

**RESTRICTED**



# Medical Policy

Guyana Defence Force

Produced by the  
Strategic Review Working Group  
Under the Office of  
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Chief of Staff  
Guyana Defence Force

**RESTRICTED**

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## **FOREWORD**

This policy is issued under the authority of the Office of the Chief of Staff, Guyana Defence Force. It defines the Force's protocols and procedures to ensure that beneficiaries and authorised users receive quality care, in response to the challenges of maintaining a physically and mentally fit Force.

This Force Medical Policy serves as a guide to orient our users as to the medical services available and under what specific conditions these can be better utilised.

While well being is influenced by the environment, genetic and hereditary factors and life style, the availability of a reliable source of quality healthcare in times of need and **respite** on a routine preventative basis can help to further promote and guarantee good health.

The establishment of this policy emphasises that the Force has a responsibility to provide primary and limited secondary medical care to meet our needs through trained health care professionals, using modern instruments, materials and current technical procedures.

The soldier is solely responsible for maintaining an acceptable level of fitness and personal appearance and should strive to be BMI compliant. Compliance with the latter, entails adopting the lifestyle compatible with recommended current and universally accepted healthy practices. The individual should **ALSO** seek to transfer and promote these initiatives within his/her family **AND COMMUNITY**. Commanders at all levels have a similar responsibility with their subordinates and staff.

## **MEDICAL CORPS**

### **MISSION STATEMENT**

Our mission is to serve the members of the Guyana Defence Force and their families by providing:

- quality patient care,
- an environment for training future medical professionals,
- support for medical and scientific research.

### **VALUES**

**Patient Expectations** are those aspects of care appropriately identified by the patient. We believe the patients and their families take the leadership role in defining patient expectations such as: consideration for a patient's rights, comfort, culture, dignity, privacy, security, and individuality.

**Patient Needs** are those clinical aspects of care best identified by healthcare professionals. Attending physicians take a leadership role in defining these needs. Other physicians, nurses, technicians, allied health professionals, and others involved in helping those who deliver care all have much expertise to contribute towards identifying and meeting the needs of the patient. Therefore the patient has the right to expect that these needs will be met in an atmosphere which supports quality, interdisciplinary respect, and professionalism.

**Available Resources** are the facilities, equipment, supplies, and people that improve the health of the patient. Resources are limited in quantity thus we believe that the use of resources must respect the long-term viability and priority goals of the organisation.

## **SECTION 1**

### **POLICY**

#### **PURPOSE**

1. The purpose of this policy is to **OUTLINE** the procedures to be observed and the medical benefits to which members of the Force and authorised users are entitled.

#### **TASKS**

2. The medical staff is responsible for the following:
- a. The promotion and maintenance of health and the prevention of disease.
  - b. The care and treatment of the sick and wounded.
  - c. Advising unit commanders on health, hygiene and first aid matters.
  - d. Training personnel for the delivery of quality health care.
  - e. Evaluating and assisting in the collection and evacuation of casualties
  - f. Planning, coordinating and executing medical support for all Operations and medical outreach activities.

#### **RESPONSIBILITIES**

3. a. **Chief of Staff** - is responsible for the overall approval and sanctioning of the medical policy.
- b. **Public Health /Environmental Officer**
- (1) Ensures all Units and Department comply with the Force's Medical policy.
  - (2) Advises the FMO on public health matters and their impact on the Force.
  - (3) Assists in the development and implementation of a Health Promotion Program which defines health education initiatives for all members of the GDF, their families and immediate communities.
  - (4) Provides up-to-date clinical and epidemiological reports to the FMO on disease trends, more importantly communicable diseases.

- (5) Maintains a sanitary, pest and hazard free environment on all locations and Bases.
- (6) Conducts safety audits on all kitchens and related storage facilities.
- (7) Ensures all food handlers are certified in accordance with national regulations.

c. **Force Medical Officer**

- (1) The Force Medical Officer is the authority on all medical matters. He is also the technical advisor to the Chief of Staff on all matters of health and hygiene pertaining to the Guyana Defence Force.
- (2) He is responsible for the assigning medical responsibilities to the staff.
- (3) Certifies medical and physical examinations for all new and current members of the Force.
- (4) Provides health care for all members of the Force and coordinates any special care, if required.
- (5) Assists the Officer Commanding in the development of health education materials for use in the GDF.
- (6) Ensures confidentiality of all medical records according to the Medical Policy.
- (7) Notifies and advises Unit Commanders about their subordinates' health status if necessary.
- (8) Provides up-to-date clinical and epidemiological reports to the **COS** on disease trends, more importantly communicable diseases.
- (9) Ensures that the Medical Policies and related programmes are implemented, and are consistent with the Ministry of Health policies.

d. **Occupational Health and Safety Officer**

- (1) Prepares and executes programmes which seek to promote and maintain healthy work environmental practices and implementation of programmes for the safety in the workplace.

e. **Officer Commanding Medical Corps**

- (1) Liaises with Col AQ, SO1 G1 on matters relating to the general administration of the unit
- (2) Coordinates the smooth and efficient functioning of all medical services.
- (3) Ensures that the Force's Medical Facilities continue to satisfy the conditions for functioning as specified in the Health Facilities Licensing Act 2007.
- (4) Ensures that all medical staff are certified and trained to effectively execute their duties.
- (5) Liaises through the Office of the COS with external agencies on matters relating to training and resources.
- (6) Arranges, by indent, for the replacement of all unserviceable equipment and stores and at the end of each quarter, carries out a check of all stores on charge at the Medical Centres.
- (7) Is responsible for instituting charges against anyone causing loss of any stores, or damage to any stores, equipment or building.

f. **Force Dental Officer**

- (1) The Force Dental Officer will be the authority on all dental matters.
- (2) He is the technical advisor to the Chief of Staff on all matters pertaining to the dental health of the Force.
- (3) Advises the Force Medical Officer on all administrative matters concerning the provision of dental services.
- (4) He will be responsible for assignment of dental tasks to all dental staff at the Dental Centre.

g. **Medical Officers**

- (1) Medical officers will be directly responsible to the Force Medical Officer. They are to be assigned medical responsibility for the various Medical Centres of the Force by the Force Medical Officer.
- (2) They will advise the respective Commanding Officers on all matters of prevention of sickness and the maintenance of health of personnel under their command.

(3) They are to keep the Commanding Officers informed on all relevant requirements and changes on medical matters.

(4) Medical officers are to attend morning and afternoon sick parades at the GDF Medical Centres as detailed and are to examine all personnel who report sick.

h. **Dental Officers**

(1) Dental officers will, in conjunction with and under the direction of the Force Dental Officer, conduct morning sick parades as detailed for all entitled personnel reporting sick and carry out daily treatment by appointment.

i. Medical and dental officers are to acquaint themselves with all instructions concerning medical and dental documentation and statistical returns and are to personally assure themselves of the accuracy of the records they sign.

j. The Force Medical Officer and the Force Dental Officer will, in addition, be responsible for the medical and dental equipment assigned to their respective areas and will render reports to the Officer Commanding Medical Corps as to the completeness and serviceability of the equipment as and when required.

## **Section 2**

### **FACILITIES**

4. Ambulatorial and First Aid medical services are provided through this policy at all GDF locations. However persons requiring more in depth medical management will be referred to the higher centres which are Medical Centre, Base Camp Stephenson and Medical Centre, Base Camp Ayanganna: Locations where these medical services are available are:

- a. Medical Centre, Base Camp Ayanganna: Ambulatorial, First Aid and inpatient capability.
- b. Medical Centre, Base Camp Stephenson: Ambulatorial, First Aid and inpatient capability.
- c. Medical Centre, Guyana Coast Guard Ship Hinds: Ambulatorial and First Aid.
- d. Medical Centre, Base Agri Corps: Ambulatorial and First Aid.
- e. Medical Centre Base Seweyo: Ambulatorial and First Aid.
- f. Medical Centre Base CJCMS: Ambulatorial and First Aid.
- g. Medical Centre Base Makouria: Ambulatorial and First Aid.
- h. Medical Centre on Locations: Ambulatorial and First Aid.
- i. Dental Clinic, Base Camp Ayanganna: See Annex B.



## **HEALTH CARE SERVICES**

5. Services offered by the Medical Corps include the following.
  - a. Out-patient clinic
  - b. In-patient facility
  - c. Dentistry
  - d. Medical laboratory
  - e. Pharmacy
  - f. Minor surgery – Medical and Dental
  - g. VCT service
  - h. Physiotherapy
  - i. Environmental Health Services
  - j. Occupational safety and health services
  - k. Public health Services
  
6. Our facility (at Base Camp Ayanganna) can be termed a hospital, since we provide on a daily basis, a full medical laboratory diagnostic service, a pharmacy service and in-patient and out-patient care as well as minor surgery and dental services.
  
7. Our delivery of quality services to our clients is based on clearly defined objectives, developed by members of our organisation, which keeps us focused and connected to achieve our goal. We continuously strive to deliver a service which at a minimum must be:
  - a. Safe
  - b. Effective
  - c. Patient-centered
  - d. Timely
  - e. Efficient and
  - f. Equitable

## **MEDICAL PRIVACY**

8. The medical history of members of the Force and entitled family members is to be treated as confidential and so medical documents are to be treated accordingly. No individual is allowed access to his/her medical documents and whenever they are to be delivered by hand they are to be placed in a sealed envelope.
  
9. Medical envelopes and enclosures therein are to be kept secured. Medical documents should only be conveyed under sealed covers carrying the special privacy marking of “Medical in Confidence”.
  
10. Medical information on all members of the Force and their authorised family members must only be accessed by the FMO or authorised medical personnel.

## **ELEGIBILITY**

11. The following categories of personnel are permitted to utilise the services offered by Medical Corps:
- a. Serving Officers, Warrant Officers, Other Ranks, spouses and children up to age 18 years.
  - b. Permanent Civilian staff, spouses and children up to age 18 years.
  - c. Casual Civilian Staff
  - d. Retired Chiefs of Staff.
  - e. Retired Officers, Warrant Officers and Ranks

## **ENTITLEMENT TO CARE**

12. **The under-mentioned specifies the level of care to which each category is entitled:**
- a. **Serving Officers, Warrant Officers, Other Ranks and authorised family members** - Primary and secondary health care within the GDF and referrals to Public and Private institutions. The above mentioned family members of military personnel are entitled to paid external medical services through the Medical Insurance Scheme.
  - b. **Permanent Civilian staff and authorised family members** - Primary and **limited** secondary health care offered within the GDF. The above mentioned family members of this category are not entitled to paid external medical services.
  - c. **Casual Civilian Staff** – **Primary health care, outpatient services.**

**This category of staff** is entitled to utilise the medical facilities available to the Force. However, while they will be able to receive treatment, it will be restricted to immediate first aid and return to work; or evacuation to the a Georgetown Public Hospital Corporation under the following circumstance:

- a. Following an accident whilst on duty.
- b. Taking ill during working hours.

NB: The extent of treatment given will be at the discretion of the medical officer or medical assistant at the medical centre. A record will be kept of all casualties treated, showing the cause of injury/sickness, the treatment given and the result (including referral to a GPHC).

Casuals may be taken to and from the GDF Medical Centre to GPHC by military transport.

- d. **Retired Chiefs of Staff** - Primary and limited secondary health care.
- e. **Retired Officers, Warrant Officers and Ranks** - Primary health care and outpatient services.

These categories can access the levels of care as specified in Annex B (procedures).

**NB: External medical services not included in the above can be obtained through Medical Insurance.**

### **Section 3**

#### **BENEFICIARIES OF MEDICAL AND DENTAL CARE**

13. Active members - All active members of the Guyana Defence Force and their immediate families (wife/husband and children if married and parents or siblings if single) are eligible for primary medical care and limited secondary care. This includes public health, health education, consultation, doctor's physical examinations, physiotherapy treatment, dental examinations, restorations, cleaning, extractions, root canal and dental x-rays; minor dental surgeries; ECG, laboratory tests and prescription and non prescription medication available at the Medical Corps. Immediate relatives of these active members (spouse and two dependants) can also benefit from medical, laboratory and dental service offered through the medical insurance scheme.

14. Permanent Civilians - Civilian employees and their immediate families are entitled to primary and limited secondary medical care which includes in and out-patient services, pharmacy services with drugs available at the medical centre, dental checks, extractions, restoration and laboratory services. Immediate relatives of these civilians (spouse and two dependants) can also benefit from medical, laboratory and dental service offered through the medical insurance scheme.

15. Casual civilians - Primary health care, outpatient services

16. Veterans - Primary health care, outpatient services

17. Retired Chiefs of Staff - Primary and limited secondary health care.

18. In the event of prolonged hospitalization and/or injury the member of the GDF is to pay 70% of the full cost which is to be recouped from the National Insurance Scheme and the GDF medical insurance will pay 30% of the full cost.

#### **DEFINITION OF CHILDREN**

19. For the purpose of medical and dental treatment the definition of children is:

- a. The offspring of a serving member and his wife from the date of birth of such offspring until they attain the age of 18 years.
- b. Children adopted, by virtue of a competent court order, by the serving member and/or his wife during their marriage, from the date of such adoption until the child attains the age of 18 years.
- c. Children as defined above, who were being brought up in the household of the serving member before he/she became separated from his wife by estrangement, divorce or death.
- d. Children adopted, by virtue of a competent court order, by the soldier and/or his wife during their marriage, from the date of such adoption until the child attains the age of 18 year.

### **AUTHORITY: MEDICAL MATTERS**

20. All medical matters must be channelled through the Unit/Departmental Heads for approval by the Branch Heads and actions by the FMO. The Guyana Defence Force will not honour any request for medical refunds not recommended by the FMO.

### **LEVELS OF CARE**

21. The following describes the levels of care offered at GDF Medical Corps:

- a. **Primary Health Care** - These initiatives when executed are meant to promote general health and well being and prevent diseases.
  - (1) Screening for all types of diseases within the diagnostic scope of the facility.
  - (2) Health education
  - (3) Psychosocial Counselling
  - (4) Disease prevention (explain)
  - (5) Immunization
  - (6) Primary Dental Care (see Annex B)
  - (7) VCT services
- b. **Limited Secondary Health Care** – These initiatives seek to identify and restrict the progress or aggravation of the disease and limit the damage or incapacity caused by diseases.

- (1) Ambulatory service - Consultation, physical examination, Laboratory and radiologic investigations, provision of medication.
- (2) Inpatient - Admission to the wards for management of the medical condition.
- (3) Referral service to authorized Public and Private Medical Institutions as outlined by entitlement.
- (4) Minor Surgery
- (5) Physiotherapy
- (6) Secondary Dental Care (see Annex B)
- (7) Ambulance service

c. **Tertiary Health Care** - These procedures seek to restore the functional and aesthetic aspects that were lost due to disease injury or other factors. These initiatives are not executed by the GDF, they are done through referrals by the FMO to either private or public institutions and the cost is covered by the individual or Medical Insurance.

## SECTION 4

### **MEDICAL EXAMINATION FOR EMPLOYMENT**

22. Potential Officer Cadets, Recruits and Civilians enlisting in the GDF are required to present a current stool test result and chest X-ray report on the day of their medical examination (from an authorised medical institution) which consist of:

- a. Physical Examination.
  - (1) Eye examination.
  - (2) Ear, nose and throat examinations.
  - (3) Genital examination.
  - (4) Dental examination.
  - (5) Abdominal examination for females.
  - (6) Mammary examination for females.
  - (7) Examination of the Heart, lungs and limbs.
- b. Laboratory testing.
  - (1) Blood group and RH factor.
  - (2) CBC differential.

- (3) Syphilis (VDRL).
- (4) Human Immune Deficiency Virus (HIV)
- (5) Hepatitis B & C.
- (6) Narcotic Test.
- (7) Urine analysis.
- (8) HCG (for females).
- (9) Mantoux test

c. Potential employees who are to be enlisted in the GDF are required to complete their medicals at least two (2) weeks prior to enlistment.

### **OVERSEAS MEDICAL EXAMINATIONS**

23. All Officers, other ranks and civilians in the GDF who are to travel overseas for training/attachment for more than six (6) weeks must undergo a medical examination and tests as outlined below.

NB: All tests and examinations must be done in accordance with the requirements of the host Country and if female a *HCG blood test*.

#### **a. United States of America:**

- (1) CBC Differential
- (2) VDRL
- (3) HIV
- (4) Hepatitis B & C
- (5) Blood Group RH factor
- (6) Urinalysis
- (7) Eye and ear test
- (8) Malaria smear
- (9) Dental Examination
- (10) Physical examination

#### **b. Brazil**

- (1) CBC Differential
- (2) HIV
- (3) VDRL
- (4) Hepatitis B & C
- (5) Urinalysis

- (6) Eye and ear test
- (7) Malaria smear
- (8) Dental Examination
- (9) Chest X-ray
- (10) ECG
- (11) Physical examination

**c. China**

- (1) CBC
- (2) VDRL
- (3) HIV
- (4) Hepatitis B&C
- (5) Urinalysis
- (6) Chest X-ray
- (7) Physical Examination
- (8) Dental Examination

24. All members of the GDF who are travelling for less than six (6) weeks are not required to do a medical prior to departure.

25. In special circumstances persons returning from overseas may be required to undergo medical evaluation in situations where there was a known or suspected health risk condition or outbreak.

26. All persons travelling overseas must have the following vaccines administered at least ten (10) days prior to their departure if needed:

- a. Diphtheria and Tetanus
- b. Hepatitis B
- c. Mumps, Measles and Rubella

## **INTERIOR DEPLOYMENT MEDICAL EXAMINATION**

27. All Ranks must undergo the following medical examinations for pre and post deployment to Interior and Coastal Locations.

<b>Ser</b>	<b>Pre-deployment</b>	<b>Post- deployment</b>
<b>(a)</b>	<b>(b)</b>	<b>(c)</b>
01	Physical examination	Malaria Test (if required)
02	Dental Examination	VDRL (depending on location)
03	-	Drug test (If necessary)

## **MEDICAL EXAMINATION OF SPORTS MEN/WOMEN**

28. Medical officers are to examine sports men and women referred to them by OC Sports Department or military coaches when requested to do so.

## **MEDICAL EXAMINATION OF SUS**

29. Medical officers are to examine soldiers committed to military prison on entry and discharge.

## **MEDICALS**

30. Medical examinations will be conducted for all Officers, Warrant Officers and Senior Non Commission Officers biennially to determine their health status and identify early any undiagnosed medical conditions that may influence negatively the individual's well being. This will also serve to determine the Force's general readiness for deployment. The following will be done.

- a. Chest X-Ray.
- b. Drug test.
- c. VDRL.
- d. Hepatitis B.
- e. Hepatitis C.
- f. Fasting blood sugar.
- g. Lipid profile.
- h. Urinalysis.
- i. Complete Blood Count.
- j. Malaria smear (for person deployed the interior).



- k. Kidney Function test.
- l. Liver Function Test
- m. Mantoux test
- n. PAP Smear
- o. General physical examination
- p. Eye and ear test
- q. Mammogram/ Ultrasound of the breast
- r. Dental examination

31. Male and female Officers and ranks over forty (40) years old are to complete the following as part of their medical:

- a. ECG (male and female)
- b. PSA (males)

### **BODY MASS INDEX**

32. This is a requirement for continued service/promotion. Every Officer and soldier must be determined as healthy by the FMO in order to continue serving in his or her appointment.

33. Failure to meet the Force's medical standard in this regard will imply a special regimen to achieve recommended body weight compatible with the desired BMI.

34. While the BMI will guide the Acceptable Personal Appearance, consideration must be given to athletes who by nature of their activities do not fit into the common BMI scale structure.

### **MEDICALS FOR CIVILIANS AND RESERVISTS**

35. All Civilians and Reservists will stand the cost for examinations that are not conducted by the GDF medical laboratory.

### **MEDICAL STANDARDS**

36. The Government of Guyana through the Ministry of Health has enacted specific minimum standards for the operation of health care facilities in Guyana. These regulations are found in the Health Facilities Licensing Act 2007. Country standards must be met in order to obtain and keep a license to operate the facility. Laboratory standards are also imposed on those facilities that operate a medical laboratory. The

Guyana National Bureau of Standards regulates the laboratory facilities and the MOH Department of Standards and Services inspects facilities annually to ensure compliance with the Health Facilities Act.

37. The Guyana Defence Force Medical Corps offers to the community in immediate proximity of its locations, limited primary and secondary health care service which includes the following:

- a) Ambulatory care
- b) Pharmacy service
- c) Ambulance service
- d) VCT
- e) Limited secondary dental services

### **PRIVATE CONSULTATION AND TREATMENT**

38. If a serving member has consulted a civilian specialist or medical practitioner privately on his own initiative and has been recommended to receive special treatment, the GDF medical officer is not required to carry out or to continue such treatment unless he is otherwise advised.

### **PRIVATE MEDICAL TREATMENT**

39. Servicemen may, if they wish, arrange for private treatment at their own expense provided that they have been granted special leave for this purpose by their Commanding Officer and that full-time medical attendance or hospital treatment is required. Such treatment must be obtained under a qualified, registered medical practitioner. The case must be certified by the Force Medical Officer and approved by his/her unit commander.

### **TREATMENT BY UNQUALIFIED PRACTITIONERS**

40. Persons eligible for medical attendance who knowingly consult or obtain treatment from an unqualified practitioner must understand that they do so at their own risk and expense and that any accident untoward sequelae that may result from such treatment may deprive them of any claim to gratuity or disability benefits.

## SECTION 5

### MEDICAL INSURANCE

41. A Medical Insurance policy will be established between North American Life Insurance Company (NALICO) and the GDF. This scheme is meant to supplement the limited care offered by the GDF and the National Insurance Scheme, it will not replace NIS but will enhance the level of medical care given to the members of the Force and their dependants. The two insurance schemes viz NIS and NALICO are meant to compliment each other to guarantee not more than a hundred percent (100%) refund of medical expenses. This means that the same receipt cannot be produced to both agencies for payment of the same value.

The contract will be a continuous one and there will be three levels of coverage offered based on a rank system with medical benefits for up to three dependants. The Guyana Defence Force will pay fifty percent (50%) of the premiums at each level and the Officer, Warrant Officer, Other Rank or Civilian will pay the remaining fifty percent (50%). The categories of medical that this scheme covers, is as follows:

- a. Basic Medical – Hospitalisation, outpatient, maternity benefits, doctors, visit, specialist consultation, X-ray and laboratory benefits, physiotherapy and prescription drugs.
- b. Major medical - Surgeries
- c. Vision Care – Spectacles, eye test
- d. Dental Care

NB: Please see Annex C for a summary.

42. **Premium** - The amount payable by the GDF to the health plan each month is based on the under-mentioned levels:

Ser	Level	Category	Premium	Coverage for the individual	Dependants	Remarks
(a)	(b)	(c)	(d)	(e)	(f)	(g)
01	1	PTE - CPL	\$2,223	\$2,000,000	3	
02	2	SGT - SSGT	\$2,664	\$4,000,000	3	
03	3	2Lt - Cdre	\$3,069	\$6,000,000	3	

**Please note that the individual coverage at the different levels is for the soldier/civilian. In the event that the soldier/civilian dies this amount will be payable to his/her dependants.**

43. **Deductible** - The amount that the insured must pay out-of-pocket before the health insurer pays its share. For example, a policy-holder might have to pay a \$1000 deductible per year, before any of their health care is covered by the health insurer. It may take several doctor's visits or prescription refills before the insured person reaches the deductible and the insurance company starts to pay for care.

44. **Exclusions** – Cases falling under the under-mentioned categories will not be entitled to receive benefits:

- a. Self-inflicted injury
- b. Injuries or illness resulting from war.
- c. Cosmetic Surgeries
- d. Disability prior to coverage
- e. Psychiatric disorders

### **MEDICAL CARE BENEFITS NATIONAL INSURANCE SCHEME**

45. Members of the Guyana Defence Force must make one (1) year's contribution to the NIS to be eligible for medical care benefits.

### **SPECTACLES**

46. As a part of the medical services available to military and permanent civilian staff the FMO will recommend testing eyes and refer spectacles where required.

It is the responsibility of all persons who have been issued with glasses to care them. Defence Headquarters, on the advice from the Force Medical Officer, will set a ceiling on the maximum that should be spent on a pair of glasses for personnel .

47. Where spectacles have been damaged or lost or in need of repairs or replacement, the following actions are to be taken by the individuals concerned:

- a. A written statement surrounding the circumstances under which the spectacles was damaged or lost.
- b. Submission of statement to his Commanding Officer.
- c. The Commanding Officer will investigate the matter and forward to Col AQ, copied to the Force Medical Officer, his findings, opinion and recommendation as to whether the spectacles should be replaced at the GDF's expense.
- d. The Defence Headquarters will be the approving authority for the repair or replacement of damaged or lost spectacles.

e. The Force Medical Officer continues to be the approving authority for the first time issue and the replacement of spectacles which are required to be changed after the expiry date because of ineffectiveness.

f. Tinted spectacles approved by the Force Medical Officer on the recommendation of an ophthalmologist, will be purchased by the GDF.

### **PROCEDURE FOR OBTAINING SPECTACLES**

48. An Officer, Other Rank or civilian who requires spectacles must be referred by the Force Medical Officer to an approval optician for an eye test. The medical prescription will be presented to the NIS Section, Finance Department for completion of the SB 6A form, which must be submitted to the National Insurance Scheme (NIS) for processing. The individual will then uplift a coupon to the value of ten thousand dollars **(\$10,000.00)** from the National Insurance Scheme for the optician and upon submission of a quotation for the difference to Medical Corps a both will be sent for approval, thereafter a cheque will be prepared for that amount in the name of the proprietor. No more than twenty thousand dollars **(\$20,000)** must be spent for a spectacle frame for soldiers and officers ranking from Private to Major and thirty thousand dollars **(\$30,000.00)** for Lieutenant Colonels and above. NB: no cost limit is being placed on the cost of lenses.

### **MATERNITY**

49. Any female employee, on discovery of pregnancy, must be seen by the FMO who advises on the date of confinement. After delivery the confinement certificate must be presented to NIS Section of the Finance Department for processing. An authorisation is then signed for submission to the NIS for part payment of the salary to be refunded to the GDF.

50. In the case of a caesarean section, the NIS will honour the medical expenses. The female employee may be entitled to twenty-six (26) weeks maternity leave. She must however, complete thirteen (13) weeks maternity leave and be examined by the FMO, who determines whether she should complete the full twenty-six (26) weeks leave. See pregnancy ANNEX E.

### **MEDICAL BENEFITS**

51. The NIS will pay a sickness benefit of up to seventy percent (70%) of a person's average monthly insurable income if he/she becomes ill for a period of more than three (3) days. The sickness benefit can be paid for up to twenty six (26) weeks. In the case where sickness lasts longer a person can apply for an invalidity benefit. To claim for sick benefit you must do the following:

- a. See a doctor and obtain a medical certificate
- b. Have the FMO's approval and submit same to GDF finance (NIS section) for the attachment of the employers form.

- c. Submit both documents to the closest NIS office on or before ten (10) working days of the date the medical certificate was issued.
- d. If you were hospitalized ensure it is stated on the medical certificate.

## **SECTION 6**

### **SPECIALIZED SECONDARY HEALTH CARE**

52. An Officer or OR who becomes injured while on active duty, must be examined by the Force Medical Officer. If, in the opinion of the Force Medical Officer, the Officer or other rank requires specialist treatment, he/she will be provided with Secondary Health Care. That is referral to a specialist identified by the Force Medical Officer or the Chief Medical Officer Ministry of Health.
53. If there is no local specialist to treat the complaint, the opinion of a reputable doctor overseas will be sought through Defence Headquarters by the Ministry of Health which would:
- a. Approach the hospital, embassy or high commission of the country to which the treatment is sought.
  - b. Advise on the level of assistance to be given.
54. Cases referred for specialist advice are injuries, especially those that threaten the life of the Officer or OR. Only if a specialist advises overseas treatment, is the GDF likely to support such requests. In such cases, as early as possible the case must be presented to the National Insurance Scheme for further assistance for treatment.
55. An Officer or OR who chooses to go overseas for treatment independent of any advice from a specialist, will be granted the necessary leave by the GDF to proceed for such treatment.
56. If the Officer or OR was injured on or off duty, he/she is to continue receiving full pay during treatment. If the medical treatment extends beyond six (6) months with no indication that the Officer or OR will be fit for further service, he/she will be placed before the Force Medical Board and if deemed unfit, will enjoy the benefits provided for in the Guyana Defence Force Pensions and Gratuities Regulations.

## **EXTERNAL HOSPITALISATION**

57. Where specialist treatment in hospital is required, the medical and dental officers are to determine which hospital (s) are to be used. This determination is to be guided by the following considerations:

- a. A Government hospital should be used in preference to the private hospitals;
- b. Where the conditions or facilities in the Government hospital are not satisfactory, an authorised private hospital should be used.
- c. At all times the interests of the patient should be given priority.

## **HOSPITAL VISITING**

58. Patients in hospitals are to be visited daily by the duty Medic and not less than once a week by a representative of his/her unit.

## **SPECIALIST DOCTORS**

59. The Force Medical Officer is to maintain an up-to-date list of registered specialist doctors in all the medical disciplines that are recognised and approved by the Ministry of Health. The list is also to include opticians, dentists, psychiatrists and physiotherapists; details of the rates charged by these specialist doctors should, where available, be noted.

Where the medical and dental officers feel it is necessary to obtain the advice of a specialist, they may refer the patient to any of the approved specialists.

## **SECTION 7**

### **MEDICAL BOARD**

60. A medical board is the association of two or more medical officers called upon by an appropriate authority to render a joint report on the medical condition of an individual.

#### **Composition of Medical Boards**

- a. **Medical Board**
  - (1) President - Force Medical Officer.
  - (2) One serving medical officer or one civilian practitioner (preferably one employed by the GDF).
  - (3) Staff Officer One General One.

(4) Force Welfare Officer.

d. **Special Medical Boards**

(1) President - Force Medical Officer.

(2) Consultant.

(3) One serving medical officer or one civilian practitioner (preferably one employed by the GDF).

(4) Staff Officer one General One.

(5) Force Welfare Officer.

**Note: A medical officer or other relevant persons may be called by the board.**

**MEDICAL BOARD PROCEDURES**

61. The following steps must be taken to convene a medical board:

a. A Convening order is to be prepared in the normal way indicating:

(1) Type of medical board;

(2) Regimental number, rank, unit and name of the individual to be examined;

(3) Appointment and nature of job;

(4) Reason for medical board;

(5) Any special considerations, points, observations or questions to be answered.

62. Where a medical board finds the rank unfit for further military service, the President is to:

a. Inform the rank on the findings and recommendations of the Board.



b. Submit a copy of the signed manuscript of the record of proceedings of the Medical Board to OC Medical Corps and two (2) typed copies are to be produced and distributed as follows:

- (1) Manuscript and one typed copy to the SO1G1 Defence Headquarters for perusal.
- (2) One typed copy to be retained for the Medical records at Med Corps.

### **SPECIAL MEDICAL BOARD**

63. A special Medical Board will be convened if:

- a. A Medical Board has sat and the findings are challenged or where there is a differing of opinion amongst the members which cannot be resolved other than by another board or in situations where the opinion of a specialist is essential.
- b. Determined by a competent authority.

### **RESPONSIBILITY FOR MILITARY PERSONNEL IN HOSPITAL**

64. Once a member of the Force is confined to hospital, he/she must be visited by representatives of his/her own unit, the Medical Corps, Welfare Department, Orderly and Duty Officers of Base Camp Ayanganna. The Orderly Officer must submit a written report to the Base Commander during his/her handing over of duties.

65. In particular, the Medical Corps is to be responsible for satisfying the legitimate personal and other needs of the patient for special items of diet as specified by the hospital which may not be available there; for special medicines or accessories, for the possible provision of other items (such as pajamas, mattress, mosquito net, sheets or pillows) and for magazines or newspaper.

66. Depending on the soldier's condition, and location of home after being discharged, an ambulance or a vehicle will provided to transport him/her to the Medical Centre or home.

67. The Duty Medic is to check with the Duty Nurse monitoring the patient for updates on his/her condition and recovery and report the findings to the FMO.

## **SECTION 8**

### **CONFIDENTIALITY: PATIENT RECORDS**

68. The medical documents of every patient are to be made available to the medical officer on his morning rounds so that he may readily refer to them. Care is to be taken to ensure that no unauthorised person has access to medical documents.

### **DISCLOSURE TO PATIENTS**

69. If a patient asks to be informed of his diagnosis this may be explained by the medical officer in charge of the case; ordinary terms should be used. Due professional discretion should be exercised to ensure that no untoward effect or undesirable impression is created.

### **DISCIPLINARY ACTION**

70. All patients in the care of a GDF Medical facility must obey instructions given by authorised medical staff. For the purpose of discipline the Officer Commanding the Medical Corps is the Officer Commanding of all in-patients.

### **COMPLAINTS BY PATIENTS**

71. Complaints made by patients are to be investigated and handled expeditiously by HQ Medical Corps.

### **PATIENTS UNDER CLOSE ARREST**

72. Patients in close arrest are to arrive under escort. Escorts are to be provided by the unit in which the patient is serving, or under arrangement made by the Defence Headquarters. The patient is to be sent to a ward in the usual manner, but the escort is to accompany him, the unit providing the escort being informed. The escort is to remain with the patient until relieved under local arrangements.

*Note: In suitable cases, representations should be made for patients to be released from arrest while they are in-patients, without prejudice to subsequent re-arrest.*

### **PATIENT PASS**

73. The procedure detailed is to be followed:

- a. The Force Medical Officer may, at his discretion, grant permission to a patient to be absent from the sick bay in the following circumstances:

- (1) In special cases of infection by a communicable disease.
- (2) In cases where he is of the opinion that it will benefit the patient's health.

### **DISCHARGE OF PATIENT**

74. Before a patient is discharged from the sick bay or barracks he is to be questioned and examined to ensure that he is fit for discharge; the medical officer is to examine all patients before they can be approved for discharge.

### **SICK LEAVE**

75. All sick leave obtained from medical institutions/doctor's offices outside of the GDF must be presented to the FMO within two (2) days in person, unless the patient is hospitalised, bedridden or was advised not to travel due to the type of illness.

76. Sick leave presented to the FMO outside of this period will not be accepted. Persons presenting sick leave are required to subject themselves for further examinations as seen fit by the FMO.

77. All employees of the GDF are entitled only to twenty eight (28) days sick leave annually, however any Rank which exceeds the stipulated amount of sick leave and still has annual leave may have the additional sick leave being deducted from their annual leave.

78. All sick leave that is issued by the relevant and competent medical personnel (all Medical Officers and Grade Two and One Medics) and approved by the Unit and Department Commander must be submitted for publication.

79. Any member of the Force on a continuous sick leave or exemption may be placed before the Medical Board for continued service.

### **SICK REPORTING PROCEDURES**

80. a. **Soldier/Civilian Employees** - Soldiers wishing to consult a medical officer are to inform their unit/sub unit orderly non commissioned officer who is to enter their names on a sick report or daily sick book and then instruct them to proceed to the unit medical centre/post or GDF Medical Centre (or arrange for their conveyance) under unit arrangements at the specified time. The sick report or daily sick book is to accompany the soldiers to the medical centre. Exceptions will include in cases of emergencies such as accidents, falls, electrocution, gunshot wound/s, fractures, soft tissue injuries and loss of limbs.

- b. Officers are to call the Medical Centre and make an appointment to see a medical or dental officer.
- c. Soldiers reporting themselves sick and attending sick parades are to be dressed, as far as their disability allows, in authorised uniform, boots/shoes and headgear.
- d. Medical and dental officers will make an entry in an attendance and treatment card for each patient. They will return one copy of the sick report, when completed, to the soldier's Officer Commanding, retaining the duplicate for record purposes.

### **SICK REPORT FOR NON-EMPLOYEES**

81. All members of the Force that are desirous in having their relatives (wife and children if married and parents and siblings if single), or civilians from surrounding communities seen by a medical officer, must complete a sick report form with the person's name affixed and approved by his/her Unit Commander, CSM or any Rank, not below that of a SGT, before they can be seen by any Medical Officer or Medic. In the case of a civilian from the community he/she must complete a sick report form at reception. These procedures must be followed **except** in cases of emergencies such as accidents, falls, electrocution, gun shot wound, fractures, soft tissue injuries and loss of limbs.

### **RANDOM DRUG TESTING**

82. This will be conducted as required. Ten (10) percent of all the Units will be tested. Each Unit/Sub Unit and Dept is required to have available their current nominal roll. That will be used as the basis for the RDT. The names of Officers or Soldiers, selected for RDT but who are absent, will be recorded and tested subsequently.

## **SECTION 9**

### **QUALITY OF LIFE STANDARDS**

83. **INSPECTION OF ACCOMMODATION** - The Public Health Officer and a representative from the Base HQ will inspect the Camp and Other Ranks accommodation once monthly.

84. **VENTILATION AND LIGHTING** - The Public Health Officer (PHO) and a representative from the Base HQ will satisfy themselves that every barrack room, guard room, detention room or other accommodation occupied by troops is suitably lighted and provided with sufficient means of ventilation.

Additionally, they are to ensure that, kitchens, lavatories and sanitary accommodation are suitably ventilated and lit and that the walls and ceilings of barracks, quarters or other accommodations are clean and in satisfactory condition.

85. **BARRACKS ACCOMMODATIONS** - The PHO and team will satisfy themselves that there is no overcrowding in barracks or other accommodation occupied by troops.

86. **WATER SUPPLIES** - The PHO and team will satisfy themselves that the supply of water is adequate in quantity both for ablution and drinking purposes and that the drinking water has received the necessary treatment before issue.

87. **FOOD AND COOKING** - The PHO and team will periodically inspect the ration stores and kitchen to see that articles of food and drink supplied to the troops are of good quality and that the cooking, variety and storage of food are satisfactory. Additionally, the Public Health Officer and team will satisfy themselves that:

- a. No one is employed in the preparation or handling of food unless he/she has been certified as being in good health and is capable of displaying a high standard of oral and personal hygiene.
- b. Individuals who are known to have a history of Hepatitis B and C are not employed in preparing and handling food.

88. **CLEANING AND DRINKING UTENSILS** – The Public Health Officer and team will, by frequent inspections, satisfy themselves that the method of sterilisation of drinking vessels and eating utensils in all mess halls and clubs are satisfactory and that adequate means are maintained in constant use to ensure that all crockery and cutlery are sterilized after use by each individual.

89. **INOCULATION AND VACCINATION** - Medical officers will be responsible for carrying out preventative inoculations and vaccinations of troops.

90. **INFECTIOUS DISEASE OR UNUSUAL OUTBREAK OF SICKNESS** - Medical officers are to report immediately to the Force Medical Officer, any occurrence of an unusual outbreak of sickness or infectious disease. When a case of infectious disease is reported in a Soldier's family living outside barracks, the medical officer is to interview him/her and take the necessary action to limit the spread of the disease.

### **HEALTHY LIFESTYLES**

91. This implies taking all the possible steps to promote general good health and well being and includes:

- a. Balanced diet – meals must comprise of small amounts of the (6) six food groups and observing healthy eating habits (chewing, eating at regular interval and consuming of low calorie food).
- b. Exercise – this must be conducted at least thrice weekly and includes running or walking for at least 2 (two) kilometers and at least 45 (forty five) minutes in the gym exercising (abdominal crunches, weight lifting, push ups, sit ups).

- c. Stress control, healthy working habits and relaxation is important for all Ranks.
- d. Rest – Ranks must have at least 8 (eight) hours of sleep nightly and social interaction with a formal organization or team/club when not on duty.
- e. The reduction/elimination - of cigarettes, alcohol and other addictions and other commonly accepted and recommended practices.

## **BLOOD DONATION AND GROUPING**

92. Members of the Guyana Defence Force are to be encouraged to become blood donors. The documenting of the blood group of all members of the Guyana Defence Force is compulsory and to be maintained by Medical Corps.

93. Laboratory staffers are responsible for ascertaining the blood groups of persons when they are being medically tested for enlistment in the Guyana Defence Force.

## **DISASTER PREPAREDNESS**

94. The GDF may be called upon at any time to provide medical assistance to civilian authorities. The OC Medical Corps is to consider this possible contingency as part of the unit's medical planning.

## **SECTION 10**

### **HIV/AIDS POLICY**

95. **Objectives** - The purpose of this Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) Policy is to:

- a. Establish consistency with local laws with regards to HIV/AIDS at the workplace;
- b. Set standards of expected behaviour for the members of the Guyana Defence Force;
- c. Provide a guide for soldiers on how to address HIV/AIDS and where to go for assistance;
- d. Provide a guide for identification, surveillance and prevention of HIV/AIDS;
- e. Combat discrimination and stigma;
- f. Engender respect for confidentiality and privacy;
- g. Affirm individual rights and dignity; and

h. Combat any gender discrimination.

96. **TESTING PROCEDURES** - HIV testing will be done on the following:

a. Applicants for entry into the Guyana Defence Force, regular and reserve. Testing will be done during the initial medical examination. Applicants who are confirmed HIV positive will not be enlisted or appointed into any component of the Guyana Defence Force; they will be referred to the National Treatment Centre for further evaluation and care.

b. Persons who are nominated to attend courses overseas and who are to be deployed overseas.

c. Persons who exhibit signs or symptoms compatible with or suggesting HIV infection, as recommended by the FMO.

d. Patients with sexually transmitted diseases.

e. All civilian employees of the Guyana Defence Force who request HIV testing.

f. All spouses of individuals who have tested positive for HIV or have a sexually transmitted disease (STD), with their consent.

97. **COUNSELLING** - All persons tested HIV positive will receive post test counseling at the time of notification by the HIV Counselor/Tester. This counselling will include:

a. The interpretation of laboratory test results;

b. Information on the disease;

c. The routes of infection;

d. Risk of re-infection

e. Information on nutrition

f. Advice to inform their sex partners of their HIV status.

g. Referral to the National Treatment Centre or St Joseph Mercy Hospital for treatment and counseling.

98. **CONFIDENTIALITY** - All information relating to HIV positive soldiers is considered **CONFIDENTIAL** and disclosure by any person not authorized to do so will result in disciplinary action.

99. **MEDICAL RESPONSIBILITIES** - The Force Medical Officer will ensure the implementation of and will monitor this policy. An individual shall only be diagnosed HIV positive when positive results have been obtained and the enzyme linked immuno- sorbent assay (ELISA) screening test and confirmatory test (eg, western blot) have been done. The Force Medical Officer will do the following:

- a. Provide primary care for all HIV positive individuals. Prescriptions will be processed in a manner to ensure confidentiality;
- b. Schedule a medical board to determine the individual's fitness for military duty.
- c. Ensure that the procedures outlined in the Universal Precautions and Post Exposure Prophylaxis (PEP) are followed as outlined by the Ministry of Health;
- d. Inform the Chief of Staff of the incidence and the prevalence of HIV/AIDS in the Guyana Defence Force.

### **PERSONNEL POLICIES**

100. Individuals who are confirmed HIV positive will be treated with dignity and understanding. Every effort will be made to ensure appropriate confidentiality of treatment and disposition of personnel confirmed as HIV positive.

101. Members of the Guyana Defence Force identified as HIV positive will execute tasks that demand less strenuous physical activity area of the Force on advice by the FMO.

102. Members of the Guyana Defence Force identified as HIV positive will not be deployed overseas nor will they attend any course overseas. They may attend short courses locally, provided these do not entail a service liability greater than one year.

103. HIV positive individuals will be entitled to health services in the normal way. All reasonable efforts will be made to maintain their good health.

104. HIV positive persons who demonstrate progressive clinical illness or immunological deficiency as determined by medical authorities may not meet medical standards for retention in the Force and will be evaluated by a Medical Board. Such individuals, if discharged on medical grounds, may be recommended for a disability benefit.

### **CONCEALMENT OF MEDICAL HISTORY ON ENLISTMENT**

105. When there is good reason to suppose that a history of a condition from which a soldier suffers was concealed by him at the time of enlistment, this is to be recorded in the appropriate medical documents and at the start of the proceedings of any Medical Board which may be held.



## **SECTION 11**

### **CONCLUSION**

106. The implementation of this policy will conform to the Guyana Defence Force's normal health, administrative and disciplinary procedures. Quality of life, quality health care and availability of services to all will guide our actions as we seek to promote a physically fit and healthy individual.

107. In order to execute the medical policy and programmes effectively, the GDF will undertake to explain the procedures and protocols to be exercised to all its Officers and Ranks. These initiatives seek to empower individuals, promote positive attitudes and behavioural practices, with a view to elevating the level of health consciousness within the individual, his colleagues, family and community.

108. This policy will be reviewed annually and revised as necessary, in consideration of the changing conditions and scientific advances in health, well being, and quality of life.

### **REFERENCES**

1. Shridath S Ramphal SC. et al National Insurance and Social Security Act. LAWS OF GUYANA 1973.
2. Health Facilities Act 2007
3. Occupational Safety and Health Act 1977
4. Guyana Defence Force Personnel Policy
5. Guyana Defence Force HIV Policy
6. National HIV Policy 2006

**TREATABLE CONDITIONS AT MEDICAL CENTRES BC(A) AND BC(S)**

1. Below are list of cases that were treated at HQ Medical Corps:

a. Gastro-Intestinal Disorder

- (1) Acute Gastritis
- (2) Peptic Ulcer Disease
- (3) Gasrto- esophageal reflux disease
- (4) Acute Diarrheal Disease
- (6) Abdominal Cramps / Colic
- (7) Hepatitis
- (8) Gall Bladder Disease
- (9) Biliary Disease

b. Renal Disorders

- (1) Acute Renal Colic
- (2) Urinary Tract Infection
- (3) Pyelonephritis
- (4) Paraphimosis
- (5) Phimosis
- (6) Hydrocoele

c. Skin Disorders

- (1) Cellulites
- (2) Fungal Skin Lesions
- (3) Fungal Nail Infections
- (4) Lacerations
- (5) Dermatitis
- (6) Allergies
- (7) Skin Infections
- (8) Gum Infections
- (9) Eye Infections
- (10) Scrotal Infections
- (11) Ear Infections
- (12) Compacted Wax Removal

**d. Cardiovascular Disorders**

- (1) Anaemia
- (2) Sickle Cell Crisis

**e. Problems that occur in Pregnancy**

- (1) Diabetes in Pregnancy
- (2) Urinary Tract Infection / vaginal discharge
- (3) Threatened Abortion

**f. Injuries**

- (1) Traumatic Lacerations / Abrasions / Contusions
- (2) Bones and Soft tissue injuries ( except those that require surgery)

**g. Basic Gynaecological Disorders**

- (1) Vaginal Infections
- (2) Uterine Infections
- (3) Urinary Infections
- (4) Sexually Transmitted Infection
- (5) Menstrual Problems
- (6) Oral and injectable contraception

**h. Conditions affecting the Respiratory System**

- (1) Respiratory Tract Infection ( Upper and Lower Tract)
- (2) Chronic Respiratory Disorders (Asthma, Chronic Bronchitis, Chronic Sinusitis)

**i. Chronic Disorder Disease**

- (1) Hypertensive Disease
- (2) Ischemic Heart Disease
- (3) Congestive Cardiac Failure
- (4) Diabetes Mellitus
- (5) Rheumatoid Arthritis (other arthritis disease)
- (6) Sleep Disorders
- (7) Anxiety / Depression

**LIST OF DENTAL PROCEDURES IN ACCORDANCE WITH LEVEL OF CARE**

**PRIMARY DENTAL HEALTH CARE**

1. These initiatives when executed are meant to prevent the common oral health diseases (dental caries, halitosis and gingivitis):
  - a. Orientation to Promote and Maintain Good Oral Health and Hygiene
  - b. Teaching and practice of the recommended brushing techniques
  - h. Plaque visualization test
  - d. Dental examination
  - e. Professional cleaning and prophylaxis
  - f. Topical application of fluoride
  - g. Application of sealant
  - h. Periodic/regular visit to the dentist

**These services can be utilized by serving officers, OR's, permanent civilian staff and their authorized family members**

**SECONDARY DENTAL HEALTH CARE**

2. These initiatives seek to restrict the progress/aggravation of the disease/situation and limit the damage caused to the structures related to the teeth and mouth.
  - a. Emergency attendance
  - b. Dental periapical and bitewing x-rays
  - c. Composite restorations
  - d. Amalgam restorations
  - e. Temporary restorations
  - f. Reconstruction of fractured tooth with such indication
  - g. Simple tooth extractions
  - h. Root extractions
  - i. Include/impacted tooth extraction

- j. Root canal treatment
- k. Minor Oral Surgeries
- l. Gingival surgey
- m. Abycess draining
- n. Removal of dental cyst
- o. Lingual frenectomy
- p. Labial frenectomy
- q. Apicectomy
- r. Artificial eye

NB: Limited secondary dental health care covers only item i) to item vi) in this section

### **TERTIARY DENTAL HEALTH CARE**

3. These initiatives are not executed at the GDF Dental Clinic and are executed by persons after referral by the Force Dental Officer at private institutions with the cost being covered by the individual. These procedures seek to restore the functional and aesthetic aspects that were lost due to disease/injury or other factors.

**a. Removable Prosthesis**

- (1) Partial plastic Removable Prosthesis/Dentures
- (2) Total plastic removable prosthesis

**b. Fixed Prosthesis**

- (1) Ceramic crown
- (2) Metalo ceramic crown
- (3) Metal free bridge
- (4) Metalo ceramic bridge
- (5) Adhesive prosthesis

**OBS: While there may be an indication/referral for orthodontic treatment/bracers, the cost of this treatment is the full responsibility of the individual or guardian.**

**SUMMARY OF MEDICAL INSURANCE**

## **PHYSIOTHERAPY POLICY**

### **GENERAL**

1. Physical therapy is medically necessary when this care is prescribed by a medical officer in order to significantly improve, develop or restore physical functions lost or impaired as a result of a disease, injury or surgical procedure.
2. Once therapeutic benefit has been achieved, or a home exercise program could be used for further gains, continuing supervised physical therapy is not considered medically necessary.
3. Physical therapy in asymptomatic persons or in persons without an identifiable clinical condition is considered not medically necessary.
4. Physical therapy in persons whose condition is neither regressing nor improving is considered not medically necessary.
5. The treatment goals and subsequent documentation of treatment results should specifically demonstrate that physical therapy services are contributing to such improvement.
6. Physical therapy treatment consists of a prescribed program to relieve symptoms, improve function and prevent further disability for individuals disabled by chronic or acute disease or injury. Treatment may include various forms of heat and cold, electrical stimulation, therapeutic exercises, ambulation training and training in functional activities.
7. Medically necessary physical therapy services must be restorative or for the purpose of designing and teaching maintenance program for the patient to carry out at home. The services must also relate to a written treatment plan and be of a level of complexity that requires the judgment, knowledge and skills of a physical therapist (or a medical doctor/doctor of osteopathy) to perform and/or supervise the services. The amount, frequency and duration of the physical therapy services must be reasonable; the services must be considered appropriate and needed for the treatment of the disabling condition and must not be palliative in nature.

8. Below is a description and medical necessity criteria for different treatment modalities and therapeutic procedures.

- a. Activities of Daily Living (ADL) Training - Training of severely impaired individuals in essential activities of daily living. Standard medical treatment may generally require up to 12 visits in 4 weeks.
- b. Aquatic Therapy/Hydrotherapy/Hubbard Tank - Develops and/or maintains muscle strength including range of motion by eliminating forces of gravity through total body immersion (except for head) - requires constant attention.
- c. Cognitive skills development - This procedure is considered medically necessary for persons with acquired cognitive defects resulting from head trauma, or acute neurologic events including cerebrovascular accidents. It is not appropriate for persons with chronic progressive brain conditions with no potential for restoration.
- d. Contrast Baths - Blood vessel stimulation with alternate hot and cold baths - constant attendance is needed. It is generally used as an adjunct to a therapeutic procedure. Standard treatment is 3-4 treatments per week for one month.
- e. Crutch/Cane Ambulation - Ambulation training and re-education with the use of assistive devices such as cane or crutches. Considered medically necessary for persons who meet medical necessity criteria for ambulatory assist devices.
- f. Electrical Stimulation - Electrical Stimulation for Pain.
- g. Gait Training - Teaching individuals with severe neurological or musculoskeletal disorders to ambulate in the face of their handicap or to ambulate with an assistive device. Gait training is considered medically necessary for training individuals whose walking abilities have been impaired by neurological, muscular or skeletal abnormalities or trauma. Gait training is not considered medically necessary when the individual's walking ability is not expected to improve.
- h. Hot/Cold Packs - Hot packs increase blood flow, relieve pain and increase movement; cold packs decrease blood flow to an area to reduce pain and swelling immediately after an injury. These are used in Contrast Therapy under supervision. Considered medically necessary as thermal modalities (hot or cold) for painful musculoskeletal conditions and for acute injuries.
- i. Kinetic Therapy - Use of dynamic activities to improve functional performance. Considered medically necessary when there are major impairments or disabilities which preclude the individual performing the activities and exercises that are ordinarily prescribed. In kinetic therapy, considerable time is spent developing specific, individualized therapeutic exercises and instructing the patient in how to perform them. The term kinetic therapy is not intended to apply to instructions in routine exercises.
- j. Massage Therapy - Massage involves manual techniques that include applying fixed or movable pressure, holding and/or causing movement of or to the body,



using primarily the hands. These techniques affect the musculoskeletal, circulatory-lymphatic, nervous, and other systems of the body with the intent of improving a person's well being or health. Massage therapy is not considered medically necessary for prolonged periods and should be limited to the initial or acute phase of an injury or illness (i.e., an initial 2-week period).

- k. Neuromuscular Reeducation - This therapeutic procedure is provided to improve balance, coordination, kinesthetic sense, posture, and proprioception to a person who has had muscle paralysis and is undergoing recovery or regeneration. Goal is to develop conscious control of individual muscles and awareness of position of extremities. Standard treatment is 12 to 18 visits within a 4-6 week period.
- l. Therapeutic activities - This procedure involves using functional activities (e.g., bending, lifting, carrying, reaching, pushing, pulling, stooping, catching and overhead activities) to improve functional performance in a progressive manner.
- m. Therapeutic Exercises - Instructing a person in exercises and directly supervising the exercises. Purpose is to develop and/or maintain muscle strength and flexibility including range of motion, stretching and postural drainage. Therapeutic exercise is considered medically necessary for loss or restriction of joint motion, strength, functional capacity or mobility which has resulted from disease or injury. Standard treatment is 12 to 18 visits within a 4-6 week period. Note: Exercising done subsequently by the member without a physician or therapist present and supervising would not be covered.
- n. Traction - Manual or mechanical pull on extremities or spine to relieve spasm and pain - supervised. Considered medically necessary for chronic back or neck pain. Standard treatment is to provide supervised mechanical traction up to four sessions per week.
- o. Ultrasound - Deep heat by high frequency sound waves to relieve pain, improve healing - constant attendance. This modality is considered medically necessary to treat arthritis, inflammation of periarticular structures, neuromas, and to soften adhesive scars. Standard treatment is 3-4 treatments per week for one month.

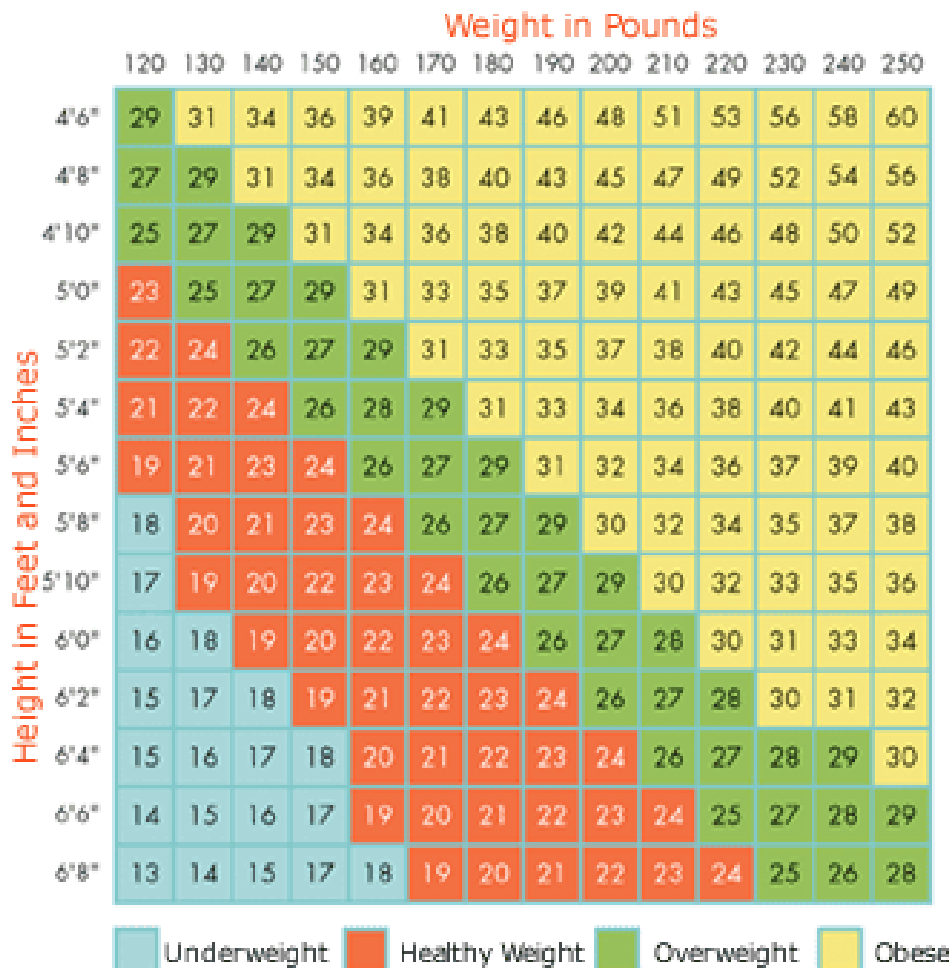
**PREGNANCY POLICY**

The GDF pregnancy policy has been amended to reflect that it no longer dismisses female soldiers for becoming pregnant within the first two years of their employment. The policy is as follows:

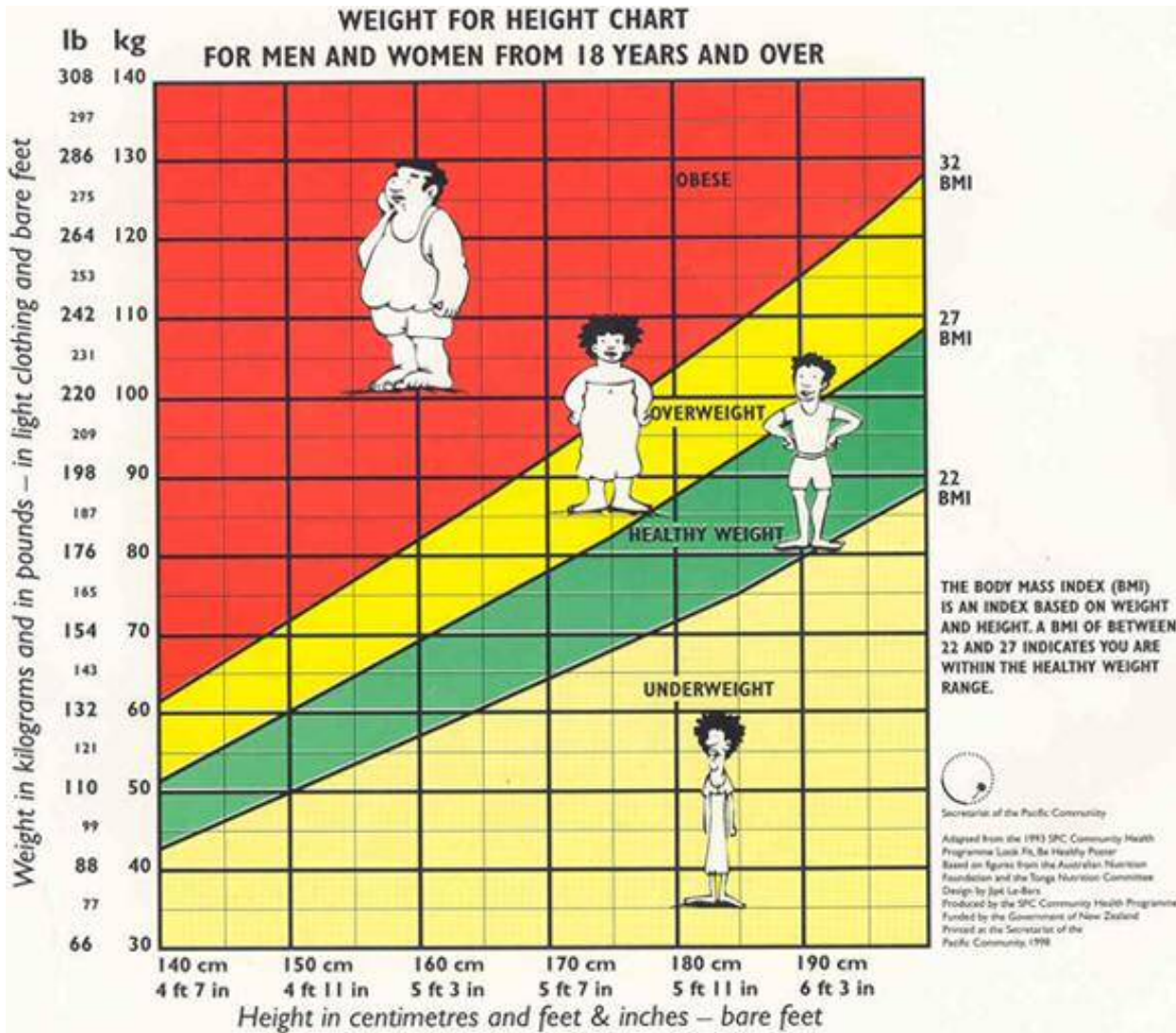
- a. Female ranks contravening the policy for the first time will not be dismissed from the GDF.
- b. Where a female breaches the regulation within the first two (2) years, she will serve until delivery and then be granted twenty eight (28) days sick leave. Thereafter she would be sent on two months “No Pay Leave”.
- c. Consequences of a breach in the two year rule will result in the female rank’s promotion be deferred by one year.
- d. Should the soldier contravene the regulation by becoming pregnant again within two (02) years of her last pregnancy will have her promotion deferred by one year.
- e. A Female rank, who has had her intended promotion deferred for a total of two years may have her services terminated from the Force due to her inability to advance in rank. Termination of service is dependent on a mandatory interview done by the Board.
- f. The GDF will not allow a third violation of the two year rule, such violation will result in immediate dismissal.

**BMI PROCEDURE AND CHART**

Body Mass Index (BMI) is a number calculated from a person's weight and height. BMI is a fairly reliable indicator of body fatness for most people it does not measure body fat directly however, It is an inexpensive and easy-to-perform method of screening for weight categories that may lead to health problems. Other methods to measure body fatness include skinfold thickness measurements (with calipers), underwater weighing, bioelectrical impedance, dual-energy x-ray absorptiometry (DXA), and isotope dilution. However, these methods are not always readily available, and they are either expensive or need highly trained personnel.



Or



### Calculation of BMI

BMI is calculated the same way for both adults and children. The calculation is based on the following formulas:

Measurement Units	Formula and Calculation
Kilograms and meters (or centimeters)	<p>Formula: <math>\text{weight (kg)} / [\text{height (m)}]^2</math></p> <p>With the metric system, the formula for BMI is weight in kilograms divided by height in meters squared. Since height is commonly measured in centimeters, divide height in centimeters by 100 to obtain height in meters.</p> <p>Example: Weight = 68 kg, Height = 165 cm (1.65 m)</p>

	Calculation: $68 \div (1.65)^2 = 24.98$
Pounds and inches	<p>Formula: <math>\text{weight (lb)} / [\text{height (in)}]^2 \times 703</math></p> <p>Calculate BMI by dividing weight in pounds (lbs) by height in inches (in) squared and multiplying by a conversion factor of 703.</p> <p>Example: Weight = 150 lbs, Height = 5'5" (65")</p> <p>Calculation: <math>[150 \div (65)^2] \times 703 = 24.96</math></p>

#### Interpretation of BMI for adults

For adults 20 years old and older, BMI is interpreted using standard weight status categories that are the same for all ages and for both men and women. For children and teens, on the other hand, the interpretation of BMI is both age- and sex-specific.

For more information about interpretation for children and teens, visit [Child and Teen BMI Calculator](#).

The standard weight status categories associated with BMI ranges for adults are shown in the following table.

BMI	Weight Status
Below 18.5	Underweight
18.5 – 24.9	Normal
25.0 – 29.9	Overweight
30.0 and Above	Obese

For example, here are the weight ranges, the corresponding BMI ranges, and the weight status categories for a sample height.

Height	Weight Range	BMI	Weight Status
5' 9"	124 lbs or less	Below 18.5	Underweight
	125 lbs to 168 lbs	18.5 to 24.9	Normal
	169 lbs to 202 lbs	25.0 to 29.9	Overweight
	203 lbs or more	30 or higher	Obese

## GLOSSARY

**Abdominal examination** – A topical examination of the structures within the abdominal cavity.

### **Acquired Immunodeficiency Syndrome**

**Ambulatory services** - Medical care including diagnosis, observation, treatment and rehabilitation that is provided on an outpatient basis. Ambulatory care is given to persons who are able to ambulate or walk about. A well-baby visit is considered ambulatory care even though the baby may not yet be walking

**Audimetric /hearing/ear test** -verifies a person’s hearing threshold, the sharpness and acuity and to detect any changes that may have occurred.

**Basic laboratory tests** – includes the following: CBC, RBS and urinalysis .

**Blood group and Rh factor:** In addition to the blood group (A, B, O, AB), the Rh factor is written as either positive (present) or negative (absent).

**CBC- differential cell count:** A complete blood count (CBC) test measures the following: The number of red blood cells (RBCs) ,the number of white blood cells (WBCs). the total amount of haemoglobin (Hb) in the blood, the fraction of the blood composed of red blood cells.

**Chest X-Ray** - is a procedure used to evaluate organs and structures within the chest for symptoms of disease. Chest x rays include views of the lungs, heart, diaphragm, ribs trachea and clavicle.

**Dental examination** - an inspection of the teeth and surrounding soft tissues of the oral cavity. The examiner generally uses an explorer, a slender steel instrument with a flexible, sharp point, to probe the minute indentations on tooth surfaces for signs of demineralization and caries development. Fillings are also inspected, and a radiographic record of the teeth is usually made.

**Dental extractions** - is the removal of a tooth from the mouth. Extractions are performed for a wide variety of reasons, including tooth decay that has destroyed enough tooth structure to prevent restoration.

**Dental restorations** A **dental restoration** or dental filling is a dental restorative material used to restore the function, integrity and morphology of missing tooth structure. Materials used include composite resin which has colours corresponding to the tooth colour and amalgam which is a combination of metals that are amalgamated+--097865438? **Nbvm**,/

**Dental x-rays** Dental radiographs, commonly referred to as X-ray films, or informally, X-rays, are pictures of the teeth, bones, and surrounding soft tissues to screen for and help identify problems with the teeth, mouth, and jaw. X-ray pictures can show cavities, cancerous or benign masses, hidden dental structures (such as wisdom teeth), and bone loss that cannot be seen during a visual examination.

**Drug test** A drug test is a technical analysis of a biological specimen – for example urine, hair, blood, sweat, or oral fluid / saliva – to determine the presence or absence of specified parent drugs or their metabolites. Major uses of drug testing are to detect the presence of performance enhancing steroids in sport or for drugs prohibited by laws, such as cannabis, cocaine and heroin.

**Ear, nose and throat examinations** – examination of the ear, nose and throat for disease conditions.

**Electro Cardio Gram (ECG/EKG)** . The electrocardiogram is a simple painless, diagnostic tool that measures and records the electrical activity of the heart with the view to identify underlying heart conditions.

**Eye examination** - An eye examination is a battery of tests performed by an ophthalmologist, optometrist, or orthoptist assessing vision and ability to focus on and discern objects, as well as other tests and examinations pertaining to the eyes. Health care professionals often recommend that all people should have periodic and thorough eye examinations as part of routine primary care, especially since many eye diseases are asymptomatic.

**Genital examination** - A genital self exam is used to check for signs and symptoms that might indicate the presence of a sexually transmitted infection (STI) or to find any abnormalities that could indicate a more serious problem such as cancer.

**Gram stain** - The Gram stain is a simple, quick stain of material or tissue that, when observed under a microscope, reveals the presence and classification of bacteria.

**HCG for females** – This is a urine/blood test to determine pregnancy. Human chorionic gonadotropin or human chorionic gonadotrophin is a glycoprotein hormone produced during pregnancy that is made by the developing embryo after conception.

**Hepatitis B**.- is an infectious inflammatory illness of the liver caused by the hepatitis B virus (HBV) that affects hominoidea, including humans

**Hepatitis C** is an infectious disease affecting primarily the liver, caused by the hepatitis C virus (HCV). The infection is often asymptomatic, but chronic infection

**H. Pylori** Helicobacter pylori (H. pylori) is a bacteria found in the inner lining of the stomach and/or duodenum, that causes chronic inflammation. It is a microorganism that can thrive in the highly acidic environment of the stomach. Helicobacter pylori has been associated with several health conditions, and is known to be the strongest potential risk factor for gastric cancer

**Human Immune Deficiency Virus** - HIV is the virus that causes Acquired Immune Deficiency Syndrome (AIDS). It damages the body's defences against infection.

Immediate families (wife/husband and children if married and parents or siblings if single)

**Intestinal Parasites** - Intestinal parasites are parasites that populate the gastro-intestinal tract in humans and other animals. They can live throughout the body, but most prefer the intestinal wall. Means of exposure include: ingestion of undercooked meat, drinking infected water, and skin absorption. A parasite is an organism that feeds off another organism, called a host.

**Kidney function tests** - is a collective term for a variety of individual tests and procedures that can be done to evaluate how well the kidneys are functioning.

**Laboratory tests:** are done on clinical specimens (body fluids/tissues) in order to get information about the health of a patient these tests, usually conducted in a laboratory, are intended to detect, identify, or quantify values.

**Liver Function Test** - Common tests that are used to evaluate how well the liver is working (liver function)

**Lipid profile** - is a group of tests that are often ordered together to determine risk of coronary heart disease. They are tests that have been shown to be good indicators of whether someone is likely to have a heart attack or stroke caused by blockage of blood vessels or hardening of the arteries (atherosclerosis). The lipid profile typically includes: Total cholesterol, High density lipoprotein cholesterol (HDL-C) — often called good cholesterol, Low density lipoprotein cholesterol (LDL-C) —often called bad cholesterol, Triglycerides

**Malaria** - is a long-lasting disease of the blood. It is transmitted to people by mosquitoes infected with the malaria parasite. The malaria parasite attacks the blood and causes recurring chills, fever, and sometimes jaundice and anaemia. Malaria is caused by any one of four species of one-celled parasites, called Plasmodium. The parasite is spread to people by the female Anopheles mosquito, which feeds on human blood. Although four species of malaria parasites can infect humans and cause illness, only malaria caused by Plasmodium falciparum is potentially life-threatening.

**Malaria smear-** Blood is spread on a slide and viewed under a microscope to verify the presence of the malaria parasite in the blood.

**Mammary examination** - Physical examination done on the breast to identify general health of same observing presence of discharge from one or both nipples, tenderness, redness, lumps and any other abnormal condition

**Maternity benefits** - Benefits that a woman is entitled to, as a result of her pregnancy.

**Medical insurance scheme** - A comprehensive policy that ensures that those covered under the policy receive authorized medical assistance through monthly payments



**Medical refunds** repayments of money paid for authorized medical expenses.

**Minor surgeries - Removal of cysts; circumcision; excision of lipoma** (A lipoma is a benign tumor composed of fatty tissue), **small hydrocele surgery** (a hydrocele is a fluid-filled sack in the scrotum. The main symptom is a painless, swollen testicle, which feels like a water balloon. A hydrocele may occur on one or both sides), **warts** (Warts are small, usually painless growths on the skin caused by a virus called human papillomavirus (HPV). They are generally harmless. However, warts can be disfiguring and embarrassing, and occasionally they itch or hurt); **minor orthopedic surgery** (placing of metal pins in fractures).

**Minor surgeries (Oral)** - Surgeries executed by the Dental Surgeon. These include gingival surgery (removal of compromised gum tissue), Abscess draining (draining of liquid inflammatory residue), Removal of dental cyst (removal of inflammatory sac-like tissue), Lingual frenectomy (removal of thin tissue that restricts movement of the tongue), Labial frenectomy (removal of thin tissue that restricts movement of the upper or lower lip), Apicectomy (procedure that surgically removes part of the root of the tooth).

**Narcotic Test** - Laboratory urine test to verify the presence of Tetrahydrocannabinol which is the active ingredient in marijuana

**Ophthalmologist** - is a physician/doctor of medicine who specializes in the medical and surgical care of the eyes and visual system and in the prevention of eye disease and injury. Optometrist are doctors primary health care providers who examine, diagnose, treat and manage diseases and disorders of the visual system, the eye and associated structures as well as diagnose related systemic conditions.

**Optician** - A professional who makes, adjusts and fits optical products such as spectacles.

**Outpatient services** - Hospital-based services, managed care, medical and other services provided, to a non-admitted patient, by a hospital or other qualified medical facility – e.g: mental health clinic, rural health clinic, mobile X-ray unit, Physical therapy, diagnostic X-ray, lab tests..

**Papanicolaou test** - A pap smear is a quick, painless test used to detect early cell changes in the neck of the womb, which may later progress to cancer. It is a microscopic examination of cells scraped from the opening of the cervix. The cervix is the lower part of the uterus (womb) that opens at the top of the vagina.

**Physical Examination** - Procedure done by the Medical Officer to observe a patient's body to determine the presence or absence of physical problems. A typical physical examination includes: Inspection (looking at the body), Palpation (feeling the body with fingers or hands), Auscultation (listening to sounds), Percussion (producing sounds, usually by tapping on specific areas of the body)

**Prescription drugs** - Medication that can only be obtained by a prescription from an authorized Medical Officer.

**Primary medical care** - Initiatives that are executed to promote general health, well being and quality of life and to prevent diseases.

**Professional dental cleaning** - Professional cleaning of the teeth done by the Dental officer in the dental surgery.

**Prostate Specific Antigen** - Blood test that is used to identify levels of a particular protein that helps to detect prostate cancer or other prostate abnormalities.

**Random blood sugar** - Laboratory test also called simple glucose test performed when blood glucose levels are to be determined.

**Random drug test** - This test can be done at anytime, usually when the instigator has reason to believe that an illicit substance is being abused by the subject.

**Referral** - A recommendation to consult with the (professional) person referred to for specialized/more in depth treatment.

**Root canal treatment** - Procedure executed by the Dental Surgeon whereby the nerve within the tooth is removed and the cavity there is filled with appropriate restorative material. This procedure seeks to preserve the tooth rather than extract same.

**Secondary medical care** - Initiatives which seek to identify and restrict the progress or aggravation of the disease and limit the damage or incapacity caused by diseases.

**Sight test** - Referred also to as vision test. This examination is done by the Ophthalmologist or Optometrist.

**Venereal Disease Research Laboratory** - is a laboratory blood test that checks for an antibody that is produced in people who have syphilis. Syphilis is a complex sexually transmitted disease (STD) caused by the bacterium. *Treponema Pallidum*. The bacterium is passed from person to person through direct contact with syphilis sore(s). Syphilis causes sores mainly on the external genitals, vagina, anus, or in the rectum. Untreated syphilis in a pregnant woman can infect and possibly cause death to the unborn child

**Tertiary medical care** - This set of procedures seeks to restore the functional and aesthetic aspects that were lost due to disease injury or other factors and seek to rehabilitate the life of the individual to a state of almost normal life.. These initiatives are not executed by the GDF, they are done through referrals by the FMO to either private or public institutions and the cost is covered by the individual or Medical Insurance.

**Tetanus** - Tetanus or lockjaw, is a serious infection caused by *Clostridium tetani* bacteria which produce a toxin that affects the brain and nervous system. It occurs when a certain type of bacterial infection grows in a contaminated wound. It's important to get immunized

**Untoward sequelae** - Unfavourable or unfortunate result

**Urinalysis** - Urinalysis is the physical (colour, smell, and sedimentation), chemical, and microscopic examination of urine. It involves a number of tests to detect and measure various components of the urine. Urine tests are very useful for providing information to assist in the diagnosis, monitoring and treatment of a wide range of diseases.

**Visual inspection with acetic acid** - The procedure is simple. The healthcare provider simply swabs vinegar, i.e. acetic acid, on the cervix and looks for areas that change colour. Normal cervical tissue remains unaffected by the acetic acid, but damaged tissue -- such as that found in pre-cancerous or cancerous lesions -- turns white. The provider can then remove the damaged tissue on the spot using cryotherapy (Cryotherapy is a minimally invasive treatment that uses extreme cold to freeze and destroy diseased tissue, including cancer cells) or other techniques, or they can perform a biopsy for further follow-up.

**Yellow Fever** - Yellow fever is a disease caused by a virus that is transmitted by the bite of an infected mosquito. It gets its name from the yellowing of the skin and eyes (jaundice) that occurs when the virus attacks the liver. Yellow fever can be prevented by a vaccine.

**ABBREVIATIONS**

4. Abbreviations used in the Medical Policy are as follows:

**SMOKING POLICY**

**PURPOSE:**

1. To set forth the policy mandating all GDF Medical facilities “Smoke Free”.

**POLICY:**

2. It is the policy of the GDF to respect the rights of smokers and non-smokers alike; however the GDF reserves the right to prohibit smoking on all of its premises for reasons of public health and safety, improved customer satisfaction, the protection of environmental sensitive materials and to address the concerns of individual non-smokers. Henceforth all medical facilities will become totally smoke free.
3. This policy is in effect for all employees, students, patients, and visitors. As it relates to employees, it is the responsibility of all supervisors to ensure that our staff, patients and visitors comply with the No Smoking Policy. Violating the No Smoking Policy may result in disciplinary action, it is the duty of our Clinical Staff to inform patients of the policy and ensure they are in compliance.

**VISITATION POLICY**

**PURPOSE:**

1. To communicate the Medical Corps visitation guidelines. To provide an access control that protects the rights of our patients, visitors, and employees to a safe, secure, and orderly environment.

**POLICY:**

2. The Medical Corps recognizes the rights of patients to have visitors, thus a supportive Visitation Policy will enhance the cohesiveness of the family unit and the patient's support systems.
3. Visitation hours are from 6:00 a.m. to 7:30 a.m and 5:00 p.m. to 6:00 p.m daily.
4. A visitor's pass must be worn at all times, same will be issued at the Receptionist's Desk to soldiers or civilian employees while external visitors will wear the visitor badge they received from the GDF gate hut. Visitors will be briefed on arrival, about our visitation policy and be advised to wear their visitors pass on the chest area where it is clearly visible at all times.
5. Children (under the age of 16) visiting patient must be accompanied by an adult at all times.
6. Visitation shall be restricted or terminated for non-compliance with established visitor policies. If a visitor becomes problematic and cannot be managed by medical staff on duty, he/she will be escorted from the building and the compound by the Military Police.
7. All prisoner-patients will be denied visitors except special consideration as approved by the G2 Branch or other authority. When special visitation privileges are authorised, prisoner-patient visitors must be escorted by Military Police.

**ORGANISATIONAL ETHICS**

PURPOSE:

1. To communicate the ethical code of behaviour under which Medical Corps operates.

POLICY:

2. Medical Corps shall carry out its operations in an ethically responsible manner in accordance with its mission statement:
3. Medical Corps will not conduct or disclose misleading or inaccurate information with the general public or governmental entities. All laws relating to regulatory disclosure of information shall be followed.
4. Admissions/Discharges/Transfers of Patients: Medical Corps shall maintain policies and procedures that address the ethical and lawful rights of patients as those rights relate to admission to, discharges from, and transfer to or from the facility.
5. Conflicts of Interest: All employees at are subject to national medical code of Ethics. As such, the requirements of this regulation prohibit employees from soliciting or accepting, directly or indirectly, anything of economic value as a gift or gratuity, from any person or firm.
6. Purchasing Requirements: All acquisition of equipment, supplies, contractual services, and other expenditures of state appropriated funds must be in compliance with our Purchasing and Procurement Regulations
7. Other Ethical Issues relative to the ethical behaviour of Medical Corps staff are contained in the various sections of the Medical Policy manual. Recognition of, compliance with, and providing services within the context of these policies form the code of ethical behaviour by which Medical Corps seeks to accomplish its mission of providing quality patient care.

**REFERRAL POLICY FOR POST DISCHARGE SERVICES/CARE**

**POLICY:**

1. It is the policy of Medical Corps to use a rotation system for licensed healthcare providers who supply post discharge services/care to patients not provided by our medical centre. Providers of services shall be screened and referral information maintained relating to type, location, level and quality of service provided.
2. The FMO or attending physician must be given the option of selecting a suitable care provider for a particular service.
3. If patients have an established relationship with a provider then they shall be referred back to that provider, unless they specifically request otherwise.
4. A physician may order a particular provider if documentation and justification is present that a particular provider supplies a unique service or specialty. This justification must be documented.
5. A current database/record sheet of other Health Care Service providers is to be maintained with the following: description of service (s); education, experience, and certifications of staff; evidence of certifications; licensure of business; references from current users.
6. Once a provider is deemed appropriate for referrals they shall be notified in writing and added to the rotation list for that service. Separate rotation lists, for all types of services, shall be maintained within service regions.
7. All providers are expected to notify the OC Medical Corps designee in writing if there is a change in the ability to deliver a particular service. (Examples if there is a change in the level of staffing for a specialty area, or lack of equipment available).
8. Removal from Referral List - Providers, who do not provide a high quality level of service; Clinical practice and treatment is to be within the National Standard of Care for the providers' classification, current licensure must be maintained.
9. This process shall include: documentation by staff of variances in patient care delivery, patient complaints, billing, and documentation. Variances shall be completed at the time they occur by hospital staff and physicians.
10. Prior to their removal, the agency shall be notified in writing. A hearing may be requested by the agency.



**POLICY COMMITTEE**

**PURPOSE:**

1. To provide guidelines for initiating, preparing, and updating policies and procedures and to outline the mechanism for approval, authorization and distribution.

**POLICY:**

2. Medical policies/procedures are developed for significant organizational issues that are interdepartmental or mandated by HOH by legislation.
3. The Medical Policy Committee shall be:
  - a. Composed of representatives from DHQ, FMO, FDO, Associate physicians, OC Med Corps, FEO, Laboratory supervisor and most senior staff nurse.
  - b. Chaired by a OC Med Corps. The Chair shall maintain a current distribution list for all policies, distribute policies for review, and insure timely completion of the process.
4. The committee will identify the appropriate entity for policy development, and insure that input is solicited and incorporated into a final policy statement. Once completed, the committee shall submit the policy, with verification of review, to the DHQ for final approval. Following approval, the policies shall be signed by the COS and FMO for distribution.
5. Documentation of the review process and revised policies shall be maintained in an historical file for legal and reference purposes in Officer Commanding office. (Hospital Policy Manual Policy number: 2.1 Effective Date: 4/01/10)

**STAFF DRESS CODE**

**PURPOSE:**

1. To establish minimal acceptable standards of dress for staff of Medical Corps. As a healthcare facility, all personnel shall dress in a manner that is professional and reflective of our mission; attire that interferes with the performance of job duties shall not be tolerated.

**POLICY:**

2. Medical Corps identification badges must be worn while on duty, displayed on the front portion of the outer garment, clearly visible and not obscured in any way.
3. No non-approved lab jackets/scrub suits is to be worn.
4. No headgear, including earphones, radios, etc. may be worn unless required for safety or as part of the uniform.
5. Jeans shall not be worn by staff working in the Medical centre during working hours. Exceptions may be granted for individual cases based upon job duties and work environment. Approval from OC Medical Corps must be obtained for such exceptions.
6. No shorts, spandex or excessively tight attire shall be permitted for civilian staff.
7. Boots and shoes are to be neat and clean, open-toed shoes are not to be worn in the Laboratory and X-Ray departments unless prohibited by Infection Control or Safety regulations.
8. Make-up, jewellery, and cologne/perfume should not be excessive so as to cause disruption to patients or co-workers.
9. Novelty buttons and badges are not to be worn on work attire.
10. Hairstyles, beards and moustaches are to be clean, well groomed and conform to infection control and safe work practices.
11. Dress and personal hygiene, which are considered in poor taste will be addressed by OC Medical Corps as a violation.
12. Safety gear is to be worn as required.

**DISCHARGE POLICY**

**PURPOSE:**

1. To provide guidelines for the discharge of in-patients from Medical Centers in the GDF.

**POLICY:**

2. Discharge procedures must be followed to ensure patients are discharged effectively and efficiently, allowing for optimal utilization of available resources.
3. An authorized hospital discharge shall be made by a physician's written order. However, a patient may discharge himself/herself against medical advice. If a patient desires to leave against medical advice, the physician shall be notified, and the patient shall sign an AMA form. The form shall be attached to the medical record and the medical record must be processed and archived.
4. Early discharges, prior to 12 noon, are encouraged.
5. The physician shall document discharge instructions in the patient's medical record prior to the anticipated discharge.
6. Anticipated discharge orders shall be written prior to discharge in order to ensure timely processing of all orders.

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