



DEPARTMENT OF THE NAVY  
 COMMANDER NAVY RESERVE FORCE  
 1915 FORRESTAL DRIVE  
 NORFOLK VIRGINIA 23551-4615

6000  
 COMNAVRESFOR N9  
 23 Mar 2020

Changes to the identified Navy Reserve Personnel Manual articles are effective the date written at the top of each article and the date on this change summary.

J. A. SCHOMMER  
 Deputy Commander

Changes in articles titled and summarized below are incorporated in the electronic copy via Commander, Navy Reserve Forces Command (COMNAVRESFORCOM) Website:  
<https://www.navyreserve.navy.mil>.

Table of Contents – Revised to reflect all current changes.

Article No.	<u>Article Title</u>
6000-010	<p><b>Reserve Medical</b></p> <ul style="list-style-type: none"> <li>• Clarifications of Total Force IMR percentage thresholds.</li> <li>• New requirements for Hepatitis C virus titer requirements for service members born between the years 1945-1965.</li> <li>• Clarification of Deployment Health Assessment (DHA) tracking requirements.</li> <li>• Clarification of Injury Case Management requirements.</li> <li>• New requirements for DHA reporting for sexual assault cases.</li> <li>• Additional guidance on Pregnancy Administration management.</li> <li>• Updated requirements IRT Mattis memo on DoD Transgender Policy.</li> </ul>

**RESPERSMAN 6000-010**

**RESERVE MEDICAL**

<b>Responsible Office</b>	COMNAVRESFOR (N9)	Phone:	DSN	262-5643
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<b>References</b>	<ul style="list-style-type: none"> <li>(a) DoDI 6025.19 (IMR)</li> <li>(b) MILPERSMAN 1910-158 (Separation for the Ready Reserve)</li> <li>(c) NAVADMIN 233/07 (IMR)</li> <li>(d) SECNAVINST 7850.4E (Disability Evaluation Manual)</li> <li>(e) SECNAVINST 5300.30F (HIV, HBV, HCV)</li> <li>(f) NAVADMIN 070/19 (Transgender)</li> <li>(g) OPNAVINST 6100.3A (DHA Process)</li> <li>(h) BUMEDINST 1300.3 (Suitability Screening)</li> <li>(i) RESPERSMAN 1300-010</li> <li>(j) MANMED CH 15, 16, 18 and 23</li> <li>(k) BUPERSINST 1001.39F (ADMIN Procedures)</li> <li>(l) SECNAVINST 1770.5 (LOD)</li> <li>(m) COMNAVRESFORINST 6000.1E (Pregnancy)</li> </ul>
<b>Enclosures</b>	<ul style="list-style-type: none"> <li>(1) Manpower Availability Status Codes</li> <li>(2) HS-1 Force Health Protection and Readiness Checklist</li> </ul>

**1. Background.** Commander, Navy Reserve Force (COMNAVRESFOR) Force Surgeon will establish policy and issue guidance for Navy Reserve Force Health Protection and management. Subordinate echelons Navy Reserve Activity (NRA) Commanding Officers (COs), Officers in Charge (OICs) and Unit Leaders will ensure Reserve Force Health protection policy and guidance parameters are met.

**2. Responsibilities**

a. NRAs must:

(1) Ensure drilling Reservists and Strategic Sealift Readiness Group members complete all Individual Medical Readiness (IMR) requirements per reference (a). Failure to report for required IMR needs after the member's required annual update may result in the member being processed for separation by reason of unsatisfactory participation per reference (b).

(2) Educate members on their responsibility to submit any changes regarding their health or medical condition within 60 days of diagnosis.

(3) Refer members who fail to disclose medical conditions for administrative separation, in accordance with reference (b).

b. Unit COs/OIC must:

(1) Ensure their personnel are in compliance with IMR requirements in accordance with reference (a).

(2) Ensure the medical readiness of individual service members is considered during each clinical encounter, and monitored for compliance as per reference (c).

(3) Inform the supporting NRA Medical Department Representative (MDR) of members' deployment limiting medical and dental condition, and or changes in existing conditions, that might interfere with their ability to perform their duties.

(4) Ensure members are in compliance with all injury case management requirements.

c. NRA MDR must:

(1) Have a current assumption of duty letter, and an all-inclusive medical department turnover assessment and evaluation of its status within 30 days of assumption of duty.

(2) Maintain a Standard Operating Procedures (SOP) as outlined in COMNAVRESFORINST 5040.1. The SOPs should incorporate local Department of Defense (DoD) MTFs' guidance, processes, and protocols as applicable.

(3) Notify the Unit CO/OIC of the NRA CO's determination of injury management and drill or non-drill status.

(4) Ensure every injury case has a separate file from the service treatment records (STR). Update Medical Readiness Reporting System (MRRS) status tab in detail regarding the case.

(5) Communicate regularly (minimum monthly) with members with open injury cases.

(6) Educate members on their responsibility to submit any changes regarding their medical and or dental condition within 60 days of diagnosis.

(7) Refer members who fail to disclose any health conditions for administrative separation, in accordance with reference (b).

(8) Submit dental treatment information on NAVMED 6600/12.

(9) Educate members on PERS-95 determinations and election of options per PERS official message. Per RESPERSMAN 1300-050, members requesting a Physical Evaluation Board (PEB) must be transferred to the Administrative Processing Unit and are not authorized to drill until the final disposition of their case is made by the PEB.

(10) Request extensions of Temporary Not Physically/Dentally Not Qualified (TNPQ/TNDQ) cases less than 180 days from echelon four (N9), via MRRS. Members who fail to comply with medical or dental requirements may be processed for separation by reason of unsatisfactory participation per references (b) and (d).

(11) Notify NRA Manpower Department of the appropriate Manpower Availability Status (MAS) code for any changes in member's medical or dental status.

(12) In case of non-compliance, appropriately notify members and Chain of Command (CoC) (pg. 13, certified mail, internal tracking).

(13) Refer members who fail to comply when notified to the administration department for separation process. Maintain non-compliance files for a minimum of two years.

(14) Be notified of personnel gains and losses from the manpower department. Monthly reconciliation reports should be conducted utilizing command Alpha Roster and MAS Code Accountability reports with the Navy Standard Integrated Personnel System (NSIPS) operator.

(15) Utilize MRRS to track IMR. Track completion of IMR requirements to reflect current standards.

- a. Fully Medically Ready  $\geq$  85%.
- b. Partially Medically Ready  $\leq$  5%.
- c. Medically Ready Indeterminate  $\leq$  5%.
- d. Not Medically Ready  $\leq$  5%.
- e. Full + Partial Medical Readiness  $\geq$  90%.

(16) Ensure Reserve personnel are screened every 24 months for serologic evidence of Human Immunodeficiency Virus (HIV), one time for Hepatitis C Virus (HCV) for members born between the years 1945 and 1965, and otherwise for HIV, Hepatitis B Virus (HBV), and HCV as clinically indicated. Additionally, Reserve members will be tested for HIV and HCV (for members born between the years 1945 and 1965) at the time of activation when called to active duty for more than 30 days if they have not been tested within the last 24 months, per reference (e).

(17) Have direct access to the NRA CO and communicate with leadership about any medical and dental requirements, deficiencies, and status of injury cases.

(18) Verify all medical and dental records STRs in accordance with MANMED Chapter 16, and ensure proper disposition of all STRs within five days of separation date or VA request.

(19) Screen mobilizing members for suitability per current Area of Responsibility (AOR) guidance. Submit AOR medical waivers to appropriate AOR surgeon via the Reserve Component Command (RCC).

(20) Recommend to NRA CO whether a member should be placed in a TNPQ, TNDQ, Line of Duty (LOD), or Medical Retention Review (MRR) status, and advise on drill or non-drill status.

(21) Ensure members are completing the required Pre-DHA DD 2795, Post-DHA DD 2796, and PDHRA DD 2900 when due. Complete deployment screenings via EDHA, document in MRRS, and place in members' STRs.

(22) Place members found not fit on the Pre-DHA in the appropriate injury case management status. Manage Post-DHA and Post-DHRA referrals through LOD process.

(23) Service of Transgender Navy Personnel, per reference (f), who received a diagnosis of gender dysphoria prior to 12 April 2019, who wish to transition, must be placed TNPQ with MAS code MPQ given. The civilian providers' treatment plan must be reviewed by the MDR and then submitted to the Force Surgeon, who will then forward the plan for validation to the Navy Transgender Care Team (TGCT). Once the treatment plan is validated by the TGCT, the member submits the treatment plan as part of the overall transition plan to the NRA CO. NRA MDR will consult with the echelon four (N9) regional healthcare providers as applicable.

d. Navy Reserve members will:

(1) Monitor IMR via Bureau of Naval Personnel Online and comply with all IMR requirements per reference (a) and (c).

(2) Disclose to the NRA MDR any new diagnosis, changes in existing medical conditions and/or prescription medications' dosage, within 60 days of discovery.

### **3. MDR Training Requirements**

a. Reserve Medical Administration (RMA) course will be completed by the MDR within six months of reporting to the NRA, and every five years thereafter. RMA curriculum is under revision and changes will affect future guidance.

b. MDR will complete the Health Insurance Portability and Accountability Act and Privacy Act training within 30 days of checking onboard, and annually thereafter.

c. MDR will complete the required applicable training and have access to MRRS, AHLTA/JLV/HAIMS, MHS-Genesis, EDHA, VIALS, PHA portal, ANACOMP, and NSIPS STR, WEBWAVE II (RCC N9).

d. TRICARE training course is required every two years.

e. MDR personnel will be BLS qualified. Personnel administering vaccines must complete at least eight hours of annual continuing education, as per DHA-IHB reference (g) and COMNAVRESFORCOM guidance. Baseline of trainings and comprehensive immunization standards are required to establish competency. Trainings must be completed upon reporting onboard, and every three years thereafter. Training completion must be verified during assessments and more often as applicable by COMNAVRESFORCOM and echelon four (N9).

f. Resident courses. Medical personnel may attend the Immunization Lifelong Learners Course (ILLC), or the Immunization Lifelong Learners Short Course (ILLSC). These resident courses will satisfy the three-year requirement.

g. All personnel administering seasonal influenza vaccination will complete the DoD seasonal influenza training yearly. Additionally, personnel will provide course completion yearly for each additional immunization approved for and supplied to the NRA outside of the standard readiness immunizations (example: Yellow Fever).

h. Blood-borne Pathogen Training course via ESAMS as required.

i. During inspections, echelon four (N9) will utilize the most current COMNAVRESFOR 5040.1 HS-1 Force Health Protection and Readiness Checklist enclosure (2) for all assessments conducted at echelon 5 commands. This will ensure uniform compliance throughout the Reserve Force.

#### **4. Deployment Health Assessment**

a. Assess the state of members' health after deployment outside the United States in support of military operations and identify present and future medical care.

b. Complete the required Pre-Deployment Health Assessment (Pre-DHA DD 2795), Post-Deployment Health Assessment (Post-DHA DD 2796), and Post-Deployment Health Re-Assessment (PDHRA DD 2900) per reference (g) when due.

c. Review all members with a deployment history for completion and applicable referrals.

d. Psychological Health Outreach Program (PHOP) should immediately be made aware of any referral and follow-up needed.

e. Ensure deployment health assessment screenings are completed via EDHA, documented in MRRS, and placed in members' STRs.

f. Identify members found not fit on the Pre-DHA DD 2795, place them in the appropriate injury case status, and assign the appropriate MAS code.

g. Manage Post-DHA and Post-DHRA referrals through the LOD process.

## **5. Injury Case Management**

a. Injury cases will be effectively managed and updated in MRRS to reflect current status, updates, and details.

b. For members in an injury case status, all current, signed and applicable documentation must be available.

c. Injury case file will be available for each case and will be separate from STR.

d. The appropriate MAS Code must be assigned at opening and closing of all injury cases.

e. Refer/recommend for TNPQ and TNDQ as appropriate.

(1) Utilize TNPQ or TNDQ status when members have medical or dental conditions that are not service connected, and are expected to be resolved in less than 180 days per reference (i). Members in this status must be assigned a MAS Code of MS3.

(2) Members in TNPQ/TNDQ status must provide the NRA MDR written monthly updates on their treatment progress from a civilian provider. In the event a given medical or dental condition does not require a clinical visit in a given month, TNPQ/TNDQ members must still contact the NRA MDR. Failure to comply with providing monthly updates may result in administrative action, non-compliance letters, and administrative separation per reference (h).

(3) The NRA MDR will update the member's medical record and MRRS on every status change.

(4) All requests for extensions of TNPQ/TNDQ will be submitted to the CoC to the echelon four (N9) for approval using the TNPQ or TNDQ module of MRRS. Extensions of TNPQ/TNDQ should only be for cases with clear expectation of complete resolution, otherwise an MRR package should be initiated at six months. No extension will be granted beyond 365 days without the approval of COMNAVRESFOR Force Surgeon.

(5) Members completing their plan of care must immediately notify the NRA MDR and provide all current documentation in support of their course of treatment. The NRA MDR will place the records in members' STR and annotate treatment completion on an SF 600. Ordinarily, completion of a course of treatment implies resolution and the TNPQ/TNDQ status can be removed or closed. If the member's condition still exists after 365 days the condition is considered chronic and the TNPQ must be converted into a MRR. NRA MDR will consult with the echelon four (N9) regional healthcare providers, and elevate queries to COMNAVRESFOR Force Health department (N9) when applicable.

(6) Inactive Duty Participation

(a) Members in a TNPQ/TNDQ status are eligible to perform Inactive Duty Training (IDT) periods. Coordination between TRUIC NRA and Unit Mobilization Unit Identification Code (UMUIC) is required for member to conduct Inactive Duty Training Travel (IDTT) with supported command. Members may request consideration for IDTT, Annual Training (AT), and Active Duty Training (ADT). TRUIC NRA CO, in conjunction with UMUIC Unit Leadership, will consider these requests on a case-by-case basis and may approve when less than 29 days and CONUS assignment based.

(b) Members in TNPQ/TNDQ status are assignable in accordance with reference (i). However, members will remain assigned to their administrative NRA and in Selected Reserve status except where precluded by higher policy (e.g. High Year Tenure, Unsatisfactory participation, etc.)

(c) Members who relocate home of record (HOR) may be assigned to nearest NRA in accordance with reference (i). The losing NRA must contact the gaining NRA to inform them of TNPQ/TNDQ status and immediately provide all medical documentation and details.

(d) Orthodontic appliance (braces) and or orthognathic treatment (surgical jaw repositioning). See paragraph (7) below.

(7) Members who decide to undergo active orthodontic treatment and or combined orthodontic/orthognathic treatment, are required to notify their Unit CO/OIC and the supporting NRA MDR. The NRA MDR will educate the member on the Navy's recall and deployment policy on personnel who choose to undergo this treatment, and sign a page 13 affirming understanding. Refer to NAVMED 1300/4, Expeditionary Medical Screening Checklist and specific AOR requirements for restrictions on orthodontic appliances

(8) Members undergoing active treatment will not be placed TNDQ or classified as dental class three. Members can be dental class one or class two and be under active treatment. Specific deployment requirements will dictate if members who execute active duty orders greater than 29 days are required to have their active orthodontic treatment (braces) deactivated. The member's treating dentist or orthodontist must certify that the member's orthodontic appliances have been placed in a stabilized and deactivated status. Members choosing to undergo combined orthodontic/orthognathic treatment must be placed TNDQ non-drill status until an oral surgeon has certified all surgical devices have been removed and adequate healing of the bones and jaw have occurred.

f. Medical Retention Review (MRR)

(1) An MRR package must be initiated when the NRA MDR determines that a member has developed a new or had a change in an existing medical condition, that is chronic in nature, and will likely prevent the member from safely and effectively fulfilling duty responsibilities, and or interfere with mobilization. NRA MDR will consult with the echelon four (N9) regional healthcare providers to determine the need of a MRR, and elevate queries to COMNAVRESFOR Force Health department (N9) if applicable.

(2) The NRA MDR has 60 days to gather documentation from members, for package completion and submission. Members in an MRR status are required to submit medical documentation within 30 days of a medical appointment. Failure to comply may result in administrative action, non-compliance letters, and administrative separation per reference (b).

(3) The complete MRR package will be submitted to the echelon four (N9) for review, quality assurance (QA), and endorsement. Echelon 4 commands will ensure timely upload of documents into the electronic databases within 10 business days, and monitor package timelines at both commands.

(4) PERS-95 will notify the member of their findings via message traffic. Supporting NRA admin department must notify members by letter via certified mail or in person of their option to request in writing, appeal review by the PEB, discharge, or transfer to the retired reserve (if eligible) within 30 days of receipt of their letter, if not recommended for retention. MDR will ensure members are notified and consult with their NRA admin department for timely processing.

(5) Not all medical conditions require a MRR. For example, if the condition resolved or has stabilized during TNPQ status, has not had any change in the past 90 days, and does not need a waiver submitted to the AOR per CENTCOM MOD series and AFRICOM requirements, then a MRR package does not need to be submitted. These conditions still requires that appropriate documentation from the treating provider as well as a SF 600 entry outlining decision considerations be placed in the medical record. Members must report, within 60 days, any new condition or changes in existing conditions, including prescription medications' dosage changes.

(6) BUMED will review the MRR package and determine the physical qualification status per reference (h):

(a) Physically Qualified (PQ): Unrestricted IDT, IDTT, AT, and ADT. No MAS Code.

(b) Not Physically Qualified/Retention Recommended (NPQ/RR): OCONUS and greater than 30 days CONUS assignment requires an AOR Waiver from gaining command surgeon. Less than 30 days CONUS approval is at the CO's and unit OIC's discretion, with MDR input/discretion. CoC will be utilized for any questions. PERS message will specify administrative requirements, restrictions, and future submission requirements.

(c) Not Physically Qualified/Retention Not Recommended (NPQ/RNR): Member may complete correspondence courses only. May be assigned an administrative MAS code. (ex. AAP or AAR).

#### (7) Inactive Duty Participation

(a) Members in an MRR status, awaiting BUMED review, are only eligible to perform IDT periods at TRUIC NRA CO and Unit leadership discretion per reference (k). Refer to paragraph b. regarding further participation guidance once the MRR package has been adjudicated and member is in a NPQ/RR status.

(b) Members in MRR status, awaiting BUMED review, are unassignable in accordance with RESPERSMAN 1300-010. However, members shall remain assigned to their unit, except where precluded by higher policy (e.g. High Year Tenure, Unsatisfactory participation, etc.)

(c) Members who relocate HOR may be assigned to nearest NRA in accordance with reference (j). The losing NRA shall contact the gaining NRA to inform them of MRR status and immediately provide all medical documentation/MRR package status.

g. Line of Duty (LOD)

(1) Utilize LOD cases for Reserve members who incur or aggravate an illness, injury, or disease that qualifies for benefits under the SECNAVINST 1770.5.

(2) LOD benefits are available to eligible Reserve members and may include inpatient or outpatient healthcare, dental care, Incapacitation Pay (INCAP Pay), travel and transportation allowance, separation pay, or disability retirement.

(3) Each case will be opened and submitted within 180 day of injury or condition's discovery. LOD requests, monthly updates, appeals and INCAP Pay requests must be submitted to the respective echelon 4 (N9) for review and accuracy, utilizing the LOD Checklist. Once complete, requests will be submitted to PERS-95.

(4) Ensure the members understand that the requirements of an LOD and that the MEB/PEB processes are initiated as directed by the Benefits Issuing Authority (BIA).

(5) MDRs should make recommendations (DD Form 261) on whether or not members can perform military duties (drilling or non-drilling).

(6) Appeals will be forwarded to Office of the Judge Advocate General (OJAG) with PERS-95's recommendation.

(7) INCAP Pay is reviewed and forwarded to DFAS. PERS-95 does not determine the amount of money members will receive.

(8) Members with open LODs must provide written monthly updates on their treatment progress to their NRA MDR from their medical provider. If a medical or dental condition does not require a monthly clinical visit, LOD members must still contact the NRA MDR each month.

(9) Failure to comply may result in administrative actions, non-compliance letters, and administrative separation per reference (b). Reference (k) serves the guide for proper package compilation and submission processes. Members in a flight status that are placed LOD must be issued a grounding notice, DD 2992, JAN 2015.

(10) Inactive Duty Participation

(a) Members who have an approved LOD may request consideration for IDTT, AT, and ADT via PERS-95. PERS-95 must consider these requests on a case-by-case basis and may approve when less than 29 days and CONUS assignment based. Members in an LOD status are eligible to perform IDT periods at TRUIC NRA CO and Unit Leadership discretion.

(b) Members in a LOD status are unassignable in accordance with reference (l). However, members must remain assigned to their unit, except where precluded by higher policy (e.g. High Year Tenure, Unsatisfactory participation, etc.)

(c) Members who relocate HOR may be assigned to nearest NRA in accordance with reference (j). The losing NRA must contact the gaining NRA to inform them of LOD status and immediately provide all medical documentation and process status.

h. MedHold

(1) MedHold is a voluntary medical treatment program for Reserve members with the sole purpose of addressing medical conditions incurred or aggravated while in the LOD. Evidence must exist in the member's medical records that the condition was identified and documented while the member was in a duty status. Once eligibility has been determined, members may request or accept MedHold orders.

(2) The mere existence of an illness, injury or disease does not necessarily qualify a service member for MedHold. The condition must be deemed potentially unfitting, as determined by their respective service.

(3) MedHold request packages will be submitted via their COI to be forwarded to PERS-95 for review. This is not a requirement of PERS-95.

(4) The MDR is responsible for proper submission of the request. Incomplete MedHold request packages will not be processed, and requests will be delayed until receipt of missing documents.

(5) Sailors on MedHold greater than 12 months and not found "Fit for duty" will be directed to a MEB/PEB.

i. Sexual Assault Prevention and Response (SAPR)

(1) Sexual Assault Unrestricted cases will be sent to [lod\\_sapr@navy.mil](mailto:lod_sapr@navy.mil) to ensure preservation of privacy.

(2) Investigation documents are needed if the member requesting benefits is being investigated for misconduct.

(3) Sexual Assault Restricted cases will be submitted directly to Defense Health Agency (DHA). Do not open a LOD in MRRS as these cases are tracked by DHA.

**j. Pregnancy Administration Management**

- (1) Manage and update MRRS to reflect current status.
- (2) Inform COC and elect Drill, Non/Drill options.
- (3) Service member must confirm pregnancy through a medical provider at either a MTF or a civilian facility. Ensure members have medical documentation indicating prospective due dates and any restriction.
- (4) Educate pregnant members and ensure they are familiar with their responsibilities.
- (5) Monitor due dates in MRRS and any change in delivery date per reference ().
- (6) Maintain files for a minimum of two years. Reports should account for all pregnant personnel and correct assignment of MAS codes.
- (7) Verify and take necessary action if/when pregnant members perform active or inactive duty training per reference (m).
- (8) Obtain return to duty/clearing documentation from member. Update status in MRRS and monitor MAS code.

## **MANPOWER AVAILABILITY STATUS (MAS) CODES**

This document provides additional guidance to supplement MAS code instructions found in RESPERS M-1001.5, Navy Reserve Personnel Manual (RESPERSMAN). MAS codes are used by the Navy Reserve Force to identify a Sailor's readiness to mobilize. Therefore, MAS code accuracy is the essential tool Commanding Officers use to communicate the readiness of their Sailors to COMNAVRESFORCOM. Echelon IV and V manpower and mobilization officers shall familiarize themselves with and ensure adherence to this guidance. Any questions concerning MAS codes should be directed to COMNAVRESFORCOM N35.

NSIPS allows the tracking of three categories of MAS codes: Medical, Administrative, and Training. Current NSIPS programming does not recognize MAS code relative precedence order; therefore, when assigning MAS codes, Echelon IV and V commands shall follow the order of precedence provided in each category: Medical, Administrative, and Training.

Most MAS codes are assigned a periodicity. COMNAVRESFORCOM N35 will post on its website those MAS codes that are past the periodicity and those MAS codes that are approaching the periodicity.

There are four MAS codes reserved for COMNAVRESFORCOM use only. AKE, SAD, and PRO are controlled by COMNAVRESFORCOM N35. DCO is controlled by COMNAVRESFORCOM N7. If there are any discrepancies with these codes, contact COMNAVRESFORCOM N35/N7 respectively.

When a Sailor has an IMS code under the "mobilization processing" or "activation status" IMS code categories, the Sailor's record is locked. A locked record prevents MAS code changes and separations. If an update to a record that is locked needs to be made, contact COMNAVRESFORCOM N35 for assistance.

**1. Medical/Dental MAS Codes:** The following Medical/Dental MAS codes are used to report and track potential medical/dental issues that may preclude a Reserve Sailor from executing active duty orders. These codes are listed in precedence order from highest to lowest precedence.

Note: RC Sailors assigned medical/dental MAS codes are expected to aggressively correct the issue resulting in assignment of the MAS code. Members that Fail to Disclose a mobilization-limiting medical or dental condition will be transferred to S-2 status in

Supplemental MAS Code Guidance for RESPERSMAN M-1001.5  
Updated 01 NOV 2019

accordance with COMNAVRESFORINST 3060.7 series.

	MAS	
<u>Prec</u>	<u>Code</u>	<u>Definition</u>
1	MPQ	Not qualified for retention; currently undergoing PEB. An MRR submitted that receives Not Physically Qualified/Retention Not Recommended (NPQ/RNR) after BUMED review and has requested a PEB will receive the MAS code MPQ once that package is submitted to the PEB. May result in AAP or ARR Administrative MAS code. References NAVMED P-117, RESPERSMAN 6000-010, and MILPERSMAN 6110-020. (180 days)
2	MS2	Medical Retention Review (MRR) initiated. References NAVMED P-117, RESPERSMAN 6000-010, and MILPERSMAN 6110-020. (180 days)
3	MS1	Line of Duty (LOD) Initiated. References SECNAVINST 1770.3 (series), NAVMED P-117, RESPERSMAN 6000-010, and MILPERSMAN 6110-020. (365 days).
4	MS3	Temporarily Not Physically Qualified (TNPQ). MRR or Physical Evaluation Board (PEB) is not required or has NOT yet been submitted. Reference MILPERSMAN 6110-020 and RESPERSMAN 6000-010. (180 days)
5	MPC	Pregnant. Reference OPNAVINST 6000.1C. (294 days)
6	MPP	Non-deployable mother, child less than 12 months old or postpartum convalescence. This MAS code does not preclude a Sailor from being tagged for an involuntary mobilization as long as the Ready Load Date (RLD) is after the deferment expiration date. A Sailor may waive this requirement. Reference OPNAVINST 6000.1C. (365 days - automatic removal)
7*	MNN	An MRR submitted that receives Not Physically Qualified/Retention Recommended (NPQ/RR) after Bureau of Medicine and Surgery (BUMED) review will receive a MAS code of MNN. Anyone with an MNN MAS code is not qualified for orders greater than 30 days without an approved Area of Responsibility (AOR) waiver. Approval for anything INCONUS less than 30 days is at the CO/OIC's discretion, with MDR input. AOR waivers are required for OCONUS orders of any length. References MILPERSMAN 6110-020 and RESPERSMAN 6000-

010. (365 days)
- 8\* MDT Dental Class III which does not preclude mobilization. References SECNAVINST 6120.3 CH-1 and RESPERSMAN 6000-010. (180 days)
- 9\* MDF Dental Class IV which does not preclude mobilization. References SECNAVINST 6120.3 CH-1 and RESPERSMAN 6000-010. (180 days)

\* MAS code does not preclude mobilization

**2. Administrative MAS Codes:** The following administrative MAS codes are used to report and track administrative issues that may preclude a Reserve Sailor from executing active duty orders.

	MAS	
<u>Prec</u>	<u>Code</u>	<u>Definition</u>
1	BCG	BUPERS Control Group. Member's record is frozen by PERS-834 or PERS-911D. Contact PERS-83/911D to inquire.
2	AKE	Key Federal Employee (COMNAVRESFORCOM N35 use only). References DoD Directive 1200.7 and BUPERSINST 1001.39F.
3	AUP	Unsatisfactory participant. Reference RESPERSMAN 1001-010. (180 days)
4	ACR	Member has an <u>approved</u> conditional release from the Navy Reserve. Remove upon enlistment/appointment or expiration. References BUPERSINST 1001.39F and MILPERSMAN 1910-102. (180 days)
5	AAP	Administrative action <u>pending</u> which would preclude mobilization (e.g., un-adjudicated administrative separation (ADSEP) other than for UNSAT participation, Navy Reserve Activity (NRA) received Individual Ready Reserve (IRR) request, pending transfer from Select Reservist (SELRES) to Full-Time Support (FTS) or Active Component, pending acceptance into a commissioning program, etc.). Code applied upon signature/submission to approval authority. Remove immediately if request/application is denied or withdrawn. Reference RESPERSMAN 1001.5. (180 days)

Supplemental MAS Code Guidance for RESPERSMAN M-1001.5  
Updated 01 NOV 2019

- 6 ASF Member is ineligible for force protection duties. Member has a conviction in any court of a misdemeanor or felony crime of domestic violence. References Lautenberg Amendment, Section 922(g)(9) of Title 18, U.S.C., DoDI 6400.06, and DD FORM 2760. Per MILPERSMAN 1910-142, member must be processed for separation (AAP MAS code applies). Apply ASF MAS code if member has completed the separation process, but is retained. Also apply the AFP if a member has allergies related to pepper or a pre-existing history of allergic reaction when exposed to pepper or Oleoresin Capsicum (OC) pepper spray. Reference Navy Security Force Sentry prerequisites (A-830-2216).
- 7 APB Enlisted probationary drill status (UNSAT). NRA has six months to declare member in good drill standing or ADSEP for UNSAT participation IAW BUPERSINST 1001.39F, MILPERSMAN 1001-150, and RESPERSMAN 1001-010. (180 days)
- 8 ARR Retirement request submitted to NRA and pending approval from PERS-9, or retirement request approved by PERS-9. Reference MILPERSMAN 1810-020. (365 days)
- 9 ACB Member not selected for continuation. Enlisted reference current Senior Enlisted Continuation Board NAVADMIN. Officer reference SECNAVINST 1920.7C and <http://www.public.navy.mil/bupers-npc/career/reservepersonnelmgmt/officers/Pages/Continuation.aspx>. (365 days)
- 10 AS2 Member is within six months of High Year Tenure (HYT) or statutory attrition. If the member transfers to the VTU, transfers to the IRR, or retires, remove this MAS code. Enlisted reference MILPERSMAN 1160-120 and <http://www.public.navy.mil/bupers-npc/career/reservepersonnelmgmt/enlisted/Pages/HYT.aspx>. Officer reference SECNAVINST 1920.7C and <http://www.public.navy.mil/bupers-npc/career/reservepersonnelmgmt/officers/Pages/AttritionRetirement.aspx>. (180 days)
- 11 TS1 Member who affiliated within 183 days of release from Active Duty (Navy or other Service) and is authorized a 24-month deferment from involuntary mobilization, commencing on the date of affiliation with the Navy Reserve. This MAS code does not preclude a Sailor

from being tagged for an involuntary mobilization as long as the Ready Load Date is after the deferment expiration date. Sailors may volunteer for mobilization at any time during this deferment by signing a NAVPERS 1070/613, waiving their deferment period. Deferment does not apply to long-term operational support orders (e.g., ADSW, ADT, RECALL, etc.) or New Accession Training (NAT) Sailors. Reference NAVADMIN 145/19. (730 days - automatic removal)

- 12 AS1 Member who affiliated with prior military service (Navy or other Service, including members of the IRR or VTU) and is authorized a one-time 12-month deferment from involuntary mobilization commencing on the date of affiliation with the Navy Reserve. This MAS code does not preclude a Sailor from being tagged for an involuntary mobilization as long as the RLD is after the deferment expiration date. Sailors may volunteer for mobilization at any time during this deferment by signing a NAVPERS 1070/613, waiving their deferment period. Deferment does not apply to long-term operational support orders (e.g., ADSW, ADT, RECALL, etc.) or NAT Sailors. Reference NAVADMIN 145/19. (365 days - automatic removal)
- 13\* ASO Sole surviving son or daughter. Reference DoDI 1315.18. This code limits locations for mobilization.
- 14\* AFP Joint Personnel Adjudication System (JPAS) records indicate derogatory eligibility determination, to include: Administrative Withdrawal, Loss of Jurisdiction, Revoked or Denied eligibility, No Determination Made, or currently reporting an active incident report. If eligibility determination has not been finalized by Department of the Navy Central Adjudication Facility (DoNCAF), the AFP code should not be automatically assumed as the member may have been granted INTERIM access by the owning command, in which case the member could still be eligible for continued access and mobilization. References DoD Directive 5200.2 and SECNAVINST M-5510.30.
- 15\* ASP Member is a single parent or guardian and requires a family care plan. References OPNAVINST 1740.4D and OPNAVINST 6000.1C.

- 16\* ASD Member has an Active/Reserve military spouse and requires a family care plan. References OPNAVINST 1740.4D and OPNAVINST 6000.1C.
- 17\* AS3 Member is a non-custodial single parent who does not require a family care plan. References OPNAVINST 1740.4D and OPNAVINST 6000.1C.
- 18\* MPT Member failed most recent PFA. References OPNAVINST 6110.1 (series), NAVADMIN 304/17, and ALNAVRESFOR 012/18. (180 days)
- 19\* OAT Member's GTCC card is either currently revoked or suspended. Code removed immediately upon reactivation/reissue of GTCC. Reference DoDI 5154.31, Volume 4. (365 days)

\* MAS code does not preclude mobilization

**3. Training MAS Codes:** The following training MAS codes are used to report and track Reserve Sailors that are in special training programs or who have not completed all training required by law, DoD directive, or other directives and instructions.

MAS  
Prec Code Definition

- 1 SAD Approaching sanctuary. Member has 16 years or more of Active Duty. Calculated by the total accumulation of Active Service (AT + ADT + ADSW + Mobilization + Recall + USN + FTS + Any other active duty time). Reference OPNAVINST 1001.27. (COMNAVRESFORCOM use only - do not remove without contacting COMNAVRESFORCOM N35).
- 2 TMS Attending authorized medical or dental school which results in the awarding of the degree of Medical Doctor (M.D.), Doctor of Osteopathy (D.O.), Doctor of Dental Surgery (D.D.S.), Doctor of Dental Medicine (DMD), or equivalent as determined by the BUMED Reserve Affairs Officer (RAO). TMS requires a letter designating and verifying the Member has been accepted into the program from BUMED IAW RESPERSMAN 1570-020. Without BUMED RAO approval, Member will be mobilized under his/her current designator or rating. (1460 days)

Supplemental MAS Code Guidance for RESPERSMAN M-1001.5  
Updated 01 NOV 2019

- 3 DCO For COMNAVRESFORCOM HQ use only. DCO MAS code will be added by COMNAVRESFORCOM N7 upon commissioning and removed by COMNAVRESFORCOM N7 upon completion of Direct Commission Officer Indoctrination Course (DCOIC) per RESPERSMAN 1200-010. Per COMNAVRESFORINST 1120.3 series LDOs/CWOs/DCOs are required to attend DCOIC within one year of commissioning. (365 days)
- 4 TBH Member, either officer or enlisted, has not completed prescribed community specific training or necessary requirements for appropriate certification, credentialing, privileging, or clinical support assignment/clinical sustainment as a healthcare professional to be considered qualified for mobilization. For officers, upon completion of DCOIC and removal of DCO MAS code, the TBH MAS code will be assigned to those with follow-on accession training by their NRA in accordance with the DCO accession training guidance available on the COMNAVRESFORCOM N7 DCO homepage. Upon completion of accession training, DCOs will provide proof to their Unit CO and NRA CO to ensure the TBH MAS code is removed. Reference COMNAVCRUITCOMINST 1130.8 and RESPERSMAN 1300-080. (730 days)
- 5 PRO SELRES Officer who was authorized early release from Active Duty service obligation to participate in a United States professional sport league. Reference DoDI 1322.22. (365 days)
- 6 TS2 RP assigned to USMC unit, but has not received NEC 2401, Marine Basic Combat Skills Specialist (A-561-0008). Reference MCO 1730-6D. (365 days)
- 7 TRP PRISE-R/designator or rate conversion training, assigned IAW MILPERSMAN 1133-061. (545 days)
- 8\* VS1 Member is on Definite (Temporary) Recall.
- 9\* OWS Member is on ADOS/ADSW. NRA will assign code upon member departing on orders and will remove the code when member returns to the NRA.
- 10\* VOL Member is a volunteer and fully available/ready for mobilization. Member volunteering for a mobilization

VS2

Volunteer spare  
Supplemental MAS Code Guidance for RESPERSMAN M-1001.5  
Updated 01 NOV 2019

should volunteer through COMNAVRESFORCOM N35's website  
or contact N35 directly.

\* MAS code does not preclude mobilization

**4. Spare or no longer used MAS codes:** The following list of MAS codes are either spares or no longer in use. The Spares are for COMNAVRESFORCOM N35 use only.

<u>MAS Code</u>	<u>Spare/Previous Definition</u>
MP1	Medical spare
OTN	On ADT less than 180 days not in support of OPS
OTS	On ADT less than 180 days in support of a crisis
TBX	Training Spare 5
TCB	Training Spare 1
TDX	Completed IADT
THS	For Headquarters use only. Mobilization Capacity Hold
TRL	Attend valid rel trng-1405 Desig, period 730 days
TS3	Officer assgn Chaplain Cand Prgm
TSP	Stipend participation
VLI	Volunteer for INCONUS only
VLO	Volunteer for OCONUS only
VLU	Volunteer to go with assigned Unit only

	CODE	Description	Precedence	Periodicity	Controlling Authority
MEDICAL	MPQ	Not physically qualified for mobilization; PEB has been initiated.	1	180 days	NAVMED P-117, RESPERSMAN 6000-010, and MILPERSMAN 6110-020
	MS2	MRR initiated.	2	180 days	NAVMED P-117, RESPERSMAN 6000-010, and MILPERSMAN 6110-020
	MS1	Temporarily not physically qualified for retention. MRR or PEB package has not been received. MS1 shall be assigned when the MRR or PEB package is submitted to allow tracking of package through adjudication.	3	365 days	SECNAVINST 1770.3 (series), NAVMED P-117, RESPERSMAN 6000-010, and MILPERSMAN 6110-020
	MS3	Temporarily Not Physically Qualified.	4	180 days	MILPERSMAN 6110-020 and RESPERSMAN 6000-010
	MPC	Pregnant.	5	294 days	OPNAVINST 6000.1C
	MPP	Non-deployable mother, child less than 12 months old or postpartum convalescence.	6	365 days #	OPNAVINST 6000.1C
	MNN	Member who receives PRC-B per MILPERSMAN 6110-020 after submitting MRR package, will receive the MNN MAS code, and requires a waiver for deployment greater than 30 days.	7	365 days	MILPERSMAN 6110-020 and RESPERSMAN 6000-010
	MDT	Dental Class III which does not preclude mobilization.	8	180 days	SECNAVINST 6120.3 CH-1 and RESPERSMAN 6000-010
	MDF	Dental Class IV which does not preclude mobilization.	9	180 days	SECNAVINST 6120.3 CH-1 and RESPERSMAN 6000-010

ADMIN	BCG	BUPERS Control Group. (BUPERS-83/911D use only.)	1		
	AKE	Key state/local employee. (COMNAVRESFORCOM use only.)	2		DoD Directive 1200.7 and BUPERSINST 1001.39F
	AUP	Unsatisfactory participant. When administratively separating personnel, Enlisted members shall be transferred to the Voluntary Training Unit, and Officers shall be transferred to the Active Status Pool.	3	180 days	RESPERSMAN 1001-010
	ACR	Member has an approved conditional release from the Navy Reserves. Remove when conditional release expires.	4	180 days	BUPERSINST 1001.39F and MILPERSMAN 1910-102
	AAP	Administrative action pending which would preclude mobilization (e.g., unadjudicated ADMIN SEP other than for UNSAT participation, NRA endorsing IRR request, etc.). Code applied upon signature/ submission to approval authority, and removed if request is denied.	5	180 days	RESPERSMAN 1001.5. If in question, contact RCC or CNRFC N35.
	ASF	Member is ineligible for force protection duties.	6		Lautenberg Amendment, Section 922(g)(9) of Title 18, U.S.C., DoDI 6400.06, and DD FORM 2760. See ASF def.
	APB	Enlisted probationary drill status (UNSAT). NRA has six months to declare member in good drill standing or ADSEP for UNSAT participation.	7	180 days	BUPERSINST 1001.39F, MILPERSMAN 1001-150, and RESPERSMAN 1001-010
	ARR	Retirement request submitted to NRA and pending approval from PERS-9, or retirement request approved by PERS-9.	8	365 days	MILPERSMAN 1810-020
	ACB	Not selected for continuation.	9	365 days	SECNAVINST 1920.7C and <a href="http://www.public.navy.mil/bupers-npc/career/reservepersonnelmgmt/officers/Pages/Continuation.aspx">http://www.public.navy.mil/bupers-npc/career/reservepersonnelmgmt/officers/Pages/Continuation.aspx</a>
	AS2	Member is within six months of HYT or statutory attrition.	10	180 days	Enlisted: MILPERSMAN 1160-120 and <a href="http://www.public.navy.mil/bupers-npc/career/reservepersonnelmgmt/enlisted/Pages/HYT.aspx">http://www.public.navy.mil/bupers-npc/career/reservepersonnelmgmt/enlisted/Pages/HYT.aspx</a> . Officer: SECNAVINST 1920.7C and <a href="http://www.public.navy.mil/bupers-npc/career/reservepersonnelmgmt/officers/Pages/AttritionRetirement.aspx">http://www.public.navy.mil/bupers-npc/career/reservepersonnelmgmt/officers/Pages/AttritionRetirement.aspx</a>
	TS1	One-time 24 Month Deferment for affiliation. Member who affiliated within 0 to 183 days of release from AC/FTS and is authorized a 24-month deferment from involuntary mobilization commencing on the date of affiliation.	11	730 days #	NAVADMIN 145/19
	AS1	One-time 12 Month Deferment for affiliation. Member who affiliated with prior military service and is authorized a 12-month deferment from involuntary mobilization commencing on the date of affiliation.	12	365 days #	NAVADMIN 145/19
	ASO	Sole surviving son or daughter. May restrict mobilization locations.	13		DoDI 1315.18
	AFP	Security Clearance issue. Joint Personnel Adjudication System (JPAS) records indicate derogatory eligibility determination to include: Administrative Withdrawal, Loss of Jurisdiction, No Determination Made, Revoked or Denied eligibility or currently reporting an active incident report.	14	365 days	DoD Directive 5200.2 and SECNAVINST M-5510.30
	ASP	Member is a single parent or guardian, and requires a family care plan.	15		OPNAVINST 1740.4D and OPNAVINST 6000.1C
	ASD	Member has an Active/Reserve military spouse and requires a family care plan.	16		OPNAVINST 1740.4D and OPNAVINST 6000.1C
	AS3	Member is a non-custodial single parent who does not require a family care plan.	17		OPNAVINST 1740.4D and OPNAVINST 6000.1C
	MPT	Member failed most recent PFA.	18	180 days	OPNAVINST 6110.1 (series), NAVADMIN 233/15, and NAVADMIN 061/16
	OAT	Members GTCC is suspended or revoked.	19	365 days	DoDI 5154.31, Vol 4

TRAINING	SAD	Approaching sanctuary. Member has 16 years or more of Active Duty. (COMNAVRESFORCOM use only.)	1		OPNAVINST 1001.27
	TMS	Attending authorized medical/dental/nursing school. Requires letter designating member has been accepted into the program and BUMED RAO approval.	2	1460 days	RESPERSMAN 1570-020
	DCO	Per OPNAVINST 1120.3B, Officers appointed under the direct appointment program will be required to attend the Direct Commission Officer Indoctrination Course in Newport, Rhode Island, within 1 year of appointment. Per RESPERSMAN 1200-010, DCO's shall use their first Annual Training (AT) to attending DOIC. (COMNAVRESFORCOM use only.)	3	365 days	RESPERSMAN 1200-010/ COMNAVRESFORINST 1120.3
	TBH	Member has not completed prescribed basic or reoccurring training to be considered qualified for mobilization. Community managers shall manage the TBH MAS code and ensure the code is applied.	4	730 days	Each program is different. Need to review enlistment documents or Navy Reserve Officer Service Agreements. COMNAVCRUITCOMINST 1130.8 is a starting point but community managers will have more specific requirements. Also see RESPERSMAN.
	PRO	Officer authorized early release from AD to play sports. (COMNAVRESFORCOM use only.)	5	365 days	DoDI 1322.22
	TS2	RP assigned to USMC unit, but has not received 2401 NEC	6	365 days	MCO 1730-6D
	TRP	PRISE-R/designator or rate conversion training.	7	545 days	MILPERSMAN 1133-061
	VS1	Member is on Definite (Temporary) Recall.	8		CNRFC
	OWS	Member is on ADSW.	9		CNRFC
	VOL	Member is a volunteer and fully available/ready for mobilization.	10		CNRFC

Per current policy, shaded MAS codes do not preclude mobilization.  
# MAS Code has automatic removal upon expiration.

HS-1 FORCE HEALTH PROTECTION AND READINESS

- Ref: (a) RESPERSMAN 6000-010  
(b) BUMEDINST 6110.15A (Medical Dept. Responsibilities)  
(c) SECNAVINST 6120.3 (PHA for IMR)  
(d) BUPERSINST 1001.39F (Admin Procedures)  
(e) MOD 13/PPG TAB A  
(f) MANMED CH 6, 16, &18  
(g) NAVADMIN 233/07 (IMR)  
(h) DoD Instruction 6025.19 (IMR)  
(i) MILPERSMAN 1910-158 (ADSEP)  
(j) OPNAVINST 1300.20 (Deployability)  
(k) OPNAVINST 6100.3A (Deployment)  
(l) COMNAVRESFORINST 3060.7C (Mobilization)  
(m) OPNAVINST 3591.1F (Small Arms Quals)  
(n) BUMEDINST 6224.8C (Tuberculosis Surveillance)  
(o) BUMEDINST 6320.103 (Patient Services)  
(p) SECNAVINST 1770.5 (LOD)  
(q) DoD Instruction 1241.2 (LOD)  
(r) BUMEDINST 6230.15B (IMMS)  
(s) OPNAVINST 5100.23G CH-1 (Safety and OCC Health)  
(t) OSHA 29 CFR 1910 (OSHA)  
(u) BUMEDINST 6110.13B (Health Promotion)  
(v) MILPERSMAN 1300-1306 (Pregnancy)  
(w) COMNAVRESFORINST 6000.1D (Pregnancy)  
(x) OPNAVINST 6000.1C (Pregnancy)  
(y) NAVMED P-5132 (Equipment Management)  
(z) OPNAVINST 5100.29 (AED)  
(aa) DoD Instruction 6040.45 (STR)  
(ab) SECNAV M-5210.1 (STR)  
(ac) NAVADMIN 173/17 (STR)  
(ad) NAVADMIN 181/17 (STR)  
(ae) Public Law 104-191 (HIPAA)  
(af) DoD Instruction 6025.18 (PII)

1. General. Critical Program.

2. Training Requirements

Note: Echelon 3/4 commands must ensure compliance for subordinate echelon 5 commands. Demonstrate tracking method.

Note: Ensure personnel are properly trained and certified per DoD guidelines. Provide completion certificates for all courses and trainings.

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- a. (3/4/5) Have the MDRs attended the Reserve Medical Administration (RMA) course within the last 5 years?
- b. (3/4/5) Have the MDRs completed the training requirements for CHCS/AHLTA access?
- c. (3/4/5) Have the MDRs completed the Health Insurance Portability and Accountability Act (HIPAA) and Privacy Act training? The mandatory HIPAA and Privacy Act training must be completed within 30 days of checking on-board and annually thereafter.
- d. (3/4/5) Do the MDRs have access to: MRRS, AHLTA/JLV/HAIMS, EDHA, VIALS, PHA portal, WEBWAVE II, ANACOMP, and NSIPS STR? Demonstrate login and proficiency for all systems.
- e. (3/4/5) Have the MDRs completed the TRICARE training course (every 2 years)?
- f. (3/4/5) Are the MDRs BLS qualified?
- g. (3/4/5) Have the MDRs completed the annual ESAMS Blood Borne Pathogen training?
- h. (3/4/5) Have the MDRs completed the Defense Health Agency Immunization Healthcare Branch (DHA IHB), Project Immune Readiness training requirements or equivalent?

(1) Personnel administering vaccines must complete at least 8 hours of annual continuing education, in line with DHA-IHB and CNRFC guidance. The following baseline of trainings and comprehensive immunization standards are sufficient to establish competency. Trainings must be completed upon checking on-board and every 3 years thereafter.

- (a) Anaphylaxis and Contraindications.
- (b) Immunization Standards & Competency.
- (c) Quality Assurance.
- (d) Storage and Handling.
- (e) Introduction to Vaccinations.
- (f) Administration Techniques.
- (g) Adverse Events (VAERS).

Note: Resident courses – Medical personnel may attend either the Immunization Lifelong Learners Course (ILLC), formerly SQIPC, or the Immunization Lifelong Learners Short Course (ILLSC), formerly IPLC. These resident courses will satisfy the 3-year requirement.

(2) All medical personnel administering the Influenza vaccine must complete annual Seasonal Influenza Vaccine training.

(3) Personnel administering immunizations in addition to the Individual Medical Readiness (IMR) requirements, must be certified and trained for each vaccine.

(4) Supporting units' medical personnel (i.e., OHSU, EMF) who administer immunizations must complete the same DHA IHB standards, Project Immune Readiness and all required trainings, as stated above.

### 3. Administration Management

Note: Provide reports and documentation as applicable. Retain/archive files must be maintained for a minimum of 2 years.

a. (4/5) Does the SMDR have direct access to the CO?

b. (4/5) Does the SMDR regularly communicate at least monthly with leadership about all medical requirements, deficiencies, and status of injury cases?

(1) In case of non-compliance, are members appropriately notified? (i.e., pg. 13, certified mail, internal tracking.)

(2) Are non-compliance files maintained for a minimum of 2 years?

(3) Are members who fail to comply when notified referred to the administration department for separation process (ADSEP)?

(4) Is the MAS code updated to reflect AAP?

c. (4/5) Is the SMDR notified of personnel gains and losses from the manpower department?

d. (4/5) Are monthly reconciliation reports conducted utilizing command Alpha Roster and MAS Code Accountability reports with the NSIPS operator?

(1) Have all discrepancies been adjudicated? Are there at least 12 months of accountability reports?

e. (4/5) Is MRRS being used to track IMR?

f. (4/5) Is the SMDR an active member in PB4T?

g. (4/5) Is there a current self-assessment on file (12 months) utilizing the most current assessment guide?

h. (4/5) Does the SMDR have a current assumption of duty letter, and an all-inclusive medical department turnover assessment on file?

(1) The turnover assessment should include a comprehensive evaluation of the status of the medical department within 30 days of assumption of duty.

i. (4/5) Is there documentation of all physical examinations completed?

j. (4/5) Is there a medical department Standard Operating Procedures (SOP) binder? SOP should include a minimum of:

Note: Regions and activities may develop their own SOPs. The SOPs should incorporate local DoD MTFs' guidance, processes, and protocols as applicable for some required sections.

(1) Supporting OHSU/EMF unit POCs, local Military Treatment Facilities (MTF), etc.

(2) Procedures for contacting Emergency Medical Services (EMS).

(3) Accidental needle stick protocol.

(4) Biohazard collection, transfers, spill procedures, and infection control.

(5) Immunization cold chain management (normal routine/duty routine).

(6) Anaphylaxis response plan.

(7) Procedures for Vaccine Adverse Event Reporting System (VAERS).

(8) Procedures for conducting/processing blood work.

(9) Defense Health Agency Great Lakes (DHA-GL) processes and procedures.

Note: Maintain DHA-GL worksheets for 36 months.

#### 4. Individual Medical Readiness (IMR)

Note: Provide MRRS reports and documentation as applicable.

a. (4/5) Does the IMR meet or exceed the following criteria?

(1) Fully Medically Ready 85%.

- (2) Partially Medically Ready :S 5%.
  - (3) Medically Ready Indeterminate :S 5%.
  - (4) Not Medically Ready :S 5%.
  - (5) Full + Partial Medical Readiness  90%.
- b. (4/5) Does dental readiness reflect current standards? (reference(g))
- (1) Number of Dental Class I = \_\_\_\_\_.
  - (2) Number of Dental Class II = \_\_\_\_\_.
  - (3) Number of Dental Class III = \_\_\_\_\_.
  - (4) Number of Dental Class IV = \_\_\_\_\_.

5. Service Treatment Records (STR) Management

Note: Provide MRRS reports and documentation as applicable. Retain/archive files must be maintained for a minimum of 2 years.

- a. (4/5) Where are the STRs maintained, and is security of STRs preserved?
- b. (4/5) Are STRs (medical/dental) properly filed?
- c. (4/5) Is there a STR for each member, and are they in current jackets and good condition?
- d. (4/5) Is STRs' inventory conducted quarterly and retained on file?
- e. (4/5) Are NAVMED 6150/7 (Pink Cards) used as STR placeholder for accountability?
- f. (4/5) Does MRRS and AHLTA data reflect the same information in the STRs?
- g. (4/5) Are STRs verified annually (MRRS and AHLTA data), and more often as applicable? (check-in, check-outs, MOBs, and PHAs)
- h. (4/5) Are laboratory results filed in section IV for G6PD, sickle cell, and blood type?
- i. (4/5) Are physical examinations and PHAs reviewed for completeness and accuracy?

- j. (4/5) Have medical warning tags been documented in MRRS, issued to personnel who require them and filed accordingly?
- k. (4/5) Are STRs retired/transferred per current guidance? (NSIPS STR tracking database)
- l. (4/5) Are transmittal forms DD 2963 submitted within 5 days of members' separating?
- m. (4/5) Are DD 2963 attached to STRs when transferred to Navy Medicine Records Activity (NMRA) and ANACOMP?
- n. (4/5) Are NSIPS loss reports submitted to the echelon 4 N9 department with amplifying information on the status of the separating STRs?
- o. (4/5) Is CNRFC's N9 STR tracker updated weekly as per current guidance?

6. Health Protection/Immunizations

Note: Provide documentation and reports as applicable. Retain/archive files must be maintained for a minimum of 2 years.

a. (4/5) Anaphylaxis Management

(1) In the event of an adverse immunization reaction, is there a pocket mask and EPI-PEN on station?

(2) Can the MDRs demonstrate proficiency to treat anaphylaxis?

b. (4/5) Immunization Management

(1) Does the medical department have an appropriate BIOMED refrigerator for the storage of vaccines?

(2) Is the refrigerator identified as "Biological/Immunization Storage Only, No Food or Drinks" and actually void of food and drinks?

(3) Is refrigerator monitored for temperature control?

(a) Is a Sensaphone in place and alarm tested at least monthly? Are batteries replaced as per manufactures' specifications?

(b) Does Sensaphone have a stand-alone phone line?

(c) Does the MDRs and duty personnel monitor and record refrigerator temperatures?

(4) Are the MDRs monitoring immunization expiration dates?

(5) Are Vaccine Information Sheets (VIS) available and current?

(6) Are MRRS deferred immunizations valid and properly diagnosed by a credentialed health care provider?

7. PHA/MHA Management

Note: Provide documentation and reports as applicable. Retain/archive files must be maintained for a minimum of 2 years.

a. (4/5) Is leadership notified in advance (preferably 90 days) of personnel due for a PHA and annual Mental Health Assessments (MHA)? Explain notification process.

b. (4/5) Are members completing annual MHAs and receiving appropriate referrals?

8. Deployment Health Management

a. (4/5) Assess the state of health after deployment outside the United States in support of military operations and identify present and future medical care.

Note: Provide documentation and reports as applicable. Retain/archive files must be maintained for a minimum of 2 years.

(1) Are members completing the required Pre-DHA DD 2795, Post-DHA DD 2796, and PDHRA DD 2900 when due?

(a) Current month PDHRA status: \_\_\_\_\_.

(b) Total Due: \_\_\_\_\_.

(c) Compliant: \_\_\_\_\_.

(d) Completed (not certified): \_\_\_\_\_.

(2) Enter PDHRA combined totals for the past 3 months below:

(a) PDHRAs > 30d \_\_\_\_\_.

(b) PDHRAs 30-15d \_\_\_\_\_.

(c) PDHRAs < 15d \_\_\_\_\_.

(d) PDHRAs overdue\_\_\_\_\_.

(3) Are all required deployment health assessment screenings completed via EDHA, documented in MRRS, and placed in members' STRs?

(4) Are members found not fit on the Pre-DHA placed in an appropriate injury case management status?

(5) Are Post-DHA and Post-DHRA referrals managed properly through LOD process?

(6) Is the Plan of the Month (POM) or other correspondence used to spotlight deployment health resources such as Psychological Health Outreach Program (PHOP) or Return Warrior Workshops (RWW), on-site activities, and call center events?

#### 9. Medical Mobilization Screening

Note: Provide documentation and reports as applicable. Retain files must be maintained for a minimum of 2 years.

a. (4/5) Is NAVMED 1300/4 initiated upon members' notification (RC1 date) of mobilization?

b. (4/5) Is NAVMED 1300/4 completed within 60 days of deployment notification (RC2 date)?

c. (4/5) Are AOR medical waivers submitted to appropriate AOR surgeon via the RCC?

d. (4/5) Are small arms waivers completed and approved prior to members' departure for ECRC?

#### 10. Injury Case Management

Note: Provide documentation and reports. Injury cases retain files must be maintained for a minimum of 2 years.

a. (4/5) Medical Retention Review (MRR) Management

(1) # of MRR NPQ/RR cases:\_\_\_\_\_.

(2) # of overdue MRR NPQ/RR cases:\_\_\_\_\_.

(3) Are MRR cases effectively managed and updated in MRRS to reflect current status?

(4) Is a signed pg.13 and a MRRS generated SF 600 available for each MRR case file?

- (5) Is the appropriate MAS code assigned?
  - (6) Is there a case file for each MRR case (separate from health record)?
  - (7) Are MRR cases submitted within 60 days?
  - (8) For members completing MRR process, is the appropriate documentation available?
    - (a) MRRS generated SF 600 and MRR releasing pg. 13 in case files.
    - (b) MRR case closed and status removed in MRRS.
    - (c) Is the appropriate MAS code updated?
    - (d) PERS message and BUMED letter in case files.
    - (e) Update submitted at required time interval set by BUMED.
  - (9) MRR returned by BUMED for further documentation: \_\_\_\_\_.
  - (10) # of MRR cases returned: \_\_\_\_\_.
    - (a) Verify timelines and MAS code assignment.
- b. (4/5) Physical Evaluation Board (PEB) Management
- (1) # of PEB packages submitted: \_\_\_\_\_.
  - (2) # of overdue MRR NPQ/RNR election of options (10 days to elect): \_\_\_\_\_.
    - (a) Verify timelines and MAS code (MPQ) assignment.
- c. (4/5) Line of Duty (LOD) Management
- (1) # of LOD cases: \_\_\_\_\_.
  - (2) # of overdue LOD cases: \_\_\_\_\_.
  - (3) # of LOD extensions: \_\_\_\_\_.
  - (4) # of Medical Evaluation Board (MEB) scheduled cases: \_\_\_\_\_.
    - (a) Verify timelines and MAS code assignment.

(5) Are LOD cases effectively managed and updated in MRRS to reflect current status, entitlements, and disability decisions?

(6) Is a signed pg. 13 available for each LOD case file?

(7) Is the appropriate LOD MAS code assigned?

(8) Is there a case file for each LOD case? (separate from STR)

(9) Are LOD cases endorsed and submitted as per guidance?

(10) Are monthly medical status reports supplied by members?

(11) For members completing LOD process, is the appropriate documentation available?

(a) Closing SF 600 in case files.

(b) LOD case closed and status removed in MRRS.

(c) Is the appropriate MAS code updated?

(d) Determination letter in case files.

(e) Submissions of extensions at required time intervals.

d. (4/5) Temporarily Not Physically Qualified (TNPQ) Management

(1) # of TNPQ cases: \_\_\_\_\_.

(2) # of overdue TNPQ cases: \_\_\_\_\_.

(3) # of TNPQ > 6 months: \_\_\_\_\_.

(4) # of TNPQ > 12 months: \_\_\_\_\_.

(5) # of TNPQ extensions: \_\_\_\_\_.

(a) Verify timelines and MAS code assignment.

(6) Are TNPQ cases effectively managed and updated in MRRS to reflect current status?

(7) Is a signed pg. 13 and a MRRS generated SF 600 available for each TNPQ case file?

(8) Is the appropriate MAS code assigned?

- (9) Is there a case file for each TNPQ case (separate from health record)?
- (10) Are monthly updates supplied by members?
- (11) Are TNPQ > 6 months monitored and submitted for extension, conversion to MRR or ADSEP process?
- (12) Are TNPQ >12 months monitored and submitted for conversion to MRR or ADSEP process?
- (13) For members completing TNPQ process, is the appropriate documentation available?
  - (a) SF 600 and TNPQ releasing pg. 13 in case files.
  - (b) TNPQ case closed and status removed in MRRS.
  - (c) Is the appropriate MAS code updated?

e. (4/5) Temporarily Not Dentally Qualified (TNDQ) Management

- (1) # of TNDQ cases: \_\_\_\_\_.
- (2) # of overdue TNDQ cases: \_\_\_\_\_.
- (3) # of TNDQ > 6 months: \_\_\_\_\_.
- (4) # of TNDQ > 12 months: \_\_\_\_\_.
- (5) # of TNDQ extensions: \_\_\_\_\_.
  - (a) Verify timelines and MAS code assignment.
- (6) Are TNDQ cases effectively managed and updated in MRRS to reflect current status?
- (7) Is a signed pg. 13 and a MRRS generated SF 600 available for each TNDQ case file?
- (8) Is the appropriate MAS code assigned?
- (9) Is there a case file for each TNDQ case (separate from health record)?
- (10) Are monthly updates supplied by members?

(11) Are TNDQ > 6 months monitored and submitted for extension, conversion to MRR or ADSEP process?

(12) Are TNDQ >12 months monitored and submitted for conversion to MRR or ADSEP process?

(13) For members completing TNDQ process, is the appropriate documentation available?

(a) SF 600 and TNDQ releasing pg. 13 in case files.

(b) TNDQ case closed and dental class updated in MRRS (Class I or II).

(c) Is the appropriate MAS code updated?

f. (4/5) Dental Class III Management

(1) # of Class III cases:\_\_\_\_\_.

(2) # of overdue Class III cases:\_\_\_\_\_.

(3) Are dental Class III cases effectively managed and updated in MRRS to reflect current status?

(4) Is a signed pg. 13 and a MRRS generated SF600 available for each Class III casefile?

(5) Is the appropriate MAS code assigned?

(6) Is there a case file for each Class III case? (separate from STR)

(7) Are monthly updates supplied by members?

(8) Are NAT personnel drilling for > 1 year, placed TNDQ?

(9) For members with active orthodontic treatment(braces):

(a) Are cases effectively managed and updated in MRRS to reflect current status?

(b) Is a signed pg. 13 active orthodontic appliance available?

(c) Are members who accept orders for > 30 days placed in a stabilized/inactive status prior to order execution?

(d) Is a stabilization letter maintained on file?

g. (4/5) Dental Class IV Management

- (1) # of Class IV cases:\_\_\_\_\_.
- (2) # of overdue Class IV cases:\_\_\_\_\_.
- (3) Are dental Class IV cases effectively managed and updated in MRRS to reflect current status?
- (4) Is a signed pg. 13 and a MRRS generated SF 600 available for each Class IV?
- (5) Is the appropriate MAS code assigned?
- (6) Are monthly updates supplied by members?

11. Pregnancy Administration Management

Note: Provide documentation and reports. Retain files must be maintained for a minimum of 2 years.

a. (4/5) Pregnancy Management

- (1) # of pregnancies:\_\_\_\_\_.
  - (a) Verify timelines.
- (2) Are pregnancy cases effectively managed and updated in MRRS to reflect current status?
- (3) Are due dates being monitored in MRRS?
- (4) Do members' record have medical documentation indicating prospective due dates?
- (5) Is the appropriate MAS code assigned?
- (6) Are pregnant members performing active or inactive duty training?
- (7) Is return to duty/clearing documentation available?

12. Equipment/Supply Management

Note: Provide documentation. Retain files must be maintained for a minimum of 2 years.

a. (4/5) Equipment Management

(1) Is medical diagnostic equipment managed and maintained as per manufacturer's specifications?

(2) Are applicable BIOMED certifications, calibration, and repairs documented and maintained? Expiration dates monitored?

(3) Is there an AED available on each floor? Are AEDs being tested?

(4) Is there a Chinook medical kit available on each floor? Expiration dates monitored?

b. (4/5) Supply Management

(1) Are medical consumables inventoried and managed with the supply department?

(2) Is the budget adequate to accomplish the mission?

13. Health Promotion and Wellness Program. To establish policy and assign responsibilities for the Navy and Marine Corps Health Promotion and Wellness (HPW) Program, in support of the CNO's "Sailor 2025" initiative.

Note: Provide documentation.

a. (4/5) Health Promotion Management

(1) Is a Command Health Promotion Coordinator (HPC) appointed/designated in writing to serve as the principal advisor for health promotion services?

(2) As the HPC completed (within 60 days of appointment) the Navy Health Promotion Basics course online or attended other Navy health promotion courses?

(3) Are HPC assistants identified/designated in writing?

(4) Is a health promotion committee established?

(5) Are monthly health promotion activities and observances implemented?

(6) Are health promotion literacy resources readily available and displayed in common areas? (i.e., pamphlets, catalogs, brochures, posters).

(7) Is the POM or other routine correspondence used to spotlight health promotion activities, health fairs and local events?

(8) Is the Blue-H Navy Surgeon General's Health Promotion and Wellness Award being submitted?