

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service

Chapter CC26 - Conditions of Service
Subchapter CC26.1 - Officer Responsibilities and Conduct
Personnel INSTRUCTION 8 - PHS Readiness Standards

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Section A. Purpose and Scope

1. This INSTRUCTION sets forth the Public Health Service (PHS) readiness standards for Regular and Reserve Corps officers appointed to the Commissioned Corps of the U.S. PHS (PHS Commissioned Corps) who are serving on extended active duty. Compliance with this INSTRUCTION is consistent with the Department's mandate to protect the health of Americans and provide essential human services especially for those who are least able to help themselves. In carrying out this mission, the PHS Commissioned Corps is uniquely poised to provide swift and effective responses to urgent health needs. Further, actual responses of officers to address these urgent needs will include only those officers with appropriate skills and abilities to meet the demand. This INSTRUCTION provides the standards used to determine an officer's readiness to meet this aspect of the Department's mission.
2. This INSTRUCTION does not apply to the following:
 - a. Officers in the Inactive Reserve Corps (Subchapter CC23.5, INSTRUCTION 9, "Short Tours of Active Duty-Inactive Reserve Corps");
 - b. Officers appointed under the Junior or Senior Commissioned Officers Student Training and Extern Programs (Subchapters CC25.2, INSTRUCTION 4, "Junior Commissioned Officer Student Training and Extern Program (COSTEP)," and CC25.2, INSTRUCTION 5, "Senior Commissioned Officer Student Training and Extern Program (Senior COSTEP)," respectively);

3. This INSTRUCTION is effective as of the date signed by the Assistant Secretary for Health (ASH).

Section B. Authorities

1. Section 203 of the Public Health Service (PHS) Act (42 U.S.C. 204).
2. Section 215 of the PHS Act (42 U.S.C. 216).
3. Executive Order (EO) 11140, dated January 30, 1964.
4. Reorganization Plan No. 3 of 1966, dated June 25, 1966.
5. The Secretary of Health and Human Services (HHS or Department) has delegated the authorities that are necessary to administer the PHS Commissioned Corps to the ASH (See 53 FR 3457 dated February 5, 1998).

Section C. Definitions

The following terms are defined in this INSTRUCTION as follows:

1. Agency Roster. A listing of Commissioned Corps Readiness Force (CCRF) officers who have been identified by their agency as being on call to deploy on behalf of that agency's authority.
2. Department. The Department of Health and Human Services (HHS).
3. Extended Active Duty. A call or order to active duty for a period in excess of 120 days.
4. Family Care Plan. A written plan signed by an officer that indicates the steps the officer has taken to ensure that in the event of the officer's mobilization, the officer's dependents will be properly taken care of and all other personal/financial obligations will be met.
5. Ready Roster. A listing of officers equally divided among agencies and skill sets that are first on call for a response during a given month. These rosters rotate every 7 months.
6. Basic Level of Readiness. The readiness standards that Regular and Reserve Corps officers must meet to be in compliance with this INSTRUCTION.

Section D. PHS Readiness Standards and Policies

1. By May 1, 2005, all officers on extended active duty must meet and maintain readiness standards periodically established by the ASH and published in Manual Circular(s). These standards include, but are not necessarily limited to:
 - a. A current physical examination;
 - b. Proof of current certification in AHA Basic Life Support for healthcare providers or ARC CPR/AED for the professional rescuer;
 - c. Successful completion of all required CCRF modules;

- d. Physical fitness standards;
 - e. A current professional license/certification/registration appropriate for the officer's category and discipline;
 - f. Record of the height/weight standards and body mass index;
 - g. Obtaining all necessary inoculations;
 - h. Having all required uniforms; and
 - i. Any additional standards necessary to meet the basic level of readiness as defined by the ASH or his/her designee.
2. Officers are strongly recommended to have a Family Care Plan in the event of an emergency and/or response.
 3. Responsibility for obtaining the necessary physicals, training, inoculations, uniforms and meeting any other readiness standards rests with the individual officer.
 4. Responsibility for assuring that documentation reflecting an officer's readiness level rests with the individual officer.
 5. Upon meeting the basic level of readiness, officers will be placed on a Ready Roster. However, because some agencies maintain mission specific rosters, assignment on an Agency Roster will take precedence in priority of call up and response over CCRF rosters. For officers detailed outside the Department, including the Armed Forces, the personnel agreement between the Department and nondepartmental organization will control which roster takes precedence for purposes of mobilizing the officer.
 6. An officer's placement on an Agency Roster does not relieve the officer of the requirement that all officers must comply with this INSTRUCTION. However, placement on an Agency Roster will satisfy the requirement that all officers be placed on a Ready Roster.

Section E. Cross References

1. Subchapter CC23.5, INSTRUCTION 9, "Short Tours of Active Duty- Inactive Reserve Corps."
2. Subchapter CC25.2, INSTRUCTION 4, "Junior Commissioned Officer Student Training and Extern Program (COSTEP)."
3. Subchapter CC25.2, INSTRUCTION 5, "Senior Commissioned Officer Student Training and Extern Program (Senior COSTEP)."

Section F. Historical Notes

This is the first INSTRUCTION governing the PHS Readiness Standards.

Section G. Privacy Act Provisions

Personnel records are subject to the Privacy Act of 1974. The applicable systems of records are 09-40-0001, "PHS Commissioned Corps General Personnel Records," HHS/PSC/HRS, and 09-40-0003, "PHS Commissioned Corps Board Proceedings," HHS/PCS/HRS.