

# **RCN SURGEON COMMUNICATION 01-24**

## **IMPLEMENTATION DIRECTION FOR UMG 100-01**

### References:

- A. CF H Svcs Instr 4000-04 Diver Periodic Health Assessment and Medical Administration
- B. UMG 100-01 Diver Periodic Health Assessments
- C. CF H Svcs Instr 5020-81 Compliance with Undersea Medicine Guidelines

### **BACKGROUND**

1. An Undersea Subcommittee of the Aerospace and Undersea Medicine Board (US-AUMB) working group was held to review the CF H Svcs Instr 4000-04 in April 2022. Input was sought from subject matter experts in undersea medicine, occupational medicine, GBA+ as well as CAF diving trades.
2. A number of changes were recommended to align with:
  - a. Evidence-based medicine practices where possible;
  - b. CAF aerospace medicine framework;
  - c. Allied and civilian undersea medicine practices where practical and applicable;
  - d. Health Services (H Svcs) priorities and capabilities;
  - e. Updated CAF undersea medicine training; and
  - f. Trade requirements.
3. The most significant change is the division of the previous 4000-04 into an updated 4000-04 Diver Periodic Health Assessment and Medical Administration and the newly created Undersea Medicine Guideline (UMG) 100-01 Diver Periodic Health Assessments.
4. A summary of changes to the Diver Periodic Health Assessment process can be found at Annex A.

### **DIRECTION**

5. Acknowledging already completed PHAs pending higher level review as well as clinic schedules, in order to provide flexibility a grace period will be afforded to implement these changes.
6. All dive PHAs for which the Part 2 is completed on or after 01 July 2024 must comply with the updated policies, specifically the UMG 100-01.
7. Any investigation that has been added as a requirement for an initial candidate does not need to be completed for a diver who has been deemed fit diving by the appropriate signing authority unless clinically indicated.

## QUESTIONS

8. Any questions or clarification on this policy can be discussed with Fleet Surgeon (Pacific)/(Atlantic) or regional Consultants in Diving and Submarine Medicine (Pacific)/(Central)/(Atlantic).
9. All files sent for CDSM review within Canadian Forces Health Information System (CFHIS) must be sent to the generic CDSM inboxes and not to personal CDSM inboxes.
  - a. CFHIS identifiers for the CDSM (Pacific), CDSM (Central), and CDSM (Atlantic) are CDMP, CDMC, and CDMA respectively; and
  - b. Alternatively, they can be found using 'Consultant Dive Medicine' typed in the last name criteria.

## Annex A

### Summary of PHA Changes

1. Please note some of these changes were previously communicated via RCN Surgeon Communications. They have now been formalized within the UMG 100-01.
2. Changes to classification of dive trades:
  - a. Gp A Deep Water Divers (DWD) - Clearance Divers (CD), Port Inspection Divers (PID)
  - b. Gp A Shallow Water Divers (SWD) - Ship Diver, Combat Diver, Search and Rescue (SAR), Special Operation Forces (SOF)
  - c. Gp B Support - Diving Medical Officer, (DMO), Diving Physician Assistant (DPA), Diving Nurse Practitioner (DNP), Diving Medical Technician (DMT), Aviation Physiology Technicians (Av Phys Tech), BioScience Officer (BIO), other MOSIDS who require qual as inside attendant
3. Selection process:
  - a. GpB formalized fitness for RCC vs RCC and dive familiarization training
  - b. CD CFEME assessment is now considered a supplemental assessment
4. PHA validity:
  - a. Clarified Type 1 and Type 2 for Gp A Divers
  - b. Gp B divers now require PHA aligned with 4000-1 (q5 years until 40, then q 2 years with type 2 in interim years)
5. Investigations:
  - a. AST may be omitted if not covered by province and not clinical indicated
  - b. CXray on initial only
  - c. Spirometry – added Z-score criteria if available, criteria for additional investigation and CDSM review
  - d. Updated cardiovascular screening and primary prevention (see also UMG 200-03)
  - e. Fasting blood glucose on initial only
6. Full ocular assessment added:
  - a. New Visual Acuity for Divers Form DND 4949
  - b. Thorough assessment by ophthalmologist or optometrist, including near and distance vision
  - c. Clarification on binocular definition
  - d. \*\* difference between aircrew – we require binocular uncorrected vision, we do not require pachymetry or stereopsis
7. Update to immunization requirements.
8. Clarification of 2939 process:
  - a. If diver previously deemed fit Gp A by appropriate signing authority with signed 2939 in CFHIS, direction provided for local USM clinician to complete new 2939 (e.g., training delays).
9. Min examining, reviewing, signing authorities updated:
  - a. Initials, TCat > 12 months, or files going to DMedPol can now be completed by DPA/DNP/DMO
  - b. TCat <12 mons can be applied by any clinician (if not dive med trained, will seek guidance)
10. CAF Dive log book - use of MDN vs physical signature in dive log book.