

# MEDICAL INSPECTIONS

[Return to Administrative Section](#)    [Welcome Page](#)

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Highest quality in medical & dental care of the Navy and Marine Corps active duty service members and dependents is a goal each must strive to attain. No matter how much is done or how well the care is provided if it has not been properly documented, for all practical purposes it was not done. Only through the paper trail of Quality Assurance can we prove to inquiring eyes that quality medical care is indeed alive and well in the U.S Navy.

As a medical officer or dental assigned to the Seabees, you do not have the administrative support of a Medical Service Corps officer at any level. At the battalion level you have a leading chief petty officer for administrative support. Wherever your assignment takes you, you could well be the senior officer in the medical and dental department and ultimately responsible for the medical quality assurance programs. Your corpsman will undoubtedly be experts within their own programs but even experts need guidance at times. You should develop a good working knowledge of these programs but more importantly know where to find the correct answers when questions arise. Also you must recognize many items and programs which fall under quality assurance scrutiny are directly controlled by you, the physician. Your correctness and attention to detail at the onset can alleviate much grief and headache when medical administrative inspections are performed. Don't forget that inspections extend beyond pure medical issues, to include other aspects of operational support.

This short paper does not attempt to fully educate you in minute detail of all areas of quality assurance but attempts to provide insight into the depth and scope of administrative inspections. Also, it will provide you with a ready source of references for future use.

When conducting an inspection, medical inspectors will follow a Quality Assurance Inspection Checklist and/or a Medical Inspection Checklist as delineated by the Inspector General. Major areas of inspection include health records, physical examinations, preventive medicine, training, credentialing and quality assurance, administration and equipment and Supplies.

## **HEALTH RECORDS**

Health Record inspections range from points such as Health records being afforded adequate security to HIV antibody test results recorded on the SF-601 Immunization Record as required. Certain specific areas involve direct physician attention such as proper utilization of the Problem Summary List and proper signatures of health care providers in accordance with MANMED 16-18. Other points include the entry concerning line of duty/misconduct on personnel who have incurred an injury which might result in permanent disability or which resulted in physical inability

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## MEDICAL INSPECTIONS

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to perform duty for a period exceeding 24 hours. Personnel having a visual acuity of 20/40 or worse must be issued gas masks inserts. Many other points involve proper documentation of allergies, blood grouping and typing, proper utilization of forms, privacy act information and general health record storage, checkout and maintenance.

### PHYSICAL EXAMINATIONS

Each service member must have a current valid physical examination. Specific direct physician and dentist concerns include individual care plans being formulated for personnel with documented adverse/abnormal findings of prescribed testing, cholesterol testing being completed as required by current directives and annual PAP smears, pelvic examinations, and manual breast examinations being provided to female personnel. Other general areas include specific required physicals (flight, diving, separation, and fitness for duty), screening mammography, routine physicals for cooks, bakers and supervisors.

### PREVENTIVE MEDICINE

Preventive Medicine programs cover immunizations, tuberculosis screening and treatment, Radiation health, Hearing conservation, G6PD deficiency and Hemoglobin-S screening, Sickle cell trait screening, Malaria control and prophylaxis, asbestos surveillance screening, Heat stress, Sexually transmitted diseases treatment and control and others. Physician specific includes the proper conduct of contact investigations, management of tuberculin reactors, or management of suspected cases of tuberculosis. Medical departments must meet its responsibility with regard to the program for the prevention and control of malaria. Also, reports of heat casualty (NAVMED 6500/1) must be submitted on every case of heat illness requiring the attention of a medical officer. Appropriate medical board evaluations must be made on individuals suffering an attack of malaria characterized by a severe hemolytic reaction. Anthrax immunization reporting through NMIMC to DEERS is now required. HIV tests must be recorded on SF 601 as required by COMNAVMEDCOM 141600Z MAR 86.

### TRAINING

Ongoing inservice training of the corpsman is paramount to their continued professional growth and advancement. You as the physician or dentist are best able to provide a wide level of medical education and training. Again, if not documented, the training did not occur and credit cannot be given. Medical administrative inspections will look for Inservice Training set up in accordance with instructions (NAVMEDCOMINST 1510.2 Series). This regulates library resources, instructor utilization, and maintenance of a resource library, class scheduling, training record documentation and maintenance. Specific troop training must be provided and documented regarding STDs and their prevention. Recognition, prevention and treatment of heat casualties should also be provided.

Predeployment preparations for operations or training in a cold weather environment must include training of all personnel in the identification and prevention of cold injuries. Other specific

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## MEDICAL INSPECTIONS

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required training includes field sanitation/personal hygiene, self-aid/buddy-aid, Depleted Uranium hazards, CPR, AIDS information/prevention and hazardous plants and animals.

### **CREDENTIALING AND QUALITY ASSURANCE**

A cognizant authority to allow granting of clinical privileges credentials each physician and non-physician health care provider. Although the main credentials files will be maintained at a higher level, specific documentation, which must be maintained, includes the periodic inservice education and refresher training for each nonphysician provider. The proper documentation of certification, training and use of independent duty corpsman (IDCs) must be accomplished.

### **ADMINISTRATION**

This area is rather limited and deals with non-naval medical and dental care management and maintenance of recommended professional reference materials.

### **EQUIPMENT AND SUPPLIES**

An evaluation of TOA management will be accomplished, following the specifics set out in Brigade TOA management instructions, looking for appropriate management of supplies, re-supply and appropriate turnover procedures.

The desired command goals of quality assurance include:

- Monitor a command QA system that is so well understood and automatic, that it becomes second nature and, therefore, not a chore to carry out.
- Ensure a constructive approach to QA problems that allows growth through learning.
- Support a continuing education program of QA at all levels, ensuring success through shared knowledge.
- Maintain authority at the various levels of the program, to assure that breaches in QA are handled quickly, fairly, and decisively.
- Carry out the review process of the program with an unbiased, positive attitude.
- Maintain an overall attitude of responsibility, accountability, and flexibility, that raises our approach to the patient from patient care to patient caring.

### **RECOMMENDED PUBLICATIONS:**

Manual of the Medical Department (NAVMED P-117)

### **BUMEDINST/NAVMEDCOM INSTRUCTIONS:**

1430.16D Manual of Advancement  
1500.12C Equal opportunity program

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## MEDICAL INSPECTIONS

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- 5360.1 Decedent affairs manual
- 6120.20B Competence for duty examination
- 6150.35 Medical warning tags
- 6150.1 Health care treatment record (NAVMEDCOM)
- 6200.7A Prevention of heat casualties
- 6220.2A Disease alert reports
- 6220.4 Rabies prevention & control program
- 6222.10 Sexually transmitted disease (STD) clinical management guidelines
- 6224.1 Tuberculosis control program
- 6230.1A Viral hepatitis prevention
- 6230.2 Malaria prevention and control
- 6230 NAVMEDCOMNOTE immunization requirements and recommendations
- 6230.3 Immunizations and chemoprophylaxis
- 6260.12 Prevention of cold injuries
- 6260.26 Testing and monitoring of naval personnel for sickle cell and g6pd deficiency
- 6280.1 Management of medical waste
- 6300.2A Medical services and outpatient morbidity reporting system
- 6320.1A Non-naval medical and dental care
- 6700.16G Chapter 1: Controlled medical and dental material
- 6810.1 Ophthalmic services

### PUBLICATIONS AND TECHNICAL MANUALS

- P-5038 Control of communicable disease in man 15th ed 1990
- P-5041 Treatment of chemical warfare casualties
- NEHC-TM92-1 Navy medical dept guide to malaria prevention and control
- P5010 Manual of preventive medicine

### SECNAV INSTRUCTIONS

- 5212.10A Mandatory retention of insulation/asbestos related records
- 5300.30C Management of HIV infection in Navy and Marine Corps personnel
- 6222.1D Policy on venereal disease control

### OPNAV INSTRUCTIONS

- 5100.23B Navy occupational safety and health Ch-6
- 6320.7 Health care quality assurance policies for operating forces