



DEPARTMENT OF THE NAVY
OFFICE OF THE SECRETARY
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WASHINGTON DC 20350-1000

SECNAVINST 6200.1
ASN (M&RA)
August 22, 2014

SECNAV INSTRUCTION 6200.1

From: Secretary of the Navy

Subj: DEPLOYMENT OCCUPATIONAL ENVIRONMENTAL HEALTH PROGRAM

Ref: (a) DoD Directive 6200.04 of 9 October 2004
(b) DoD Directive 6490.02E of 8 February 2012
(c) DoD Instruction 6490.03 of 11 August 2006
(d) DoD Instruction 6055.05 of 11 November 2008
(e) CJCS Memorandum MCM-0028-07, Procedures for
Deployment Health Surveillance of 2 November 2007
(f) DoD Instruction 6025.19 of 3 January 2006

Encl: (1) Responsibilities
(2) Definitions
(3) Acronyms

1. Purpose. To establish Department of the Navy (DON) Deployment Occupational Environmental Health Program (DOEHP) as directed by references (a) through (e). The DON DOEHP addresses health risks associated with occupational and environmental health (OEH) threats during military deployments. The DON DOEHP is based on joint and Department of Defense (DoD) force health protection (FHP) doctrine, linking sustainment activities in garrison to those activities required for deployments (for example, pre-, during, and post-deployment). This instruction establishes DON's responsibility to reduce the potential for acute, chronic, and delayed health effects resulting from occupational and environmental hazards encountered during military deployments.

2. Scope and Applicability

a. This instruction applies to all commands and components of the DON and encompasses deploying, deployed, and re-deployed Service members; DON civilian personnel; non-appropriated fund personnel; and DON contractors if within the scope of their contract unless otherwise stated.

b. Shipboard operations are required to record individual daily deployment locations per reference (c) and follow this directive as directed by the Combatant Commander, or when potential

health threats necessitate more aggressive force health protection countermeasures.

3. Responsibilities. Responsibilities are outlined in enclosure (1).

4. Definitions. Terms used in this instruction are defined in enclosure (2).

5. Acronyms. Acronyms used in this instruction are defined in enclosure (3).

6. Policy. It is DON policy to:

a. Implement a comprehensive deployment health program per reference (c), which effectively anticipates, recognizes, evaluates, controls, and mitigates health threats encountered during operational deployments. For purposes of this instruction a deployment is defined as the relocation of forces and materiel to desired operational areas.

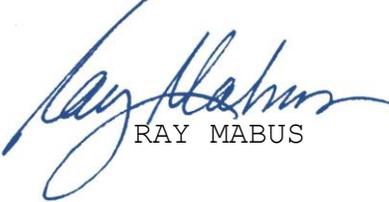
b. Protect Navy and Marine Corps personnel from potential and actual exposures to chemical, biological, radiological, nuclear, and high-yield explosives (CBRNE) warfare agents; endemic communicable diseases; food-, water-, and vector-borne diseases; ionizing and non-ionizing radiation; combat and operational stress; heat, cold, and altitude extremes; environmental and occupational hazards; toxic industrial chemicals and materials (TICs/TIMs) and other physical agents.

c. Ensure essential data and records of medical information, OEH activities, patient encounters, exposures and reportable medical events are documented per references (c) through (f). Submit results via the Military Exposure Surveillance Library (MESL) or per DoD- or Service-specified data collection system.

7. Records Management. Records created as a result of this instruction, regardless of format and media, shall be managed per reference SECNAV M-5210.1 of January 2012.

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8. Reports. The reporting requirements contained in paragraph 6c are exempt from information collection control per SECNAV M-5214.1 of December 2005, Part IV paragraph 2a(4) and requires no report control symbol.



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RESPONSIBILITIES

1. Assistant Secretary of the Navy for Research, Development and Acquisitions (ASN(RD&A)) shall establish overall acquisition, logistical, and technological policy and guidance to integrate DOEHP-health risk assessment requirements into materiel acquisition and contracting; support and defend funding of DOEHP requirements; and develop non-medical DOEHP materiel (such as sampling instruments, clothing, and individual equipment).

2. Chief of Naval Operations (CNO) and Commandant of the Marine Corps (CMC) per reference (c) shall:

a. Implement policies and service specific systems for the recording of daily locations of deployed personnel.

b. Ensure recording of individual daily deployment locations are sent to the Joint Chiefs of Staff office, via the Defense Manpower Data Center, Under Secretary of Defense, Personnel and Readiness.

3. Commanders, U.S. Fleet Forces (USFLTFORCOM) and U.S. Pacific Fleet (USPACFLT); Marine Forces (MARFOR) shall:

a. Coordinate with Bureau of Medicine and Surgery (BUMED) and The Medical Officer of the Marine Corps (TMO) to identify training, organizational structure, and equipment requirements to implement DOEHP practices and policies.

b. Coordinate with N3/5, N8; Deputy Commandant, Plans, Policy & Operations, Deputy Commandant, Programs & Resources; and BUMED in planning, programming, and budgeting for required capabilities to implement DOEHP.

c. Coordinate with BUMED when requested by the operational commander, to provide in-theater health hazard assessment in support of Risk Management (RM) decision-making and environmental health risk assessments.

d. Ensure that commanders, supervisors, and FHP staff receive DOEHP training.

4. Office of the Chief of Naval Operations, Medical Resources, Plans and Policy Division (OPNAV (N0931)) is designated to champion the DOEHP and shall:

a. Develop a plan, in coordination with USFLTFORCOM; USPACFLT; Headquarters Marine Corps/Health Services (HQMC/HS); and Commander, Navy Installations Command (CNIC) for implementation of this instruction that includes Navy and Marine Corps capabilities and gap identification, and recommends and prioritizes doctrine, organization, resourcing, training, materiel, leadership, education, personnel, facilities, and policy solutions for improvement.

b. Establish policy and guidance for integrating Deployment Health Program (DHP) requirements within the military and civilian personnel manpower programs.

c. Ensure that DOEHP requirements are integrated into DON training programs per reference (f).

d. Ensure DOEHP requirements regarding personnel doctrine, personnel reporting requirements, and the maintenance of records, to include records on the locations of units and individual personnel, are implemented and made available for use by authorized agencies, including the Department of Veterans Affairs (VA), per DON and DoD information sharing agreements.

5. Chief, BUMED shall, in conjunction with The CNO and CMC:

a. Develop the Navy/Marine Corps DOEHP plan and provide guidance and oversight for the implementation of the program.

b. Advise the CNO, CMC; the Navy and Marine Corps principals on medical aspects of DOEHP.

c. Plan, program, and budget to support DOEHP. Provide policy, strategy, guidance, and oversight for integrating DOEHP within Navy Medicine.

d. Train, equip, and provide staffing support to conduct OEH site assessments including site reconnaissance, health surveillance, health risk assessment, and management activities.

e. Provide guidance for Budget Submitting Office (BSO) 18 and operational medical personnel for integrating deployment OEH surveillance data with unit and individual personnel location data.

f. Ensure that BSO-18 and operational medical personnel are trained to support DOEHP consistent with the medical aspects of DoD OEH policies and implementing instructions.

g. Ensure, through Navy Operational Medicine Lessons Learned Center and Marine Corps Lessons Learned Center, that lessons learned regarding the medical aspects of DOEHP during military operations are documented, archived, analyzed, and disseminated.

h. Provide for medical evaluation of Navy/Marine Corps personnel concerned about potential exposures to OEH hazards.

i. Develop and implement performance management metrics to monitor compliance with the requirements of this instruction.

6. Navy and Marine Corps Public Health Center shall:

a. Provide subject matter expertise and operational assistance in OEH hazard assessment, health risk assessment, and risk communication to include Periodic Occupational and Environmental Monitoring Summaries.

b. Develop doctrine and procedures for completing Occupational and Environmental Health Site Assessments (OEHSAs) and provide guidance on training to Navy and Marine Corps preventive medicine personnel on those procedures.

c. Ensure the doctrine, policy, readiness, training, and equipment for the Forward Deployable Preventive Medicine Units (FDPMU) support dynamic OEH requirements, to include OEHSAs.

7. Naval Medical Logistics Command; Marine Corps Systems Command shall:

a. Coordinate with the Office of Naval Research and Marine Corps Warfighting Lab to develop, test, and field OEH medical materiel solutions leveraging commercial technologies to support the DOEHP.

b. Develop the materiel logistics solutions supporting the requirements as identified in paragraph 5b using the Joint Capabilities Integration and Development System.

8. The Medical Officer of the Marine Corps, Headquarters Marine Corps/Health Services shall:

a. Serve as the Marine Corps focal point for this program.

b. Monitor and ensure compliance with this instruction through review of Commanding General Inspections.

9. Navy Warfare Development Command; Marine Corps Combat Development Command shall:

a. Develop doctrine; tactics, techniques and procedures; implementation plans, and operational requirements for commanders, leaders, and operators to use in assessing, managing, and countering deployment OEH risks.

b. Ensure that DOEHP requirements are integrated into war fighting doctrine, warfighting publications, and reference manuals.

c. Provide Doctrine, Organization, Training, Materiel, Leadership, Personnel, and Facilities (DOTMLPF) solutions to the deployment OEH requirements gaps.

10. Immediate Seniors in Command shall:

a. Include OEH risks in all phases of mission planning.

b. Use the Navy and Marine Corps RM process for the timely assessment of OEH risks to personnel under their command.

c. Minimize risks associated with OEH hazard commensurate with mission requirements.

d. Provide timely OEH risk information to personnel under their command using assistance of supporting medical staff.

11. Commanders, Commanding Officers, and Officers in Charge shall:

- a. Include OEH risks in all phases of mission planning.
- b. Use the Navy and Marine Corps RM process for the timely assessment of OEH risks to personnel under their command.
- c. Minimize risks associated with OEH hazard commensurate with mission requirements.
- d. Provide timely OEH risk information to personnel under their command using assistance of supporting medical staff.

DEFINITIONS

1. Acute health effect. A health effect, usually adverse, that manifests itself shortly after the causative event (for example, an exposure to a toxic industrial chemical/material). The term is also used to describe an adverse health effect that persists for a relatively short period of time before subsiding completely.
2. CBRNE hazard. Those chemical, biological, radiological, nuclear, and high-yield explosive elements (CBRNE) that pose or could pose a hazard to individuals. Chemical, biological, radiological, nuclear, and high yield explosive hazards include those created from accidental releases, TICs/TIMs (especially air and water poisons), biological pathogens, radioactive matter, and high-yield explosives. Included are any hazards resulting from the deliberate employment of weapons of mass destruction during military operations.
3. Chronic health effect. A health effect that persists for a relatively long period of time (such as weeks, months, or years).
4. Defense Occupational Environmental Health Readiness System (DOEHRS). A Web-based occupational exposure application deployed throughout the DoD. DOEHRs manages occupational and environmental health readiness data and actively tracks chemical, physical, and biological hazards for the DoD Military Health System. DOEHRs maintains longitudinal exposure records for DoD employees based on individual and grouped exposures.
5. Delayed health effect. A health effect, usually adverse, that manifests itself in a significant period of time (for example, weeks, months, or years) after a causative effect (for example, an exposure to a toxic industrial chemical/material).
6. Deployment. Encompasses all activities from origin or home station through destination, specifically including intra-continental United States, inter-theater, and intra-theater movement legs, staging, and holding areas.
7. Deployment Health Program (DHP). The management of mission and Service member risks during deployments associated with:

a. The accidental or deliberate release of non-weaponized TICs/TIMs; hazardous physical agents; ionizing or non-ionizing radiation; or residue from CBRNE.

b. Environmental contaminants, to include vector- and arthropod-borne threats, residues, or agents, naturally occurring or resulting from previous activities of U.S. forces or other concerns, such as non-U.S. military forces, local national governments, or local national agricultural, industrial, or commercial activities.

c. The TICs/TIMs or hazardous physical agents currently being generated as a by-product of the activities of U.S. forces or other concerns, such as non-U.S. military forces, local national governments, or local national agricultural, industrial, or commercial activities.

d. Disease and Injury (DI) and deployment related stress.

8. Disease and Injury (DI). All illnesses and injuries not resulting from enemy or terrorist action or caused by conflict. Indigenous disease pathogens, biological warfare agents, heat and cold, hazardous noise, altitude, environmental, occupational, and industrial exposures, and other naturally occurring disease agents may cause disease and non-battle injury. Disease and non-battle injuries include injuries and illnesses resulting from training or from occupational, environmental, or recreational activities, and may result in short- or long-term, acute, or delayed illness, injury, disability, or death.

9. Force health protection. Measures taken by commanders, individual Service members, and the Military Health System to promote, improve, conserve, or restore the mental and physical well being of Service members across the range of military activities and operations. These measures enable the employment of a healthy and fit force, the prevention of disease and injury, and the provision of quality medical and rehabilitative care for those injured or ill anywhere in the world.

10. Potential Occupational Environmental Health (OEH) exposure. An exposure to an individual(s) or group from a hazard that, if not controlled, has a reasonable probability of actually occurring and will present a health risk. Reasonable probability may be determined based on intelligence, ongoing or planned military

operations, past surveillance, ongoing surveillance, past activities in an area, present activities in an area, or an accidental or deliberate release.

11. Toxic Industrial Chemicals and Materials (TICs/TIMs) Any chemicals or materials used or produced in an industrial process (raw material, final products, or byproducts, including solid and liquid wastes and air pollutants) that pose a health hazard due to their toxic properties. Exposure may occur due to normal industrial operations of the facility, hazardous waste accumulation, accidental release, or because of conflict or terrorist action.

ACRONYMS

ASN(I&E)	Assistant Secretary of the Navy (Energy, Installations and Environment)
ASN(RD&A)	Assistant Secretary of the Navy (Research, Development and Acquisition)
BSO	Budget Submitting Office
BUMED	Bureau of Medicine and Surgery
CBRNE	Chemical, Biological, Radiological, Nuclear, and High-Yield Explosives
CMC	Commandant of the Marine Corps
CNIC	Commander, Navy Installations Command
CNO	Chief of Naval Operations
DHP	Deployment Health Program
DoD	Department of Defense
DOEHP	Deployment Occupational Environmental Health Program
DOEHRS	Defense Occupational Environmental Health Readiness System
DON	Department of the Navy
DOTMLPF	Doctrine, Organization, Training, Materiel, Leadership, Personnel and Facilities
FDPMU	Forward Deployable Preventive Medicine Units
FHP	Force Health Protection
HQMC/HS	Headquarters Marine Corps/Health Services
MARFOR	Marine Forces
OEH	Occupational and Environmental Health
OEHSA	Occupational and Environmental Health Site Assessments
OPNAV	Office of Naval Operations
RM	Risk Management
TICs/TIMs	Toxic Industrial Chemicals and Materials
TMO	The Medical Officer of the Marine Corps
USFLTFORCOM	U.S. Fleet Forces Command
USPACFLT	U.S. Pacific Fleet
VA	Veterans Administration