

CHAPTER 6**MEDICAL READINESS/DEPLOYMENT HEALTH**

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CHAPTER SIX – MEDICAL READINESS/DEPLOYMENT HEALTH

Section A. Overview.

1. Purpose. This chapter describes procedures for, and directs implementation of medical readiness and deployment health requirements for all CG expeditionary and routine deployments. The goal of this program is for all active duty and reserve CG members to meet medical readiness requirements in order to deploy in support of CG missions. For the purpose of this Chapter, medical readiness includes dental readiness. Also, for the purpose of this Chapter, reserve refers to selected reserves.
2. Responsibilities. Medical readiness and deployment health are Commandant programs, and Commanding Officers/Officers-in-Charge are responsible for full compliance. These program requirements are mandated by DoD Instruction 6025.19 – Individual Medical Readiness, which applies to the CG and meet the requirements of the National Defense Authorization Act of 2005 (NDAA 05), Public Law 108-375. It is the personal responsibility of each CG active duty and reserve member to maintain their medical readiness levels at all times.
3. Individual Medical Readiness. Individual Medical Readiness (IMR) is the extent to which an individual active duty or reserve member is free from health related conditions that could limit their ability to fully participate in CG operations (i.e. fit for full duty-FFFD). All active duty and reserve CG members are required to be medically ready for deployment. All IMR requirements, as delineated in the Coast Guard Periodic Health Assessment (PHA), COMDTINST M6150.3, are required to be met by CG AD and SELRES members (to include Direct Commission Officers and those at various points of accession). The CG clinic affiliated with the point of accession is responsible for inputting the IMR data into the applicable medical information system (MIS) database (i.e. Medical Readiness Reporting System (MRRS), etc.). Refer to Chapter 2 Section A 1.c. for the CO's and the medical department's responsibilities in relation to medical readiness documentation.
4. Standard Definitions and Scoring. DODI 6025.19 has established the following standard definitions for six Individual Medical Readiness (IMR) elements for all Armed Forces:
 - a. Periodic Health Assessment (PHA). Each active duty and reserve member must have an annual Periodic Health Assessment (PHA) to closely monitor their health. The PHA will consolidate periodic clinical preventive examinations, individual medical readiness, occupational health and risk screening services, medical record review, preventive counseling and risk communication. The PHA will replace the routine periodic physical examination.
 - b. Dental. To meet IMR standards service members must be rated as either Class 1 or Class 2. Service members who are categorized as Class 3 or Class 4 will not meet IMR standards. All active duty and reserve members must have an annual dental screening.

Dental Classification	Definition
Class 1	A service member who does not require dental treatment or reevaluation within 12 months.
Class 2	A service member who has an oral condition that, if not treated or followed up, has the potential to, but is not expected to, result in emergencies within 12 months.
Class 3	A service member who has an oral condition that if not treated is expected to result in a dental emergency within 12 months.
Class 4	Patients who require periodic dental examinations or patients with unknown dental classifications. Class 4 patients normally are not considered to be worldwide deployable

Table 6-A-1

- c. Immunizations. All active duty and reserve members shall be current on the following readiness immunizations – (1) Hepatitis A (or Twinrix), (2) Hepatitis B (or Twinrix), (3) Influenza, (4) Measles, Mumps and Rubella (MMR), (5) Inactivated Poliovirus, (IPV), and (6) Tetanus Diphtheria (or Tetanus Diphtheria acellular Pertussis). Additional immunizations may be required prior to specific deployment or assignment. See the CG’s current immunization policies, Immunization and Chemoprophylaxis COMDTINST M6230.4 (series), the Coast Guard Anthrax Vaccine Immunization Program (CG AVIP), COMDTINST M6230.3 (series), and the CG Smallpox Vaccine Program COMDTINST M6230.10 for additional immunization requirements.
- d. Individual Medical Equipment (IME). Service members who are in the process of being deployed on an expeditionary deployment (e.g. CENTCOM AOR) and Deployable Operational Group units shall have the following IME – (1) Ballistic Protection Optical Inserts, (2) Protective (Gas) Mask Inserts, and (3) Medical Warning Tags. Members requiring eye-wear must possess two pairs of eyeglasses. Contact lenses are time consuming to take care of and have been identified during Central Command (CENTCOM) deployments as an operational safety issue. Personnel deploying must contend with field conditions that may not allow for proper contact lens hygiene, and poor hygiene leads to an increase in eye abrasions, infections and ulcers. This should be taken into account by

personnel desiring to deploy with contact lenses in addition to their spectacles.

- e. Medical Readiness Labs. The basic laboratory studies include – (1) blood type and Rh factor, G6PD status, deoxyribonucleic acid (DNA) specimen, a baseline Tuberculin Skin Test, and a current HIV antibody test. A negative pregnancy test for women of child bearing age should be determined prior to deployment
 - f. Deployment Limiting Conditions. Service members who are in the process of deploying (on an expeditionary deployment) must not have any deployment limiting conditions (DLC). DLC includes – (1) pregnancy and 6 weeks post-partum, (2) injuries or illnesses that require a 6 month or greater Temporary Limited Duty (TLD) assignment, and Dental Class III or IV.
5. Medically Ready. To be fully medically ready, an individual must meet all six of the criteria. Medical readiness does not mean deployability. Deployability includes other factors determined by the CO such as core competencies in job skills. All medically ready individuals are deployable from a medical standpoint. It is the CO's decision whether to deploy members who do not meet CG medical readiness criteria.
6. Deployment Definitions.
- a. Expeditionary Deployment. Expeditionary deployments include active duty and reserve CG members supporting DoD troop movements resulting from a Joint Chiefs of Staff/Combatant Command deployment for 30 continuous days or more to a location outside the United States where there is not a fixed U.S. military medical treatment facility (MTF). Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) are examples of expeditionary deployments.
 - b. Routine Deployment. Routine deployment include active duty and reserve CG personnel involved in CG patrols and deployments outside the US, its territories or possessions, in support of CG missions. This includes joint DoD deployments not associated with expeditionary deployments. This also includes special named operations/contingencies as designated by Commandant (CG-11) (e.g. deployments to identified domestic disaster relief (i.e. hurricane) operations).

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B. Expeditionary Deployment.

1. Electronic Deployment Health Assessments (EDHA). All Active Duty and Selected Reserve CG personnel who are on an expeditionary deployment for at least thirty (30) consecutive days must complete pre and post deployment health assessments electronically. The Armed Forces Health Surveillance Center (AFHSC) will no longer accept submission of paper based deployment health forms.
2. Responsibility and timeline for the EDHA. It is the member's responsibility to complete the deployment health assessments within the appropriate time lines as follows:
 - a. DD-2795, Pre-Deployment Health Assessment. Within 30 days prior to deployment,
 - b. DD-2796, Post Deployment Health Assessment. No earlier than 7 days before returning and no later than 30 days after returning to the home stations, and
 - c. DD-2900, Post Deployment Health Reassessment (PDHRA). During the 3 month to 6 month time period after returning from deployment. After members have completed the form, a healthcare provider will discuss with the service member any health concerns which they have indicated on the form, and will make referrals to appropriate healthcare or community-based services if further evaluation or treatment is needed. CG Active Duty and Reserve Members who are not located near a CG clinic or a Navy Military Treatment Facility must call the PDHRA Call Center at 1-888-PDHRA-99 (press Option 3) to complete their PDHRA with a DoD contracted healthcare provider via the telephone. The DoD contracted healthcare providers have access to the EDHA and will complete the PDHRA electronically.
3. EDHA Overview. All deploying members will access the Navy Electronic Deployment Health Assessment (EDHA) located at <https://www-nehc.med.navy.mil/edha>. Members must select "New User" and enter "Coastie1234\$" as the pass phrase. Members must enter the required information and then select "Register". After registering, members must select "Create a New Survey" and select the required deployment health survey (i.e. DD-2795, Pre-Deployment Health Assessment, DD-2796, Post Deployment Health Assessment, or the DD-2900, Post Deployment Health Reassessment). After completing the survey, members must select "Save" and exit out of the program. For subsequent access to the EDHA, the member must enter his or her social security number as the login ID and enter his or her newly created password. If a member has forgotten his or her password or the pass phrase, he or she should contact Commandant (CG-1121) for assistance.
4. EDHA healthcare provider review process.
 - a. DD-2795, Pre-Deployment Health Assessment. The DD-2795, Pre-Deployment Health Assessment must be reviewed by a healthcare provider. The healthcare provider can be a health services technician (HS), and independent duty health services technician (IDHS), or a Medical Officer. Medical appointment or follow-up with a IDHS or Medical Officer is only necessary for the DD-2795, Pre-Deployment Health Assessment if the member responded positively to questions 2-4 or 7-8.
 - b. DD-2796, Post Deployment Health Assessment. For the DD-2796, Post Deployment Health Assessment members must schedule a medical appointment with an IDHS or

- Medical Officer as soon as possible, after completing the DD-2796, Post Deployment Health Assessment.
- c. DD-2900, Post Deployment Health Reassessment. For the PDHRA, members must either schedule a medical appointment with an IDHS or Medical Officer at a CG or Navy Medical Treatment Facility or call the PDHRA Call Center after completing the DD-2900, Post Deployment Health Reassessment.
 - d. Healthcare providers Responsibility. Healthcare providers will review the member's deployment health assessment forms via the EDHA. All healthcare providers who perform deployment health screenings (for expeditionary deployments) must contact Commandant (CG-1121) via phone or email for their login ID and password. After logging into the EDHA, the provider must review the member's survey, complete the remainder of the survey and select "Save" to finish. Providers should print the member's signed deployment health survey (using the print icon) and exit out of the EDHA. The provider must place the signed original assessment in the member's medical record. When the assessments are completed and saved, they are electronically submitted to AFHSC.
5. Pre-Deployment Requirements. The following pre-deployment health activities are required for all expeditionary deployments:
- a. Completion of the DD-2795, Pre-Deployment Health Assessment via the EDHA (see above).
 - b. Administer deployment specific immunizations, prophylaxis, and other countermeasures (see Chapter 6, Section A).
 - c. Ensure all IMR requirements have been met (see Chapter 6, section A).
 - d. Medications. Ensure members have a sufficient supply of medications for duration of orders (at least a 90-day supply).
 - e. Allergies. Review member's allergies and ensure documentation on the DD-2766, Adult Preventive and Chronic Care Flowsheet.
 - f. Review and update the DD-2766, Adult Preventive and Chronic Care Flowsheet. The original DD-2766, Adult Preventive and Chronic Care Flowsheet should be taken with the member during the deployment rather than filed in the member's health record.
 - g. Countermeasures. Ensure deploying personnel have access to appropriate Force Health Protection Prescription Products (FHPPP) which include malaria prophylaxis, atropine/2-Pam chloride autoinjectors, pyridostigmine bromide (PB) tablets, and CANA. Document any FHPPP dispensed/prescribed in the comments section of the DD-2795, Pre-Deployment Health Assessment. Ensure all FHPPP are issued in accordance with ASD(HA) Memorandum, Policy for Use of Force Health Protection Prescription Products (24 Apr 03) - <http://www.ha.osd.mil/policies/2003/03-007.pdf>.
 - h. Medical Threat Briefing. Provide specific medical threat briefing and recommend appropriate countermeasures before each deploying member. This briefing should summarize any preventive medicine threats at the deployment location. Information on medical threats can be found at: Armed Forces Medical Intelligence Center (AFMIC) website <http://www.afmic.detrick.army.mil/> (must register for an account); U.S. Army Center for Health Promotion and Preventive Medicine <http://chppm-www.apgea.army.mil/>

and the Deployment Health Clinical Center http://www.pdhealth.mil/dcs/pre_deploy.asp. HSWL SC or Commandant (CG-1121) will provide a list of any additional required immunizations or chemoprophylaxis for each deployment based on medical threat assessment. The recommendations, to include all medically related personal protective measures, will be communicated to all deploying personnel during the pre-deployment medical threat brief and/or via message. When possible, Commandant (CG-1121) or HSWL SC will contact the agency that will serve as the CG supporting medical unit in joint DoD operations, and the medical threat brief will be obtained to provide to CG deploying units. If not involved in joint operations, medical threat brief and recommended countermeasures will be provided by HSWL SC, Commandant (CG-1121) and Commandant (CG-1133) based on the deployment requirements.

- i. Health Record Review. Review each member's health record for accuracy. Enter and verify all required data into MRRS.
 - j. Pre-Deployment Serum Sample. Verify that a serum sample has been provided within one year prior to deployment. The HIV test will serve as pre-deployment serum sample provided the HIV test was completed within one year prior to deployment. If more than one year, a new HIV test will be drawn and must be processed through the VIROMED contract. Members who refuse the blood draw will have an SF-600, Chronological Record of Care entry to that effect placed in their health record. No further legal or medical action will be required
6. Deployment.
- a. Disease Non-Battle Injury (DNBI) Reports. Weekly DNBI reports will be used to assess operational readiness at the unit level. The unit corpsman will review DNBI rates for trends. Weekly reports will be provided to Commandant (CG-1121). Blank DNBI reports are available for download on Commandant (CG-1121) Operational Medicine website <http://www.uscg.mil/hq/cg1/cg11/> (Preventive Medicine section).
 - b. Other Deployment Requirements. All other deployment surveillance requirements will be fulfilled in conjunction with the supporting medical unit as designated by Commandant (CG-1121).
7. Post-Deployment. After the member completes the DD-2796, Post Deployment Health Assessment via the EDHA, (this must be completed no earlier than 7 days before returning and no later than 30 days after returning to the home station) they must set up an appointment with a healthcare provider (IDHS or Medical Officer). This is required for all expeditionary deployments. The following are special requirements for reserve personnel:
- a. Reserve members requiring a more detailed medical evaluation or treatment shall, with the member's consent, be retained on active duty until the member is determined fit for full duty, or until the resulting incapacitation cannot be materially improved by further hospitalization or treatment and the case has been processed and finalized through physical disability evaluation system (PDES).
 - b. Reserve members no longer on active duty, who have deployment health concerns should initiate contact with their reserve activity or a Department of Veterans Affairs (VA) medical facility. Combat veterans are eligible for care two years post discharge in the VA

- health system for any illness, even if there is insufficient medical evidence to conclude that their illness is attributable to their military service.
- c. Members who refuse to complete the DD-2796, Post-Deployment Health Assessment will have an SF-600, Chronological Record of Care entry to that effect placed in their health record. No further legal or medical action will be required. A member can request to complete a DD-2796, Post-Deployment Health Assessment for any reason and at any time (even if the member was not on an expeditionary deployment).
8. DD-2900, Post-Deployment Health Reassessment (PDHRA) via the EDHA (see above). Complete the PDHRA over the next few months after returning from deployment via the EDHA. Other post deployment requirements include the following:
- a. Review and update the DD-2766, Adult Preventive and Chronic Care Flow Sheet and place it in the member's health record.
 - b. Countermeasures. Assess the need for specific post deployment requirements such as tuberculosis screening and malaria terminal chemoprophylaxis and ensure members are scheduled to meet these requirements.
 - c. Medical Threat Debriefing. Provide a medical threat debriefing on all significant health events, exposures and concerns within 5 days (ideally) of return to home station. Additional information can be found at the Deployment Clinical Care Center - <http://www.pdhealth.mil/dcs/>.
 - d. Health Record Review. Review and update the member's health record regarding theater medical encounters, adverse events related to taking FHPPP.
 - e. Post-Deployment Serum Sample. Verify that redeploying members have had a blood sample drawn for submission to the DoD serum repository within 30 days of return to home station or demobilization site. All blood samples will be submitted to the CG HIV Contractor per Coast Guard Human Immunodeficiency Virus (HIV) Program, COMDTINST M6230.9 (series). Utilizing the CG HIV Contractor ensures that a serum sample is sent to the repository and that the member has a current HIV test. The date of the HIV test will be entered into MRRS. Members who refuse the blood draw will have an SF-600, Chronological Record of Care entry to that effect placed in their health record. No further legal or medical action will be required.
 - f. Physical examination. A physical examination is required for a member being released from an active duty assignment of 30 days or greater, if the member has not had a physical examination within the previous 12 months. A member being released from active duty can request a physical examination at any time, even if the member had a physical examination within the previous 12 months. A health care provider can recommend a member undergo a physical examination based on the results of the member's post deployment health assessment.
9. Compliance Program. Commanding Officers will implement a quality improvement program to ensure their compliance with guidelines as outlined in this Chapter. This requirement is primarily focused on completeness of execution and includes the ability to answer the following questions:

TASK	YES	NO
Did all those covered by the policy get screened?		
Is a copy of the completed deployment health forms in the permanent medical record?		
Was a copy of the deployment health forms electronically sent to AFHSC?		
Was a blood sample collected and sent through CG HIV Contractor for the serum repository?		
Were recommended referrals/consultations completed?		

Table 6-B-1

At a minimum, report the following data to MLC (k):

The number of personnel requiring screening?	
The number of personnel screened (e.g. completion of a the deployment health forms	
Confirmation that a blood sample was sent to CG HIV Contractor	
Tracking of clinical follow-up for those indicated on the deployment health forms is being accomplished.	

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C. Routine Deployment.

1. Pre-Deployment Requirements.

- a. Individual Medical Readiness (IMR) Review. Perform an IMR review on all deploying personnel per Chapter 6, Section A.
- b. Medical Threat Briefing. Provide specific medical threat briefing and recommend appropriate countermeasures for each deploying member. This briefing should summarize any preventive medicine threats at the deployment location. Information on medical threats can be found at the National Center for Medical Intelligence website at <http://www.intelink.gov/ncmi/index.php>, U.S. Army Center for Health Promotion and Preventive Medicine at <http://chppm-www.apgea.army.mil> and the Deployment Health Clinical Center at http://www.pdhealth.mil/dcs/pre_deploy.asp. HSWL SC or Commandant (CG-1121) will provide a list of any additional required immunizations or chemoprophylaxis for each deployment based on medical threat assessment.
- c. Health Record Review. Review each member's health record for accuracy. Enter and verify all required data into MRRS.

2. Deployment.

- a. Sick logs. Complete and tabulate daily logs for sick call to determine any trends of illness while deployed. This will facilitate identification and development of preventive measures that can be taken for future deployments.
- b. Occupational Medical Surveillance and Evaluation Program (OMSEP). Enroll members with occupational exposures into the OMSEP if they meet the program requirements.
- c. Medical Event Reports (MERs). Complete MERs per Chapter 7 for illnesses that occur during deployment. MERs should be entered into the Naval Disease Reporting System Internet (NDRSi) system. Critical conditions should be reported to HSWL SC or Commandant (CG-1121) as required per Chapter 7.

3. Post-Deployment.

- a. Countermeasures. Assess the need for specific post deployment requirements such as tuberculosis screening and malaria terminal chemoprophylaxis and ensure members are scheduled to meet these requirements.
- b. Medical Threat Debriefing. Provide a medical threat debriefing on all significant health events, exposures and concerns within 5 days (ideally) of return to home station. Additional information can be found at the Deployment Clinical Care Center - <http://www.pdhealth.mil/dcs/>.

- c. Health Record Review. Review and update the member’s health record regarding medical encounters during the deployment.
- 4. Additional references. The following Websites have information that may be helpful pre-, during and post-deployment:

Source	Website
Center for Health Promotion and Preventive Medicine	http://chppm-www.apgea.army.mil/
Centers for Disease Control Travel Page	http://www.cdc.gov/travel/
Headquarters Operational Medicine Division	http://www.uscg.mil/hq/cg1/cg112/cg1121/default.asp
HSWL SC	http://www.uscg.mil/mlclant/KDiv/kseHomePage.htm http://www.uscg.mil/mlcpac/mlcp/

Table 6-C-1