

**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:
  - 1<sup>st</sup> provider to Triage (if not already filled)
  - 2<sup>nd</sup> provider to Immediate
  - 3<sup>rd</sup> 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]
- Maintain accountability of manpower staffing from manpower pool
- Coordinate excess personnel to needed areas

b(2)

005062

**TITLE: MASS CASUALTY PLAN**

**SOP: 025**  
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## **Appendix F**

### **MASS CASUALTY IN CAMP 5**

**005063**

**TITLE: MASS CASUALTY PLAN**

**SOP: 025**  
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**STANDARD OPERATING PROCEDURES**  
**Detention Hospital**  
**Guantanamo Bay, Cuba**

<b>REVIEWED AND APPROVED BY:</b>	
_____ Officer In Charge	_____ Date
<b>IMPLEMENTED BY:</b>	
_____ Director for Administration	_____ Date
_____ Senior Enlisted Advisor	_____ Date
<b>ANNUAL REVIEW LOG:</b>	
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SOP NO: _____	Date: _____

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**DETAINEE HOSPITAL  
GUANTANAMO BAY, CUBA**

**SOP NO: 030**

**Title: MEDICAL INTERVENTION FOR  
HELMINTHIC INFECTIONS**

**Page 1 of 3**

**Effective Date: 21 Mar 03**

**SCOPE: Detention Hospital**

**REF:**

- (a) AFMIC MEDIC CD-ROM
- (b) Control of Communicable Diseases Manual, 17<sup>th</sup> 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.

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**MEDICAL INTERVENTION FOR HELMINTHIC INFECTIONS SOP: 030**  
**Page 2 of 3**

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.

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**STANDARD OPERATING PROCEDURES**  
**Detention Hospital**  
**Guantanamo Bay, Cuba**

<b>REVIEWED AND APPROVED BY:</b>	
_____ Officer In Charge	_____ Date
<b>IMPLEMENTED BY:</b>	
_____ Director for Administration	_____ Date
_____ Senior Enlisted Advisor	_____ Date
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# LATENT TUBERCULOSIS MANAGEMENT

SOP: 031  
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DETAINEE HOSPITAL  
GUANTANAMO BAY, CUBA

SOP NO: 031

Title: LATENT TUBERCULOSIS MANAGEMENT

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 where previous evaluations ended.

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## LATENT TUBERCULOSIS MANAGEMENT

SOP: 031

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- 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.

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## LATENT TUBERCULOSIS MANAGEMENT

SOP: 031  
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normally  $\geq 10$ mm 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.

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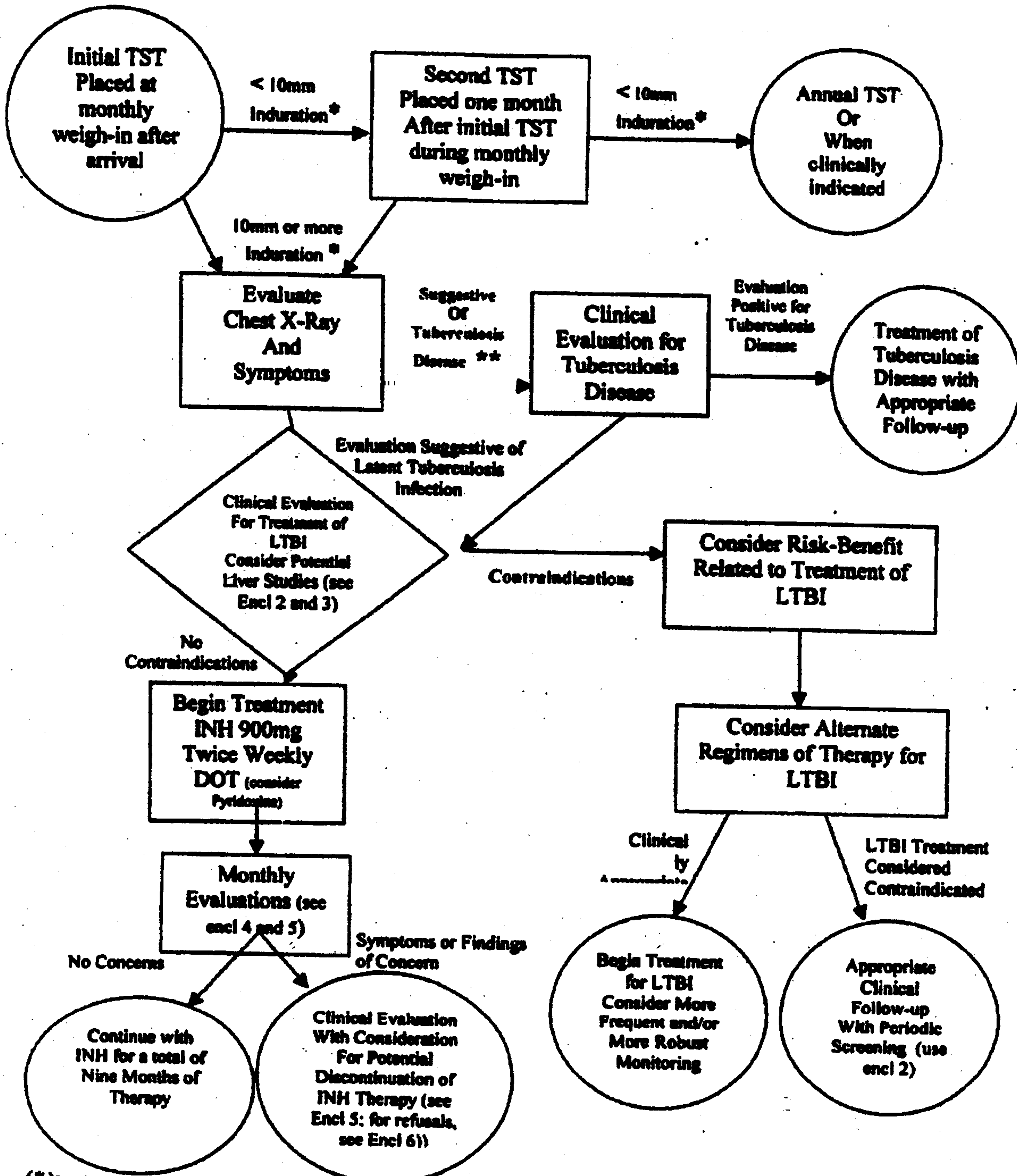
## LATENT TUBERCULOSIS MANAGEMENT

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- 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.

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# LATENT TUBERCULOSIS INFECTION MANAGEMENT



(\* ) 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 2014 005072 (1/1)

**LATENT TUBERCULOSIS MANAGEMENT**

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**Detainee Number: \_\_\_\_\_ Age of Detainee: \_\_\_\_\_ Date: \_\_\_\_\_**

**Initial/Annual Tuberculosis Patient Questionnaire**

**Are you experiencing any of the following problems:**

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

**Medical Provider Review:**

**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**

**LATENT TUBERCULOSIS MANAGEMENT**

**SOP: 031  
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**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, w/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.**

**Enclosure (3)**

**005074**

**LATENT TUBERCULOSIS MANAGEMENT**

**SOP: 831  
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**Detainee Number:** \_\_\_\_\_ **Age of Detainee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**INH Therapy Monthly Patient Questionnaire**

**Are you experiencing any of the following problems:**

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

**Enclosure (4)**

**005075**

**LATENT TUBERCULOSIS MANAGEMENT**

**SOP: 031  
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**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?**

**Enclosure (5)**

**005076**

**STANDARD OPERATING PROCEDURES**  
**Detention Hospital**  
**Guantanamo Bay, Cuba**

<b>REVIEWED AND APPROVED BY:</b>	
_____	_____
<b>Officer In Charge</b>	<b>Date</b>
<b>IMPLEMENTED BY:</b>	
_____	_____
<b>Director for Administration</b>	<b>Date</b>
_____	_____
<b>Senior Enlisted Advisor</b>	<b>Date</b>
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005077

**Emergency Response Team**

**SOP: 032**

**DETAINEE HOSPITAL  
GUANTANAMO BAY, CUBA**

**SOP NO: 032**

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

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

**SCOPE: Detention Hospital**



**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

[REDACTED] 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] b2 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.
- 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.

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- 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 injuries or detainees found unresponsive and until cleared by appropriate medical personnel.  
 b2
  
  - Personal safety is paramount.  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 Corpman 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.

005079

**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) \_\_\_\_\_
- Surgiflube (1 tube) \_\_\_\_\_
- Oral Airway - sizes 9,10,11 (1 ea.) \_\_\_\_\_
- Nasal Airway (1) \_\_\_\_\_
- 3cc Syringe (2) \_\_\_\_\_
- 10cc Syringe (2) \_\_\_\_\_
- Epi-Pen Exp \_\_\_\_\_ / \_\_\_\_\_
- Sharps Container (1) \_\_\_\_\_
- Traction Sissors (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<sub>2</sub> Tank \_\_\_\_\_ PSI \_\_\_\_\_
- Adult Nasal Cannula (1) \_\_\_\_\_
- O<sub>2</sub> 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

**ANNUAL REVIEW LOG:**

By: \_\_\_\_\_

Date: \_\_\_\_\_

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Date: \_\_\_\_\_

**005082**

**DETAINEE HOSPITAL  
GUANTANAMO BAY, CUBA**

**SOP NO: 637**

**Title: IN-PROCESSING MEDICAL EVALUATION**

**Page 1 of 4**

**Effective Date: 24 Sep 63**

**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).

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**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.**

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**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.**

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**STANDARD OPERATING PROCEDURES**  
Detention Hospital  
Guantanamo Bay, Cuba

**REVIEWED AND APPROVED BY:**

\_\_\_\_\_  
Officer in Charge

\_\_\_\_\_  
Date

**IMPLEMENTED BY:**

\_\_\_\_\_  
Director for Administration

\_\_\_\_\_  
Date

\_\_\_\_\_  
Senior Edited Advisor

\_\_\_\_\_  
Date

**ANNUAL REVIEW LOG:**

By: _____	Date: _____
By: _____	Date: _____
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**ENTIRE SOP SUPERSEDED BY:**

Title: \_\_\_\_\_  
SOP NO: \_\_\_\_\_ Date: \_\_\_\_\_

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