

UNITED STATES MARINE CORPS
FIELD MEDICAL TRAINING BATTALION
CAMP LEJEUNE, NC 28542-0042

FMSO 201

Manage Force Health Protection

TERMINAL LEARNING OBJECTIVE

1. Given the requirement in an operational environment, manage Force Health Protection for military operations to reduce the risk of sickness or disease. (FMSO-ADMN-2002)

ENABLING LEARNING OBJECTIVES

1. Without the aid of reference, given an operational environment, monitor unit immunization programs, within 80%, per NAVMED P-117 Manual of the Medical Department and MCWP 4-11.1 Health Service Support Operations. (FMSO-ADMN-2002a)

2. Without the aid of reference, given an operational environment, maintain occupational health surveillance programs, within 80%, per NAVMED P-117 Manual of the Medical Department and MCWP 4-11.1 Health Service Support Operations. (FMSO-ADMN-2002b)

3. Without the aid of reference, given an operational environment, perform required administrative duties, within 80%, per NAVMED P-117 Manual of the Medical Department and MCWP 4-11.1 Health Service Support Operations. (FMSO-ADMN-2002c)

1. Health Service Support focuses on two forms of threat: the enemy and an individual's health. The primary mission of medical and dental units supporting the Marine Corps Operating Forces is the conservation of the combat power of the troops. This is accomplished through measures designed to safeguard the health of the Force through early, effective care of the sick and injured, prompt and appropriate evacuation of casualties, and through diligent health/risk surveillance and preventive medicine strategies.

a. Inadequate Force Health Protection (FHP) measures will place service members at risk and seriously jeopardize mission effectiveness.

b. Guidance for medical services is located in CJCSM (Chairman Joint Chiefs of Staff Manual) 3130.03, Annex Q, (Planning Guidance, Medical Services) of OPLANs, concept plans, functional plans, and operation orders. Annex Q identifies requirements and provides guidance to subordinate commanders and their Health Service Support planners. The following are sample Health Service Support (HSS) appendices to Annex Q:

- (1) Appendix 1, Joint Patient Movement System
- (2) Appendix 2, Joint Blood Program
- (3) Appendix 3, Hospitalization
- (4) Appendix 4, Returns to Duty
- (5) Appendix 5, Medical Logistics (Class VIII) System
- (6) **Appendix 6, Force Health Protection**
- (7) Appendix 7, Host-Nation Medical Support

Appendix 6, describes Force Health Protection risks or threats that have been mitigated by advanced preparations.

c. **IMMUNIZATION PROGRAM.**

(1) Vaccinations are a way of life in the US military. All new recruits (both officers and enlisted) are vaccinated against various diseases during enlisted basic training or during officer accession training. Sailors and Marines should have their immunization status reviewed as part of a routine sick call visit during their birth month, as part of immunization updates and for pre-deployment preparation. Annual HIV and PPD testing will be completed as well as other boosters.

(2) Medical Readiness and Reporting System (MRRS)

(a) The Medical Readiness and Reporting System (MRRS) is a comprehensive mission-critical tracking system for immunizations and Individual Medical Readiness (IMR) used by the United States Navy, Marine Corps, and Coast Guard. MRRS is a Web-based, real-time application with links to the existing authoritative data systems of the Navy Standard Integrated

Personnel System (NSIPS), Reserve Headquarter System (RHS), Coast Guard Business Intelligence (CGBI), and the Marine Corps Total Force System (MCTFS). These system interfaces enable the Navy to reduce data input requirements, improve data accuracy, and track personnel.

(b) MRRS (Medical Readiness Reporting System) provides leadership with command and control visibility of force medical readiness, at the individual, unit, command and headquarters level to ensure that combat-ready personnel can rapidly respond to emergent missions. The system gives headquarters staff and leadership a real-time view of immunization status and force medical readiness. MRRS captures and maintains medical, immunization, injury management, and medical readiness information relating to all Navy, Marine and Coast Guard personnel. MRRS maintains links with BUPERS Online (BOL) and Marine Online (MOL) which allow members to review their medical readiness status or their Post-Deployment Health Reassessment (PDHRA). See BUMEDINST 6110.4 for amplifying information.

2. OCCUPATIONAL HEALTH SURVEILLANCE

a. DEPLOYMENT HEALTH PROGRAM.

(1) The DOD Components implement a comprehensive deployment health program.

(a) Anticipates, recognizes, evaluates, controls, and mitigates health threats encountered during deployments.

(2) Health risk assessments:

(a) are conducted to anticipate, identify, and assess health threats

(b) develop controls and countermeasures, make risk decisions, and implement controls to mitigate unavoidable health threats. Use information from sources such as Office of Environmental Health (OEH) site assessments, Preliminary Hazard Assessments (PLHAs), industrial hazard assessments, environmental baseline surveys, health surveillance activities, medical intelligence products, lessons learned, and other available data for the deployment area. At the minimum, consult the Services' deployment health surveillance support hubs such as the Air Force Institute for Operational Health, Navy Environmental Health Center, and US Army Center for Health Promotion and Preventive Medicine for deployment OEH historical exposure and monitoring data, and mission and site information, Armed Forces Medical Intelligence Center (AFMIC) (via supporting intelligence office or organization) for current intelligence on foreign medical capabilities, infectious disease threats, environmental health risks, toxic industrial chemical threats, and developments in biotechnology and biomedical subjects of military importance; DOD Veterinary Service Activity for food and bottled water sanitation audit information, and the Defense Pest Management Information Analysis Center, for information on animals and plants that may impact the DOD mission. Other sources of information to be considered include the World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), and the National Institutes of Health (NIH).

(3) Health Assessments

Pre-Deployment Health Assessment

Post-Deployment Health Assessment

Post-Deployment Health Re-Assessment

(a) Pre-deployment health activities are based on DOD and Service policies and the health risk assessments for the joint operations area or area of operations and for the specific deployment location. An overall health risk assessment must be accomplished before each deployment to identify the deployment-specific health threats and appropriate protective measures, and determine the content of health risk communication messages and materials, including pre-deployment health threat briefings.

(b) Specific health risk countermeasures (immunizations, prophylactic medications, or personal protective equipment) will be based on the health threats or potential health threats.

Conduct health threat briefings whenever health threats are identified and/or protective measures are required. The briefing addresses topics such as endemic diseases, hazardous plants and animals, entomological hazards, Chemical, Biological, Radiological, Nuclear (CBRN) agents, toxic industrial chemicals and materials (agricultural and industrial), deployment-related stress, and climatic or environmental extremes (e.g., heat, cold, high altitude, wind-blown sand and/or other particulates).

(c) DD Forms 2795, "Pre-Deployment Health Assessment," are submitted to the Defense Medical Surveillance System (DMSS), which are maintained by the Army Medical Surveillance Activity, US Army Center for Health Promotion and Preventive Medicine (USACHPPM). Details regarding the Pre-Deployment Health Assessment can be found in DODI 6490.03 Deployment Health.

(4) Deployment Phase - The deployment phase begins when advanced party or initial cadre personnel arrive into the deployment area.

(5) Post-Deployment Health Assessment Requirements

(a) Exposure to environmental health threats may have acute, chronic, or latent effects, and, when indicated, long-term medical surveillance should be conducted to detect latent diseases. Health surveillance data are used to document any occurrence of disease or health outcomes due to exposures, conduct epidemiological investigations, determine new prevention strategies and countermeasures for current or future deployments, and develop health risk communication materials.

(b) A health threat de-briefing must be provided to re-deploying or re-deployed DOD personnel during in-theater medical out-processing or following a deployment. Post-deployment health debriefings inform personnel of any health-related medical, occupational, environmental,

or CBRN exposures that they may have experienced, address individual concerns and information about required medical follow-up, and help personnel reintegrate and adjust back to routine activities following a deployment.

(c) DD Forms 2796, “Post-Deployment Health Assessment,” are completed within 30 days before or after return to home station and submitted to DMSS. Provide a face-to-face health assessment with a trained health care provider for redeploying personnel who are required to complete a DD Form 2796. As appropriate, schedule medical and dental referrals and follow-up visits for health concerns or issues. Reserve Component members will receive medical and dental care and disability evaluations according to DOD Directive 1241.1 prior to the release of the member from active duty. If the member does not stay on active duty, ensure arrangements are made for medical and dental care after being released.

(6) Post-Deployment Health Re-Assessment Requirements

(a) A post-deployment re-assessment will be administered to each re-deployed individual within 90 to 180 days after return to home station from a deployment. The following post-deployment health activities are required for all deployments: Complete DD Forms 2900, “Post-Deployment Health Reassessment (PDHRA).” For individuals who received wounds or injuries that required hospitalization or extended treatment before returning to home station, the reassessment will be administered 90 to 180 days following their return home. After the DD Form 2900 is completed, a trained health care provider will discuss health concerns indicated on the form and determine if referrals are required. Educate individuals on post-deployment health re-adjustment issues and provide information on resources available for assistance. The original of the completed DD Form 2900 must be placed in the deployed individual’s permanent medical record. Submit copies of the completed DD Forms 2900 electronically to the DMSS. Services may require submission of the forms to DMSS via their surveillance hubs.

3. ADMINISTRATIVE DUTIES

a. SPECIAL DUTY EXAMINATIONS - Certain groups of personnel in the Navy and Marine Corps, by reason of the particular type of duty to which they will be assigned, are required to meet physical standards which differ from regular enlistment, commissioning, and annual Physical Health Assessments (PHA). Some examples are:

(1) Aviation Duty, which requires an aviation physical

(2) Diving Duty, which also includes non-divers but personnel exposed to hyperbaric chambers (except patients) will require a special physical,

(3) Occupational Exposure to Ionizing Radiation - NAVMED P5055, Radiation Health Protection Manual, is the governing document for the naval service Radiation Health Protection Program. NAVMED P5055 provides ionizing radiation exposure limits, dosimetry requirements, medical examination requirements, administrative and repeating requirements, and command duties and responsibilities for the Radiation Health Protection Program.

(4) Explosive Handler and Hazardous Material Vehicle Operators - medical examinations of explosive handlers and Hazardous Material Vehicle Operators are conducted to ensure active duty personnel who handle explosives or operate vehicles or machinery which transport explosive or other hazardous material are physically qualified. Members who are qualified under this section meet the physical qualification requirements of the Federal Highway Administration, DOT, CFR Part 391.

NOTE:

Complete requirements of specific Special Duty examinations can be found in NAVMED P-117, Manual of the Medical Department, Chapter 15.

4. PREVENTION OF COMMON FOOT DISORDERS

(a) Improperly fitting boots and socks are common causes of foot problems such as blisters, corns and calluses. Improper foot hygiene will also lead to foot disorders such as ingrown toenails and athlete's foot. To prevent these issues:

(1) Carefully fit new boots.

(a) Bring a pair of socks/orthotics you intend to wear with the boots to the store.

(b) The toe box should be roomy enough so you can wiggle your toes.

(c) The ball of your foot should rest on the widest part of the sole.

(d) The forefoot should not be wider than the boot.

(e) Determine the boot length; there should be a ½ inch between the end of the longest toe and the end of the boot.

(2) Socks

(a) Wear clean, dry, un-mended, well-fitting socks.

(b) Socks should fit snugly on the foot without excess material over toes and the heel.

(c) If a person wants to wear two pairs of socks, the outer pair should be ½ a size larger to comfortably fit over the inner sock.

(3) Hygiene

(a) Keep feet clean and dry.

(b) Wear shower shoes when using public showers.

(c) Trim nails straight across, and not too short. Don't cut out or dig at corners.

(d) Use foot powder to keep feet dry.

(4) Marches (Hikes)

(a) During marches, lie with feet elevated at rest points, if time permits, massage the feet, apply foot powder and change to dry socks.

(b) Relief from swelling feet can be obtained by slightly loosening the bootlaces where they cross the arch.

(c) EARLY attention is essential. Treat blisters, abrasions, corns, and calluses ASAP.

(d) After the hike, if red, swollen, tender skin develops along the edges of the foot, the foot requires aeration, elevation, rest and as a rule, wider foot wear.