

MILPERSMAN 1770-230

WOUNDED, ILL, AND INJURED SAILORS: CASUALTY REPORTING, NOTIFICATION, AND BEDSIDE TRAVEL

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References	(a) 37 U.S.C, section 481h (b) DoD Instruction 1300.18 of 8 January 2008 (c) Joint Travel Regulations (d) BUMEDNOTE 5450 of 26 Aug 2021 (Canc: Sep 2022) (e) BUMEDINST 6320.85A
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1. **Policy**. Per references (a) through (c), designated family members of an eligible ill or injured Sailor covered in this article may be eligible for immediate travel to the bedside of the Sailor. Once the medical condition of the Sailor has been reported to Navy Personnel Command Navy Casualty Assistance Office (PERS-00C) and certain criteria outlined in this article are met, up to three travelers may be eligible for travel to the bedside of the Sailor.

2. **Eligibility**. For the purposes of this article, designated family members of Sailors in the following categories may be eligible for travel to bedside:

a. Active duty member.

b. Reserve Component member in the line of duty performing active duty, inactive duty for training, (other than work or study in connection with a correspondence course of a Military Service or attendance in an inactive status at an educational institution under the sponsorship of a Military Service or the Public Health Service), to include overnight stay prior to and during said period, or traveling to or from the place of duty.

c. Sailor retired solely due to wound, illness, or injury. This authority does not extend to retirees who incur serious injuries or illnesses after retirement, or whose death becomes imminent after retirement.

3. **Determination.** Bedside travel may be authorized when:

a. The Sailor is:

(1) seriously ill or injured (SI);

(2) very Seriously ill or injured (VSI); or

(3) is not seriously injured, but has a wound or injury incurred in an operation or combat zone, and is hospitalized in a medical facility for treatment of that wound or injury (see paragraph 5 below for definitions).

b. The Sailor is hospitalized as an in-patient.

c. A military medical officer (MMO) states that bedside is warranted, meaning the presence of a designated individual (or individuals) may contribute to the member's health and welfare. When the Sailor is in-patient at a non-military hospital, or a non-Navy military treatment facility (MTF), the military medical facility with medical cognizance (MEDCOG) over that hospital will make this determination. Per reference (b), PERS-00C will be the final approval authority for invitational travel.

Note: Reference (d) outlines the Chief Bureau of Navy Medicine transition from MTF to Navy Medicine Readiness and Training Command (NMRTU). These terms may be used interchangeably during this transition.

Note: In-patient Sailors in other medical facilities, such as rehabilitation centers, do not qualify for benefits under this program.

Note: Potential travelers should be advised as soon as possible that travel is not authorized unless these conditions are met. Any travel conducted without PERS-00C authorization may cause the traveler to incur non-reimbursable costs per reference (c). Additionally, travelers should be advised that receipts that show cost, method of payment, and zero balances will be required to liquidate travel. Agencies that do not provide these should be avoided.

4. **Eligible Travelers.** An eligible traveler is someone:

- a. Designated on the current [DD 93](#) Record of Emergency Data or requested at the time of hospitalization by the injured Sailor, or
- b. Designated by the Military MTF/NMRTU ethics committee, if the Sailor is unable to make the designation.

Note: Designations are not permanent. Choice of designated individuals may be changed by the Sailor or MMO at any time. See paragraph 8 below for entitlement restrictions.

5. **Reporting Requirements.** Commands should strive to submit a personnel casualty report (PCR) within 4 hours of learning of the incident, per [MILPERSMAN 1770-030](#). If a Sailor becomes a casualty while away from his or her command, the first Navy activity apprised of the circumstances will verify the casualty, report it per [MILPERSMAN 1770-030](#), and notify the Sailor's command (if known). PCRs should include:

a. Illness or injury category:

(1) **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 requires medical attention, and is such that medical authority declares it more likely than not, that death will occur within 72 hours.

(2) **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.

(3) **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.

Note: NSI Sailors not meeting the criteria above are not reportable.

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

(a) 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.

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

(c) 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.

b. The hospital in which the member is an in-patient.

c. The determination as made by the MMO of the MTF/NMRTU per reference (e), of "bedside warranted" or "bedside not warranted," based on the criteria in subparagraph 3c. The name of that MMO, and the rationale for "bedside warranted," should be included in the report.

6. **Follow-up Reporting Requirements.** The MTF/NMRTU, or the MEDCOG over a non-military hospital, will report via PCR:

a. Any admittance to or discharge from any hospital. Include hospital name and in the case of a non-military, hospital name and address.

b. Any admittance to or discharge from any hospital. Include hospital name and in the case of a non-military, hospital name and address.

c. Changes in Sailor's medical condition or weekly updates, whichever occurs first.

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

7. **Notification Procedure.** Per reference (b), notification to the primary next of kin (PNOK), in the event of qualifying illness or injury, will be made telephonically. The member (if able), a command representative, or an MTF representative may make the notification. Should assistance be required, the Casualty Assistance Calls Regional Program Director (CAC RPD) may be contacted to assign a local casualty assistance call officer (CACO) for assistance. Notification completion will be reported to the CAC RPD and PERS-00C.

a. Notification will be made by the most appropriate rapid means of communication available. If unable to make notification, contact PERS-00C for assistance. In addition, the reporting command will provide updates to the PNOK of the Sailor's condition.

b. If a Sailor is being evacuated from overseas to a hospital within CONUS, notification will be made to the PNOK. This notification should also report:

(1) Condition of the Sailor,

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

(3) Provided that bedside travel is authorized, that the government will only provide travel once the Sailor has arrived at the CONUS hospital.

NOTE: Due to uncertainties of transportation associated with overseas evacuations, eligible travelers should be advised that any travel or lodging costs incurred prior to the Sailor's arrival will not be reimbursed.

c. When the Sailor's condition is no longer listed as SI or VSI and the Sailor is capable of communicating with his or her PNOK, 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.

8. **Entitlements.** Per references (a) and (c), travel and per diem may be provided for not more than three designated individuals, as determined per paragraph 4 above. [OPNAV 1770/2](#)

Next of Kin Travel Request will be submitted to PERS-00C by the traveler, through the command, as soon as travel is authorized, and intent is known.

a. Travel and Transportation. The transportation authorized per reference (c) is round-trip transportation between the home of the traveler and the location of the hospital in which the Sailor is in-patient. See paragraph 9 below for specific guidance with regard to travel.

(1) Each designated individual may be provided one roundtrip between the designated individual's home or place of notification and the MTF in any 60-day period. Not more than a total of three roundtrips will be provided in any 60-day period when a Sailor is authorized multiple designated individuals. Example scenarios:

(a) Spouse, mother, and father travel to bedside on day 1. Spouse returns home on day 15 and wants to travel back to bedside on day 30. Spouse is not eligible for travel costs back to the bedside (but is still entitled to lodging and per diem).

(b) Spouse and two children travel to bedside on day 1 and return home on day 10. Mother wishes to travel on day 15. Mother is not eligible for travel costs (but is still entitled to lodging and per diem).

(2) If a non-medical attendant has been designated for a Sailor during the 60-day period, the number of eligible designated individuals is reduced by one. If and when there is no longer a designated non-medical attendant, an additional designated individual may be authorized.

(3) Following a Sailor's discharge from the hospital, travelers are only eligible for transportation home. Travelers are not eligible for reimbursement if they elect to transport or accompany the Sailor to another location.

(4) If a Sailor is admitted to a foreign hospital, or has a medical condition that requires an extended stay in an OCONUS military hospital, and bedside is authorized, eligible travelers without passports will be provided transportation to a destination that accommodates emergent passport issuance, en route to the bedside.

NOTE: Due to the excessive costs of OCONUS transportation, it is highly recommended that travel arrangements be made by PERS-00C.

b. Lodging and Per Diem. Lodging will be reimbursed and per diem paid to the traveler upon liquidation of travel, not to exceed the rates established per reference (c), for the period that the designated individual is at bedside where the Sailor is hospitalized and classified as stated in paragraph 3 above. Should a hardship develop during an extended stay, consideration will be given to allow a "payment to date" by PERS-00C.

9. Method of Transportation. A combination of the following methods of transportation may be authorized:

a. Government Transportation. Government-procured transportation (preferred).

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

c. Privately-Owned Conveyance (POC). POC mileage is reimbursed to the driver only. For trips that exceed 400 miles (one way), reimbursement is limited to the cost of Government-procured commercial round trip air travel.

d. Rental Car. A rental car is not authorized for reimbursement.

10. Action and Responsibilities

a. Commanders, Commanding Officers, Officers in Charge, and Command Master Chiefs

(1) Ensure all Navy personnel understand the importance of accurately and thoroughly completing the [DD 93](#), to include potential bedside travelers. Ensure Sailors review and update per guidance.

(2) Ensure a PCR is submitted within 4 hours of a casualty per [MILPERSMAN 1770-030](#).

(3) Ensure a courtesy CACO or a command representative is assigned to assist designated individuals.

(a) Family members will be notified and advised regarding the Sailors condition and the provisions of this article, as applicable.

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

(4) Ensure eligible travelers complete an [OPNAV 1770/2](#). Assist with transportation of designated individuals to and from the airport when travelers are collocated in the same geographic area as the command.

b. **MTF and NMRTU**

(1) Perform MEDCOG functions prescribed in this article per reference (e).

(2) When criteria are met, determine designated traveler(s) when Sailor is unable to communicate his or her desires. The attending MMO, in conjunction with the MTF ethics committee will determine the designated individual(s) whose presence may contribute to the Sailor's health and welfare, if the Sailor is unable to do so.

(3) Provide PCR and other prudent updates to courtesy CACO, Sailor's command, region, and PERS-00C for pending transfer to another MTF/NMRTU, condition changes (e.g., bedside no longer warranted) or in advance of Sailor being released from an in-patient status.

c. **Commander, Navy Installations Command Regional CAC RPD.**
Region CAC RPDs will:

(1) Ensure 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) Assist commands when requested, to ensure a courtesy CACO is assigned to assist families with bedside travel. Forward completed [OPNAV 1770/2](#) as required.

(3) Notify PERS-00C, if any problems are encountered

in assisting designated individuals during their bedside travel.

d. **PERS-00C**:

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

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

(3) Coordinate travel arrangements for designated individuals to facilitate their presence at bedside (as soon as they are able to travel). At the completion of travel, process traveler's submitted travel claim for reimbursement of authorized expenses. Ensure POV mileage or self-procured air fare reimbursement is limited to the cost per the government.