



DEPARTMENT OF THE NAVY
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NAVDENCENS DIEGO INST 6440.5
O12M
4 OCT 1995

NAVDENCEN SAN DIEGO INSTRUCTION 6440.5

Subj: MEDICAL PERSONNEL AUGMENTATION SYSTEM (MPAS)

Ref: (a) BUMEDINST 6440.5 Series

Encl: (1) Responsibilities of POMI Officer
(2) Responsibilities of Command Members
(3) MPAS Monthly Status Report

1. Purpose. To issue policies, procedures and responsibilities for management of the Command Medical Personnel Augmentation System (MPAS) as defined in reference (a).

2. Background. The peacetime medical and dental manning levels of the Fleet Marine Force (FMF) and Casualty Receiving and Treatment Ships (CRTS) are maintained below combat operation levels because of differences between peacetime and combat medical/dental workload. Dental treatment facilities (DTFs) located outside of Continental United States (OCONUS) are manned at less than established wartime manning levels. Fleet Hospitals (FHs) and Rapidly Deployable Medical Facilities (RDMFs) are not manned at all. During contingency, personnel from Naval Dental Center, San Diego and other DTF's located in Continental United States (CONUS) will be drawn to fill the needs of the Operating Forces. MPAS is a system designed to ensure trained personnel are identified, prepared and capable of being transported to receiving operational support units. Personnel may be assigned to FMF Units, Fleet Units, Hospital Ships, RDMFs and OCONUS Treatment Facilities.

3. Definitions

a. Unit Augmentation. The process by which unfilled medical/dental billets of combatant forces and medical support units are filled by active duty personnel with the required officer and enlisted specialties to bring the units to their full operational allowances.

b. Augmentation Receiving Unit. Operating forces and medical support units requiring additional medical personnel to reach full operating status.

c. Augmentation Sourcing Unit. CONUS MTFs/DTFs which provide MPAS personnel to support an augmentation receiving unit during contingencies or mobilization.



NAVDENCENS DIEGO INST 6440.5

012M

4 OCT 1995

d. Platform. A term which denotes a category of augmentation receiving unit, e.g., Fleet Hospital, Casualty Receiving and Treatment Ship (CRTS), or Fleet Marine Force (FMF).

e. Residuals. CONUS MTF/DTF military staff who are not assigned to MPAS. This includes deployable and non-deployable personnel from medical and non-medical communities.

f. Readiness Training. Training which orients the augmentee to the mission and operational characteristics of a particular platform. Also, professional/military training which prepares the augmentee for a specific role or environmental condition related to wartime medicine.

g. C-Status Listing. Monthly listing displaying mobilization readiness requirements and the date the member completed those requirements.

4. Responsibilities

a. The command Plans, Operations and Medical Intelligence (POMI) Officer is assigned as the Program Manager, responsible for planning and implementing a comprehensive Unit Augmentation program that ensures command readiness to support contingency operations as directed by higher authority. Enclosure (1) is a detailed list of responsibilities for the POMI Officer.

b. Branch Clinic Directors will assist the POMI Officer in supporting Operational Forces/BUMED tasking. This shall include, but is not limited to, relieving personnel from departmental responsibilities for required training.

c. Branch Clinic Medical Personnel Augmentation System (MPAS) Coordinators will monitor and update all areas of Branch MPAS readiness and will apprise Branch Clinic Directors of readiness status as needed.

d. Command members are responsible for maintaining current physical examinations, immunizations, and other readiness requirements as per reference (a). Enclosure (2) lists detailed responsibilities for command members.

5. Reports/Forms. Branch Clinic MAPS Coordinators will provide monthly Readiness Status Updates, utilizing Enclosure (3), by last day of each month to Command POMI.



R. C. MELENDEZ

Distribution:

List 1, Case 1,2

NAVDENCENS DIEGO INST 6440.5
012M
4 OCT 1995

RESPONSIBILITIES OF POMI

1. Assign and train an assistant POMI.
2. Assign qualified individuals to meet augmentation requirements.
3. Maintain a current listing of augmentation personnel assignments.
4. Monitor readiness status of augmentees.
5. Ensure that a Medical Personnel Augmentation System (MPAS) Readiness Checklist is completed for each individual assigned to the Command.
6. Submit reports as required by higher authority.
7. Maintain liaison with the appropriate Personnel Support Detachment (PSD) to ensure preparation of required orders, passports as necessary and availability of transportation to training site or embarkation point.
8. Ensure all personnel check in/out with the Mobilization Coordinator (MOB) upon permanent change of station (PCS) orders.
9. Maintain a file on each member that contains their MPAS Readiness checklist, Geneva Conventions Identity Card, and other documents filed by the member (i.e., Application Form for ID tags, Geneva Conventions Identity Card, etc.).
10. Indoctrinate Command personnel about MPAS.

Enclosure (1)

NAVDENCENS DIEGO INST 6440.5
012M
4 OCT 1995

RESPONSIBILITIES OF COMMAND MEMBERS

1. Obtain and maintain all required immunizations.
2. Obtain and forward to Command Mobilization Coordinator spectacles and gas mask inserts as required.
3. Request Identification Tags (Dog Tags) if missing and forward to Command Mobilization Coordinator.
4. Maintain the required minimum uniform items.
5. Obtain a dental exam annually and inform the clinic Mobilization Coordinator of any change in status.
6. Obtain a current physical examination as required by the Manual of the Medical Department (MANMED), Chapter 15.
7. Request a Geneva Conventions Identity Card if not previously issued. (Medical and Dental personnel only).
8. Verify service and pay records. Ensure record of Emergency Data (page 2) is current at all times.
9. Notify the Branch Mobilization Coordinator of any change in status (i.e., pregnancy, placement on/removal from limited duty, etc.) that will affect individual Readiness Status.

Enclosure (2)

4 OCT 1995

MPAS MONTHLY STATUS REPORT
(DUE LAST DAY OF MONTH)

DATE SUBMITTED: _____

BRANCH: _____

PREGNANCY

NAME: _____ DATE PREGNANCY DETERMINED: _____

LIMITED DUTY

NAME: _____ DATE PLACED ON LIMITED DUTY: _____

NAME: _____ DATE PLACED ON LIMITED DUTY: _____

NAME: _____ DATE PLACED ON LIMITED DUTY: _____

DENTAL CLASS CHANGE

NAME: _____ DATE OF CHANGE: _____ NEW CLASS: _____

NAME: _____ DATE OF CHANGE: _____ NEW CLASS: _____

NAME: _____ DATE OF CHANGE: _____ NEW CLASS: _____

NAME: _____ DATE OF CHANGE: _____ NEW CLASS: _____

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NAME: _____ DATE OF CHANGE: _____ NEW CLASS: _____

NEGATIVE REPORT (CHECK HERE) _____

SIGNATURE: _____