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ALNAVRESFOR 008/24 //

MSGID/GENADMIN/COMNAVRESFOR NORFOLK VA/N9/APR//

SUBJ/NAVY RESERVE GUIDANCE FOR NOTIFICATION OF AN ALCOHOL-INCIDENT
OR DRUG-RELATED INCIDENT INVOLVING NAVY RESERVE HEALTHCARE
PROVIDERS//

REF/A/ OPNAVINST 5350.4E/28MAR22//

REF/B/ DHA-PM 6025.13/29AUG19//

REF/C/ BUMEDINST 6010.30/27MAR15//

REF/D/ SECNAVINST 5300.28F/22APR19//

NARR/REF A IS OPNAVINST 5350.4E Navy Drug and Alcohol Misuse
Prevention and Control.

REF B is DHA-PM 6025.13 Clinical Quality Management in the Military
Health System, Volume 3: Healthcare Risk Management.

REF C is BUMEDINST 6010.30 Credentialing and Privileging Program.

REF D is SECNAVINST Military Substance Abuse Prevention and
Control.//

RMKS/1. This ALNAVRESFOR provides supplemental guidance to
references (a), (b), and (c). It clarifies the process and ensures
timely notification to credentialing authorities of Navy Reserve
healthcare providers who are involved in an alcohol-incident of
misconduct or drug-related incident of misconduct, including, but
not limited to applicable personnel who provide a positive drug
result as part of the Navy's urinalysis testing program. Such
notification is designed to promote safe healthcare within the Navy
Reserve through the Medical Quality Assurance Program.

2. Per reference (a), unit Commanding Officers (CO) must report
incidents involving alcohol or drug use and/or misconduct by service

members assigned to special programs or communities including medical to the appropriate program manager.

3. The appropriate program manager for Navy Reserve healthcare providers (collectively "Navy Reserve Medicine Members") is the Central Credentials and Privileging Directorate (CCPD), Bureau of Medicine and Surgery (BUMED) N10 per references (b) and (c). Healthcare providers include both licensed independent practitioners (physicians, nurses, advance practice nurse practitioners, and allied health practitioners) and clinical support staff such as registered nurses and registered dental hygienists.

4. Commanding Officers of an Echelon V Navy Reserve Activity (NRA), [e.g., a Navy Reserve Center {NRC} or squadron, etc.] shall notify the Navy Reserve Privileging Authority, via CCPD, BUMED, Detachment Jacksonville at USN-CCPD(AT)HEALTH.MIL, within 7 days of discovering any alcohol-incident or drug-related incident involving the misconduct of Navy Reserve Medicine Members.

a. Pursuant to reference (d), a reportable alcohol-incident involves a criminal act or episode of misconduct punishable under the Uniform Code of Military Justice or civilian authority where the consumption of alcohol was a contributing factor to the misconduct.

b. A drug-related incident includes any criminal offense or episode of misconduct punishable under the Uniform Code of Military Justice or civilian authority where the consumption of a legal or illegal drug or intoxicating substances (other than alcohol) was a contributing factor. Possession or trafficking of a prohibited substance, an illegal drug, a legal drug, and a legal drug intended for improper use or drug paraphernalia may be classified as a drug-related incident. Moreover, testing positive for a prohibited substance, illegal drug or a legal drug not prescribed, may be considered a drug-related incident in accordance with references (a) and (d).

c. Consistent with reference (a), if a determination is made that a positive urinalysis was the result of authorized use, positive for Tetrahydrocannabinol (THC) within the first 29 days of extended active duty or unknowing (innocent) ingestion, then the cognizant NRA CO shall provide notification of that determination to the Navy Reserve Privileging Authority, via CCPD, BUMED, Detachment Jacksonville at USN-CCPD(AT)HEALTH.MIL, when the NRA CO informs OPNAV N173 of an unknowing ingestion determination or when the OPNAV N173 review officer adjudicates authorized or legitimate use.

5. Per reference (b), the initiation of the clinical adverse action due process to protect patient safety and the quality of healthcare within the military health system may need to be initiated concurrently with command directed investigations or other adjudicated actions. CCPD initiates and oversees the clinical adverse action due process. The NRA CO will initiate any other investigations per references (a)-(c).

6. Points of contact.

a. For medical questions contact CAPT Joy A. Greer, Force Surgeon, (757) 322-5645, or email at joy.a.greer.mil(AT)us.navy.mil.

b. For legal questions contact either CAPT William J. Bailey, Jr., JAGC, USN, Force Judge Advocate, (571) 256-8587, or email at william.j.bailey.mil(AT)us.navy.mil, or CDR Stephanie L. Speakman, JAGC, USN, Deputy Force Judge Advocate, (757) 322-5613, or email at stephanie.l.speakman.mil(AT)us.navy.mil.

c. For credentialing questions contact Ms. K. Yvette Baker, Department Head, Navy Reserve Medical Staff Services Centralized Credentials & Privileging Directorate, (904) 542-0180 or email at K.Y.Baker.civ(AT)health.mil.

7. Released by RADM Michael J. Steffen, Deputy Commander, Navy Reserve Force. //

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