JOB ACTION SHEET
DETENTION HOSPITAL
JOINT TASK FORCE
GUANTANAMO BAY CUBA

MANPOWER POOL COORDINATOR
Primary: Senior Psych Tech
Alternate: Admin YN

____ Muster in Manpower Pool.

____ Receive briefing from Medical Commander

____ Obtain radio

____ Make assignments of the following personnel:

___ 1st provider to Triage (if not already filled)
___ 2nd provider to Immediate
___ 3rd provider to Delayed
___ Medical Regulator to Triage [redacted]
___ Transportation Coordinator [redacted]
___ Immediate Team [redacted] Senior Nurse acts as Team Leader
___ Delayed Team [redacted] Senior Nurse acts as Team Leader
___ Minimal Team Leader [redacted]
___ Litter Bearer Team Leader [redacted]
___ Immediate Team Leader Det.Hosp [redacted]
___ Expectant Team Leader [redacted]
___ Assign Ambulance drivers [redacted]

b(2)

____ Maintain accountability of manpower staffing from manpower pool

____ Coordinate excess personnel to needed areas

0050062

Appendix F

MASS CASUALTY IN CAMP 5

STANDARD OPERATING PROCEDURES
Detention Hospital
Guantanamo Bay, Cuba

REVIEWED AND APPROVED BY:

_____ _____
Officer In Charge Date

IMPLEMENTED BY:

_____ _____
Director for Administration Date

_____
Senior Enlisted Advisor Date

ANNUAL REVIEW LOG:

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ENTIRE SOP SUPERSEDED BY:

Title:
SOP NO:_____ Date:_____

005064

DETAINEE HOSPITAL
GUANTANAMO BAY, CUBA

Title: MEDICAL INTERVENTION FOR HELMINTHIC INFECTIONS

SCOPE: Detention Hospital

SOP NO: 030

Page 1 of 3
Effective Date: 21 Mar 03

REF:

(a) AFMIC MEDIC CD-ROM
(b) Control of Communicable Diseases Manual, 17th Edition, 2000

I. PURPOSE:

To establish Detention Hospital policy regarding the initial evaluation of detainees and interventions to treat potential helminthic infections in the detainee population.

II. PROCEDURE:

1. After review of data available found in references (a) and (b) it is reasonable to expect that a number of the detainees will arrive at Detention Hospital with helminthic infections. It is also reasonable to expect that treatment of these helminthic infections may benefit the general health of the detainee population. The improvement in nutritional status could improve wound healing and ability to resist potential infections. Therefore, all detainees will be treated for the potential of helminthic infections. Detainees will have stool collected for ova and parasite screening prior to treatment in order to better assess the epidemiological validity of this treatment protocol.

2. Treatment for potential helminthic infections will consist of a single dose of 400mg of oral albendazole.

3. All detainees will be requested to provide a stool sample for screening for ova and parasites. If the detainee is unable to provide a sample, processing will continue. The screening for ova and parasites is not to collect clinical data on the specific detainee. The screening of the stool specimens for ova and parasites, collected from the subset of detainees able to provide a stool sample, are intended to provide epidemiological validation of the treatment protocol.

005065

4. Results of the screenings for ova and parasites will be maintained in a database by the Preventive Medicine Detachment. Data will include the percentage of detainees that provide stool samples, and the percentage of samples screened positive for helminthic infections.

5. All medications received by detainees will be entered appropriately in the detainee medical record.

9-00506

STANDARD OPERATING PROCEDURES
Detention Hospital
Guantanamo Bay, Cuba

REVIEWED AND APPROVED BY:

_____ _____
Officer in Charge Date

IMPLEMENTED BY:

_____ _____
Director for Administration Date

_____ _____
Senior Enlisted Advisor Date

ANNUAL REVIEW LOG:

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ENTIRE SOP SUPERSEDED BY:

Title:
SOP NO: Date:

00506?

DETAINEE HOSPITAL
GUANTANAMO BAY, CUBA

Title: LATENT TUBERCULOSIS MANAGEMENT

SOP NO: 031

Page 1 of 10
Effective Date: 16 Jul 03

SCOPE: Detention Hospital

Each: (1) Latent Tuberculosis Infection Management Algorithm
(2) Initial/Annual Tuberculosis Patient Questionnaire
(3) Guidelines for Liver Function Test monitoring While on INH Therapy
(4) INH Therapy Monthly Patient Questionnaire
(5) INH Therapy Medical Provider Review

I. BACKGROUND:
Identification and treatment of latent tuberculosis infection (LTBI) in detainees offers improved Force Health Protection for Joint Task Force personnel in close contact with the detainee population by decreasing the probability of tuberculosis disease among detainees, and protects other detainees from the potential spread of disease between detainees. The policies and procedures stated in this SOP have been coordinated with the Centers for Disease Control (CDC) and the United States Public Health Service.

II. POLICY:
This is a revision of the Latent Tuberculosis Infection Management in Detainees SOP dated 21 Mar 03 and supercedes that document. This SOP should be used in concert with the SOP for Active Tuberculosis Management. Exceptions to this policy must be based on compelling clinical evidence and will be discussed with the Infectious Disease staff physician prior to implementation.

III. PROCEDURES:

- As per the Active Tuberculosis Management SOP, all detainees will be screened for clinical and radiological evidence of active tuberculosis; this includes placing a Tuberculin Skin Test (TST). The plan for identification, evaluation, treatment, and monitoring of LTBI in detainees is demonstrated in enclosure (1). Detainees that have been ruled out for active tuberculosis disease will enter the LTBI flowchart at the point were previous evaluations ended.

00506-8

- The following sections deal with the description, definitions, and amplification of the Latent Tuberculosis Infection Management flowchart. The areas involved in current operations and many of the potential areas considered as possibilities for future operations have high incidences of tuberculosis. Foreign-born persons that migrate to the U.S. continue to demonstrate incidences of tuberculosis that reflect the level of the country of origin for as long as five years after migration. This would result in a number of cases of tuberculosis disease in the detainee population with subsequent potential exposure of JTF personnel. Identification and treatment of LTBI in detainees will decrease this potential.

- All detainees will receive a TST in conjunction with inprocessing upon arrival. TST screening will use 5TU of Purified Protein Derivative (PPD) in the standard Mantoux method. The medical staff responsible for detainee healthcare should insure that all personnel placing and reading the PPD are trained adequately and understand the importance and limitations of this test.

- The classification of the PPD reaction depends on the clinical situation of the detainee. Most detainees are recent arrivals from high-prevalence countries and will be considered abnormal with a reaction of 10mm or more. Detainees considered positive at 5mm of induration should have the reason for this deviation from standard documented in the health record. For example, detainees with chest x-ray findings of fibrotic changes consistent with old healed tuberculosis, those with recent active TB contacts, and those with HIV infection or other immunocompromising conditions should be considered PPD abnormal with induration of 5 mm or more.

- Detainees with a negative PPD on initial testing will have the PPD repeated at the next monthly weigh-in. Implementation of the 'two-step PPD' will identify detainees with prior tuberculosis infection and is standard for persons enrolled in a periodic PPD screening program. Two-step testing is used to reduce the likelihood that a boosted reaction will be misinterpreted as a recent infection. If the reaction to the first test is classified as negative, a second test should be done. An abnormal reaction to the second test probably represents a boosted reaction (past infection or prior BCG vaccination). On the basis of this second test result, the person should be classified as previous infected and cared for accordingly. This would not be considered a skin test conversion. If the second test result is also negative, the person should be classified as uninfected. In these persons, an abnormal reaction to any subsequent test is likely to represent new infection with *M. tuberculosis* (skin test conversion). Two-step testing should be used for the initial skin testing of adults who will be retested periodically.

- Detainees with the second PPD classified as negative will be enrolled in an annual PPD program. This does not preclude the routine clinical use of the PPD as an adjunct to appropriate clinical evaluations.

- Detainees classified as having a positive PPD on initial or second testing.

normally ≥ 10mm induration will be evaluated for signs and symptoms suggestive of tuberculosis disease [enclosure (2)].

- If there is suggestion of tuberculosis disease, the detainee will undergo an appropriate clinical evaluation as outlined in the Active Tuberculosis Management SOP. If evaluation is not suggestive of tuberculosis disease or if the clinical evaluation for active tuberculosis disease is negative, the detainee is evaluated for treatment of LTBI.

- Evaluation for LTBI treatment should include an attempt to document any history of treatment for LTBI or disease. This history may be difficult to obtain and unreliable. Determine if there are any preexisting medical conditions that are a contraindication to treatment or are associated with an increased risk of adverse effects of treatment. Review current and previous drug therapy for potential adverse reactions or interactions. Baseline laboratory testing is not routinely indicated for all patients at the start of treatment for LTBI. Baseline hepatic measurements of serum AST (SGOT) or ALT (SGPT) and bilirubin are indicated for patients whose initial evaluation suggests a liver disorder. Baseline testing is also indicated for persons with a history of chronic liver disease (e.g., hepatitis B or C, and others who are at risk of chronic liver disease). Testing should be considered on an individual basis, particularly for patients who are taking other medications for chronic medical conditions [see enclosure (3)]. Active hepatitis and end-stage liver diseases are relative contraindications to the use of isoniazid or pyrazinamide for treatment of LTBI. Use of these drugs in such patients must be undertaken with caution.

- If there are no contraindications for LTBI treatment, the standard course for detainees will be isoniazid, INH, 900mg, twice weekly for nine months. Peripheral neuropathy, caused by INH's interference with metabolism of pyridoxine, is uncommon at a dose of 5 mg/kg. However, in this detainee population, where some may be malnourished, treatment with pyridoxine could be considered (i.e. Pyridoxine 100 mg twice a week given with INH). In persons with conditions in which neuropathy is common (e.g., diabetes, uremia, alcoholism, malnutrition, and HIV infection), pyridoxine should be given with INH.

- All detainees on LTBI treatment will be monitored at least monthly [see encl. (4 and 5)]. This evaluation will include screening for signs and symptoms of active TB disease, and signs or symptoms of hepatitis. Routine laboratory monitoring during treatment of LTBI is indicated for persons whose baseline liver functions test are abnormal and for other persons with a risk of hepatic disease [see enclosure (3) for further details]. There should be laboratory testing, such as liver function studies for detainees with symptoms compatible with hepatotoxicity or a uric acid measurement to evaluate detainees who develop acute arthritis, to evaluate possible adverse reactions that occur during the treatment regimen.

- Discontinuation of INH should be considered for detainees with liver functions three times normal levels with symptoms, liver functions five times normal levels without symptoms, or when otherwise clinically indicated.

- Please refer to encl. (5) concerning detainee refusals of medication. After completion of LTBI treatment detainees will be screened annually [encl. (2)].

- Detainees with contraindications for LTBI treatment should be re-evaluated. The risk-benefit of LTBI treatment must be considered. Alternate regimens, per reference (b) should be considered. If clinically appropriate, treatment should proceed. These cases may require more frequent or more robust monitoring. If LTBI treatment is contraindicated, these contraindications will be documented in the detainee health record. The detainee will be followed with annual screenings. A sample questionnaire for these annual screenings can be found in enclosure (2).

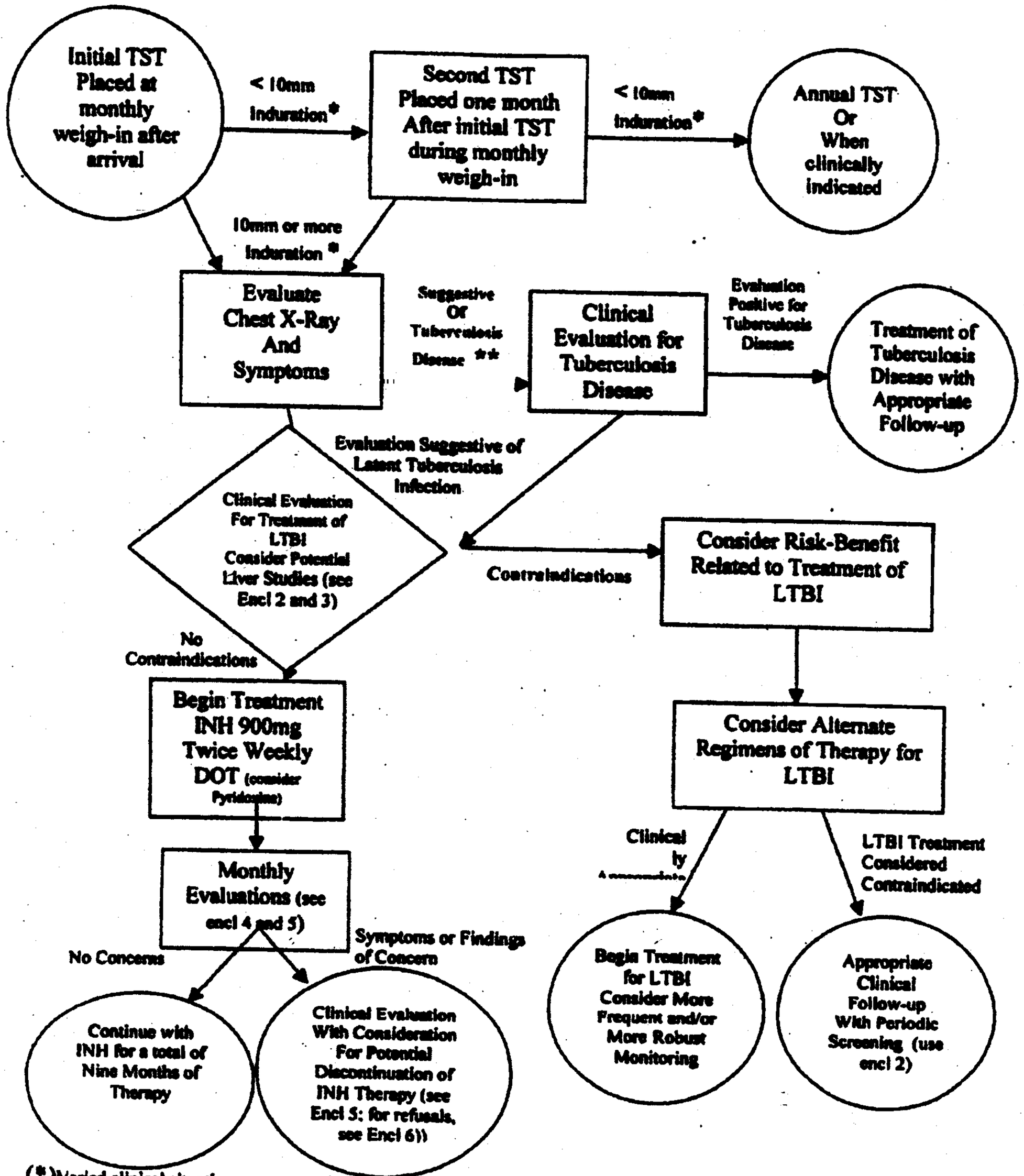
- Application of the Latent Tuberculosis Infection Management program will require tracking of PPDs, medications, and monitoring in a database/spreadsheet that will provide reports to the JTF Surgeon periodically on the status of the program.

- For detainees who refuse medication for LTBI, the following considerations will be used in determining the appropriate course of action:

  - There is no risk of inducing INH resistance in detainees who periodically refuse INH. The goal of therapy is to have the detainee take at least a total of 52 doses in 9 months or 76 doses in 12 months. If the total number of doses meets these guidelines, therapy is considered to be complete.

- Detainees continually refusing medications will not be required to take INH per SOUTHCOM policy. They will be screened annually with a medical screening questionnaire on the yearly anniversary of their negative chest x-ray, generally obtained at their in-processing date.

LATENT TUBERCULOSIS INFECTION



(*)Varied clinical situations recommend LTBI Treatment a different parameters of induration. Ten millimeters is the level for most of the detainees received.

(**)In cases where signs and symptoms are highly suggestive of tuberculosis disease, begin treatment concurrent with laboratory evaluation and confirmation.

27 May [redacted]

Detainee Number: _____ Age of Detainee: _____ Date: _____

Initial/Annual Tuberculosis Patient Questionnaire

Are you experiencing any of the following problems:

Fever for more than 7 days	Yes	or	No
Cough for more than 2 weeks in a row	Yes	or	No
Sweating at night for more than 7 days	Yes	or	No
Coughing up bloody phlegm	Yes	or	No

<u>Medical Provider Review:</u>

History of TB, previous treatment for TB, or BCG vaccine in past? _____

History of liver disease/hepatitis/jaundice?

Date and Result of Last PPD (no need to repeat once positive)

Results of hepatitis/HIV screening at inprocessing

Current Medications: Allergies:

Medical officer evaluation (if indicated from above symptoms):

Are repeat/new LFT monitoring recommended?

Date drawn _____ Results

Is a repeat CXR needed (if annual screening, repeat is recommended)? _____

Ordered? _____ Result of CXR?

Have AFB smears/cultures been or are being collected? _____ Results: _____

Further actions required/Medications Prescribed?

Enclosure (2)

005073

Guidelines for Liver Function Test Monitoring While on INH Therapy

Baseline LFTs for:
- History of liver disease
- Hepatitis B surface Antigen positive or Hepatitis C Antibody positive
- Concurrent therapy with other possible hepatotoxic medications
- Signs or symptoms of liver disease
- HIV Infection
- Pregnancy/Less than 3 months post-partum

Monthly LFTs indicated for:
- History of elevated LFTs at baseline (discontinue monitoring if asymptomatic and LFTs normalize)
- Persons at risk for hepatic disease (i.e. persons with Hep B/C with elevated LFTs at baseline, h/o chronic liver disease, etc.)

All persons should be screened monthly for signs of hepatotoxicity [see INH Therapy Monthly Patient Questionnaire enclosure (2)]. The medical officer in charge of the LTBI program will complete or review the INH Therapy Medical Provider Review [enclosure (3)]. Persons identified as having signs or symptoms of possible hepatotoxicity will be evaluated further by a medical officer to decide whether further testing and/or discontinuance of the medication is indicated.

005074

Detainee Number: _____ Age of Detainee: _____ Date: _____

INH Therapy Monthly Patient Questionnaire

Are you experiencing any of the following problems:

Fever for more than 7 days	Yes	or	No
Cough for more than 2 weeks in a row	Yes	or	No
Sweating at night for more than 7 days	Yes	or	No
Coughing up bloody phlegm	Yes	or	No
Nausea or vomiting for more than 7 days in a row	Yes	or	No
Abdominal pain for more than 7 days in a row	Yes	or	No
Yellow discoloration of skin	Yes	or	No

Detainee Number: _____ Age of Detainee: _____ Date: _____

INH Therapy Medical Provider Review:

MAR Review: Number of doses refused in last month?

Does their course of medication need to be extended?

Signature of staff modifying the MAR

Medical officer evaluation (if indicated from above symptoms):

Are repeat/new LFT monitoring recommended?

Date drawn

Results

Is a repeat CXR needed? _____ Ordered?

Result of CXR?

Further actions required?

STANDARD OPERATING PROCEDURES
Detention Hospital
Guantanamo Bay, Cuba

REVIEWED AND APPROVED BY:

_____ _____
Officer In Charge Date

IMPLEMENTED BY:

_____ _____
Director for Administration Date

_____ _____
Senior Enlisted Advisor Date

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005077

DETAINEE HOSPITAL
GUANTANAMO BAY, CUBA

Title: Standard Operating Procedures for Emergency Response Teams (ERT)

SCOPE: Detention Hospital

SOP NO: 032

Page 1 of 5
Effective Date: 23 Jan 2004
Reviewed 8 Mar 2004

Background: The Detention Hospital (DH) is responsible for emergency response 24/7 at Camp Delta, Camp Echo and Camp V. This requires a skilled and coordinated effort by all medical staff. [redacted] b2 The personnel making up the ERT teams will come from the staff assigned to the Delta Medical Clinic. The ERT team exists to provide immediate response to any medical emergency that takes place in Camp Delta. The ERT is also utilized to provide standby medical support in the event of mobilization of the JDOG Force Cell Extraction Team. On the occasion of a detainee needing to be engaged by the IRF teams, Delta Medical Clinic will dispatch an ERT team to the incident. Ongoing training for all Delta Medical Clinic staff regarding emergency response is essential to ensure readiness.

General Procedures:

- At the beginning of each shift the Shift Leader shall assign [redacted] to both ERT teams with one team responding to any emergency (Code Blue) that could happen at the Detention Hospital. Any time the assigned personnel are out of the clinic they shall ensure they have a radio and an ERT medical jump bag with them. b2

- ERT team members shall inventory the ERT medical jump bags and restock any missing supplies at the beginning of each shift.

- **Responding to IRF**

  - Once the IRF is activated, the ERT member will immediately respond to the scene notifying Delta Medical Clinic that they are enroute. A Gator vehicle may be utilized for travel.

  - Upon arrival, the ERT will make contact with the Guard Commander and notify Delta Medical Clinic that the ERT has arrived on station.

  - The ERT shall assess the scene and provide appropriate treatment on scene to both guards and detainees. If in their assessment they determine additional medical assets (i.e. personnel, supplies or emergency vehicles) are necessary, they shall send all requests through the Delta Medical Clinic.

- The ERT shall remain on scene until secured by the Guard Commander. Once properly secured the ERT shall notify the Delta Medical Clinic that the IRF has been secured and report back to Delta Medical Clinic for debrief, to restock any used supplies, and to write a note in the Medical Record regarding any interventions.

- **Responding to Medical Emergency/Self Harm**

  - The ERT team will respond to any and all medical emergencies at Camp Delta. When a call is received in the Delta Medical Clinic, phone or mobile radio, an ERT team will respond with an ERT medical jump bag and be ready to provide emergency medicine and, if necessary, transport to the Delta Medical Clinic.

  - In the event of a Self Harm (Snowball), or attempted Self Harm, an ERT team will respond. Spine boards and cervical immobilization devices are located in the Emergency Response locker located in each causeway. ***C-spine precautions must be maintained with any hanging or detainee found unresponsive and until cleared by appropriate medical personnel.*** [redacted]]b2

  - **Personal safety is paramount.** [redacted] b2

- **Assignment to ERT:**

  - All personnel working in the Delta Medical Clinic will require orientation to the ERT. Everyone will receive a PQS to ensure understanding of the requirements and procedures for this assignment.

  - Only upon completion of PQS and signature of Delta Clinic LCPO will any Corpsman be assigned to such duty.

- **Training:**

  - The Section Leader shall conduct ERT PQS training at the start of their first shift of the 2-day rotation. The scheduled training shall focus on the above outlined procedures; communication procedures, C-spine precautions, and nature of injuries expected to be encountered i.e.; human bites, pepper spray, trauma, unresponsiveness, and self-harm.
  - All training will be recorded on standard in-service documents and forwarded to the admin office to be filed in member's training record.
  - All completed PQS forms will be kept filed with training record in admin office.

Emergency Response Team
Performance Qualification Standards (PQS)

Name: **Date:**_____

Rank:_____

Initials/Date	
____/____	Universal Precautions
____/____	Infection Disease Issues
____/____	Personal Safety Criteria
____/____	Orientation to Radio Procedures.
____/____	Orientation and Jump Bag Check off
____/____	Familiarization of Delta Blocks
____/____	Airway Management ____/____ Nasal Airway Placement ____/____ Oral Airway Placement ____/____ BVM Technique ____/____ O2 use ____/____ Non-Rebreather ____/____ Nasal Cannula ____/____
____/____	Hemorrhage Control
____/____	Splinting

I have read and understand the policy for being assigned to the ERT. I further understand my responsibilities to myself and my partner to ensure our safety at all times. I fully understand the above covered Procedures and Medical Interventions.

Signed: **Date:**_____

Two-Day Orientation:

Trainer: Day 1:

Signed **Printed Name and Rank**

Day 2:

Signed **Printed Name and Rank**

005080

Emergency Response Bag Check-Off Sheet

BVM (1)_____
Adult Mask (1)_____
Pocket Face Shield (1)_____
BP Cuff (1)_____
Clean Gloves (6 pr)_____
Stethoscope (1)_____
C-Collar (1)_____
Surglube (1 tube)_____
Oral Airway – sizes 9,10,11 (1 ea.)_____
Nasal Airway (1)_____
5cc Syringe (2)_____
10cc Syringe (2)_____
Epi-Pen___Exp____/____
Sharps Container (1)_____
Trauma Scissors (1)_____
Kerlex (2)_____
4 x 4 Gauze (4)_____
Cravat (3)_____
IV NS (2)___Exp____/_____
IV Tubing (2)_____
18ga IV Catheter (2)_____
16ga IV Catheter (2)_____
Alcohol Pads (10)_____
Tourniquets (2)_____
1" Tape (1)_____
2 x 2 Gauze (4)_____
Tegaderm (4)_____
O_2 Tank_____PSI_____
Adult Nasal Cannula (1)_____
O_2 Tubing (1)_____
Adult Mask (1)_____

Print Name:
Signature:

Discrepancies:

STANDARD OPERATING PROCEDURES
Detention Hospital
Guantanamo Bay, Cuba

REVIEWED AND APPROVED BY:

Officer In Charge _____ Date

IMPLEMENTED BY:

Medical Officer of Delta Clinic _____ Date

Senior Enlisted Advisor _____ Date

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By: Date: _____

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SOP NO: Date: _____

DETAINEE HOSPITAL
GUANTANAMO BAY, CUBA

SOP NO: 037

Title: IN-PROCESSING MEDICAL EVALUATION

Effective Date: 24 Sep 03

SCOPE: Detention Hospital

Encl: (1) In-processing Order Sheet
(2) Report of Medical Examination

I. BACKGROUND. Detainees arrive from highly endemic areas for infectious diseases including tuberculosis, malaria, and parasitic infections. This section provides a detailed description of the medical screening and treatment for incoming detainees.

II. POLICY. Treatment and care provided will be humane and will follow the guidelines provided by the articles of the Geneva Convention. Specifically, each detainee will undergo screening and treatment for diseases common to the Middle East region.

III. GENERAL PROCEDURES:

A. Upon arrival to Camp Delta, each detainee will be searched, showered, and administratively processed. Hair may or may not have been cut prior to transfer to Guantanamo Bay, thus a hair inspection for lice will be completed. Treatment for cutaneous infestations will be administered as needed. Clothing, which has been pre-treated with permethrin, will be issued.

B. Each detainee will be brought into the medical clinic individually accompanied by a security force escort team. The specific order of detainees will be based on triage performed prior to administrative in processing. Detainees will be placed in a higher triage category if their condition deteriorates prior to arrival at medical.

C. The detainee will receive a pre-made medical record with the following forms: Report of Medical Examination (*see enclosure 1*), SF 88, SF 508, SF 600, SF 601, SF 603, DA 2664-R, NAVMED 6150/20, and DA Form 4237-R. A CHCS medical record number will be assigned beginning with 888-0X-XXXX. The name will be recorded as D, JTFXXXXX. The patient category will be K66.

D. A history and physical examination will be recorded on the Report of Medical Examination on enclosure (1). The physical exam serves both as a general screening exam and a confinement physical. A separate record of body weight including body mass index calculation will also be maintained (DA 2664-R). Please refer to weight management and nutrition program (SOP 014).

E. Psychiatric screening during the initial medical examination will include:

1. Previous psychiatric treatment (diagnosis, pharmacotherapy, psychotherapy)
2. Previous suicidal attempts or serious suicidal intention/plan.
3. Previous self-mutilation/ self-injurious behaviors
4. Previous homicidal or assaultive behaviors.
5. History of substance dependence/abuse,
6. Current suicidal/ homicidal ideation, emotional distress or odd behavior.
7. A psychiatric team member will immediately triage any detainee presenting with suicidal or homicidal ideation, emotional distress or odd behavior during the in-processing evolution.

8. Detainees who endorse any of the items listed above will be referred to Psychiatric Services via a consult for more in depth assessment within the week.

F. A dental examination form (SF 603) will be kept within the medical record but a detailed dental examination will not be performed at the time of in processing. Those presenting with a dental issue will be added to the dental list and evaluated in a prioritized manner.

G. Detainees with a visual complaint will be screened for visual acuity and referred for optometry consultation.

H. Immunizations administered will include Td (tetanus-diphtheria), MMR (measles, mumps, rubella), and influenza vaccines to all detainees. Those with tetanus-prone wounds may also receive TIG (tetanus immunoglobulin) as per SOP # 024.

I. Laboratories obtained include a Hepatitis A IgG, Hepatitis B surface antigen (HbSAg), Hepatitis B surface antibody (HbSAb), Hepatitis B core antibody (HbCAb), Hepatitis C serology, HIV ELISA and malaria smears. The malaria smears will be screened at NH GTMO, and results confirmed at NH Portsmouth. An extra serum sample will be drawn and held for future use.

J. Each detainee will receive a screening chest X-ray and a PPD to assess for signs of tuberculosis (See SOP's #002 and 031). Repeat positive PPD will not need to be performed if previously documented on the transfer summary.

K. Left hand and wrist radiographs will be obtained after approval by the JTF Surgeon on new detainees meeting the following two criteria:

1. The detainee states his/her age is less than 16 years, and
2. Based on the physical examination, the detainee has clinical characteristics that suggest that he/she is less than 16 years of age.
3. Regarding the clinical findings, each health care provider performing physical examinations will be provided with a copy of the Tanner staging to estimate the detainee's maturity. It is recognized that the Tanner staging provides a clinical measure of age between 9 and 15 years and that clinical finding of sexual maturity are quite uniform above the age of 15 years. It is also recognized that Tanner staging assumes genetic, racial, and nutritional background similar to the study group that this staging was based on, and that endocrine abnormalities may influence the time of maturation.

4. Bone radiographs obtained will be digitally forwarded to the AFIP for reading using the Greulich and Pyle standards of bone age determination.

L. Each detainee will receive empiric treatment for intestinal helminthes (albendazole 400 mg once) and malaria (mefloquine 1250 mg, split into 2 doses). Please refer to SOP 030 for details.

M. Upon completion of the above, treatment of any condition requiring immediate attention will be addressed.

005085

STANDARD OPERATING PROCEDURES
Detention Hospital
Guantanamo Bay, Cuba

REVIEWED AND APPROVED BY:

_____ _____
Officer in Charge Date

IMPLEMENTED BY:

_____ _____
Director for Administration Date

_____ _____
Senior Enlisted Advisor Date

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SOP NO:_____ Date:

005056

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

[redacted] Department,

(updated 24 September 2003//sed)

STANDARD INPROCESSING ORDERS FOR DETAINEES:

1. Mefloquine 750 mg PO now, 500 mg PO in 12 hours

2. Albendazole 400mg PO once

3. Chest X-ray: PA

4. **LABS:**

Hep A IgG
Hep B surface antigen and antibody
Hep B Core antibody
Hep C
HIV
Malaria Smear (pre-screen at NAVHOSP GTMO prior to mail out to NH Portsmouth)
Serum (draw 1 extra red top)

Immunizations

1. Td .5ml IM once

2. PPD – read in 48 to 72 hours
3. Influenza 0.5 ml IM once
4. MMR 0.5 ml SC once

Consults: (circle as needed)
Needs reading glasses? Y or N
Optometry
General Surgery
Psychiatric Services
Orthopedic Surgery
Dental

Additional Orders Circle if Indicated

1. AFB Smear Q AM x 3

2. If age may be ≤ 16 years old: confer with JTF Surgeon for approval to
   Obtain Left hand & wrist x-rays for bone age determination.

Staff Signature:_____ **Provider:**

PATIENTS IDENTIFICATION *(Use this space for Mechanical Imprint)* Typed Form in lieu of SF-600

NAME:
SSN:
STATUS:
DOB:

005087

Standing Orders for routine sick cell complaints at Camp Delta Clinic.
The following medications may be dispensed by NC or HN Corps Staff at Camp Delta Clinic. * **IMPORTANT. Consult MO if detainee requires more than 4 doses in a 1 week period.**

Complaints of minor aches, pains, headache:
*Tylenol (acetaminophen) 650 mg or 500mg PO q 4-6 hr PRN
Contraindications/cautions: Impaired liver or renal function, caution if G6PD deficiency.

Complaints of heartburn, indigestion.
*Mylanta (aluminum hydroxide/magnesium hydroxide)15 – 30 ml PO q 4 hr PRN

Complaints of rhinorrhea , sneezing, watery eyes, itchy rashes.
Benadryl (diphenhydramine) 25 – 50 mg PO q 6 hr PRN
Contraindications/ cautions: acute asthma, CV disease, increased IOP

Complaints of moderate pain, headache:
*Motrin (ibuprofen) 400 mg – 800 mg PO TID PRN
Contraindications/cautions: Hx of ulcers/UGI bleed, HTN, kidney disease

Complaints of foot tinea pedis (athlete's foot), tinea cruris (jock itch)
Tinactin (tolnafate) 1% cream topical AAA BID x 2 weeks do not repeat 2 weeks without consulting the M. O.

Complaints of nasal congestion.
*Sudafed (pseudoephedrine) 30 – 60 mg PO QID PRN
Contraindications/cautions: HTN, CAD, Diabetes.

Complaints of sore throat.
*Cepacol Lozenges dissolve 1 lozenge in mouth q 4- 6 hours PRN

Complaints of inflamed itchy rashes, inflamed bug bites:
Hydrocortisone Topical 1% Cream, Apply to affected area 3 times a day, X 2 weeks

Complaints of heartburn, acid indigestion, occasional constipation.
*Milk of Magnesia As antacid – 1 – 3 teaspoons (with water) up to 4 times/day
As laxative – 2 – 4 teaspoons (with 8oz of water)

Complaints of sore muscles/ body aches.
*Bengay (Analgesic Balm) Apply to affected area 3 times a day for 7 days.

Complaints of flaky, itchy scalp.
Selsun Shampoo, small amount to hair then rinse after 15 minutes, no more than twice per week.

MO Signature_____ Staff Signature
DETAINEE IDENTIFICATION: Typed Form in lieu of Standard Form 508
ISN:

005088

MEDICAL RECORD	Report of Medical Examination	DATE OF EXAM

1. LAST NAME-FIRST NAME-MIDDLE NAME		2. IDENTIFICATION NUMBER
3. COUNTRY OF BIRTH	4. AGE	5. SEX ☐ MALE ☐ FEMALE
6. PRIMARY LANGUAGE		7. SECONDARY LANGUAGE

History of Present Illness

Currently have/ever had: (*please circle, leave blank if unknown*)

Asthma	Yes	No	Hyperlipidemia	Yes	No
Diabetes	Yes	No	Hypertension	Yes	No
Heart Disease	Yes	No	Malaria	Yes	No
Hepatitis	Yes	No	Mental Illness	Yes	No
HIV	Yes	No	Renal Disease	Yes	No
Other:			Tuberculosis	Yes	No

Family History of: (*please circle, leave blank if unknown*)

Asthma	Yes	No	Hepatitis	Yes	No
Cancer	Yes	No	Hyperlipidemia	Yes	No
Diabetes	Yes	No	Hypertension	Yes	No
Heart Disease	Yes	No	Mental Illness	Yes	No
Other:			Renal Disease	Yes	No

Ever Been Hospitalized? No____ Yes____, Explain:

Current Health: Good____ Fair____ Poor____
Any special health requirements? No____ Yes____, list:

Current Medication(s):

Known allergies to medication(s):

Other Allergies:

Chemical Dependence? (alcohol, drugs)

Tobacco use? No____ Yes____, amount:

Do you have any pain? No____ Yes____
If Yes: Where? How often does it occur?

Transfer PPD results: Negative____, Positive_____ (number of mm)
Transfer CXR results: No acute disease_____, Abnormal____
Comments:

Review of Systems

Do you experience any of the following: (*please circle*)

General: fever chills night sweats weight loss

Skin: rash skin discoloration

Respiratory: cough duration? hemoptysis sputum

Cardiovascular: chest pain

Gastrointestinal: nausea vomiting abdominal pain diarrhea

Neurologic: headache seizure dizziness

Psychiatric: suicidal/homicidal tendencies hallucinations

Comments:

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IDENTIFICATION NUMBER

PHYSICAL EVALUATION

MEASUREMENTS AND OTHER FINDINGS

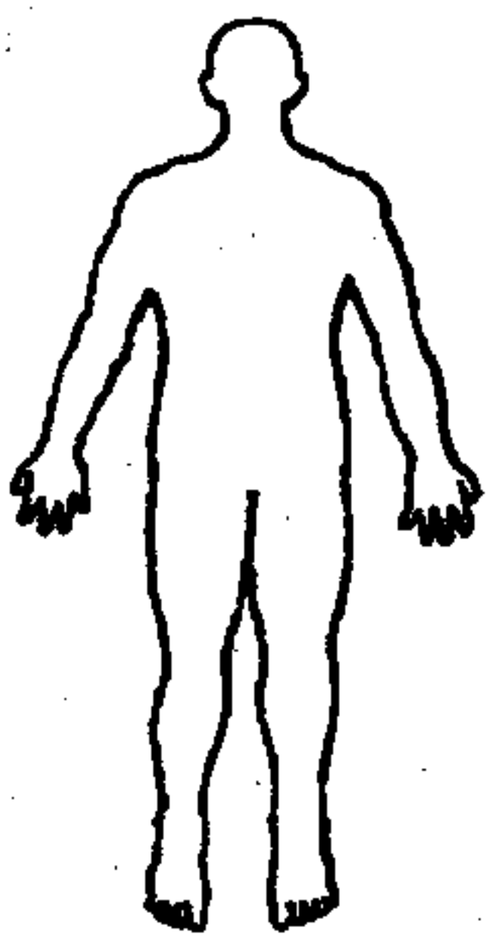
HEIGHT	WEIGHT	BMI	HAIR COLOR	EYE COLOR	BUILD
					☐ SLENDER ☐ MEDIUM ☐ HEAVY ☐ OBESE

Temperature:_____ Respirations:_____ Pulse:_____ Blood Pressure:_____

CLINICAL EVALUATION

	Normal	Abnormal	Not Done		Normal	Abnormal	Not Done
A. HEAD				I. ABDOMEN			
B. EYES C. EARS D. NOSE				J. RECTAL K. PROSTATE L. GENITALS			
E. MOUTH AND THROAT				M. UPPER EXTREMITIES			
F. NECK				N. LOWER EXTREMITIES			
G. LUNGS AND CHEST				O. SKIN/LYMPH			
H. CARDIOVASCULAR				P. NEURO			
				Q. PSYCH			

Comments: (*Describe every abnormality in detail. Enter pertinent item letter before each comment. Use additional sheets if necessary*)



SUMMARY OF ASSESSMENT AND PLAN

TYPED OR PRINTED NAME OF PROVIDER

SIGNATURE

TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

005090

MEDICAL RECORD — Chronic Disease Medical Flow Sheet

1. IDENTIFICATION NUMBER

3. BIRTH DATE / AGE

2. CHRONIC DISEASES / DATE OF DIAGNOSIS

____DIABETES ____
____HYPERLIPIDEMIA ____
____HYPERTENSION ____

Date: / / / / / / / / / / / /

History/Physical	every visit						
Weight	every visit						
Blood Pressure	every visit						

Hypertension control	every visit						
Serum Potassium	6-12 mo						
Serum Creatinine	6-12 mo						

Chol							
HDL							
LDL							
TG							

Blood pressure Systolic <130 mm Hg/Diastolic <80mm Hg	every visit						
Lipid Profile Chol < 200 mg/dl TG < 200 mg/dl LDL < 130 mg/dl HDL > 35 mg/dl	Annual						
HbA1c	3-6 mo						
Urinalysis	Annual						
Microalbumin	Annual						
Dilated Eye Exam	Annual						
Foot Exam	every visit						

Influenza	Annual						
Pneumococcus	Recommended						

REFERRALS	As needed						

005091

DETAINEE HOSPITAL
GUANTANAMO BAY, CUBA

SOP NO: 038

Title: HEPATITIS B MANAGEMENT

Page 1 of 4
Effective Date: 11 Mar 03

SCOPE: Detention Hospital

I. ENCL:

(1) Hepatitis B Evaluation and Treatment Data Sheet
\\nb-gtmo-sop\public\Fb20-Riggs\Working SOPs\SOP Enclosures and Attachments\Encl (1) Hepatitis B .doc
(2) Chronic Hepatitis B, AASLD Practice Guidelines
\\nb-gtmo-sop\public\Fb20-Riggs\Working SOPs\SOP Enclosures and Attachments\Encl (2) Hep B.pdf

II. BACKGROUND:

Hepatitis B is endemic to certain areas of the world including the Middle East. All detainees are screened for serologic evidence of hepatitis B for both the identification of this disease in this population and for the Force Health Protection of the Joint Task Force personnel in close contact with the detainee population so that appropriate preventive measures are taken after exposure to a hepatitis positive detainee. All detainees testing positive for HbsAg may represent ongoing active hepatitis, which may be both contagious and may lead to progressive liver damage to include cirrhosis, liver failure, and the development of hepatocellular cancer.

III. POLICY:

Each detainee found to be HbsAg (hepatitis B surface antigen) positive will be offered further evaluation at the medical clinic. Each detainee will be given the appropriate information regarding hepatitis B to make a decision regarding accepting/declining the evaluation and possible treatment of his/her hepatitis. Both the evaluation and treatment will be completely voluntary. The information collected on the evaluation is found on the enclosed data form. The policy thus stated in this SOP has been coordinated through consultation with the Gastroenterology Division, Naval Medical Center San Diego.

IV. PROCEDURES:

- The following sections deal with the description, definitions, and elaboration of the Hepatitis B Evaluation and Treatment Data Sheet. Screening for hepatitis B occurs upon arrival of the detainee at Naval Base Guantanamo Bay, NBGTMO.

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- Those found to be positive for Hepatitis B surface antigen represents a possible case of active hepatitis B.

- The detainee with active hepatitis is infectious to other detainees and JTF personnel via contact with the detainee's blood. Saliva, vomitus, feces, and perspiration are not usually contagious unless these secretions contain blood.

- Information regarding the hepatitis B status of each detainee is useful such that if a blood exposure does occur, the hepatitis B status of the detainee may be assessed and appropriate preventive therapy (vaccination and/or immunoglobulin) can be offered in a timely manner.

- Hepatitis B infection may result in resolution of the infection by the immune system or may lead to persistent active hepatitis, which may lead to progressive liver dysfunction. Therefore, each detainee with a positive HbsAg will be offered further evaluation of this medical condition.

- The appropriate work-up will be initiated among those detainees who desire evaluation of their hepatitis B including serologies for hepatitis A, B, C as shown on the data collection sheet. Each detainee will also be asked about potential symptoms related to hepatitis B and undergo a physical examination. Liver function tests, PT/PTT/INR, and hepatitis B DNA viral load will also be obtained.

- A liver biopsy will be offered to those with elevated liver function tests and a high viral load (>100,000 copies/ml). If the detainee refuses this procedure, therapy will still be offered in appropriate cases.

- Based on the results of the aforementioned tests, each case will be discussed with a board-certified infectious diseases and/or gastroenterologist in regards the initiation of therapy.

- If the detainee meets indications for treatment, the patient will be offered either treatment with adefovir if there is no evidence for renal dysfunction (CrCl >60 and Cr<1.0) or lamuvidine. If the patient has or develops renal insufficiency, the patient will be offered therapy with lamuvidine. Therapy for hepatitis B will be administered for a minimal of one-year if the patient complies and desires therapy.

- The patient will be closely monitored for potential side effects of the therapy at routine clinic visits.

- Since the standard of care for the evaluation and therapy of hepatitis B is evolving, the diagnostic testing and drugs may change over time. Detainees should continue to obtain the standard-of-care of hepatitis B management.

- Detainees refusing therapy will be followed with routine medical clinic visits including liver function test approximately every 6 months or as clinically indicated.

- All patients with active hepatitis B, will also be offered vaccination against hepatitis A which is a 2-dose vaccine given at baseline and again in 6-12 months.

- Detainees with evidence of chronic active hepatitis will be offered screening for hepatoma with an alpha-fetoprotein (AFP) and/or right upper quadrant ultrasound every 6-12 months.

STANDARD OPERATING PROCEDURES
Detention Hospital
Guantanamo Bay, Cuba

REVIEWED AND APPROVED BY:

_____ _____
Officer in Charge Date

IMPLEMENTED BY:

_____
Director for Administration Date

_____ _____
Senior Enlisted Advisor Date

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Revision to Page:_____ Date:
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SOP NO: Date:_____

005095

DETAINEE HOSPITAL
GUANTANAMO BAY, CUBA

SOP NO: 039

Title: HEPATITIS C MANAGEMENT

Page 1 of 4
Effective Date: 11 Mar 03

SCOPE: Detention Hospital

I. ENCL:

(1) Hepatitis C Evaluation and Treatment Data Sheet
\\nh-gtmo-app\public\Fh20-Riggs\Working SOPs\SOP Enclosures and Attachments\Encl (1) Hepatitis C Data Sheet for Evaluation and Treatment.doc
(2) NIH Consensus Statement on Hepatitis C
\\nh-gtmo-app\public\Fh20-Riggs\Working SOPs\SOP Enclosures and Attachments\Encl (2) Hep C NIH2002.pdf

II. BACKGROUND:

All detainees are screened for serologic evidence of hepatitis C to identify infection among this population. The prevalence rate of hepatitis C has been approximated as 2% and depends on the prevalence of drug use, blood transfusion, and unsafe medical practices. Hepatitis C is a major cause of cirrhosis, liver failure, and liver cancer. Treatment of hepatitis C may decrease the risk of progressive liver dysfunction and may prolong life.

III. POLICY:

Each detainee found to be hepatitis C positive by the ELISA screening test will be offered further evaluation at the medical clinic. Each detainee will be given the appropriate information regarding hepatitis C to make a decision regarding accepting/declining the evaluation and possible treatment of his/her hepatitis. Both the evaluation and treatment will be completely voluntary. The information collected on the evaluation is found on the enclosed data form. The policy thus stated in this SOP has been coordinated through consultation with the Gastroenterology Division, Naval Medical Center San Diego.

IV. PROCEDURES:

- The following sections deal with the description and elaboration of the Hepatitis C Evaluation and Treatment Data Sheet. Screening for hepatitis C occurs upon arrival of the detainee at Naval Base Guantanamo Bay, NBGTMO.

- Those found to be positive for hepatitis C by the screening ELISA test represent a possible case of active hepatitis C.

- The detainee with active hepatitis C is infectious to other detainees and JTF personnel via contact with the detainee's blood. Saliva, vomitus, feces, and perspiration are not contagious unless these secretions contain blood. Since there is no current preventive therapy for those exposed to potentially contagious secretions of a hepatitis C patient, information regarding the hepatitis C status of each detainee will be used to follow those exposed to monitor for the development of the infection.

- Hepatitis C infection may result in resolution of the infection by the immune system in 15-40% of cases or may lead to persistent active hepatitis in 60-85%, which may lead to progressive liver dysfunction. Therefore, each detainee with a positive hepatitis C ELISA test will be offered further evaluation of this medical condition.

- The appropriate work-up will be initiated among those detainees who desire evaluation of their hepatitis C including assuring that serologies for hepatitis A, B, C are obtained. Each detainee will be asked about potential symptoms related to hepatitis C and undergo a physical examination. Liver function tests, PT/PTT/INR, hepatitis C RNA viral load, and genotype will also be obtained as shown on the data collection sheet (see Enclosure 1).

- Detainees with a positive hepatitis C ELISA and positive hepatitis C viral load will be diagnosed with active hepatitis C. Those with a negative hepatitis C viral load will be re-evaluated at 4-6 months with a repeat viral load measurement; those negative on both viral load tests will be classified as a false-positive ELISA test or someone who has resolved hepatitis C. This later group will not be further evaluated and do not require therapy.

- Those who are potential candidates for therapy will be referred to Behavioral Health for an initial evaluation to identify early any psychiatric problems which may preclude therapy with interferon.

- A liver biopsy will be offered to those with active hepatitis C. If the detainee refuses this procedure, therapy will still be offered in appropriate cases.

- Based on the results of the aforementioned tests, each case will be discussed with a board-certified infectious diseases and/or gastroenterologist in regards the initiation of therapy.

- If the detainee meets indications for treatment, the patient will be offered treatment with peg-interferon and ribavirin. Therapy for hepatitis C will be

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administered for 6-12 months depending on the genotype and response to therapy; this assumes that the patient complies with and tolerates the therapy.

- The patient will be closely monitored for potential side effects of the therapy at routine clinic visits. Psychiatry will also follow the detainee while he/she is treated with peg-interferon.

- Since the standard of care for the evaluation and therapy of hepatitis C is evolving, the diagnostic testing and drugs may change over time. Detainees should continue to obtain the standard-of-care of hepatitis C management.

- Detainees refusing therapy will be followed with routing medical clinic visits including liver function test approximately every 6 months or as clinically indicated.

- All patients with hepatitis C, will also be offered vaccination against hepatitis A which is a 2-dose vaccine given 0 and 6-12 months and hepatitis B which is a 3-dose vaccine at 0,1 and 6 months for all those not already immune.

- Detainees with evidence of hepatitis C cirrhosis will be offered screening for hepatoma with an alpha-fetoprotein (AFP) and/or right upper quadrant ultrasound every 6-12 months.

STANDARD OPERATING PROCEDURES
Detention Hospital
Guantanamo Bay, Cuba

REVIEWED AND APPROVED BY:

_____ _____
Officer In Charge Date

IMPLEMENTED BY:

_____
Director for Administration Date

Senior Enlisted Advisor Date

ANNUAL REVIEW LOG:

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ENTIRE SOP SUPERSEDED BY:

Title:
SOP NO: Date:_____

005099

DETAINEE HOSPITAL
GUANTANAMO BAY, CUBA

Title: VACCINATIONS

SOP NO: 041

Page 1 of 7
Effective Date: 15 Oct 2003

SCOPE: Detention Hospital

I. REFERENCES:

(1) Prevention and Control of Infections with Hepatitis Viruses in Correctional Settings. MMWR, January 24, 2003, vol 52, RR-1. SOP Enclosure Hepatitis
(2) Measles, Mumps, and Rubella – Vaccine Use and Strategies for Elimination of Measles, Rubella and Congenital Rubella Syndrome and Control of Mumps. MMWR, May 22, 1998, vol 47, No. RR-8. SOP Enclosure MMR
(3) Prevention and Control of Influenza, MMWR, 2003, vol 52, RR-08. SOP Enclosure Influenza
(4) Prevention of Pneumococcal Disease, MMWR, 1997, vol 46, RR-08. SOP Enclosure Pneumococcal Vaccine
(5) Vaccine Management: Recommendations for Handling and Storage of Selected Biologicals, Centers for Disease Control and Prevention, Jan 2001. SOP Enclosure Vaccine Management
(6) Recommended Adult Immunization Schedule – United States, 2002-2003, JAMA 2002, vol 288, p 2258-60.

II. BACKGROUND:

Detainees arrive from areas in which childhood vaccinations may not have been received, making them susceptible to several infectious diseases, including tetanus, diphtheria, measles, mumps and rubella. In addition, within the close living conditions of a detention environment, detainees may be at risk for the aforementioned diseases as well as hepatitis, influenza, and pneumococcus. These diseases can cause outbreaks in non-immune populations making the need for mass immunization an important public health measure.

III. PURPOSE:

To define policies and procedures for detainee vaccinations, both during in-processing and during their time within the camp.

005100

IV. PROCEDURES:

A. Tetanus-diphtheria:

1. Each detainee will receive a single dose of Tetanus-diphtheria (Td) upon arrival, which will occur during the in-processing evolution (See SOP 037: *In-processing Medical Evaluation*).
2. Two additional doses of Td will be given to detainees at 1-2 months after the first shot and then again 6-12 months later.
3. Dose is administered IM (intramuscularly).
4. Detainees deficient in the number of Td injections (<3 doses obtained) will be given a dose of Td during out-processing if the vaccine is due at that time.
5. Detainees sustaining a tetanus prone wound will be assessed by medical per SOP 024: *Tetanus Prophylaxis in JTF Detainees*.
6. A Td booster every 10 years will be offered for those completing the 3-dose primary series.

B. Hepatitis:

1. Immunity to hepatitis A and B for each detainee will be ascertained during in-processing by drawing a Hepatitis A IgG level and Hepatitis B core and surface antibody tests.
2. Those found to be immune to both hepatitis A and B will not receive hepatitis vaccination.
3. Those immune to hepatitis A, but non-immune to hepatitis B will receive the 3-dose hepatitis B vaccine series given at 0, 1, and 6 months. This will be given in an involuntary manner to protect detainees from acquisition of hepatitis B.
4. Those immune to hepatitis B, but non-immune to hepatitis A will receive the 2-dose hepatitis A vaccine series given at 0 and 6 months. This will be given in an involuntary manner to protect detainees from acquisition of hepatitis A.
5. Those non-immune to both hepatitis A and hepatitis B will receive the 3-dose hepatitis A and B vaccine (twinrix) series given at 0, 1, and 6 months. This will be given in an involuntary manner to protect detainees from acquisition of both hepatitis A and B.
6. Hepatitis B vaccine is given by IM injection into the deltoid (not in buttocks). Hepatitis A vaccine and twinrix (combined Hepatitis A and B vaccine) are also given IM.
7. Titers for response will not routinely be checked.
8. Possible side effects of hepatitis A vaccination include soreness at the injection site, headache, and malaise; no serious reactions have been

reported. Giving the vaccine to a person who is already immune to hepatitis A does not appear to increase the risk of side effects.

9. Contraindications for hepatitis A vaccination include an adverse reaction to prior hepatitis A vaccination.

10. Possible side effects of hepatitis B vaccination include soreness at the injection site, fever, and anaphylaxis (1/600,000). No deaths have been reported. Giving the vaccine to a person who is already immune to hepatitis B does not appear to increase the risk of side effects.

11. Contraindications for hepatitis B vaccination include an adverse reaction to prior hepatitis B vaccination

12. Those with a serious adverse reaction to vaccination will be reported to Vaccine Adverse Events Reporting System (VAERS) and the vaccine series will be discontinued.

13. For further information regarding hepatitis vaccinations see Encl 1.

C. Measles-Mumps-Rubella (MMR):

1. Detainees from developing countries are unpredictably vaccinated and documentation of prior natural infections is not available; hence, detainees may remain at risk for these infectious diseases unless vaccinated. The CDC recommends that adults without documentation of receipt of MMR vaccine should receive one dose of MMR vaccine.

2. Each detainee who does not have a contraindication for vaccination will receive a single-dose of MMR (0.5ml subcutaneously) on an involuntary basis for protection of measles, mumps and rubella. This is important for the individual protection of detainees as well as the public health of the camp.

3. The MMR vaccine is a live-virus vaccine and is contraindicated in pregnant females and the immunocompromised. Additional considerations for this vaccine are as follows:

a) Each detainee will be screened for HIV upon arrival using a HIV ELISA test. Those who are seronegative and do not have other contraindications for vaccination (immunosuppressed, chemotherapy, steroids or other immunosuppressants) will receive a dose shortly after entrance into the camp.

b) Any detainee who received immune globulin or blood transfusion should wait 3-11 months for vaccination since these products may blunt the immune response to MMR.

c) PPD's should be placed prior to or simultaneously as vaccination with MMR, since the MMR can interfere with the immune response to PPD. Otherwise, the PPD should not be placed for 4-6 weeks after MMR vaccination.

d) Allergies to neomycin or gelatin are contraindications to MMR vaccination; each detainee should be asked about previous severe reactions to vaccinations.

4. Potential adverse events to vaccination may include local pain or edema in the area of the vaccination, fever, rash, or local temporary lymphadenopathy. Uncommon reactions would be joint pain or reactions such as a seizure caused by fever. Extremely rare reactions may include anaphylaxis (<1 case per 1 million doses administered), low platelets (1:100,000), or meningitis/encephalitis (1 case in 2 million doses). See Encl 2.

5. Each medical personnel should be aware of these potential side effects when assessing detainees during the 1-2 weeks after vaccination. Serious reactions will be reported to the chain of command and to VAERS.

D. Influenza:

1. Each detainee will involuntarily receive a single-dose of influenza vaccine during in-processing.

2. Each detainee will also involuntarily receive annual vaccinations during the months of October-December.

3. Dose is 0.5ml IM.

4. Side effects include local pain or swelling; fever and myalgias may occur. Very rarely anaphylaxis has been reported. Allergic reactions are uncommon and may be related to an allergy to eggs.

5. Contraindication to vaccination includes significant adverse reactions to a prior influenza vaccine or allergy to eggs.

6. For further information, see Encl 3 and the CDC Influenza vaccine information at www.cdc.gov/nip/flu.

E. Pneumococcal:

1. Those detainees meeting the Advisory Committee on Immunization Practices (ACIP) criteria to receive the pneumococcal vaccination will be offered this vaccine on a voluntary basis.

2. Indications for vaccination include age>=65 years, chronic medical conditions involving the heart, lung, liver, kidneys (ESRD, nephrotic syndrome) as well as diabetes, cancer, sickle cell disease, immunodeficiency, and asplenia.

3. Dose is 0.5 ml subcutaneously as a single dose.

4. Side effects are typically mild and may include local soreness, erythema or edema. Rarely fever and myalgias may occur. Very rarely anaphylaxis has been reported.

5. Revaccination x 1 after 5 years of the initial dose will be offered to those who are greater than age 65 years, immunocompetent patients with anatomic/functional asplenia, as well as to immunocompromised persons due to HIV-infection, malignancy, or nephrotic syndrome.

6. Contraindication includes prior adverse reaction to the pneumococcal vaccine.

7. See Encl 4 for further information.

F. Vaccine Adverse Reactions:

1. Medical personnel will immediately assess any detainee having a possible adverse reaction to vaccination.

2. Serious reactions will reported to Vaccine Adverse Events Reporting System (VAERS) [1-800-822-7967] and the vaccine series will be discontinued.

3. Reactions to vaccines will be clearly recorded within the detainee's medical record and the chain of command will be notified of the adverse event.

G. Strategies to facilitate vaccine administration in Camp Delta include:

1. Usage of the ID database to track required vaccines for each detainee since not all detainees receive the same shots at the same times. Included in this database is the date of administration and lot number of vaccine, which is also recorded in the medical record. The Internal Medicine/Infectious Disease physician maintains this database.

2. Prior to the exercise, a brief should be performed regarding the plan, proper administration/handling/storage of the vaccine, and potential side effects.

3. Continuous communication should be maintained with JDOG for organization of the vaccine program in terms of the day of the immunization exercise, other scheduled camp activities, movement within the camp, blocks to begin with, appropriate medical escorts, etc.

4. Early involvement with the linguists to announce two to three days in advance of the upcoming immunization; emphasizing the reasons for the vaccine and the benefits offered to each detainee.

5. Supplies include: syringes, alcohol swabs, appropriate vaccine storage containers (on ice if cold chain required), 2x2 dressings, bandages, sharps container, gloves, and an alpha roster of detainees requiring immunization.

6. Just prior to the exercise, preparation of syringes with vaccine maintaining appropriate cold chain storage if indicated.

7. Following completion of the exercise, the immunizations will be transcribed from the database to the medical record.

8. Personnel required for immunization exercises

   a) A nurse coordinator to organize the corpsmen and vaccine supplies

   b) Teams constructed consisting of four individuals (1-2 to administer vaccines, 1 for organization of supplies, and 1 for administrative purposes to log immunizations). Linguists should be available to assist as needed.

   c) An adequate number of corpsmen and nurses (from Detention hospital, the Joint Aid Station, and NH-Prev Med) to administer the vaccines and to then record all the shots in both the medical records and the database.

F. Reporting Requirements: at the end of each month the NCO of the S1 Processing Line will be given an updated disk of the Infectious Disease database. The S1 is housed in [redacted] DR

G. Vaccine Information:

1. CDC, National Immunization Program: www.cdc.gov/nip
2. Reference 1.
3. FDA, Vaccine Adverse Reactions: 1-800-822-7967 or www.fda.gov/cber/vaers/vaers.htm
4. National Network Immunization Information: 877-341-6644 or www.immunizationinfo.org

STANDARD OPERATING PROCEDURES
Detention Hospital
Guantanamo Bay, Cuba

REVIEWED AND APPROVED BY:

Officer In Charge _____ Date _____

IMPLEMENTED BY:

Director for Administration _____ Date _____

Senior Enlisted Advisor _____ Date _____

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Title: _____
SOP NO: _____ Date: _____

NH GTMO AND DETAINEE HOSPITAL
GUANTANAMO BAY, CUBA

Title: Severe Acute Respiratory Syndrome (SARS)

SOP NO: 042

Page 1 of 6
Effective Date: 29 Apr 03

SCOPE: Naval Hospital GTMO and the Detention Hospital

Encl:
(1) http://www.cdc.gov/ncidod/sars/infectioncontrol.htm
(2) http://www.cdc.gov/ncidod/sars/exposureguidance.htm
(3) http://www.cdc.gov/ncidod/sars/ic-closecontacts.htm
(4) http://www.cdc.gov/ncidod/sars/factsheetcc.htm
(5) www.cdc.gov/ncidod/sars/
(6) http://www.cdc.gov/ncidod/hip/ISOLAT/Isolat.htm

I. BACKGROUND:

SARS or Severe Acute Respiratory Syndrome is an emerging respiratory infection that was first described in Asia. This is a novel infection among humans, which is caused by a previously unrecognized coronavirus. Infection may occur in all age groups and races; cases have occurred equally in males and females to date. Symptoms include high fevers (>100.4F), headache, malaise, and body aches; these symptoms cannot distinguish SARS from other viral infections. After 2-7 days, some patients may develop a dry cough and dyspnea and hypoxemia. The incubation period from infection to the development of symptoms is 2-10 days.

II. PURPOSE:

Although no cases have been isolated in Cuba to date, a high awareness of this infectious disease is necessary given its rapid global spread. This SOP serves to increase awareness of this infectious disease and to set forth a protocol for isolation and evaluation of a suspected case of SARS.