

Annex Q (Medical Services) Texas Military Forces Standing Operating Guidance for Support to the State

1. Medical screening requirements of TXMF Service Members for Activation to State Active Duty.

a. Commanders of TXMF units called to State Active Duty will brief all members on the mandatory requirement to disclose current medical treatment within Health Insurance Portability and Privacy Act (HIPPA) guidelines.

(1) The member must disclose if currently under treatment and if taking prescribed medications.

(2) However, the member is NOT required to disclose diagnosis and actual medications to anyone other than a TXMF credentialed providers assigned to make a medical fit-for-duty determination.

b. Commanders will use the “Readiness Checklist to Texas Military Forces Standing Operating Guidance for Support to the State” to evaluate the fitness of members reporting for duty (see Appendix 1).

(1) Members shall disclose if they are currently under the care of a healthcare provider and/or taking prescribed medications.

(2) Commanders will arrange for member examination or interview, by designated TXMF healthcare provider, prior to activation on State Active Duty.

(3) TXMF healthcare providers may clear service members for restricted duty areas that will allow support to the mission but will not pose a significant medical contraindication to the disclosed medical condition.

(4) As deployed locations mature, members may be reconsidered for SAD if the less austere conditions of the deployed location can support their medical restrictions or needs.

c. Commanders are specifically prohibited from activating a TXMF members identified as having a current medical condition until that member is cleared by a TXMF designated provider and the Commander’s next higher Commander approves activation of that member.

d. Components’ Senior Medical Officer, (TXARNG/SG, TX/SAS, TXSG/SG) will expedite professional medical support to activating TXMF organizations and facilitate screening. JFHQ/SG will facilitate cross component support if needed to mobilize troops.

2. Medical scope of care.

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a. Medical Care: Organic medical elements will provide initial first aid medical services to Texas Military Force personnel.

b. Deploying units without fully qualified Combat Medic/ NREMT, with a current and fully supplied medic bag, will notify their command for action to arrange for medic and/or medical logistic support. Shortfalls in medics and/or equipment will be communicated through command channels as a priority for action.

c. Injury, illnesses, and hospitalization.

(1) All hospitalizations or emergency room visits, either taken by 911 or by the unit, will be reported through command channels to the JOC (Medical Desk) via the Serious Incident Report (SIR).

(2) 911 should be utilized for injury or illness that exceeds the immediate first aid capabilities of the organic medic or field medical unit.

(3) If 911 is not warranted, commanders may transport of the ill/injured member to the field medical unit, if available, or nearest Civilian Hospital via organic means.

(4) Commanders will assign an escort (battle buddy) to any medically referred member to expedite transportation, assist the member, and facilitate communication with command, JTF, and JOC (Medical Desk), as applicable. That escort will remain with the member until relieved or until the service member is returned to duty or evacuated to HOR.

(5) Command will provide a brief summary report, via SIR, of the reason for treatment/hospitalization to the JTF/SG or JOC (Medical Desk) so that command action or preventive medicine measures can be implemented to protect the force from further incident.

(6) Commanders will ensure completion of all Workmans Compensation forms by medical providers, pharmacists, witnesses, etc., so the ill/injured member case can be managed and paid expeditiously. Commanders will notify JFTX-J1-HR-S WC for assistance and instruction. See Appendix 3 (Workmans Comp) Annex C (Personnel) for all checklist, forms, and documentation

(7) If applicable JTF/SG staff will make contact with the Escort and assist in expediting treatment, prescriptions, signed HIPPA release of only essential force protection information, and documentation of medical incident for follow up at home station or potential medical profile determination.

Appendix I (Readiness Checklist) Annex Q (Medical Services) Texas Military Forces Standing Operating Guidance for Support to the State

LName: _____ FName: _____ MI: __ Rank: _____
 SSN: _____ - _____ - _____
 Unit: _____ Force Package assigned: _____
 Today's Date: _____ TEXAS USE ONLY

Stations	Texas Military Forces JRP Requirements		GO/NOGO (Circle One)		Station Initials
PERSONNEL	Identification Card		GO	NOGO	
	Records check (Update HOR mailing address)		GO	NOGO	
FAM READ	Family POC and Contact information		GO	NOGO	
LOGISTICS	Refer to Annex D of SAD SOP				
MEDICAL	Medical Screening (system check)				
	Medical Statement complete and no current illness/unresolved injury (see below)		GO	NOGO	
	- Cleared by TXMF Medical Provider to deploy		GO	NOGO	
	Immunizations Current		GO	NOGO	
	HIV-1 Antibody test within two years		GO	NOGO	
	Pregnancy Negative (IF APPLICABLE)		GO	NOGO	
	Physical profile (IF APPLICABLE)		GO	NOGO	
	Medical warning tags on hand (IF APPLICABLE)		GO	NOGO	
	SM has 30 DOS prescriptions (IF APPLICABLE)		GO	NOGO	
CHECK OUT	HOME STATION VERIFICATION				
	SM Added to Force Package DSCA Roster (verify SSN)				
	Order (Copy of compo order and FAQ is sufficient) given to SM				
	SM Signature:				
	Printed Name:				
	Unit Rep:				
Unit required					

HOR Mailing Address: _____

Family POC: _____ **Tel number:** _____

Address: _____

- (1) I am in good physical health Y / N (Circle one)
- (2) I am currently in the care of a medical provider, Y / N (Circle one)
- (3) I am currently taking prescription medications under the direction of a medical provider Y / N (Circle one)

I understand that if injured on SAD, I will be covered by State Worker's Compensation and not by military benefits.

Signature: _____

Medical Provider Clearance {if "Y" in (2) or (3)} **Y/ N (Circle one)**

Signature _____