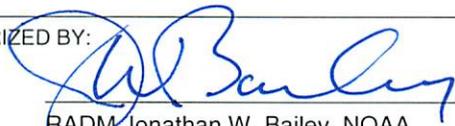


	OFFICE OF MARINE AND AVIATION OPERATIONS	POLICY 1003	VERSION 2.0
		EFFECTIVE DATE July 20, 2011	
	AUTHORIZED BY:	REVIEW DATE July 20, 2014	
	 RADM Jonathan W. Bailey, NOAA Director, Office of Marine and Aviation Operations	RESPONSIBLE POSITION OMAO HS	

NOAA FLEET MEDICAL FORMULARY

1. PURPOSE

- 1.1 This policy provides the list of all medications and medical supplies and equipment to be provided and stocked aboard National Oceanic and Atmospheric Administration (NOAA) ships.
- 1.2 This version:
 - 1.2.1 Moves "Definitions" from Section 3 to Section 6; "Policy" is now Section 3.
 - 1.2.2 Revises "Guidance" and item 5.2 of "Responsibilities."

2. SCOPE

- 2.1 This policy applies to all NOAA ships.

3. POLICY

- 3.1 All NOAA ships shall be equipped with the medication and medical supplies on the NOAA Fleet Medical Formulary. (The "NOAA Fleet Medical Formulary and Inventory Levels" is attached.) The formulary is a list of drugs and/or supplies, designation of prescription and non-prescription items, unit of issue, and quantity to ships based upon ship medical category.

4. GUIDANCE

- 4.1 The NOAA Fleet Medical Formulary is to be used as a guideline for NOAA Fleet Inspections and for maintaining an adequate medical service aboard sailing ships. The Fleet Inspection Team is to review required medications and medical supplies to determine any deficiency. Items are color coded on the formulary to denote their level of necessity.
 - 4.1.1 Mission Critical Items: These are coded in orange and must be stocked at 100 percent of the indicated amount at all times. Failure to meet this criterion constitutes a Category 1 medical deficiency.
 - 4.1.2 Mission Essential Items: These are coded in yellow and shall be stocked at 50 percent of the indicated amount at all times. Failure to meet this criterion constitutes a Category 1 medical deficiency. Meeting this criterion including expired medications constitutes a Category 2 medical deficiency.
 - 4.1.3 Diving Mission Essential Items: These are coded in olive green and shall be stocked at 50 percent of the indicated amount at all times **ONLY ON ANY NOAA SHIP THAT REQUIRES THE HYPERBARIC CHAMBER TO BE CARRIED ABOARD**. Failure to meet this criterion constitutes a Category 1 medical deficiency.

4.1.4 **Ship Medical Class Designation:** A Medical Class A ship is a NOAA ship that has a U.S. Public Health Service (USPHS) Medical Officer stationed aboard. A Medical Class B ship does not have a USPHS Medical Officer stationed aboard but does have one or more Medical Persons-in-Charge (MPIC) aboard. If a USPHS Medical Officer is needed for a given cruise aboard a Medical Class B ship, the USPHS Medical Officer will bring the required essential medications, medical equipment, and supplies for a Medical Class A ship to that ship before departure.

4.2 The medications and medical supplies listed on the fleet medical formulary may not always be supplied in the exact packaging as described in the document. The concept is for ships' to have the appropriate amount of medication on board to meet the intent of the formulary. An example of an alternate acceptable method of supply that meets the intent of the formulary is listed below.

As listed in formulary:

Metronidazole 500 mg	2 bottles required
Unit dose #14	

Alternate packaging:

Metronidazole 250mg	1 bottle
Unit dose #100	

5. RESPONSIBILITIES

5.1 The USPHS Medical Officer or the Medical Person-in-Charge on a NOAA ship shall ensure the appropriate medicines and medical supplies are aboard prior to sailing.

5.2 Inventories shall be aboard and maintained prior to all ship departures. The color coding in the formulary clearly describes when a deficiency has occurred. Listed below are commonly occurring circumstances with respective guidance.

5.2.1 A ship would receive a **Category 1 deficiency attributed to the ship** if it has a need for medications/supplies/equipment that the USPHS Medical Officer or MPIC has not identified or communicated to the Marine Operations Center (MOC) before the fleet inspection (no documentation of the request such as e-mail or other can be produced).

5.2.2 A ship would receive a **Category 2 finding attributed to the ship** if the USPHS Medical Officer or MPIC aboard has communicated this need for medications/supplies/equipment to maintain required levels to the MOC in a such a timeframe that does not allow the MOC to ship in time for inspection even though the items were in the MOC's present stock. The timeframe the supply request was sent by the ship to the MOC will be verifiable by e-mail or other documentation.

5.2.3 A ship would receive a **Category 2 finding attributed to the MOC** if the MOC was not able to provide the ship with the medications/supplies/equipment before the fleet inspection for reasons other than not enough notification time to ship from current stock. The MOC will send an e-mail to the ship stating this, the reason why, and the perceived safety of sailing with current inventory levels. This documentation must be presented to the Fleet Inspectors. The MOC must respond/correct the finding and the finding does not count against the ship's inspection score.

5.3 During inspections, the Fleet Inspection Team shall review medications and medical supplies to determine any Category 1 or Category 2 deficiencies.

6. DEFINITIONS

- Category 1** Any failure or absence of vital equipment or systems essential to the safety of the ship or its personnel. Such a condition requires initiation of immediate corrective action with the ship returning to port when at sea or delaying sailing until corrected when in port.
- Category 2** Any significant reduction in the ship's ability to: combat fire or flooding, provide adequate lifesaving and emergency equipment, or provide a safe and sanitary working and living environment.

7. REFERENCES

No references associated with this policy.

8. AUTHORITY

OMAO 1001, Category 100 – Medical

9. NOTES

Effect on Other Documents: Supersedes OMAO 1003, NOAA Fleet Medical Formulary, dated September 11, 2009

Distribution: MOC A/P, NOAA Ships, USPHS Medical Officers, Medical Persons-In-Charge

Document History:

<u>Version</u>	<u>Effective Date</u>	<u>Brief Description of Changes</u>
2.0	7/20/11	Reformatted; revised Guidance and Responsibilities
1.0	9/11/2009	Initial Document