

**DoDI 6490.03,  
“*Deployment Health*”**

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# DoDI 6490.03

## Presentation Overview

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- Purpose, Scope, Approach
- Deployment Health Model
- Major changes
  - Change in the “definition” of deployment and its impacts
  - Risk-based methodology used to determine deployment health activities for all deployments
  - Once-daily personnel location accountability and reporting requirements



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## Purpose

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- To enhance Force Health Protection by taking deployment health policy and procedures to the “next-level” of prevention and protection through:
  - Risk Based identification and management of health risks, including hazardous exposures for all deployments
  - Conduct of comprehensive health surveillance
    - Medical and occupational/environmental health
  - Effective (timely, accurate, etc.) health risk communication



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## Scope

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- Applies across all phases of the deployment (pre-, during, and post-)
- Also applies to DoD civilian employees and DoD contractor personnel
  - Additional implementing policies and instructions required
- Excludes shipboard operations not anticipated to involve operations ashore except when risks are beyond shipboard occupational health program



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## Approach

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- Prescribes a comprehensive, risk-based approach to identify full scope of deployment health activities for all deployments
  - Risk assessment and management
  - Health surveillance
  - Health risk communications
- Requires once-daily location recording for all deployed personnel and reporting of location data at least weekly (Line/Personnel function)
- Facilitates creation of longitudinal exposure records



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## Rescinds/Incorporates Recent Policies

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- Rescinds/Incorporates
  - USD (P&R) Policy, *Enhanced Post-Deployment Health Assessments*, Apr 22, 2003
  - USD(P&R) Policy, *Improved Occupational and Environmental Health Surveillance (OEHS) Reporting and Archiving*, June 30, 2003
  - ASD(HA), Policy, *Human Immunodeficiency Virus Testing Interval*, Mar 29, 2004
  - USD (P&R) *Improved Occupational and Environmental Health Surveillance Reporting and Archiving*, May 29, 2003
  - ASD(HA) *Post-Deployment Health Reassessment (PDHRA)*, Mar 10, 2005
  - ASD(HA) *Pre- and Post-Deployment Serum Collection*, Mar 14, 2006



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## References/Supporting Documentation

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- References
  - American Society for Testing Materials, *ASTM Standard Guide for Environmental Health Site Assessment Process for Military Deployments*, Dec 2003
  - US Army Center for Health Promotion and Preventive Medicine, *Technical Guide 230, Chemical Exposure Guidelines for Deployed Military Personnel*, Jan 2004
- New “companion” Joint Staff Memorandum, Deployment Health, under development replacing the February 2002 version
- Deployment Health Risk Communication Manual, under development



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## Deployment Health Model

### *Risk Assessment*

Hazard Identification

**Hazard Identification/Sources**

Pathway Completion

**Ingestion inhalation, Dermal contact**

Human Receptor Identification

**Population at Risk (Denominator Data)**

### *Risk Management*

**Determine Need for Controls**

**Implement Controls**

**Evaluate Controls**

**Health Surveillance**

**Documentation and Archiving of Data and Records**

**Health Risk Communications**

**Feedback and Metrics**

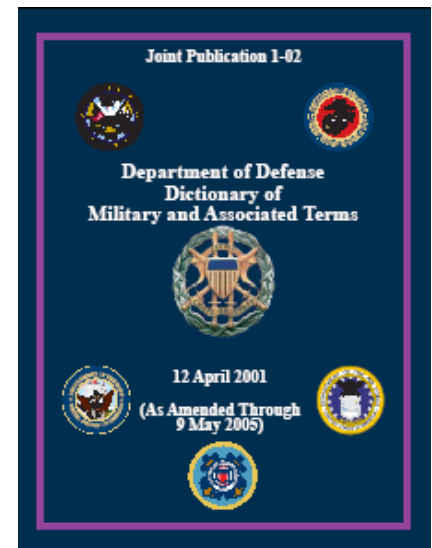


# DoDI 6490.03 Major Changes

## Expands Deployment Definition

- Incorporates Joint Publication 1-02 “deployment” definition:

*“... the relocation of forces and materiel to desired operational areas. Deployment encompasses all activities from origin or home station through destination, specifically including intra-continental US, inter-theater, and intra-theater movement legs, staging, and holding areas.”*



# Benefit of JP 1-02, Deployment Definition

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- Ensures that all deployment health prevention and protection measures are identified for “standard” deployments and for all other deployments:
  - Joint vs. Service-specific
  - OCONUS vs. CONUS
  - 30 days or greater vs. less than 30 days in duration
  - Without fixed military medical treatment facilities (MTFs) vs. with fixed military MTFs



# Risk-Based, Deployment Health Activities

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- Requires a preliminary health risk assessment by the Operational Command to determine the overall level of health risk associated with the deployment. Draws information from:
  - Armed Forces Medical Intelligence Center (AFMIC)
  - Armed Force Pest Management Board
  - WHO and other open source medical information
  - After-action reports; lessons learned databases; Advanced reconnaissance visits, etc.
- Most requirements for “non-standard” deployments to be identified and implemented based on risk



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## Uses Service Risk Management Methodology\*

HAZARD SEVERITY	HAZARD PROBABILITY				
	Frequent	Likely	Occasional	Seldom	Unlikely
Catastrophic	Extremely High	Extremely High	High	High	Moderate
Critical	Extremely High	High	High	Moderate	Low
Marginal	High	Moderate	Moderate	Low	Low
Negligible	Moderate	Low	Low	Low	Low

\*FM 3-100.12/MCRP 5-12.1C/NTTP 5-03.5/AFTTP (I) 3-2.30, Risk Management,  
15 Feb 2001



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## Risk-Based, Deployment-Specific Requirements

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- “Standard Deployments”
  - “All 31” deployment health activities required
    - For example: Pre-, post-deployment health assessments; serum sampling; biomonitoring (when indicated); health risk communication plan; medical and OEH surveillance including site assessments; documentation of patient encounters and DNBI reporting, OEH base camp monitoring data summaries; OEH monitoring data submitted to DOEHRS; personnel location recording
- All “Other (non-Standard) Deployments”
  - “Core 5-7” deployment health activities plus others **based on risks and commander’s decision**



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## “Core” (minimum) Deployment Health Activities

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Pre-Deployment	Administer deployment-specific immunizations, Prescribe force health protection prescription products; Issue occupational PPE; and Conduct health threat briefings
Deployment	Conduct deployment site assessments; Document patient encounters (highly recommended and if feasible); and <i>personnel location reporting</i> (not a deployment “health” requirement)
Post-Deployment	Integrate all medical documentation into permanent medical record



# Pre-deployment Health Activities

Table E4.T1. Pre-Deployment Health Activities

Pre-Deployment Health Activities (E4.A1.1.)	Responsibility (Paragraph)	All OCONUS Deployments > 30 Days with Non-Fixed MTFs	All OCONUS Deployments ≤ 30 Days, OCONUS Deployments with Fixed US MTFs, and CONUS Deployments
Complete or confirm as current Pre-Deployment Health Assessments (DD Forms 2795) within 60 days of expected deployment date. (E4.A1.1.1.)	5.5.7	X	C*
Administer deployment-specific or occupational-related immunizations, prophylaxis, and any medical countermeasures or protective measures, as indicated. (E4.A1.1.2.)	5.5.7; 5.5.11	X	X
Prescribe Force Health Protection Prescription Products (FHPPPs), as indicated. (E4.A1.1.3.)	5.5.9	X	X
Perform pre-deployment tuberculosis screening. (E4.A1.1.4.)	5.5.7	P	P

R =Required; C=Commanders' Decision (commanders of the COCOMs, Service component commanders or commanders exercising operational control); P=Based on potential of high-risk exposure or per COCOM or Service component policy; \* Items with asterisks are highly recommended for high and very high risk deployments

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## Deployed Personnel Location Reporting

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- The Military Health System requires a daily location record (six-digit grid coordinates or lat/long, or geolocation code) for each deployed individual
  - Personnel/Operations responsibility
  - Once-daily personnel location accountability, reported at least weekly to the Defense Manpower Data Center (DMDC)
  - Archived in a database (not later than 30 days after record-creation date)





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## Deployed Personnel Location Reporting (Cont.)

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- Accurate denominator data allows for more robust epidemiologic/population health-focused Force Health Protection:
  - Permits environmental monitoring and exposure data to be linked with specific individuals (through date/time/and location identifiers)
  - Provides accurate denominator data to calculate rates for epidemiological and prevention purposes
  - Facilitates medical follow-up for and risk communications with affected population



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## “Deployment Health”

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# Questions?

