



STANDARD OPERATING PROCEDURES

OFFICE OF MEDICAL SERVICES

12 October 1971

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STANDARD OPERATING PROCEDURES

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SECTION I

STANDARD OPERATING PROCEDURE

CLINICAL DIVISION

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STANDARD OPERATING PROCEDURE

TREATMENT AND DIAGNOSTIC PROCEDURES BY PHYSICIANS

CLINICAL DIVISION, OFFICE OF MEDICAL SERVICES

1. The following sets forth and specifically authorizes the performance of certain treatment and diagnostic procedures undertaken by physicians of the Clinical Division.
2. Certain diagnostic procedures are performed within the Headquarters medical facility of the Clinical Division, which carry with them some possibility of untoward reaction by the patient or examinee.
3. These diagnostic examinations include intravenous pyelography, the Master's test, proctoscopy, cholecystography, upper and lower gastrointestinal radiography, and the bromsulphalein test.
4. These tests will be performed under the auspices of the Clinical Division only upon the written authorization of a staff physician in each case. This authorization will be made a permanent entry in the Subject's medical file.
5. In authorizing these tests, staff physicians are enjoined to assure themselves of the Subject's health status with respect to all medical problems known or specifically suspected, which would increase the chances of an untoward reaction. Where such medical problems exist or are reasonably suspected, the test must not be performed in the Headquarters facility, and instead the Subject will be referred out to the appropriate consulting specialist.
6. Any exception to this policy will require authorization by the Chief, Clinical Division or higher medical

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authority.

7. Specific tests:

a. IVP: In general, this test may be performed in the Clinical Division under the same circumstances and observing the same precautions as is generally accepted medical practice in the radiologist's private office. These conditions must include the immediate availability of oxygen for inhalation in the room, and an emergency tray containing benadryl, adrenalin one to one thousand, barbiturate, and steroid preparation, all available for intravenous administration.

The authorizing staff physician for this test will review the patient's file and history to assure himself of the specific indication for the examination, and to determine that the history is free of any indications of allergies of any kind, especially to the contrast medium itself, as well as to iodine or substances with significant iodine content such as certain seafood. Any patient with a history of pulmonary or cardiovascular allergic reactions, or of any known history of allergic reaction to the dye itself, should not be referred for IVP anywhere under any circumstances. Patients with an allergic history of any kind, however mild, will be referred to the radiological consultant for the IVP, if it is essential to perform that test. Under such circumstances, the radiologist will be thoroughly briefed beforehand about the allergic history.

The authorizing physician will also personally inform the patient in each case of the possibility, however slight, of a serious untoward reaction ("informed consent").

Where the test is performed in the Clinical Division, the injection of the dye will be made by either the internal consultant radiologist

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or a physician with extensive experience in the administration of the dye for this test.

b. GI series: In authorizing these examinations, staff physicians will consider the Subject's general physical condition, and the possibility of bowel perforation or other untoward reaction which could be precipitated by the manipulations of the procedure or by the preparations for it. Where there is evidence by history or current findings suggesting an untoward possibility, the case must be discussed with the gastroenterologist and/or the radiologist beforehand to determine how most safely to proceed. Where there appears any basis for an appreciably increased risk of untoward event, the case should be referred out for the examination.

c. Cholecystography: Oral cholecystography may be performed in the Clinical Division, provided there exists no reason to expect untoward reaction to the material to be ingested, and no contraindication to the cathartic and/or enemas prescribed in preparation.

Intravenous cholecystography will be referred out in each case.

d. Proctoscopy: These examinations may be performed in the Clinical Division, subject to the same authorization and precautions required for GI series.

e. Cardiac fluoroscopy: Where this examination will include a barium swallow, the authorizing staff physician will consider the possibility of esophageal varices or other pathology, which might constitute an increased risk of untoward event.

f. Master's test: This examination will require the presence of a physician throughout

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the procedure. Where there are particular indications of heart disease constituting increased risk of untoward event during the test, the case will be referred to the cardiologist before deciding how to proceed.

g. BSP: In cases where there are indications of any allergy, this test will not be performed in the Clinical Division. Such cases will be referred out, or liver function assessed in other ways.

8. Treatment:

Physicians of the Clinical Division will prescribe or administer in the dispensary whatever immediate treatment is required in emergency cases. Physicians may also prescribe and administer treatment as indicated in non-emergency cases where other appropriate medical attention is not promptly available, and where to delay treatment would clearly not be in the best interest of the patient's welfare. Otherwise, patients will be referred to a private physician for medical management.

The minor ills and minor injuries may be properly treated on a short term basis in the dispensary, bearing in mind that job related illnesses or injuries (BEC cases) should be referred to the nearest medical facility approved by the BEC even for first treatment to be in the best position to assure their maximum benefits under that program.

On very rare occasions, physicians may receive requests to make house calls on behalf of employees. In general, it is almost always in the best interest of the patient to advise and assist the patient in getting to a hospital or private physician instead. Under very rare circumstances of security or life threatening emergencies, it may be appropriate to make such a house call. Before doing so, however, physicians must first discuss the proposition with the Chief, Clinical Division, or higher medical authority in the Office of Medical Services where time permits.

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STANDARD OPERATING PROCEDURE

SCREENING PROCEDURES

CLINICAL DIVISION, OFFICE OF MEDICAL SERVICES

1. The following sets forth the authorization and provides certain guidelines for those standard laboratory procedures in which there is some possibility of untoward patient reaction.

2. Medical technician personnel assigned to the laboratory are authorized to perform venepuncture for the purpose only of withdrawing of blood for testing. Procedures involving the injection of any material will be performed only by physicians employed by the Office of Medical Services.

3. Venepuncture is not to be performed by summer employees.

4. Medical technician personnel of the Laboratory are authorized to dispense to patients the radioactive material, as prescribed by the consulting clinical pathologist, used in performing the protein bound iodine and thyroid scan test performed in his laboratory.

5. Untoward reactions to venepuncture can occur. Fainting, an unexpected bleeding tendency, major difficulty in finding the vein, and a very rare thrombophlebitis may be anticipated. Any of these untoward events are to be brought to the attention of a medical officer as promptly as circumstances warrant. Fainting should be brought to the attention of a physician immediately. Medical technicians should not hesitate to request a physician's advice or assistance in dealing with a particularly difficult venepuncture.

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STANDARD OPERATING PROCEDURE

TREATMENT AND DIAGNOSTIC PROCEDURES

NURSING BRANCH, OFFICE OF MEDICAL SERVICES

1. The following sets forth and specifically authorizes the performance of certain treatment and diagnostic procedures by nursing personnel of the Nursing Branch.

2. The dispensing of certain non-prescription substances by nursing personnel, without prior approval of a physician employed by the Office of Medical Services is authorized. These substances are as itemized currently in the Nursing Manual of the Nursing Branch. All other medications may be dispensed to the patients by nursing personnel only upon the specific direction, or the prior approval of a staff medical officer, or in an emergency, other physicians employed by the Office of Medical Services, who may be present at the time.

3. Immunizations, usually tetanus toxoid booster, may be administered by nursing personnel, but only with prior authorization by a medical officer in each case. Mass immunizations, such as the influenza program, may be administered by nursing personnel without prior medical officer approval in each case, observing the current precautions of requiring the individuals' written statements of allergy status, when duck embryo vaccines or others of similar allergenic characteristics are used. When an immunization of any kind is administered, a medical officer must be readily available and on the premises in the event of an untoward reaction. Reports of any untoward reaction suggesting allergic or anaphylactic response, paralysis, high fever, or a serious illness of any kind must be brought immediately to the attention of the Chief, Clinical Division, his Deputy, or in their immediate unavailability, the medical officer or physician

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otherwise who can most quickly be contacted. In the event of any untoward reaction, the patient or other responsible principals involved are to be assured that medical officers and all others of the Office of Medical Services are prepared to advise or assist in whatever way may be necessary to insure the prompt availability of whatever medical attention may be indicated.

4. The tine test and other intradermal testing for tuberculosis may be performed by nursing branch personnel, but requires medical officer's authorization in each case.

5. Ear lavage may be performed by nursing personnel as authorized in each case by a medical officer, who is expected to see the patient before and immediately after the lavage is performed. Allegation could be made of an otitis media precipitated by this procedure.

6. Nursing personnel are authorized to remove sutures from minor lacerations, where there is no evidence of complication, and when previously authorized in each case by a medical officer.

7. Nursing personnel are authorized to perform the test for intraocular pressure, following the procedure prescribed by the consulting ophthalmologist, without prior authorization by a medical officer otherwise in each case. Diathermy treatment may be administered by nursing personnel only with the authorization of a staff medical officer in each case.

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STANDARD OPERATING PROCEDURE

IMMUNIZATION PROGRAM

CLINICAL DIVISION, OFFICE OF MEDICAL SERVICES

1. The following sets forth the written authorization and certain guidelines for action for the implementation of the Immunization Program by the Clinical Division.
2. The Immunization Branch, Clinical Division will provide and administer the necessary immunizations for international travel for employees traveling on official business.
3. In addition to the immunizations required for foreign travel, certain other immunizations will be offered as may be deemed advisable by the Chief, Clinical Division.
4. These immunizations will be administered by the nursing or medical technician staff as may be assigned to the Immunization Branch. They will only be administered when a medical officer of the staff of the Office of Medical Services is immediately available to render assistance in the event of untoward reaction.
5. In the event of untoward reaction, a medical officer will be notified immediately, and his action requested. During working hours, should an untoward reaction be reported as occurring with an employee while in the Headquarters Building or grounds, the employee is to be brought immediately to the Headquarters Dispensary for a staff physician's immediate attention. After working hours, and upon receipt of such a report, the patient, or other principal involved, will be advised to contact a physician in the most expeditious manner appropriate to the circumstances. Where reports of untoward

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reactions contain any suggestion of allergic-anaphylactic response, the matter is to be reported immediately to the appropriate medical officer on duty or on call for his assessment of the situation, and whatever action he judges indicated for the patient's best welfare.

6. The following specific immunizations, as of the present date are authorized for administration by the Immunization Branch:

Yellow fever, smallpox vaccination, typhoid, typhoid-paratyphoid, cholera, typhus, tetanus toxoid, plague, poliomyelitis (oral, trivalent), rabies (duck embryo inactivated virus), and gamma globulin.

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STANDARD OPERATING PROCEDURE

FOR CLINICAL OVERSEAS MEDICAL EVACUATION

1. Information is received at headquarters from the field outlining a specific problem.

2. CD reviews the available data concerning the possible evacuee, formulates a tentative recommendation and advises the FSS of that position. Concurrence by the Deputy Director of Medical Services, or his designee, is required when medical evacuation to headquarters is recommended.

The recommendation by CD will include advice about the need for an escort and the need for the presence of a responsible next of kin if appropriate.

3. In the event of the actual evacuation, which remains a command, not medical, decision, CD is informed of the itinerary by FSS.

4. A Clinical Division representative is assigned to meet the evacuee on arrival at headquarters. The CD will make arrangements for hospitalization, or consultation by CD physicians or consultants as appropriate. The FSS coordinates the medical evacuation with the appropriate operating component and the CD.

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SECTION II

STANDARD OPERATING PROCEDURE

SELECTION PROCESSING DIVISION

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STANDARD OPERATING PROCEDURE

FOR NURSES AND MEDICAL TECHNICIANS

SELECTION PROCESSING DIVISION, OFFICE OF MEDICAL SERVICES

1. During the screening phase of a physical evaluation, while administering immunizations, or providing emergency or health room services, nurses and medical technicians assigned to the Ames Medical Facility come in direct contact with patients. The following sets forth the standard medical procedures to be accomplished by these personnel. Other standard medical procedures may be accomplished when specifically requested by a staff or authorized physician.

2. Authorized procedures which are part of the screening phase of a physical evaluation include routine chest X-ray, audiometry, electrocardiogram and venepuncture for the collection of venous blood for serology, hematology and blood chemistries. Laboratory or radiologic procedures requiring the intravenous injection or ingestion of contrast material are not done at this facility. For special evaluations the test for intraocular pressure, following the procedure described by the consulting ophthalmologist, is authorized.

3. Untoward reactions to venepuncture can occur. Fainting, an unexpected bleeding tendency, major difficulty in finding the vein, and a very rare thrombophlebitis may be anticipated. Any of these untoward events are to be brought to the attention of a medical officer as promptly as circumstances warrant. Fainting should be brought to the attention of a physician immediately. Medical technicians should not hesitate to request a physician's advice or assistance in dealing with a particularly difficult venepuncture.

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4. As a part of the overseas processing service, immunizations are provided for dependents and occasionally employees who may be embarking on official international travel. Administration of immunizations listed on the "Current Immunization Schedule" is authorized. This schedule will be kept up to date by the Chief Nurse, Ames Medical Facility and reviewed at least quarterly by Chief, Selection Processing Division. Untoward reactions will be immediately reported to a staff physician and emergency procedures instituted if necessary.

5. Health Room services are provided for employees on duty during working hours at the facility. Dispensing of non-prescription medications as set forth in the Office of Medical Services Nursing Manual is authorized. Emergency medical services may be provided within the capability of the medical personnel on duty. All other diagnostic or treatment procedures require specific authorization by a staff physician.

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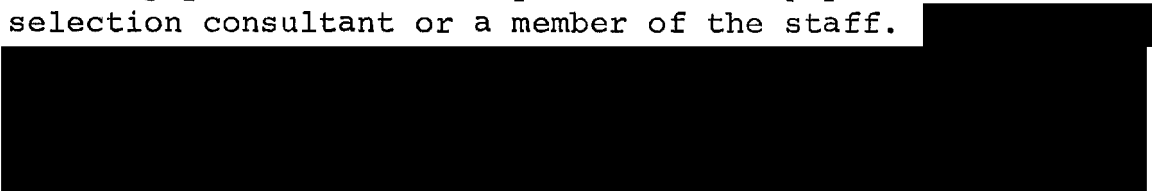
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STANDARD OPERATING PROCEDURE

PSYCHIATRIC SELECTION PROCEDURES FOR APPLICANTS

1. In order to maintain high psychiatric standards all applicants are required to undergo screening and selection procedures developed by the Psychiatric Staff.

2. All applicants complete a Medical History form which is reviewed for any pertinent psychiatric information. All applicants must also complete the Personal Index, a psychiatric history form which provides extensive biographic information. (Reemployment applicants complete appropriate pages of the Reassignment Inventory and a cover sheet to update their original Personal Index.) This index is carefully screened by the psychometrist and if indicated refers the applicant for a screening interview with a psychologist or a psychiatric interview with a psychiatrist who may be either a psychiatric selection consultant or a member of the staff.



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3. The psychiatric report of interview is reviewed by a professional staff member and the appropriate disposition forwarded. This may take the form of an unqualified approval for the proposed assignment; a restricted approval, limiting the subject to a Headquarters duty, sometimes for a minimum of one year; or a recommendation for a disqualification which is forwarded through appropriate channels for further professional and administrative review to the Director of Medical Services or his designate for concurrence.

4. The disqualified applicant who is on board is routinely seen for a dispositional interview to inform him of the basis for his disqualification.

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5. In certain problematic cases, liaison with the appropriate office and/or coordination with the Applicant Review Panel is carried out. Comprehensive psychological testing may also be requested to assist in arriving in a final decision.

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Sect. III — PS

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SECTION III

STANDARD OPERATING PROCEDURE

PSYCHIATRIC STAFF

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STANDARD OPERATING PROCEDURE

PSYCHIATRIC SELECTION PROCEDURES FOR

EMPLOYEES AND DEPENDENTS

1. The Psychiatric Staff does not routinely screen or interview all employees and dependents who are proposed for overseas assignments but only those employees and dependents who have been previously identified as being of interest to the Psychiatric Staff. In addition, employees and dependents may come to the attention of the Psychiatric Staff as a result of their Medical History Forms and other sources of information, such as the Overseas Candidate Review Panel. Because of the unique requirements of their overseas assignments, certain groups of employees and/or dependents (for example, those designated for duty under a special project at an isolated post) routinely undergo the screening and selection procedures established by the Psychiatric Staff.

2. Those employees and dependents identified as requiring evaluation by the Psychiatric Staff are given a Reassignment Inventory in order to provide up-to-date information since the original completion of the Personal Index. If they have never completed a Personal Index, or if they filled out an old form prior to 1959, they are given a choice as to completion of a form or an individual interview. The psychiatric file and forms are carefully screened by the psychometrist and if indicated refers the individual for a screening interview with a psychologist or a psychiatric interview with a psychiatrist who may be either a psychiatric selection consultant or a member of the staff.

3. The psychiatric report of interview is reviewed by a professional staff member and the appropriate disposition forwarded. This may take the form of approval

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for the proposed assignment or a recommendation for disqualification, which, in the case of an employee, is forwarded through channels for further professional and administrative review and eventually to the Director of Medical Services or his designate for concurrence. In the event a dependent is not emotionally suitable for residence abroad, the recommendation is forwarded through channels to the Director of Medical Services or his designate. If he concurs in the recommendation, the division is so advised. As Medical Office cannot disqualify a dependent, the decision as to whether or not to act on the Psychiatric Staff recommendation rests with the division.

4. The disqualified employee or dependent who has been found not emotionally suitable for residence abroad is routinely seen by a staff member for a dispositional interview in order to advise the individual of the basis for the disqualification or recommendation against residence abroad.

5. In certain problematic cases, liaison with the appropriate office and/or coordination with the Overseas Candidate Review Panel is carried out. Comprehensive psychological testing may also be requested to assist at arriving at a final decision.

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STANDARD OPERATING PROCEDURE

FOR HEADQUARTERS PSYCHIATRIC EMERGENCIES

1. The subject and his problem are identified to PS by the subject, his division, or his family.

2. In the event that the subject is on duty at the time of the emergency, he is seen by a staff psychiatrist as soon as possible, preferably in OMS offices, for an immediate appraisal of his status on which immediate recommendations can be made.

3. Usually with an emergency, hospitalization is recommended (which includes a recommendation to the division that the subject be placed on sick leave). PS facilitates the hospitalization by arranging for it through a cleared private psychiatrist and participates to the extent of escorting the subject to the hospital if necessary. Depending on the subject's situation and antecedent history, attempts are made to coordinate this step with the subject's personal physicians. The subject's immediate family is also contacted if appropriate.

4. In event of the subject's refusal to accept hospitalization, alternate courses are discussed with him. He is reminded that OMS can advise that he remain on sick leave until he can demonstrate his medical qualifications to return to work.

5. If he is uncooperative and incompetent to make his own decisions, PS can recommend legal commitment as the next appropriate step to the next of kin or as a step to be taken by the Agency if the condition warrants that drastic an action, in which case coordination with the division, General Counsel, and the appropriate local court is the mode of procedure. With commitment the procedure of paragraph 3 is still used.

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6. In event that the subject is not on duty, he is advised to proceed to a private evaluation and treatment facility designated by PS. If not already aware, OS is informed (although OS is frequently the first to know of the emergency), and the OS "flying squad" may be called upon to facilitate the handling of the case.

7. When a subject becomes an emergency in an off duty status, the staff psychiatrist participates in an advisory role with the subject, the family, responsible Agency officials, and the private attending physician as appropriate in order to facilitate the needed medical care in the most prompt fashion. At times the Medical Action Group (MAG) may also be called upon to assist.

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STANDARD OPERATING PROCEDURE

FOR PSYCHIATRIC OVERSEAS MEDICAL EVACUATION

1. A communication is received in headquarters stating the specific problem.

2. PS reviews the available data concerning the possible evacuee, formulates a tentative recommendation, and advises the FSS of that position. Concurrence by the Deputy Director of Medical Services, or his designee, is required when medical evacuation to headquarters is recommended. The recommendation will include advice about the need for an escort and the need for presence of a responsible next of kin if appropriate.

3. In the event of the actual evacuation which remains a command, not medical, decision, PS is informed of the itinerary by FSS.

4. A staff psychiatrist is assigned to meet the evacuee on arrival at headquarters. The FSS coordinates the medical evacuation with the appropriate operating component and the PS. This includes arranging for necessary finances for hospitalization and for an escort known to the evacuee for help in identifying the evacuee at his arrival point.

5. At the point of arrival, the staff psychiatrist meets the evacuee, introduces himself to the evacuee as a psychiatrist and does a preliminary evaluation.

6. The staff psychiatrist then makes his recommendations for the next step in the treatment of the evacuee, and with his cooperation starts to carry out the recommendation, such as hospitalization, headquarters PS office followup, outpatient referral to a private psychiatrist, and so forth.

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7. In event of the evacuee's refusal to follow recommendations, the staff psychiatrist uses his own judgment with respect to the amount of suasion he brings to bear which can vary from a graceful retreat to the initiation of commitment proceedings under appropriate law of the local jurisdiction. (For such an action much additional consultation with next of kin, responsible Agency personnel, General Counsel, and the local court is necessary.)

8. In all cases, the staff psychiatrist works in a consulting and advisory capacity, recommending and facilitating a responsible transfer of treatment responsibility without assuming a treatment responsibility himself.

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STANDARD OPERATING PROCEDURE

CLINICAL PSYCHOLOGY BRANCH, PSYCHIATRIC STAFF

1. Psychological Examination

a. Subject is referred for psychological examination by a psychiatrist;

b. Subject is clinically introduced to the testing phase of the exam by a psychologist;

c. Subject completes the professionally assigned paper-and-pencil tests in an Agency medical facility under the supervision of a psychometrist;

d. Subject is clinically evaluated by a psychologist upon completion of the written phase of the examination;

e. The Report of Psychological Examination is transmitted verbally and in writing to the referring psychiatrist only;

f. The completed tests are classified SECRET and are confidentially maintained by the psychologist. Periodically, they are retired to Archives where they are securely kept for 75 years as medical records and Agency property;

g. Subject's revelations upon psychological examination are treated with medical confidence but are not considered as privileged information (subject to subject's control of professional use and dissemination).

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2. Psychological Research

a. Psychological research is initiated and conducted in support of ongoing psychiatric activities and interests, and as such, is coordinated with and approved by C/PS.

b. Psychological research is principally divided into specific substantive and test development projects.

c. Substantive psychological research consists of relevant statistical inquiries into the dynamic factors of professional endeavors, e.g., Psychiatric Screening and Selection.

d. To conduct substantive research, valid and reliable tests are constructed and standardized. The test development projects provide adequate diagnostic and research tests to support psychiatric activities and substantive research projects.

e. Substantive and test development research projects involve statistical manipulation of group data only. (Individuals are not studied per se.)

f. The identities and characteristics of those individuals who comprise the experimental and control groups are confidentially secured by use of OMS file numbers and coded quantification of personal characteristics.

g. These quantified data are maintained in computerized form by the Office of Computer Services and are controlled by OCS security regulations and procedures and the Clinical Psychology Branch.

3. Medical and/or Psychiatric Care

a. The Psychologist does not engage in what is professionally or otherwise considered to be medical or psychiatric treatment of a Subject;

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b. The Psychologist does not prescribe for the treatment of a Subject, nor does the Psychologist admit or recommend any Subject to a treatment facility such as a hospital, clinic, or other form of treatment;

c. The Psychologist does not assume any primary responsibility or authority for the Subject's treatment, management, or care.

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