

## MILPERSMAN 1770-230

### Wounded, Ill, and Injured Sailors: Casualty Reporting, Notification, and Bedside Travel

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<b>References</b>	(a) P.L 111-84, Section 632, National Defense Authorization Act for Fiscal Year 2010 (NDAA 10) (b) 37 U.S.C (c) DoD Instruction 1300.18, Department of Defense Personnel Casualty Matters, Policies, and Procedures (d) NAVSO P-6034, Joint Federal Travel Regulations (JFTR), Volume 1
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1. **Policy.** Sailors with medical conditions covered in this article must be reported to Office of the Chief of Naval Operations (OPNAV), Casualty Assistance Branch (N135C) immediately. In addition, the Sailor's primary next of kin (PNOK) shall be notified as soon as practical. Reference (a) and section 411h of reference (b) authorize transportation of eligible travelers to the bedside of a Sailor; incident to hospitalization for treatment of wounds, illness, or injury for the period of his or her in-patient treatment. Once it has been reported that a Sailor will be admitted to a hospital, the Navy will make every effort to coordinate travel arrangements for eligible travelers to ensure their presence at the bedside (as soon as the travelers are ready to travel).

2. **Definitions.** For the purposes of this article, the following definitions apply:

**a. Sailor:**

(1) Active duty member entitled to pay and allowances under section 411h of reference (b).

(2) Reserve Component (RC) entitled to disability pay and allowances. Transportation and per diem are authorized to visit an RC member who is entitled to disability pay and allowances under section 204g of reference (b) who is physically disabled as the result of an injury, illness, wound or disease incurred or aggravated, or in a situation of imminent death whether or not electrical brain activity still exists or brain death has been declared **and** who is hospitalized in a medical facility anywhere in the world if that member became ill, injured, or diseased:

(a) In the line of duty while performing inactive-duty training (other than work or study in connection with a correspondence course of an armed force or attendance in an inactive status at an educational institution under the sponsorship of an armed force or the Public Health Service); or

(b) While traveling directly to or from such training.

(3) **Sailor Retired due to Wound, Illness, or Injury.** Transportation and per diem are authorized to visit a Sailor who is retired solely because of a serious wound, injury, illness, or because of an imminent death declaration whether electrical brain activity still exists or brain death is declared **and** who is hospitalized in a medical treatment facility anywhere in the world. Transportation and per diem are to be provided incident to, and about the same time as the occurrence of the serious wound, serious illness, serious injury, or imminent death declaration, and are not intended to be provided at a later date. This authority does not extend to retirees who incur serious injuries or illnesses after retirement, or whose death becomes imminent after retirement.

**b. Designated Individual:**

(1) An individual designated by the Sailor to travel to bedside during the period of his or her in-patient treatment. A Sailor may make designation verbally at the time of hospitalization or annotate designation on the DD 93 Record of Emergency Data (i.e., Page 2).

(2) A family member or anyone with a personal relationship to the Sailor whose presence may aid and support the health and welfare of the Sailor during the period of his or her in-patient treatment.

(3) The military medical treatment facility (MTF) ethics committee will make the designated individual determination when:

(a) It has been determined by the attending physician or surgeon that the Sailor is not able to make such a determination; and

(b) The Sailor has not identified anyone as a designated individual on the DD 93.

Note: Designations are not permanent. Choice of designated individuals may be changed at any time.

**c. Family member:**

(1) The spouse.

(2) Children (including stepchildren, adopted children, and illegitimate children).

(3) Parents or persons in loco parentis (including fathers and mothers through adoption) and persons who stood in loco parentis to the Sailor for a period of not less than 1 year immediately before the Sailor entered the United States (U.S.) Navy.

(4) Siblings.

(5) Other Next of Kin (NOK).

**d. PNOK** - The person most closely related to the deceased Sailor is considered PNOK for casualty notification and assistance purposes. An un-remarried surviving spouse is PNOK. This is usually the spouse for married persons and the parents for unmarried Sailors. An un-remarried surviving spouse is always designated the PNOK. The term "surviving spouse" does not include one who obtained a divorce from the Sailor **(at any time)**. (See MILPERSMAN 1770-010 definitions for a more detailed definition)

e. **Serious Mental Disorder** - A diagnosed mental disorder that requires intensive mental health treatment or hospitalization. The circumstances in which a Sailor shall be considered to have a serious mental disorder for purposes of this section shall include, but not be limited to, the following:

(1) The Sailor is considered to be a potential danger to self or others as a result of a diagnosed mental disorder that requires intensive mental health treatment or hospitalization.

(2) The Sailor is diagnosed with a mental disorder and has psychotic symptoms that require intensive mental health treatment or hospitalization.

(3) The Sailor is diagnosed with a mental disorder and has severe symptoms, or severe impairment in functioning that requires intensive mental health treatment or hospitalization.

3. **Reporting Requirements.** Commands are required to submit a Personnel Casualty Report (PCR) within 4 hours of learning of the incident, per reference (c) and MILPERSMAN 1770-030, Personnel Casualty Report Procedures. If a Sailor becomes a casualty while away from his or her command, the local Navy activity apprised of the circumstances shall verify the casualty and notify the Sailor's command and OPNAV (N135C).

a. **Reasons for Initially Reporting a Personnel Casualty:**

(1) **Terminally Ill (TI)** - The casualty status of a Sailor whose illness has been diagnosed by an Armed Forces medical officer and the Sailor is hospitalized in a medical treatment facility.

(2) **Very seriously wounded, very seriously ill, or very seriously injured (imminent danger of loss of life) (VSI)** - The casualty status of a Sailor whose illness or injury is such that medical authority declares it more likely than not, that death will occur within 72 hours.

(3) **Seriously wounded, seriously ill, or seriously injured (SI)** - The casualty status of a Sailor whose illness or injury requires medical attention, medical authority declares that death is possible, but not likely, within 72 hours and or the severity is such that it is permanent and life-altering.

(4) **Not seriously wounded, ill, or injured (NSI)** - The status of a Sailor meeting **all** of the following criteria:

(a) Wound or injury occurred in a combat operation or an area designated as a combat operation or combat zone.

(b) Wound or injury requires medical attention.

(c) Condition classified as less severe than SI by medical authority.

(d) Hospitalization in a medical facility for treatment of that wound or injury.

(5) **Serious Mental Disorder** as defined in paragraph 2.d.(1)-(3).

4. **Additional Reporting Requirements:**

a. For Sailors with medical conditions specified in paragraph 3 above, the **naval medical treatment facility (MTF) or the naval command assigned medical cognizance (MEDCOG) over a non-military MTF**, must report via PCR:

(1) Any admittance or discharge.

(2) Status changes immediately upon any change in Sailor's medical condition, or weekly, whichever occurs first.

(3) Evacuations from overseas to a hospital within the continental U.S. (CONUS).

b. **The command directed to make the notification (see paragraph 5. below) or the Casualty Assistance Calls (CAC) Regional Program Director** will immediately report any travel arrangements of designated individuals by supplemental PCR or by direct contact with OPNAV (N135C).

c. Per MILPERSMAN 1770-030, the following must be stated in Data Element ECHO of PCR: **"Bedside travel medically warranted/not warranted"**.

Note: Only a **military medical officer at the military MTF or the command assigned medical cognizance over a non-military MTF** can make a bedside travel warranted determination. Ensure the

rank, name, and contact information of the military medical officer making the determination is included.

5. **PNOK Notification Responsibilities**. Whether the Sailor is hospitalized within the continental United States (CONUS), outside the continental United States (OCONUS), or aboard ship, it is the primary responsibility of the Sailor's **Commanding Officer (CO)** to ensure notification is made to the PNOK.

a. Additionally, the **naval MTF or naval command assigned MEDCOG over the non-naval MTF shall follow-up with PNOK to make sure notification has been made.**

b. Notification shall be made by the most appropriate rapid means of communication available. If unable to make notification, contact OPNAV N135C for assistance. In addition, each command shall provide updates to the PNOK of the Sailor's condition. Submit a supplemental PCR upon each subsequent update, reporting in data element GOLF, the date, time, and person making notification to the PNOK.

c. **Evacuation from Overseas**. If Sailor is being evacuated from overseas to a hospital within the continental U.S. (CONUS), notification will be made to the PNOK reporting:

(1) Condition of the Sailor;

(2) Sailor's pending evacuation to a hospital in the U.S. (naming the hospital when known); and

(3) Availability of Government provided travel to meet their Sailor as they arrive at a CONUS MTF per paragraph 7, 8, and 9 below.

**NOTE: Due to uncertainties of transportation associated with overseas evacuations, travel to the CONUS hospital should not take place until Sailor has arrived.**

d. When the Sailor's condition is no longer listed as SI or VSI and the Sailor is capable of communicating with the NOK, use the most appropriate means of communication available to advise the PNOK of the Sailor's status. The Sailor should also be advised to communicate directly with the PNOK.

6. **When a Member is Admitted to a Foreign Hospital**. Irrespective of condition, if a Sailor is admitted to a foreign

hospital, and or if it is necessary for the Sailor's ship to depart, the Sailor's command or the naval command assigned MEDCOG over the area is required to perform the following:

a. Submit a PCR and notify the NOK in the same manner and format as that prescribed in paragraph 3, 4, and 5. above; and

b. Inform the nearest U.S. Consular Office and include that office as an information addressee on all messages.

7. **Travel and Transportation Authorized:**

a. **Travel Entitlement.** Per paragraph U5246 of reference (d), travel and transportation may be provided for not more than three of the Sailor's designated individuals. In the case where the designated individual is a uniformed Service member, he or she may be provided travel and transportation in the same manner as outlined in subparagraph 7b below.

b. **Travel and Transportation:**

(1) Each designated individual may be provided one roundtrip between the designated individual's home and the medical treatment facility (MTF) in any 60-day period. However, not more than a total of three roundtrips may be provided to the designated individual(s) in any 60-day period.

(2) If a non-medical attendant has been designated for a Sailor during the 60-day period, no more than a total of two round-trips may be provided in a 60-day period at Government expense, per reference (a). Three round trips may be restored to the eligible travelers, if within the 60-day period:

(a) There is no longer a designation of a non-medical attendant.

(b) The non-medical attendant designation transfers to another individual.

8. **Round-Trip Transportation and Per Diem Allowance:**

a. The transportation authorized per reference (d) is round-trip transportation between the home of the traveler and the location of the medical facility in which the Sailor is hospitalized.

b. In addition to the authorized transportation, the Navy may provide a per diem allowance or reimbursement for the actual and necessary expenses of the travel, or a combination thereof, not to exceed the rates established per reference (d), for the period of time that the designated individual is at bedside where the Sailor is hospitalized and classified as stated in paragraph 3.a. of this article.

9. **Method of Transportation Authorized:**

a. One or a combination of the following methods of transportation is authorized per section 411h of reference (b).

(1) Government procured transportation (Transportation in-kind).

(2) Personally procured transportation. Personally procured transportation is a reimbursable expense; however, reimbursement may not exceed the cost of Government-procured commercial round-trip air travel (e.g., first class air fare is not authorized).

(3) Privately owned conveyance (POC). Reimbursable mileage rates for official distance traveled by POCs are covered per paragraph U2600 of reference (d).

(4) **A Rental car is not authorized for reimbursement.**

b. An allowance payable, per reference (d), may be paid in advance.

10. **Commander/CO/Officers in Charge/Command Master Chief:**

a. Ensure all Navy personnel understand the importance of the DD 93 and accurately complete the form with contact information for NOK and designated individual as identified in this article.

b. Ensure all Navy personnel update their electronic service record with current emergency contact information.

c. Ensure immediate notification of a personnel casualty is made to OPNAV (N135C), Bureau of Medicine and Surgery (BUMED), and the chain of command within 4 hours of the casualty (as delineated per MILPERSMAN 1770-030).



d. Ensure a courtesy casualty assistance calls officer (CACO) or a command representative is assigned to assist designated individuals.

(1) A command representative may be assigned, after consultation with regional casualty assistance calls (CAC) and (OPNAV) N135C, if all support requirements can be met for designated individuals at or near the medical treatment facility where the Sailor is receiving treatment.

(2) Coordinate assignment of a courtesy CACO through the regional CAC program director.

e. Assist with transportation of designated individuals to and from the airport when travelers are collocated in the same geographic area as the command.

11. **BUMED**:

a. Determine designated travelers when Sailor is unable to communicate his or her desires. The military MTF ethics committee will coordinate with OPNAV (N135C) to determine the designated individual whose presence may contribute to the Sailor's health and welfare.

b. Provide guidance to Sailor's primary mental health provider, when consulted, to assist in the determination of a "serious mental disorder" and ensure notification to OPNAV (N135C).

c. Provide immediate updates to courtesy CACO, Sailor's command, region, and OPNAV (N135C) for pending transfer to another medical treatment facility, condition changes (e.g., bedside no longer warranted) or in advance of Sailor being released from an inpatient status.

12. **Commander, Navy Installations Command (CNIC)**:

a. CAC Program Manager CNIC (N00K) shall:

(1) Ensure regional CAC program managers and courtesy CACOs are provided proper training regarding policy and procedures for assisting with the transportation of designated individuals incident to hospitalization of Sailors for treatment.

(2) Ensure that designated individuals have assistance in the form of a courtesy CACO or command CACO to assist with travel and bedside issues.

(3) Notify OPNAV (N135C) if any problems are encountered in assisting designated individuals during their bedside travel.

b. Pay, Personnel, and Passenger Transportation Program Manager, CNIC (N14) shall:

(1) In response to orders written and funded by OPNAV (N135C), process advances (as applicable) for travelers on bedside invitational travel orders (ITO) or invitational travel (ITA).

(2) Identify a personnel support activity detachment to support liquidation of travel claims and process travel claims for ITOs.

13. **Navy Casualty Assistance (OPNAV N135C):**

a. Upon notification of a personnel casualty, based on criteria of this article, create a record in the Defense Casualty Information Personnel System to document events related to the casualty.

b. Assist in the identification of eligible travelers who may be authorized to travel to Sailor's bedside.

c. Coordinate travel arrangements for designated individuals to facilitate their presence at bedside (as soon as they are able to travel).

d. Provide ITO/ITA, as required, based on the status of the designated individual. At the completion of travel, process traveler's submitted travel claim for reimbursement of authorized expenses.

e. If the traveler desires to travel via POC or procures his or her own commercial air fare, process submitted travel claims for reimbursement of authorized expenses.

f. For a designated individual, process all travel claims for travel reimbursement when travel occurs under the authority of this article to the bedside of a Service member who is serving in another branch of service.