

Army Regulation 40-3

Medical Services

Medical, Dental, and Veterinary Care

**Headquarters
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UNCLASSIFIED

6-6. Dental appointments

a. Whenever possible, DTFs will schedule appointments based upon the dental readiness status and the mission essential duties of the patient. The patient and/or unit commanders will be notified when scheduled appointments must be changed or canceled.

b. Unit commanders are responsible for the dental readiness of their personnel and for their personnel reporting for appointments promptly. The DTF will be notified as soon as possible when appointments must be canceled.

c. In coordination with responsible unit commanders, dental commanders will reduce broken and canceled appointments to minimum levels. Management techniques will be used to fill open appointments to the maximum extent possible.

d. Flexible appointment scheduling, determined by the type and extent of treatment planned, is essential for an efficient operation of a DTF.

e. Whenever possible, patients should be provided a written record of their scheduled appointments. DA Form 3982 (Medical and Dental Appointment) provides an effective format for this purpose.

f. Dental commanders will collect and analyze data on broken and canceled appointments. Time lost because of unfilled appointments will be analyzed and corrective actions taken as necessary.

6-7. Audit system

Dental commanders will implement a functional audit system. This system will ensure that electronically generated dental workload reports are correct and the daily treatment entry on the SF 603/603A accurately represents the care provided. A standard of care evaluation of the treatment provided will be part of the audit system.

6-8. Preventive dentistry

a. The prevalence of oral disease and injury among Army beneficiaries is so great that cure and restoration of these conditions exceeds the capability of the ADCS. The costs associated with providing direct care or dental insurance programs can be reduced by the avoidance of preventable diseases and injuries. To reduce the prevalence of oral disease and injury, the ADCS will conduct a preventive dentistry program with three components: the Oral Health Fitness Program, the Clinical Preventive Dentistry Program, and the Community Preventive Dentistry Program. The details of these programs are found in AR 40-35.

b. The community director of dental services (DDS) will conduct preventive dentistry programs for the military population within their area of responsibility. The highest priority will be given to services that improve the dental readiness of soldiers in support of military operations.

c. All dental treatment plans will include measures to promote oral health and prevent dental disease and injury.

d. General health promotion and disease prevention (for example, hypertension screening, tobacco intervention, and nutrition education) will be integrated into dental programs. The DDS will also seek ways to integrate oral health promotion and disease prevention into AMEDD and community programs (for example, nutrition, neonatal education, community health visits, school programs, physical examinations, and outpatient and TMC visits).

e. Installation water fluoride adjustment is important for the maintenance of adult dental health as well as child dental health. The DDS should establish procedures to assist in periodic fluoride surveillance and educate the community on requirements for safe and effective fluoride measures.

Chapter 7 Medical Libraries

7-1. Purpose

This chapter prescribes policies, standards and procedures, and provides guidance for the AMEDD Medical Library and Information Network (AMEDD MEDLI-NET).

7-2. Applicability

This chapter applies to all libraries, library systems, information centers, and library programs within the AMEDD. Specifically included are the USAMEDCOM libraries, U.S. Army Medical Research and Materiel Command (USAMRMC) libraries and information centers, Stimson Library at the AMEDD Center and School (AMEDD C&S), and the U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM) library. Specifically excluded are the Armed Forces Medical Library (AR 10-64/OPNAVINST 6700.2/AFR 160-29/MCO 5420.18A), patients' libraries under monitorship of the USAMEDCOM, and other general library collections and services offering diverse self-developmental reading.

7-3. Objectives

The objectives of the AMEDD MEDLI-NET are to—

- a. Organize all AMEDD libraries and information centers into an integrated library and information network providing the level and degree of information services required by all elements of the AMEDD.
- b. Make the latest library and information science techniques and network technologies available to AMEDD libraries and information centers and their clientele through the AMEDD MEDLI-NET and other electronic gateways.
- c. Ensure the highest quality library and information services are provided to all echelons of the AMEDD.
- d. Promote electronic connectivity with local, State, regional, Federal, and non-Governmental library networks.

7-4. Responsibilities

- a. The Assistant Chief of Staff for Health Policy and Services, USAMEDCOM, is the executive agent responsible for developing policies and procedures for the AMEDD MEDLI-NET.
- b. USAMEDCOM, USAMRMC, AMEDD C&S, and USACHPPM commanders at all levels will ensure compliance with this regulation.
- c. The USAMEDCOM Library Program Director (MACOM Librarian) will—
 - (1) Advise the Assistant Chief of Staff for Health Policy and Services, on matters concerning the command's library program.
 - (2) Serve as Deputy Career Program Manager for medical librarians in the Army Civilian Librarian Career Program and represent the command on its planning board and screening panel.
 - (3) Serve as principal spokesperson for the USAMEDCOM on medical library matters.
 - (4) Serve as the commander's representative to Federal, non-Federal, civilian, and Army library groups/committees.
 - (5) Assess the library program and individual library activities through consultation and on-site visits to CONUS and overseas USAMEDCOM medical library facilities.
 - (6) Review, analyze, and consolidate the library management annual reports submitted on DA Form 7397 (U.S. Army Medical Command Library Annual Report FY__). (See para 7-8.)
- d. The librarian/technical information specialist will be responsible for all aspects of the library/information program to include at least the following:
 - (1) Developing programs and services in support of the AMEDD that are customer-oriented, demand-driven, and knowledge-based.
 - (2) Applying rapidly changing information technologies in the acquisition, storage, management, and dissemination of knowledge-based information.
 - (3) Developing an effective marketing plan to promote its collection, products, and services.
 - (4) Evaluating the performance and continuous improvement of AMEDD libraries and information centers through the use of formal and informal needs assessment surveys.
 - (5) Developing local policies and regulations governing the use of an AMEDD library or information center with approval by the commander, or his or her designee.
 - (6) Employing the use of quality filtering techniques in retrieving information.

7-5. Policy

- a. Medical libraries will be established at all MEDCENs and MEDDACs subject to the approval of the Commander, USAMEDCOM (MCHO-CL), 2050 Worth Road, Fort Sam Houston, TX 78234-6010.
- b. Libraries established at the AMEDD C&S, USACHPPM, and USAMRMC are subject to approval by the responsible major subordinate commander.
- c. Medical libraries will comply with the JCAHO standards for knowledge-based information.
- d. MEDCEN and MEDDAC medical libraries will use the Medical Library Association's (MLA's) hospital library standards to develop and evaluate services and/or policies.
- e. At graduate medical education program sites, the level of services and on-site accessibility to the library will comply with the accrediting requirements of the Accreditation Council for Graduate Medical Education and the residency review committees for the various specialties.
- f. A medical library committee representing a cross section of the professional staff will be established to serve in an advisory capacity to the medical librarian.
- g. All AMEDD libraries and information centers will participate in the AMEDD MEDLI-NET.
- h. AMEDD libraries and information centers will share their collective resources through the following services: interlibrary loan/document delivery; bibliographic access to journals, monographs, technical reports, and audiovisual information; duplicate/excess journals exchange; and cooperative technical processing.
- i. AMEDD libraries and information centers will use commercial search services and networks to ensure AMEDD staffs have access to the required multimedia bibliographic and online services.
- j. Libraries will provide reference and bibliographic services to all authorized users and to personnel who are on temporary duty (TDY) to the facility.
- k. The library staff will conduct a continuous program of orientation and instruction for the AMEDD staff in the use of the library and managing knowledge-based information.

l. The library's circulation system records will ensure the proper lending, safeguarding, and return of library materials. There will be an organized plan for the systematic follow-up and return of overdue library materials.

m. Indefinite loan collections should be kept to a minimum and should include only items used daily.

n. Library personnel will ensure that interlibrary loan policies—

(1) Conform to the interlibrary loan codes of the National Library of Medicine (NLM), the American Library Association, and the guidelines of the Commission on New Technological Uses of Copyrighted Works.

(2) Promote the use of the most expeditious and cost-effective interlibrary loan/document delivery services for obtaining the loan or photocopy of materials required by staff in connection with their official duties.

(3) Address payment for interlibrary loans/document delivery by establishing accounts with the Federal Library and Information Network and non-Federal institutions.

(4) Use the following guidelines for mailing library materials.

(a) AR 25–51 permits the use of registered, first-class mail for books and other library materials that are one-of-a-kind, out-of-print, irreplaceable, or exceed \$200 in value.

(b) Numbered, insured mail will be used to return borrowed library and similar items when required by non-Government lenders.

(c) Third class or fourth class mail, depending on the weight of materials, will be used to ship library materials which are not specified in the above categories.

(d) Overnight delivery is authorized when necessary to meet mission requirements.

(5) Designate the use of DOCLINE, the NLM's National Network of Libraries automated interlibrary loan and referral system.

(6) ***(Rescinded.)***

(7) Comply with the provisions of the Copyright Law, P.L. 94–553. On-demand systematic copy services staffed by Government employees are not authorized; such a service is in violation of the copyright law. Libraries may make photocopies for interlibrary loan within the guidelines of the law.

o. When feasible, technical services functions of acquisitions, cataloging, and shelf-ready processing may be consolidated for AMEDD libraries collocated on the same installation.

p. The NLM Classification Scheme and the NLM Subject Headings will be used for cataloging and classifying books. Library of Congress (LC) classification and subject headings will be used for non medical titles.

q. Libraries without online access to the Online Computer Library Center (OCLC) will order cards from commercial sources that use the standard Machine-Readable Cataloging format and provide cataloging from NLM and LC. Original cataloging will not be done locally unless OCLC access is available on site.

r. If local policy dictates, audiovisual/visual information units will be cataloged and incorporated into the library's collection.

s. A local policy for binding will be formulated. In clinical libraries, priority will be given to those journals indexed in standard indexing services, such as INDEX MEDICUS, PSYCHOLOGICAL ABSTRACTS, etc.

t. AMEDD libraries and information centers will develop a local policy for withdrawing outdated or unused materials from the library collection. This policy will identify any mission-related requirements impacting the retention of these materials.

u. Membership in the MLA is recommended for all AMEDD libraries.

v. Each medical librarian will obtain copies of the U.S. edition of the NATO Handbook of Emergency War Surgery (CMH Pub 83–3) in sufficient quantity to allow issuance by commanders to each medical, dental, and veterinary corps officer upon first coming on AD. These handbooks become the personal property of the officer and are not accountable.

w. The medical library committee may advise on the selection of those materials that will be housed in the library or exist on the library inventory. The librarian/technical information specialist will serve as reviewer for the acquisition of library materials in various formats for the organization. The librarian/information specialist is not authorized to make credit card purchases of materials not housed in the library or existing on the library inventory.

x. AMEDD libraries and information centers should be staffed during the facility's regular duty hours. After hours, key-card access is authorized in compliance with the JCAHO standards and those of other accrediting agencies.

y. Physical facilities will be readily accessible to the staff and should be large enough to house the collection and have space for services provided, without encroaching on reading and study areas. Reading and study areas will be reserved for library users.

z. AMEDD libraries and information centers should have the appropriate equipment to accomplish the mission of the facility the most cost effectively. Photocopiers should be maintained for all AMEDD libraries and information centers to ensure maximum use of the collection and to minimize losses of collection materials.

7–6. Personnel

a. AMEDD libraries and information centers will be staffed by individuals in the following series according to the provisions of the Civil Service Handbook X–118, Qualification Standards Handbook: GS–1410, Professional Librarian;

GS-1411, Library Technician; or GS-1412, Technical Information Specialist. Libraries without an individual in one of these series should request periodic consultations from the command medical librarian or their regional MEDCEN.

b. AMEDD libraries and information centers staffed by a professional librarian in the GS-1410 series will place the librarian on orders as the accountable property officer for the library according to AR 735-17.

c. Clinical libraries shall, whenever feasible, be directed by a qualified medical librarian holding a graduate degree in library science from an American Library Association accredited library school. Clinical libraries may also be directed by a library administrator with equivalent education or experience.

d. All library activities will have adequate clerical support for the performance of routine medical library functions.

e. Mission essential training and continuing education courses are required for AMEDD library staff to develop skills and specializations required by the continually evolving disciplines of library and information science. Certification by the MLA is desirable and recommended. The MLA credentialing program, the Academy of Health Information Professionals, demonstrates initiative in completing an approved educational program for professional development.

f. AMEDD library and information center staffs are encouraged to join and participate in local consortia and additional professional library organizations.

g. At clinical libraries adequately staffed by individuals in the GS-1410 or GS-1412 series, specialized services, such as a Clinical Medical Librarianship program or Literature Attached to Charts program may be established, as required.

7-7. Collection development

a. Collections will support the patient care, health care administration, education, training, readiness, and research needs of the organization.

b. Regional cooperative collection development policies for AMEDD libraries and information centers will be developed to eliminate unnecessary duplication.

c. Development of the AMEDD library and information center collection will be based on the collection development guidelines determined by the library staff. Collections should include material in the following categories as determined by the librarian/technical information specialist and recommended by the medical library committee, as appropriate:

- (1) Journal subscriptions.
- (2) Monographs and textbooks.
- (3) Reference materials.
- (4) Reprints of staff and other source publications.
- (5) Patient education/consumer health.

d. AMEDD libraries and information centers will, where feasible, retain first copies of all texts in the library's collection and will not sign them out on indefinite loan. Second and successive copies may be purchased for indefinite loan libraries pending the review by the librarian and the availability of funds.

e. Increased demands for access to electronic information in the collection requires the availability of hardware and software to support customer needs. As a minimum standard, AMEDD libraries should have the technology to use CD-ROMs and access automated services, such as online bibliographic and cataloging services, the AMEDD MED-LI-NET, the Internet, and other electronic information sources.

7-8. Management reporting (RCS MED-402)

Each AMEDD library and information center will submit DA Form 7397. The report summarizing data from the fiscal year (FY) will be submitted by 31 October to the Commander, USAMEDCOM (MCHO-CL), 2050 Worth Road, Fort Sam Houston, TX 78234-6010. (DA Form 7397 is available on the Army Electronic Library (EM0001) and the USAPA Web site (<http://www.usapa.army.mil>). Appendix C contains instructions for the use of this form.)

7-9. Accountability

Policies addressing accountability and inventory will be according to AR 735-17. AMEDD libraries will be issued a DOD activity address code to identify the library's property account. (See AR 725-50.)

7-10. Procurement

AMEDD libraries and information centers will utilize the most cost effective and responsive means of acquiring materials in support of the facility's mission.

collections (reported in Section II, 12) or loaned to other libraries on interlibrary loan (reported in Section III, 15b). A daily count need not be maintained if a random sample accurately reflects the data.

(2) *Item 15. Interlibrary loans (ILL).* These are library materials received (borrowed) by the library or loaned to other libraries in response to a specific title, author, or subject request. Rental collection transactions are not included.

(3) *Item 16. List ILL systems/document delivery services used.* Examples are OCLC, DOCLINE, Carl Uncover, Information on Demand, British Library Document Supply Centre, etc.

(4) *Item 17. Tables of contents service.* This includes scanning and/or routing tables of contents and the number distributed. Calculate the number distributed by multiplying the frequency the journal is published times the number of users to whom it is routed.

(5) *Item 18. Selective dissemination of information services.* Includes current awareness searches and repetitive, structured bibliographies (manual or online) done for library users in areas of broad and specific interest and the number of profiles maintained. Report the number of profiles maintained not the total number performed annually which is reported in Item 27.

(6) *Item 19. Outreach services (clinical medical librarianship/literature attached to charts, regional services, etc.).* Explain the library services provided to customers within and outside the primary facilities served.

(7) *Item 22. Number of reference transactions.* These are transactions which call for professional library staff skill in locating and supplying information from inside or outside sources, analysis or interpretation of literature, selection and assemblage of library materials to answer an inquiry, and/or acting as a clearinghouse for referrals to other expert sources. These transactions may involve, but are not limited to, extensive research. Do not include reference transactions involving only online/CD-ROM/OPAC searches (reported in Section IV, 27a-c).

(8) *Item 24. Identify networks/cooperative arrangements/consortia actively used (local/State/regional/Federal).* Medical libraries report by region number and name of servicing regional medical library (for example, the National Network of Libraries of Medicine, AMEDD MEDLI-NET, FEDLINK, OCLC, DTIC, etc.).

d. Section IV-Online services/automation.

(1) *Item 25.* List databases available for use by the library's clientele, (for example, online, CD-ROM products, and the Internet such as the NLM/Grateful Med, MEDLINE on CD-ROM (including vendor's name), Information Access Company-Health Reference Center on CD-ROM/WWW, etc.).

(2) *Item 26.* Identify database systems available through the librarian (staff-mediated searching). Database retrieval services via online, CD-ROM, and the Internet such as NLM/MEDLARS, DIALOG, OVID Technologies MEDLINE (CD-ROM and/or WWW), Information Access Company-Health Reference Center (CD-ROM and/or WWW), etc.

(3) *Item 27.* Number of staff-mediated searches for the library's clientele. Count includes all online access points (that is, each database searched). If you are using online services from another library, note which library is providing this service in the Section V, Narrative.

(4) *Item 28.* Number of searches by library's clientele. A daily count need not be maintained if a random sample accurately reflects the data.

(5) *Item 31.* List expert knowledge systems available (decision support software) such as ADAM and ILIAD.

e. Section V-Narrative. Use this section for amplification of library activity, accomplishments, etc., during the report period. Cover the following areas: personnel changes, facility improvement, library initiatives, and goals and objectives.

Appendix D Management Control Evaluation Checklist

D-1. Function

The function covered by this checklist is Medical, Dental, and Veterinary Care.

D-2. Purpose

The purpose of this checklist is to assist in evaluating the key management controls listed below. It is not intended to address all controls.

D-3. Instructions

Answers must be based on the actual testing of key management controls (for example, document analysis, direct observation, interviewing, sampling, or simulation). Answers that indicate deficiencies must be explained and corrective action indicated in supporting documentation. These key management controls must be formally evaluated at least once every 5 years. Certification that this evaluation has been conducted must be accomplished on DA Form 11-2-R (Management Control Evaluation Certification Statement).

D-4. Test questions

a. The Army Organ Transplant and Organ/Tissue Donation Programs. Processes for organ and tissue donation are reviewed at the triennial JCAHO review with the standards outlined in the current JCAHO manual.

- (1) Did the MTF commander ensure compliance with the DOD and Army policy on organ and tissue donation?
- (2) Did the MTF commander-in collaboration with the Chief, Army Organ Transplant Service-ensure that staff as well as patient education regarding organ donation was provided at each MTF?
- (3) Was an MOA established with the local OPO that addressed-
 - (a) The mandatory notification to the OPO of potential donors.
 - (b) That the OPO will obtain consent.
 - (c) That recovery services are performed according to the 1986 update of the Uniform Anatomical Gift Act and this regulation, and
 - (d) That efforts were made to include the local OPO in the education process of both staff and patients?
- (4) Were voluntary MOAs established with the MTCs and local OPOs to implement the military donor system?
- (5) Did all AD personnel that became living organ donors meet all criteria outlined and was approval obtained from the commanding officer and the OTSG?
- (6) Were MTF policies established that met the standards for the procuring and donation of organs and other tissue as outlined in current JCAHO standards?
- (7) Did each USAMEDCOM RMC ensure compliance by their subordinate MTFs by annual review of MOAs, the MTC, and the local OPO?
- (8) Were organ and tissue donations made according to the laws of the State where the donation was made? The Uniform Anatomical Gift Act of 1968 and its update in 1986, as part of the Omnibus Budget Reconciliation Act (section 1138 of the Social Security Act), outlines the hospital's obligations and this has been accepted by a majority of States.

(9) Is there a mechanism in place to ensure that potential donors are recognized and that family/NOK are given the opportunity to consent? MOAs may address death chart reviews by the local OPO as one way to meet this requirement.

b. Medical Laboratory Management. The CAP and/or the JCAHO review will be the evaluation process used to evaluate the key management controls. The local medical laboratory will coordinate with the Management Control Administrator to ensure that the laboratory schedules the CAP and/or JCAHO review on the 5-year management control plan. In addition, the local medical laboratory will coordinate with its QA office and the CAP and/or JCAHO review team to ensure the review of the key controls contained herein are included in the CAP and/or JCAHO review.

- (1) Does the MTF commander ensure that the DOD CLIP standards for all medical laboratories are implemented and followed and that all medical laboratories under their command and control are properly registered with the DOD CLIP Office?
- (2) At installations that do not have an assigned pathologist, did the commander assign a qualified licensed physician to be the director of the laboratory?
- (3) Have commanders of RMCs appointed regional medical laboratory consultants to provide oversight of proficiency testing and technical medical laboratory consultation throughout the region?
- (4) Did medical laboratories implement an internal performance improvement program that demonstrated improvement in clinical laboratory services?
- (5) Have procedures been implemented to ensure that laboratory-related DOD patient access and cytopathology turnaround time standards are met?
- (6) Did local procedures ensure that only authorized individuals ordered laboratory tests?
- (7) Were all fixed U.S. Army hospital clinical laboratories accredited by the CAP or other acceptable accreditation body on a biennial basis? Were all MTF laboratories accredited by the JCAHO biennially?
- (8) Was a written quality control program in place to measure, assess, and improve the quality of cytopathology services provided? Were annual statistical QA reports of cytopathology services provided according to CLIP and accreditation standards?
- (9) Are annual statistical QA reports of cytopathology services published and provided at least yearly to the next higher headquarters?

c. The U.S. Army Blood Program. Blood Program elements at each MTF are inspected by several outside agencies each year utilizing extensive checklists to determine compliance with required standards. The FDA makes a yearly, unannounced visit to each facility. Following a standardized checklist, the manufacturing process is examined to determine compliance with Federal Law. Investigators are Federal employees with the authority to recommend the revocation of an establishment's license for noncompliance with applicable law. The AABB makes biennial visits to donor centers and transfusion services. Their assessors are volunteers who-through a peer review process and available guidelines of accepted blood bank practices-review the procedures and practices of a facility and recommend improvements to the process. The CLIP applies the standards set forth by the Clinical Laboratory Improvement Act. This process reviews the operation of the entire laboratory with emphasis on how the blood bank/transfusion service fits into the integrated delivery of laboratory services. The JCAHO inspects the entire MTF. A portion of the inspection reviews

the operation of the laboratory and the transfusion services to determine its integration into the total delivery of service by the health care organization. DD Form 2555 (Quarterly Blood Bank Operational Report) (DODI 6480.4) is prepared by each MTF and forwarded to the Blood Program Management Office for review. It provides statistical data to the Blood Program Manager allowing a review of the operation of each blood bank and its adherence to the sound business plans addressed in paragraph C-3a(5).

(1) Did the donor center and manufacturing locations operate in compliance with the terms of the FDA license?

(2) Did the MTF operate within the standards promulgated in Current Good Manufacturing Practices for Blood and Blood Components in 21 CFR 210, 211, 600-680?

(3) Did the MTF operate within the standards set forth by the AABB in FM 8-70/NAVMEC P-5120/AFMAN 41-111 and TM 8-227-3/NAVMEC P-5101/AFMAN 41-119? In addition, did blood banks and transfusion services receive accreditation by the AABB, and are they complying with requirements of the FDA, CLIP, and JCAHO?

(4) Did the blood banks and transfusion services implement a QA program to foster continuous improvement and to meet the requirements for the licensing and accrediting agencies (for example, FDA, AABB, CLIP, and JCAHO)?

(5) Did the MTF establish a sound business plan to support its blood and blood component needs? Did the plan include efforts to minimize waste (outdating) through utilization of exchange agreements with other uniformed services and local civilian institutions? Does the plan include a fair market value for products exchanged to include red blood cell components and recovered plasma?

d. Pharmacy management. The JCAHO review will be the evaluation process used to evaluate the key management controls. The local pharmacy will coordinate with the Management Control Administrator to ensure that the pharmacy schedules the JCAHO review on the 5-year management control plan. In addition, the local pharmacy will coordinate with their QA office and the JCAHO review team to ensure the review of the key controls contained herein are included in the JCAHO review.

(1) Did the MTF commander ensure compliance with the DOD Tri-Service pharmacy policy guidance for dispensing medications?

(2) Did pharmacy services ensure that only qualified persons compounded and/or dispensed pharmaceutical preparations?

(3) Did pharmacy services implement an internal performance improvement process that demonstrated improvement in pharmacy services?

(4) Did local procedures ensure that only authorized individuals wrote medication orders and/or prescriptions?

(5) Except for the physician order entry via the CHCS, did local procedures ensure that no prescription or order was filled in the pharmacy unless it bore the signature of an individual authorized to prescribe medications?

(6) Did local procedures ensure that the guidance for inventory, control, and accountability of controlled substances was accomplished in accordance with appendix B?

e. Army Aviation Medicine Program.

(1) Has the RMC commander established procedures to ensure that the AVMED program is implemented?

(2) Has the Commander, U.S. Army Aeromedical Center established procedures to ensure worldwide support of Army AVMED programs through consultations, supportive services, and training in the areas of aviation and military occupational disease prevention, surveillance, and evaluation?

(3) Has the installation medical authority having aviation assets assigned to the installation established, supervised, administered, and supported the AVMED program?

f. Army Medical Department Medical Libraries and Information Centers.

(1) Is DA Form 7397 completed and submitted annually by 31 Oct to the Commander, USAMEDCOM (MCHO-CL), 2050 Worth Road, Fort Sam Houston, TX 78234-6010?

(2) Is there compliance to the interlibrary loan standards established by the NLM and/or the American Library Association?

(3) Is an inventory record (manual or electronic) maintained as the official record of accountable library materials as required by AR 735-17?

(4) Is a physical count of the library collection conducted and documented every 3 years as required by AR 735-17?

D-5. Supersession

There were no previous checklists.

D-6. Comments

Help make this a better tool for evaluating the Medical, Dental, and Veterinary Care process. Comments regarding this checklist should be addressed to: Commander, USAMEDCOM (MCHO-CL), 2050 Worth Road, Suite 10, Fort Sam Houston, TX 78234-6010.