



Reserve Info Bulletin



COVID-19: HSWL UPDATE – Clinic Availability for Reservists – RIB 07/20

As outlined in the below ALCOAST message, there are updates for COVID-19 Health, Safety and Work-life Clinic availability.

Effective 15 August 2020, on a space available basis, CG Reserve Component personnel (including members of the Individual Ready Reserve) may receive the following services at CG clinics (including ashore sickbays, depending on what standard services those sickbays offer):

Annual Dental Readiness Examinations; Immunizations required for Individual Medical Readiness (IMR); Laboratory studies required for IMR (such as HIV, G6PD, sickle cell trait, etc.); Assessment for medical equipment required for IMR (i.e. gas mask inserts, PPE fit testing); Occupational Medical Surveillance and Evaluation Program examinations; and Deployment-Related Health Assessments. Reservists must have approved orders (either for pay or non-pay) prior to reporting to a clinic or sickbay for these services.

The term of validity for many military-specific/medical readiness examinations for all CG personnel has been extended by 120 days. This one-time, four month extension applies only to examinations that were previously due by the end of March 2020, or will be due prior to 1 March 2021. To maintain the medical readiness of the force, no further extensions will be granted at this time. All personnel are encouraged to complete a PHA in calendar year 2020 despite the extension of due dates.

Questions should be directed to the POC listed in the message: CAPT Shane Steiner, Chief, Operational Medicine, COMDT (CG-1121), 202-475-5256, Shane.C.Steiner@uscg.mil.

Thanks for your attention to this important information.

#



Reserve Info Bulletin



R 301610 JUL 20

FM COMDT COGARD WASHINGTON DC//CG-11//

TO ALCOAST

UNCLAS //N06000//

ALCOAST 290/20

COMDTNOTE 6000

SUBJ: COVID-19: HEALTH, SAFETY, AND WORK-LIFE (HSWL) UPDATE 2

A. COMDT COGARD WASHINGTON DC 201727 MAR 20/ALCOAST 096/20

B. COMDT COGARD WASHINGTON DC 241740 MAR 20/ALCOAST 104/20

C. COMDT COGARD WASHINGTON DC 161417 APR 20/ALCOAST 137/20

D. COMDT COGARD WASHINGTON DC 191055 MAY 20/ALCOAST 178/20

E. COMDT COGARD WASHINGTON DC 221424 JUN 20/ALCOAST 246/20

1. This ALCOAST updates medical policy promulgated in REFs (A) through (E). The following paragraphs of REF (C) are cancelled: 2.c, 2.f, 2.i, and 4.

2. Clinic Core Functions. The Commanding Officer, HSWL Service Center, is authorized to direct CG clinics and sickbays to resume normal services based on local reopening conditions, in consultation with the CG Public Health Emergency Officer at COMDT (CG-1121), local Public Health authorities, and the leadership of the HSWL Regional Practices. Maximum usage of telehealth continues to be recommended, in accordance with REF (A), particularly with regard to Periodic Health Assessments (PHAs). Dental Services will continue to be offered as promulgated in REF (E).

3. Extended Periodic Assessments/Requirements. REFs (B) and (C) extended the term of validity of many military-specific/medical readiness examinations for all CG personnel by 120 days. While this has not yet been fully reflected in Coast Guard Business Intelligence (CGBI), the due dates for the examinations listed in REF (C), paragraph 2.a, are extended 120 days. This one-time, four month extension applies only to examinations that were previously due by the end of March 2020, or will be due prior to 1 March 2021. To maintain the medical readiness of the force, no further extensions will be granted at this time. For those personnel whose new due date has not yet been reflected in CGBI, they remain compliant until they have been expired for more than 120 days. If clinic availability allows, all personnel are encouraged to complete a PHA in calendar year 2020 despite the extension of due dates.

4. Effective 15 August 2020, on a space available basis, CG Reserve Component personnel (including members of the Individual Ready Reserve) may receive the following services at CG clinics (including ashore sickbays, depending on what standard services those sickbays offer). Reservists must have approved orders (either for pay or non-pay) prior to reporting to a clinic or sickbay for these services.

a. Period Health Assessments (PHA) - current PHA appointing policies and procedures remain applicable.

b. Annual Dental Readiness Examinations.

c. Immunizations required for Individual Medical Readiness (IMR).

d. Laboratory studies required for IMR (such as HIV, G6PD, sickle cell trait, etc.).

HSWL Update – Clinic Availability for Reservists



Reserve Info Bulletin



- e. Assessment for medical equipment required for IMR (i.e. gas mask inserts, PPE fit testing).
 - f. Occupational Medical Surveillance and Evaluation Program examinations.
 - g. Deployment-Related Health Assessments (Pre-Deployment Health Assessments using DD Form 2795, Post-Deployment Health Assessments using DD Form 2796, Post-Deployment Health Re-Assessments using DD Form 2900, and Mental Health Assessments using DD Form 2978).
 - h. Separation/Retirement physicals using DD Forms 2697 or 2807-1/2808.
 - i. Any other CG required assessments/examinations such as, but not limited to: fitness for duty determinations (including assessments of whether conditions are in the Line of Duty), commissioning physicals, or aviation/dive physicals.
5. Effective 1 August 2020, CG civilian employment required assessments/examinations such as, but not limited to, fire fighter employment/OMSEP exams, Child Development Center employment exams, or Auxiliary food handler screenings may be completed at CG clinics (including ashore sickbays, depending on what standard services those sickbays offer).
6. Although the Reserve Health Readiness Program (RHRP) contract has resumed, PHAs will no longer be performed, for CG or DOD service members, by the RHRP contractor. Active Duty Service Members and Reservists outside of a CG or DoD catchment area (e.g. not enrolled to a Military Treatment Facility) will need to schedule their PHA with their servicing Independent Duty Health Services Technician or servicing CG or DoD clinic.
7. TRICARE Waiver for Asymptomatic COVID-19 Testing. The Defense Health Agency (DHA) has approved TRICARE coverage of asymptomatic testing for SARS-CoV-2 (the virus that causes COVID-19) by Reverse Transcription Polymerase Chain Reaction (RT-PCR) for Active Duty Service Members (ADSMs) only. This waiver does not cover Reserve personnel unless on active duty orders for more than 31 days. The effective date of the waiver is November 1, 2019.
- a. The waiver was approved to ensure time-sensitive mission critical needs are met. This waiver is not intended for ADSMs to obtain testing for non-clinical or non-operational needs.
 - b. Use of TRICARE by units for multiple individuals (5 or more) needing asymptomatic testing for operational mission execution requires a DD-2161 referral and must be approved by the cognizant Senior Medical Executive (SME) within the Regional Practice / Servicing CG Medical Clinic.
 - c. Use of TRICARE by one to four individuals needing asymptomatic testing for operational mission execution requires a DD-2161 referral and must be approved by the cognizant Designated Medical Officer Advisor (DMOA) /or Medical Officer within the Regional Practice / Servicing CG Medical Clinic.
 - d. Failure to coordinate testing through the DMOA or SME, using a DD-2161 referral to ensure that the proper test is ordered, may result in denial of payment by TRICARE and place undue financial hardship on the ADSM.
 - e. The only authorized test is RT-PCR. Antigen and antibody testing are not covered by this waiver. Additionally, the Abbott ID NOW should not be used for asymptomatic testing for ADSMs for operational or clinical use by Coast Guard providers or Commanders.
 - f. Units requiring testing during Restriction of Movement (ROM) for deployments of greater than 30 days should coordinate with the servicing clinic 30-45 days prior to the

HSWL Update – Clinic Availability for Reservists



Reserve Info Bulletin



first testing event.

8. COVID-19 Testing and Data Collection. For epidemiologic and Force Health Protection purposes, COVID-19 test results of all CG military personnel must be compiled by COMDT (CG-11) within the OMSEP program. This includes testing that has already occurred and testing performed in the future. More details will follow in a later message.

9. Life Support Training and Certification. This message supersedes paragraphs 4 and 5 of REF (D). To ensure healthcare personnel, emergency medical technicians (EMTs), and first responders have required competencies for lifesaving measures, effective 1 September 2020, CG healthcare, EMTs, and first responders must resume obtaining hands-on Basic Life Support, Advanced Life Support, and Advanced Cardiac Life Support training as required by their duties and/or clinic capabilities. HSWL SC may waive the need for hands-on training if not locally available until the COVID-19 Public Health Emergency has passed.

10. Smallpox vaccination. Smallpox vaccination is deferred until the end of the COVID-19 Public Health Emergency. This decision is the result of a recommendation by the Immunizations Healthcare Division, Defense Health Agency, due to evidence of increased risk of poor cardiac outcomes in COVID-19 positive persons who receive the smallpox vaccine.

11. Spirometry. The use of pulmonary function tests including spirometry should be minimized and limited to instances in which the results are required for a treatment decision. All other routine uses of spirometry, including for OMSEP initial and periodic exams, should be referred out to civilian providers.

12. POC: CAPT Shane Steiner, Chief, Operational Medicine, COMDT (CG-1121), 202-475-5256, Shane.C.Steiner@uscg.mil.

13. RADM Dana L. Thomas, Director, Health, Safety, and Work-Life, sends.

14. Internet release is authorized.