette, paging, taking messages.

- (6) Patient sensitivity and confidentiality.
- (7) Privacy Act and HIPAA.

This page intentionally left blank.

CHAPTER 1
ORGANIZATION AND PERSONNEL

Section C. Coast Guard Health Services Officer Training Matrix

1. Introduction.....	1
2. Coast Guard Medical Officer Training Matrix	1
3. Coast Guard Dental Officer Training Matrix.....	2
4. Coast Guard Leadership Courses Matrix	3
5. Coast Guard CBRNE Courses Matrix	4
6. Coast Guard Disaster Training Matrix.....	5

This page intentionally left blank.

CHAPTER 1 ORGANIZATION AND PERSONNEL

Section C. Coast Guard Health Services Officer Training Matrix

1. Introduction.

Emerging national and military strategies in support of wartime, humanitarian assistance, homeland security/defense and disaster response contingencies are the driving forces behind the training requirements to provide initial and sustainment training for all Coast Guard Health Services personnel. Training for Health Services enlisted personnel is contained in chapter 9 of this manual and in the Cutter Training and Qualification Manual, COMDTINST 3502.4(series). Officers serving in the CG Health Services system may require training in a variety of specific subject areas. Some of this training is necessary for all officers in the CG Health Services system and some is specific based on the type of duty position to which the officer is currently assigned and/or the specific professional category of the officer. The following information provides a matrix showing required and recommended training for officers in the CG Health Services system. Unless otherwise specified, required training should be completed within the first three years of the tour requiring that training.

2. [Coast Guard Medical Officer Training Matrix.](#)

Name of course	Description	Duration	Funding source	Notes	Target audience
Operational & Primary Care Medical Training	Annual operational medicine and primary care training for all CG MOs	1 week	AFC-56 (central)	See annual solicitation letter sent from CG-1121	Required at least every 3 years for CG primary care providers
Operational Aviation Medical Training	Annual refresher aviation and operational medicine training for CG FS, AMOs and APAs	4 days	AFC-56 (central)	See annual solicitation letter sent from CG-1121	Required at least every 3 years for CG aviation medicine providers

Medical Officer Training (con't)

Name of course	Description	Duration	Funding source	Notes	Target audience
Flight Surgeon/ Aeromedical Physician Assistant Training	Required training to provide care in aviation medicine	7 weeks	AFC-56 (central)	Apply through CG-1121; Army or AF course followed by a 1 week CG transition course at ATC Mobile	Required for any MO in order to provide aviation medicine care
Aircraft Mishap Investigation and Prevention (AMIP) Course	Operational Flight Surgeon Mishap Investigation Course	10 Days	AFC-56 (central)	Apply through CG-1133 application must be routed through CO and MLC	Highly recommended for Operational Flight Surgeons
Physician Assistant Training	Operational medicine and primary care training for CG PAs	5 days	AFC-56 (central)	See annual solicitation letter sent from CG-1121	Required at least every 3 years for CG mid-level providers

3. [Coast Guard Dental Officer Training Matrix.](#)

Name of course	Description	Duration	Funding source	Notes	Target audience
Dental Officer Training	Refresher and upgrade training for CG Dental Officers	5-7 days	AFC-56 (central)	Apply through Dental Program Manager at CG-1122	Required every other year for CG Dental Officers

4. [Coast Guard Leadership Courses Matrix.](#)

Name of course	Description	Duration	Funding source	Notes	Target audience
Joint Operations Medical Manager's Course	Training in medical support for expeditionary operations	1 week	AFC-56 (limited - central funding) or local funding	DoD course, apply through CG-1121	Highly recommended for clinic SMOs, CG-1121 and MLC(k) MOs
Homeland Security Medical Executive Course	Training in the federal, state and local responses to domestic mass casualty/care situations	1 week	AFC-56 (limited - central funding) or local funding	DoD course, apply through CG-1121	Highly recommended for clinic SMOs, Chief of Health Services Division CG-1121 and MLC(k) MOs
Coast Guard Senior Leadership Principles and Skills (SLPS) Course	Standard CG course for developing leadership and negotiation skills	5 days	AFC-56 (central)	CG-112 will contact target audience	Required for all C, HSDs within 3 years of assignment; recommended for all SMOs/ SDOs
Direct Commission Officer School	Training to prepare recently commissioned officers of the CG	4 weeks	AFC-56 (central)	CG-112 will contact target audience	Required for all new PHS Officers detailed to CG billets.
Basic Officer Training Course	Recommended PHS training	3 days	Local funding	CG-112 will contact target audience or arrange through local channels	Recommended for all PHS officers.

5. [Coast Guard Chemical, Biological, Radiological, Nuclear, and Explosive \(CBRNE\) Courses Matrix.](#)

Name of course	Description	Duration	Funding source	Notes	Target audience
CBRNE Emergency Preparedness and Response Course	On-line training for all health care providers in the CG	N/A	Web-based	Provided for the CG by the AF; see CG-112 website for further details	MOs take Clinician Course. Dental officers, pharmacists and all other PHS categories take Operator/Responder Course. Required within 6 months of assignment.
Medical Management of Chemical and Biological Casualties	Medical principles relating to chemical and biological weapons attacks	6 days	AFC-56 (central)	Army course-apply through - CG-1121	Required for MOs within 3 years of assignment. Optional for all Dental, Pharmacy officers and EHOs.
Combat Casualty Care Course	Combat casualty care training is provided in austere environment and in mass casualty situations	9 days	AFC-56 (central)	Army course-apply through - CG-1121	Required for MOs within 3 years of assignment. Recommended for all Dental officers. Officers who have previously taken this course through DoD are not required to attend.
OFRD Response Modules – Core	Required PHS training	N/A	Web-based	Apply through PHS OFRD website	Required for all PHS officers
OFRD Response Modules - Clinical	Recommended PHS training	N/A	Web-based	Apply through PHS OFRD website	Recommended for all appropriate PHS officers

CBRNE Courses (con't)

Name of course	Description	Duration	Funding source	Notes	Target audience
Advanced Cardiac Life Support- Basic Provider	Advanced life support training for adverse cardiac events	2-3 days	AFC-56 (limited-central funding) or local funding	Apply through - CG-1122 or local channels	Required maintenance of certification for MOs. Recommended for all Dental officers
Basic Life Support for Healthcare Providers	CPR training required for all Coast Guard Healthcare Providers	4-8 hours	Local training	Local funding	Required maintenance of certification for all CG Health Care providers

6. [Coast Guard Disaster Training Matrix.](#)

Name of course	Description	Duration	Funding source	Notes	Target audience
Incident Command System 100	Basic orientation to the Incident Command System	N/A	Web-based	Web training is through FEMA's website; check CG-1121 website for further info	Required for all Medical, Dental, Pharmacy, Med Admin and Environmental Health officers
Incident Command System 200	Second-level orientation to the Incident Command System	N/A	Web-based	Web training is through FEMA's website; check CG-1121 website for further info	Required for all Medical, Dental, Pharmacy, Med Admin and Environmental Health officers

DISASTER TRAINING (con't)

Name of course	Description	Duration	Funding source	Notes	Target audience
Incident Command System 300	Advanced orientation to the Incident Command System	2-3 days	Local funding; Local TAD	Check on CG-1121 website for further info	Required for clinic SMO, Chief of Health Services Division and HQ and MLC(k) MOs
FEMA Emergency Response to Terrorism: Self Study	Orientation for medical emergency response	N/A	Web-based	Check on CG-1121 website for further info	Recommended for all providers
Basic Disaster Life Support	Orientation for basic medical response in disasters	1 day	Local funding	Check on CG-1121 website for further info	Recommended
Advanced Disaster Life Support	Orientation for advanced medical response in disasters	2 days	Local funding	Check on CG-1121 website for further info	Recommended