

3 FAM 1920

RESPONSIBILITY FOR HEALTH CARE

(TL:PER-439; 03-27-2002)

3 FAM 1921 RESPONSIBILITY

3 FAM 1921.1 In The United States

(TL:PER-439; 03-27-2002)

(Uniform/State/BBG/USAID/Commerce/Foreign Service Corps – USDA)

(Applies to Civil Service and Foreign Service employees)

The responsibilities of the Office of Medical Services (M/DGHR/MED) (“MED”) are as follows:

(1) Provides physical examinations and determines medical clearances. Arranges for medical consultations in conjunction with physical examinations, medical evacuations, or other special clinical circumstances. Medical confidentiality will be observed when providing medical evaluation and assistance to patients;

(2) Authorizes payment for specific medical care in accordance with 3 FAM 1900, Appendix B (3 FAM 685.4-1);

(3) Administers medical evacuations to the United States and monitors medical evacuees;

(4) Provides comprehensive occupational health and counseling services to Foreign Service and Civil Service employees;

(5) Oversees the clinical services provided by health units at posts abroad;

(6) Refers members of the Medical and Health Program to private medical providers, as appropriate;

(7) Provides additional medical evaluations and services, such as fitness for duty and disability retirement, as required for Foreign Service and Civil Service employees; and

(8) Provides other medical services at the discretion of the Medical Director.

3 FAM 1921.2 At Posts Abroad

(TL:PER-439; 03-27-2002)

(Uniform/State/BBG/USAID/Commerce/Foreign Service Corps - USDA)

(Applies to Civil Service and Foreign Service Employees)

At those posts which have health units, MED will:

(1) Assist all eligible employees and eligible family members in obtaining quality medical care in the region where they are assigned. Medical confidentiality will be observed when providing medical assistance;

(2) Promote the health of eligible employees and eligible family members by providing health services when possible, encouraging prevention of illness, and facilitating access to health care;

(3) Develop standard operating procedures and scope of practice for medical personnel;

(4) Provide an environmental health and preventive medicine program that focuses on the protection of employees, including Foreign Service Nationals (FSNs), and locally engaged employees such as personal service contractors from post specific health risks; and

(5) Provide comprehensive occupational health services to the Embassy employees, including Foreign Service Nationals and locally engaged staff, such as personal service contractors.

3 FAM 1922 MEDICAL PERSONNEL ASSIGNED TO POSTS

(TL:PER-439; 03-27-2002)

(Uniform/State/BBG/USAID/Commerce/Foreign Service Corps - USDA)

(Applies to Civil Service and Foreign Service Employees)

a. MED will assign Foreign Service Medical Providers (FSMP) as defined in 3 FAM 1914(9), which includes physicians, psychiatrists, nurse practitioners, physician assistants, and clinical laboratory technologists to posts abroad. The Office of Medical Services (MED) will consider each employee's qualifications, training, and experiences when determining assignments to health units abroad. MED will also consider accessibility to local health resources, local health risks, size of the mission, regional medical capabilities, and requirements of regional medical evaluation centers.

b. Foreign Service medical providers deployed abroad will have his or her clinical skills evaluated by MED at least once during each assignment or tour of duty, in addition to the regular Employee Evaluation Report (EER) cycle. The clinical evaluation will be made by a medical professional selected by MED management to conduct a health unit survey. MED's evaluation will be included in the rated officer's official performance file.

3 FAM 1923 POST MEDICAL ADVISOR (PMA)

3 FAM 1923.1 Selection

(TL:PER-439; 03-27-2002)

(Uniform/State/BBG/USAID/Commerce/Foreign Service Corps - USDA)

(Applies to Civil Service and Foreign Service Employees)

a. The FSMP, with concurrence of the Foreign Service Regional Medical Officer (RMO) and principal officer, may designate a Post Medical Advisor (PMA) for posts within his or her region. The PMA is not compensated for advisory services.

b. Posts who wish to have the PMA to also provide patient care at the health unit should employ the PMA on a Personal Services Contract (PSC) and request the Regional Security Officer (RSO) to conduct a background check to certify the PMA for employment. Prior to permitting the PMA to begin providing medical services to patients, the FSMP must confirm that the background check has been satisfactorily completed.

c. Factors to be considered in selecting a PMA are medical training, professional credentials, knowledge of the English language, local and regional health risks and familiarity with access to health care providers, including mental healthcare providers, and facilities in the region.

d. PMAs must possess a current, valid, and unrestricted medical license issued in accordance with local law and possess clinical expertise with standards similar to those in the United States.

3 FAM 1923.2 Duties

(TL:PER-439; 03-27-2002)

(Uniform/State/BBG/USAID/Commerce/Foreign Service Corps - USDA)

(Applies to Civil Service and Foreign Service Employees)

PMAs assist FSMPs at post and advise the principal officer at post on medical and health issues.

3 FAM 1924 POST RESPONSIBILITIES

3 FAM 1924.1 Health and Medical Information Guide

(TL:PER-439; 03-27-2002)

(Uniform/State/BBG/USAID/Commerce/Foreign Service Corps - USDA)

(Applies to Civil Service and Foreign Service Employees)

The FSMP of a post is responsible:

(1) To prepare and maintain a Health and Medical Information Guide according to the format and procedures furnished by MED. Copies of this guide will be provided to all employees at post who are covered by the Department's medical program:

(2) To update or revise the Health and Medical Information Guide annually. Reproductions and distribution of this guide are the responsibility of the post administrative office;

(3) To submit five copies of the revised annual Health and Medical Information Guide (or a statement that there are no changes) each year to the Office of Medical Services, Foreign Programs, by January 31. Revisions may be transmitted electronically to MED; and

(4) If there is a significant change in medical conditions or facilities prior to the annual reporting date, the FSMP at post must prepare, and transmit a report electronically to MED immediately and distribute these changes locally at post.

3 FAM 1924.2 Medical Reporting

3 FAM 1924.2-1 Reports of Serious Illness, Injury and Death

(TL:PER-439; 03-27-2002)

(Uniform/State/BBG/USAID/Commerce/Foreign Service Corps - USDA)

(Applies to Civil Service and Foreign Service Employees)

a. The principal officer or FSMP at post must notify MED by MED CHANNEL cable as soon as possible when a serious injury, illness or death of an employee or eligible family member occurs. When reporting deaths abroad by MED Channel cable, the word "death" should appear in the subject of the cable.

b. MED will notify the employee's agency of the serious injury, illness or death of an employee or eligible family member.

3 FAM 1924.2-2 Medical Reports on Treatment of Employees and Family Members

(TL:PER-439; 03-27-2002)

(Uniform/State/BBG/USAID/Commerce/Foreign Service Corps - USDA)

(Applies to Civil Service and Foreign Service Employees)

a. Whenever outside medical care is arranged or authorized by the U.S. Government, the employee is responsible for ensuring that a complete medical report is transmitted from the treating professional or facility to the health unit at post. The report must contain a complete record of the medical care received, including evaluations, diagnosis, treatment received, medication prescribed, and relevant laboratory results.

b. The post health unit is responsible for keeping medical record files for all employees and eligible family members participating in the Medical and Health Program at post. Such files shall include records generated by the embassy health unit as well as medical reports hand-carried by the patient or received from outside providers.

c. Post medical record file information concerning both employees and dependents continues to have significant potential value to foreign intelligence services. As such, all posts should ensure that everything practical is done to preserve the integrity of such information, under the control of cleared U.S. personnel.

d. The principal health-care provider at the post health unit is responsible for forwarding medical reports to MED via registered pouch or telegraphically, according to MED guidelines and directives provided to posts in the form of MED policy procedures, on patients to MED for inclusion in the patient's main medical record. Additionally, the principal health-care provider at the post health unit will complete a medical summary and forward it to MED whenever an individual departs from post for an onward assignment or retirement. If, at any time, a medical record documents a medical condition that may affect an individual's medical clearance, the medical record should be forwarded immediately to MED for a clearance determination.

3 FAM 1924.2-3 Adverse (Medical) Event Investigation and Reporting

(TL:PER-439; 03-27-2002)

(Uniform/State/BBG/USAID/Commerce/Foreign Service Corps - USDA)

(Applies to Civil Service and Foreign Service Employees)

a. The FSMP at the post where the incident occurred or the regional medical officer for that post is responsible for reporting adverse medical events to the Director of the Quality Improvement (QI) branch of MED as soon as possible (see definition at 3 FAM 1914(2)) in accordance with MED's established policy procedure (Risk Management/Adverse Event).

b. Following the reporting of an adverse event, an investigation at post will ensue and should not include the health-care provider directly involved in the incident. A report will be prepared following the investigation to provide a basis for analyzing, and documenting adverse medical events involving persons under the Department of State's medical program, health units and/or medical personnel and forwarded to the Director of Quality Improvement (QI) within seven days. The policy procedure for risk management/adverse event provides for external investigation by independent medical practitioners.

3 FAM 1924.2-4 Health Unit Staffing Report

(TL:PER-439; 03-27-2002)

(Uniform/State/BBG/USAID/Commerce/Foreign Service Corps - USDA)

(Applies to Civil Service and Foreign Service Employees)

a. The FSMP at each health unit is responsible for providing MED with a roster of the staff working in the health unit. The report will be submitted annually by January 31, or when specifically requested, to MED/QI for the purpose of determining indemnification. The report must include names, functional title, professional degree, and employment status. MED must ensure that every FSMP has a current and valid license or certification.

b. Additions and deletions to the health unit-staffing roster must be vetted with the regional medical officer and should be submitted as they occur.

3 FAM 1924.3 Psychiatric Care

3 FAM 1924.3-1 Evaluation

(TL:PER-439; 03-27-2002)

(Uniform/State/BBG/USAID/Commerce/Foreign Service Corps - USDA)

(Applies to Civil Service and Foreign Service Employees)

a. When determined by the Foreign Service medical practitioner, employees and eligible family members requiring psychiatric or psychological evaluation in the United States or abroad will be referred to the Office of Medical Services' Mental Health Division or to another U.S. Government medical facility for evaluation and or treatment.

b. If a U.S. Government facility is not available at the location abroad, the psychiatric or psychological evaluation may be done at a non-U.S. Government facility by a foreign mental health practitioner with prior approval of the RMO/P or MED. The mental health provider's qualifications are determined by the Foreign Service regional psychiatrist when referring to foreign psychiatrists or psychologists.

c. At critical threat human intelligence (HUMINT) posts:

(1) Except for exigent circumstances wherein immediate medical care is required, evaluation or treatment of employees and family members for mental health and/or substance abuse issues should not be provided by non-U. S. citizen physicians; and

(2) Evaluation or treatment of employees and family members by non-U.S. citizen physicians, for medical issues other than mental health or substance abuse, should be avoided whenever possible.

d. At non-critical threat human intelligence (HUMINT) posts:

(1) (Except for exigent circumstances wherein immediate medical care is required;) evaluation or treatment of employees and family members for mental health and/or substance abuse issues should not be provided by physicians from critical-threat countries; and

(2) Evaluation or treatment of employees and family members by physicians from critical-threat (HUMINT) countries, for medical issues other than mental health or substance abuse, should be avoided whenever possible.

3 FAM 1924.3-2 Treatment

(TL:PER-439; 03-27-2002)

(Uniform/State/BBG/USAID/Commerce/Foreign Service Corps – USDA)

(Applies to Civil Service and Foreign Service Employees)

Referrals for voluntary treatment by foreign mental health practitioners may be appropriate under the following circumstances:

(1) An FSMP determines that the evaluating or treating mental health practitioner has appropriate credentials for the required evaluation and or therapy; and

(2) MED's Director of Mental Health Services has been notified of the treatment plan by the RMO/Psychiatrist.

3 FAM 1925 HEALTH UNIT FACILITIES

3 FAM 1925.1 Establishment

(TL:PER-439; 03-27-2002)

(Uniform/State/BBG/USAID/Commerce/Foreign Service Corps - USDA)

(Applies to Civil Service and Foreign Service Employees)

Posts abroad may establish and maintain health units with concurrence and guidance of the Medical Director or designee. The hiring of health unit staff at post requires the approval of the FSMP responsible for that post. Medical personnel hired at post must have valid U.S. or local medical credentials comparable to U.S. medical standards and which are appropriate for the position for which they are hired. These credentials must be maintained, as required by, the issuing authority.

3 FAM 1925.2 New and Renovated Facilities

(TL:PER-439; 03-27-2002)

(Uniform/State/BBG/USAID/Commerce/Foreign Service Corps - USDA)

(Applies to Civil Service and Foreign Service Employees)

When the Bureau of Overseas Building Operations (OBO) plans construction or renovation of health facilities at posts abroad, the Medical Director or designee will be consulted concerning the size, configuration and medical equipment to be used in those facilities.

3 FAM 1926 ORDERING AND MAINTAINING DRUGS, EQUIPMENT AND MEDICAL SUPPLIES

(TL:PER-439; 03-27-2002)

(Uniform/State/BBG/USAID/Commerce/Foreign Service Corps - USDA)

(Applies to Civil Service and Foreign Service Employees)

a. Posts will coordinate with the FSMPs and ensure that requisition and acquisition procedures prescribed in 6 FAM 224.5 (Internal Requisitioning Procedures) 6 FAH-2 H-210 (Acquisition Basics) and 6 FAM 200 Appendix E (DOS Acquisition Regulations) are followed when requisitioning medical supplies, equipment, and medications.

b. Expendable medical supplies and non-expendable medical equipment are subject to controls prescribed in 6 FAM 220. (Personal Property Management), et seq. including periodic verification of records. The FSMP responsible for that post is responsible for ensuring that there are internal control systems that conform to procurement, receipt, storage, and disbursement regulations at 6 FAM 220.

c. The FSMP is responsible for ensuring that perishable items are disposed of by the date of expiration.

d. The FSMP is responsible for ensuring that a sound internal control system is in place to ensure that no one individual is in the position to control all aspects of any transaction affecting the receipt, storage, or disposition of expendable or non-expendable medical supplies, including controlled substances and prescription drugs. In the absence of a desired separation of duties, the RMO shall conduct periodic reviews of the management of medical supplies at posts within his or her region. Duties which are to be separated whenever possible are procurement, receiving, payment, property record keeping, and keeping of inventory. See 6 FAM 220 setting forth internal controls for property management.

3 FAM 1927 CONTROLLED SUBSTANCES

(TL:PER-439; 03-27-2002)

(Uniform/State/BBG/USAID/Commerce/Foreign Service Corps - USDA)

(Applies to Civil Service and Foreign Service Employees)

a. The FSMP responsible for a post must ensure that all controlled substances are maintained and stored in locked cabinets. The only personnel who may prescribe and dispense controlled substances are those FSMPs who have a Drug Enforcement Agency (DEA) registration certificate. Other nurse practitioners, registered nurses, and physician

assistants may dispense controlled substances with orders from a properly licensed FSMP.

b. The principal FSMP at a post or, in the absence of an FSMP, the RMO, is responsible for ensuring that supply records of controlled substances are properly maintained in accordance with 6 FAM 220.

3 FAM 1927.1 Prescription Drugs

(TL:PER-439; 03-27-2002)

(Uniform/State/BBG/USAID/Commerce/Foreign Service Corps - USDA)

(Applies to Civil Service and Foreign Service Employees)

a. The only personnel who may prescribe and dispense prescription drugs stored in the health unit are those medical providers having a valid U.S. or local license (DEA Registration Certificate) to write prescriptions. Other physicians, nurse practitioners, registered nurses, and physician assistants may dispense prescription drugs with orders from a properly licensed FSMP.

b. The principal FSMP at a post or, in the absence of an FSMP, the RMO, is responsible for ensuring that supply records of prescription drugs are properly maintained in accordance with 6 FAM 220.

3 FAM 1927.2 Long-Term Prescription Drugs and Non-Prescription Medications

(TL:PER-439; 03-27-2002)

(Uniform/State/BBG/USAID/Commerce/Foreign Service Corps - USDA)

(Applies to Civil Service and Foreign Service Employees)

The patient is responsible for obtaining non-prescription medications, general medical supplies for personal use, and prescription drugs for treatment of chronic medical conditions.

3 FAM 1928 IMMUNIZATIONS, PROPHYLACTIC AND MEDICAL TREATMENT WHILE ON ASSIGNMENT ABROAD

(TL:PER-439; 03-27-2002)

(Uniform/State/BBGUSAID/Commerce/Foreign Service Corps - USDA)

(Applies to Civil Service and Foreign Service Employees)

a. Immunizations that are recommended by MED are provided and administered at U.S. Government facilities for eligible participants in the medical program.

b. The administrative officer, with the approval of the RMO or head FSMP at post, may provide eligible participants in the medical program with a DSL-820, Letter of Authorization, which permits payment to a private facility to administer required immunizations. In addition to recommended immunizations and other prophylactic measures, the Medical Program may provide select medications (e.g. malarial prophylaxis, treatment for tuberculosis exposure). Travel costs to obtain immunizations and medications are not authorized.

3 FAM 1929 UNASSIGNED