UNITED STATES MARINE CORPS
Logistics Operations School
Marine Corps Service Support Schools
PSC Box 20041
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LOC 1216

STUDENT OUTLINE

UNIT HEALTH SERVICE READINESS

LEARNING OBJECTIVES

1. Terminal Learning Objective: Given the requirement to provide health services support, commander guidance, the concept of combat service support (CSS), and the references, coordinate health service support (HSS), to ensure health service support requirements are incorporated into the CSS plan. (0402.06.01).

2. Enabling Learning Objective:

(a) Given the references, commander's guidance, the concept of CSS, and a written test identify requirements to manage unit medical and dental readiness, per the reference. (0402.06.01c)

(b) Identify readiness rating required for a unit to be deployable.

(b) Identify the class of dental readiness.

(c) Identify special programs.

BODY

1. MEDICAL AND DENTAL READINESS: Readiness is always a concern for the commander. Readiness of the individual Marine is as equally important as is the readiness of a weapon system or a vehicle. Medical and dental readiness should always be monitored whether in garrison or combat. Medical readiness deals primarily with immunizations, physicals, and records administration. Dental readiness revolves around achieving certain ratings called "classes." To assist the commander in monitoring medical and dental readiness, the Commanding

General has included that area in the Commanding General's Inspection Program. Also, medical and dental readiness will affect the readiness rating located in the personnel category (non-deployable) in the Status of Resources and Training System report (SORTS).

a. Medical: Medical readiness is a command responsibility, in combat and garrison, executed primarily by the medical professionals associated with each command. As such, a large portion of readiness concerns the Navy exclusively, but not entirely. Consequently, S-4 personnel must have a familiarization with the medical section and how they operate.

b. The S-4 Section: The S-4 is responsible for maintaining medical awareness, implementing inputs received from medical personnel, and briefing the commander on medical related concerns. In many cases, the S-4 acts as the liaison between the medical staff and the supported unit. Most importantly, the S-4 supervises the medical efforts of the command in terms of achieving readiness that translates into deployablity. Some areas the S-4 personnel work in conjunction with the medical department are:

(1) Ensuring shots/physicals are completed on time and medical records are current. Though the medical staff are often the main executors, they are not responsible for: locating individuals who miss appointments, enforcing compliance with treatment, etc.

(2) Ensuring the S-3 includes preventive medicine in the pre-deployment training. Particular to certain environments (cold-frostbite, jungle-immersion foot, desert-heat stroke), annual HIV/STD awareness training, and any other local area concerns.

(3) Ensuring hearing protection is available on firing ranges and where loud noises are continuous, ie. heavy equipment operators, and others who are around loud machinery.

(4) Identification of those needing physicals for mess duty and for those who transport ammunition.

(5) Scheduling medical support for both field and garrison events.

NOTE: Health Services are a sub-function of combat service support and requires the S-4 section to at a minimum coordinate if not execute.

c. Dental: Dental readiness is managed through the Marine Corps Dental Health Care Program, which includes:

(1) Prioritizing dental health care resources to meet dental readiness requirements of all Marines.

(2) A comprehensive preventive dental health regiment that includes, but is not limited to:

(a) Periodic oral examination and risk assessment.

(b) Timely and routine delivery of efficient and relevant agents to promote resistance to oral diseases.

(c) Education and counseling to control and modify risk factors that predispose one to oral diseases, especially cancer, dental decay, and periodontal disease.

(3) Frequent monitoring of unit and individual dental readiness.

(4) Providing timely, corrective treatment to attain readiness standards through long term dental health.

(5) Unit dental readiness must be at or above 85%. Dental readiness is defined as those personnel in dental classes 1 or 2. Dental classification is divided into four categories which are called classes:

(a) Class 1 - Patient does not require dental treatment.

(b) Class 2 - Patient requires dental treatment, but there is a low risk of a dental emergency and treatment can
be deferred due to other priorities for up to 12months.

(c) Class 3 - Patient requires urgent dental treatment and has a high risk of having a dental emergency at any
time.

(d) Class 4 - The oral condition of the patient is unknown.

(6) The relationship between the S-4 and dental personnel concerning areas of responsibility and division of labor is the same as with the medical staff.

2. <u>UNIT SPECIAL PROGRAMS</u>.

a. The S-4 also has the responsibility for managing unit special programs. These special programs are similar to the medical and dental programs in the aspects of executing responsibilities. It combines a joint effort between the S-4 and external agencies with the S-4 being the overseer of programs that require detailed/technical knowledge provided by others with the requisite expertise.

Specifically, the S-4 is the action office and the unit's representative to enforce compliance with regulations and to coordinate the scheduling of inspection teams, correct any noted discrepancies, and submit any required reports.

The two primary agencies the S-4 will work with for special program management are the Industrial Hygiene Department and the Base Safety Office. These two agencies will conduct the site visits/inspections ensuring compliance with all Federal, military, and local regulations. An important part of enforcing compliance is the use of personal protective equipment. First, the unit must possess the appropriate equipment. Secondly, in addition to having the required equipment, personnel must be properly trained and, in some circumstances, formally qualified and registered to operate and maintain such equipment. Examples of unit programs include:

(1) Hearing conservation

(2) Asbestos exposure

(3) Hazardous chemical-inhalation, absorption, ingestion

(4) Ergonomics

(5) Environmental impact/Sanitation

(6) Facilities safety-electrical, slip/trip hazards, lighting, ventilation, heat stress

(7) Machine shops and equipment

(8) Lasers

REFERENCES:

1. MCWP 4, Combat Service Support

2. MCWP 4-11, Tactical-Level Logistics

3. MCWP 4.11.1, Health Service Support Operations

4. MCO 6600.3