PAMBANSANG PUNONGHIMPILAN TANOD BAYBAYIN NG PILIPINAS
(National Headquarters Philippine Coast Guard)
139 25th Street, Port Area
1018 Manila

NHQ-PCG/CGMED 12 August 2025

STANDING OPERATING PROCEDURE
NUMBER 09-25

HEALTH MANAGEMENT PROTOCOLS FOR PCG TRAINEES IN THE REGIONAL TRAINING CENTERS

1. AUTHORITY

Republic Act No. 9993, entitled "Philippine Coast Guard Law of 2009" and its Implementing Rules and Regulations dated 27 July 2009

2. REFERENCES

A. Coast Guard Basic Course Regulations Manual (BCRM) Series of 2025;

B. NHQ-PCG/CGMED Circular No. 12-19, entitled "PCG Regimental Rules on Medical Clearances" dated 13 November 2019; and

C. Republic Act No. 10173, entitled "Data Privacy Act of 2012" dated 15 August 2012

3. PURPOSE

To establish a standardized procedure for Coast Guard Medical First Aid Stations (MEDFAS) in handling medical cases involving trainees at the Regional Training Centers (RTCs) under the Coast Guard Education, Training and Doctrine Command (CGETDC). This procedure also outlines the necessary reporting protocols and aims to ensure the health, safety and overall well-being of trainees while undergoing basic Coast Guard Officer's Course (CGOC) and/or Coast Guard Non-Officer's Course (CGNOC) as preparation for the physical and mental demands of the Coast Guard Service.

4. SCOPE

This procedure shall apply to all healthcare personnel assigned to the MEDFAS within the Regional Training Centers (RTCs), who are involved in the medical and health management of trainees. It aims to ensure consistent, efficient and compliant delivery of medical support throughout the training period.

BAGONG PILIPINAS

5. DEFINITION OF TERMS

A. **Confidentiality** – refers to ensuring that all relevant information related to diagnosis or medical condition of a patient is kept safe from access or use by, or disclosure to, persons or entities who are not authorized to access, use or possess such information.

B. **Duty Status** – refers to a trainee who is deemed fit or in good health and capable of participating fully in the daily conduct of physical (exercises, drill, etc) and mental activities, or refers to a trainee who has successfully recovered from any previous medical issues and is ready to resume the training program. The trainee is allowed to do all training activities without restriction whatsoever.

C. **Emergency** – the episodic and unanticipated occurrence of a health crisis of sufficient severity that in the absence of immediate medical attention, could reasonably be expected to place health in serious jeopardy or result in serious impairment of bodily functions or serious dysfunctions of any body organ or part thereof.

D. **Field, Athletics and Drills Exemption (FAD) Status** – a trainee on FAD status is exempted from Formations, Athletics and Drills and excused only from activities indicated in the sick call slip. If nothing is indicated, he/she shall be excused in performance of physical activities except classes and lectures. In a formation, he/she shall stand separately from the rest of the class.

E. **Healthcare Personnel** – *for the purpose of this SOP,* this refers to Medical Officer, Nurse Officer, MAC Officer, to include Healthcare Technician (HT), previously termed Hospitalman (HM).

F. **Medical First Aid Station (MEDFAS)** – the primary healthcare unit within the RTC responsible for providing immediate (emergency) and/or routinary (non-emergency) medical assistance, first-aid and health monitoring to all trainees, including active PCG personnel.

G. **RTC Personnel (Training Staff)** – *for the purpose of this SOP,* this refers to Drill Instructor (DI), Tactical Petty Officer (TACPO), Tactical Officer (TAC-O) and Course Director (CD).

H. **Sick Bay Status** – this pertains to the temporary health status of the trainee that requires him/her to remain/stay in the MEDFAS facility for close monitoring or prolonged observation or treatment.

I. **Sick-In-Quarters (SIQ) Status** – a temporary health status given to an affirmed trainee limiting his/her attendance to the official training sessions and to remain at designated barracks/quarters, provided that the trainee does not require hospitalization.

J. **Sick Call** – a scheduled period for the trainee to seek medical consultation and treatment for non-emergency cases.

6. GUIDELINES AND PROCEDURES

A. GUIDELINES

i. Trainees exhibiting serious illness shall be immediately brought to the MEDFAS for proper treatment, management and disposition (see ***Annex V***).

ii. For non-emergency cases, trainees shall report to MEDFAS during the designated sick call time, observed daily from 0900H to 1400H or as necessary.

iii. A "No Sick Call Slip, No Consultation" policy shall be strictly implemented during sick call time, except during emergency situations.

iv. Any trainee seeking medical consultation shall notify the Duty Marcher-of-the-Day, who will relay the request to the appropriate RTC personnel for instructions.

v. Trainees placed under FAD/ Sick Bay/ SIQ status shall be closely monitored by a healthcare personnel to ensure timely and appropriate care.

vi. If a trainee's condition persists beyond three (3) days allowable SIQ status, the Medical Officer-of-the-Day (MOD) shall issue a medical certificate indicating the recommended duration of continued bed rest.

vii. Should a trainee's condition show no improvement, they shall be referred to a specialist outside the training facility for further evaluation and management.

viii. Healthcare personnel shall coordinate with RTC personnel regarding any medical conditions or physical limitations that may affect a trainee's participation in training activities.

ix. If a trainee's condition further requires medical assessment, diagnostic procedures or treatment not available at MEDFAS, the Medical Officer shall issue a corresponding referral slip.

x. A trainee shall comply with the established protocols of the RTC before proceeding with any external medical consultation or treatment outside the RTC.

xi. Trainees referred for external consultations shall be accompanied by designated RTC personnel and healthcare personnel. A PCG ambulance or an approved vehicle designated for patient transport shall be utilized to ensure safe and proper transfer.

xii. If a trainee is to be admitted to a hospital, the attending Medical Officer shall immediately report the situation to both the RTC Director and the Coast Guard Chief Surgeon.

xiii. In cases where a trainee requires urgent medical intervention, the trainee's next of kin shall be informed without delay. If the trainee is incapacitated and unable to provide consent, and the next of kin is not immediately available, the designated RTC personnel shall serve as the temporary guardian to authorize the necessary medical procedures in the best interest of the trainee's health and safety. Further, a signed consent must be secured prior convening of training.

xiv. All consultations conducted outside the training facility shall be properly documented and following documents shall be secured:

a) Medical Abstract
b) Medical Certificate
c) Copies of official receipts and billing for record purposes

xv. Trainees shall be responsible for all medical expenses incurred during referrals including consultations fees, professional fees, laboratory tests and prescribed medications. Thus, recommends trainees to have HMO.

xvi. Medical records of trainees shall be accurately maintained and securely stored to protect trainee's personal health information. MEDFAS shall ensure the orderly safekeeping of the abovesaid medical records.

xvii. Confidentiality of all trainees' medical records and documents shall be strictly upheld. Publication, reproduction or sharing of confidential information, including on social media platforms is strictly prohibited.

B. PROCEDURES

i. **Medical Consultation within MEDFAS** (see ***Annex I***)

Involving sick call slip procedures and caters to non-emergency medical conditions (see ***Annex V***).

a) The trainee shall obtain the Sick Call Slip duly signed by authorized RTC personnel before reporting to MEDFAS.

b) MEDFAS shall receive the trainee and validate the Sick Call Slip.

c) The Healthcare Technician shall retrieve or create patient clinical records documenting pertinent details including name, unit, contact number and address, if available.

d) The Nurse Officer or Healthcare Technician shall record the trainee's chief complaint(s) and vital signs, then endorse both the trainee and the clinical record to the Duty Nurse Officer.

e) The Nurse Officer shall provide initial nursing interventions as needed, then refer the trainee to the Medical Officer for further evaluation and management.

f) The Medical Officer shall conduct a comprehensive medical assessment.

g) If necessary, the Medical Officer shall issue a referral for diagnostic procedures (laboratory tests, ECG, X-ray, etc) to further determine the trainee's condition.

h) The Medical Officer shall proceed with the appropriate treatment or medical management.

i) Upon completion of the assessment, the Medical Officer shall document the diagnosis and indicate the medical disposition of the trainee, sign the Sick Call Slip affixing the time the consultation ended, and return it to the trainee for submission to the appropriate RTC personnel.

j) The trainee shall then submit the signed Sick Call Slip to RTC personnel.

k) Trainees placed under Sick Bay status shall remain in the Sick Bay for monitoring. The signed Sick Call Slip shall be handed to the accompanying personnel.

l) Trainees placed on SIQ status shall remain in their barracks. The Sick Call Slip shall likewise be given to the accompanying personnel.

m) Trainees placed under FAD status are excused from Formation, Athletics and Drills, but shall return to the barracks and attend mess and classroom activities.

n) If the medical condition warrants more than three (3) days of medical treatment and management, the MOD shall issue a Medical Certificate instead of a Sick Call Slip.

o) Any extension or change in medical disposition shall be officially communicated to the duty RTC personnel.

p) Trainees with unresolved or worsening conditions shall be referred to a specialist outside the RTC for further management.

ii. **Medical Consultation Outside the Training Facility** (see ***Annex II***)

a) The Medical Officer shall first evaluate the trainee's condition to determine if diagnostic or treatment outside facility is needed.

b) The Medical Officer shall then accomplish a referral and evacuation form to the RTC personnel for their information and awareness of the trainee's recommended external consultation or treatment.

c) The RTC and MEDFAS personnel shall escort the trainee to the referred external medical facility such as clinic, diagnostic laboratory and/or hospital.

d) A PCG ambulance shall be used for transport. In case of unavailability, any authorized vehicle designated for patient transport may be used.

e) Upon return, the trainee must submit all relevant medical documents to MEDFAS, including but not limited to:

1) Medical findings and diagnosis
2) Prescriptions
3) Recommendations or treatment plan

f) The MOD shall record and monitor any follow-up care as advised by the external medical provider.

g) The status of the trainee shall be reported to the Director, RTC, copy furnished the Office of the Coast Guard Chief Surgeon (O/CGCS).

iii. **Trainees to be Transferred to Emergency Room or Admitted to a Hospital** (see ***Annex III***)

a) MEDFAS receiving a trainee whose medical case is considered emergency shall be given priority over other cases.

b) The trainee shall be stabilized, and the case must be properly documented.

c) The RTC personnel on duty must be immediately informed, and MEDFAS shall notify the O/CGCS as well.

d) The MOD shall coordinate and facilitate the transfer or referral of the trainee outside healthcare facility.

e) A PCG ambulance or any authorized transport shall be prepared for immediate evacuation.

f) RTC and MEDFAS personnel shall be on standby and assist the trainee during transport.

g) MEDFAS personnel shall relay the initial diagnosis and assist in the handover to the receiving medical facility.

h) RTC personnel must report the incident to the Course Director in writing or via any official means of communication.

i) The trainee's next of kin shall be informed promptly. If the trainee is unable to provide consent, and the next of kin is unavailable, the RTC personnel shall act as temporary guardian to authorize necessary medical intervention.

j) A comprehensive Medical Status Report shall be prepared by MEDFAS and submitted to:

1) The Course Director
2) The Superintendent, PCG Academy or CGNOS
3) The Commander, CGETDC
4) The Office of the Coast Guard Chief Surgeon (O/CGCS)

7. RESPONSIBILITIES

Medical First-Aid Stations (MEDFAS)

A. **Medical Officer**

i. Oversee the operations and administration of the Medical First Aid Station (MEDFAS);

ii. Assess, manage and treat trainees experiencing medical conditions or illnesses;

iii. Prepare and submit timely and accurate reports on the medical status of trainees to the Office of the Coast Guard Chief Surgeon (Attn: MED-3) and the Director, Regional Training Center (RTC) (see ***Annex IV***);

iv. Coordinate with other RTC personnel during medical incidents or emergency situations;

v. Provide training, supervision and guidance to medical personnel within the area of responsibility (AOR) to ensure standardization of care, skill development and emergency readiness;

vi. Maintain accurate, complete and confidential medical records of trainees, unless disclosure is necessary for official investigations; and

vii. Perform other functions as directed.

B. **Head Nurse**

i. Actively participate in the daily consultation and treatment activities;

ii. Actively participate in the promotive, preventive and curative aspects of care;

iii. Assist the physician/medical officer during medical procedure and emergencies;

iv. Assist the physician/medical officer in the conduct of physical examination to trainees and RTC personnel;

v. Accompany trainees during evacuation and referrals;

vi. Provide counseling to trainees on matters pertaining to health;

vii. Maintain a safe and therapeutic environment for trainees;

viii. Assign and supervise nursing service personnel;

ix. Conduct training for nursing service personnel;

x. Perform periodic evaluations of nursing service personnel; and

xi. Perform other functions as directed.

C. **General Duty Nurse**

i. Primary responsible in providing direct or bedside nursing care to trainees;

ii. Act as Nurse-In-Charge (NIC) during team deployments during critical training activities;

iii. Provide comprehensive nursing care, including promotive, preventive and curative interventions to trainees;

iv. Conduct comprehensive nursing histories and identify variable that influence nursing care delivery;

v. Perform comprehensive assessments of trainees' physical and mental well-being;

vi. Identify and address trainees' health concerns and needs;

vii. Accurately document and record the evaluation and outcomes of nursing care provided;

viii. Communicate effectively and collaborate with other healthcare team members;

ix. Ensure the safety and therapeutic environment for trainees;

x. Provide health teaching and instruction to trainees;

xi. Assist the Head Nurse in identifying issues that impact nursing care and recommend appropriate solutions; and

xii. Perform other functions as directed.

D. **Operations Officer / Medical Administrative Corps Officer**

i. Ensure the PCG ambulance is operational and that the assigned ambulance driver is on standby and ready for deployment at all times;

ii. Oversee the inventory and availability of medicines, medical supplies and equipment, and coordinates timely replenishment;

iii. Monitor and manage the movement and activities of medical teams deployed outside the RTC;

iv. Collaborate with RTC personnel on matters related to facility maintenance, utilities and logistical support for medical operations; and

v. Perform other functions as directed.

E. **Healthcare Technician**

i. Assist the General Duty Nurse in delivering nursing care and other routine clinical services.

ii. Help ensure the availability and proper inventory of medical supplies, medications and equipment.

iii. Maintain cleanliness, sanitation and orderliness of the sickbay and medical workspaces.

iv. Support in the preparation of equipment and materials needed for procedures and patient care.

v. Perform other tasks as may be assigned by medical or nursing officers.

8. REPEALING CLAUSE

All publications inconsistent with this SOP are hereby repealed or modified accordingly.

9. EFFECTIVITY

This SOP shall take effect upon publication.

BY COMMAND OF ADMIRAL GAVAN PCG:

OFFICIAL:

GLIDE GENE MARY G SONTILLANOSA
COMMO PCG
Acting Chief of Coast Guard Staff

JAYSIEBELL B FERRER
CDR PCG
Coast Guard Adjutant

Annexes:

I – Medical Consultation within MEDFAS
II – Medical Consultation Outside the Training Facility
III – Trainees to be Transferred to Emergency Room or Admitted to a Hospital
IV – Rendering of Medical Status Reports (Daily Medical Consultation Report)
V – Emergency Cases Vs Non-Emergency Cases

MEDICAL CONSULTATION WITHIN MEDFAS

Step 1.

The trainee shall obtain the Sick Call Slip duly signed by authorized RTC personnel before reporting to MEDFAS.

Step 2.

MEDFAS shall receive the trainee and validate the Sick Call Slip.

Step 3.

The Healthcare Technician shall retrieve or create patient clinical records documenting pertinent details including name, unit, contact number and address, if available.

Step 4.

The Nurse Officer or Healthcare Technician shall record the trainee's chief complaint(s) and vital signs, then endorse both the trainee and the clinical record to the Duty Nurse Officer.

Step 5.

The Nurse Officer shall provide initial nursing interventions as needed, then refer the trainee to the Medical Officer for further evaluation and management.

Step 6.

The Medical Officer shall conduct a comprehensive medical assessment.

Step 7.

If necessary, the Medical Officer shall issue a referral for diagnostic procedures (laboratory tests, ECG, X-ray, etc) to further determine the trainee's condition.

Step 8.

The Medical Officer shall proceed with the appropriate treatment or medical management.

Step 9.

Upon completion of the assessment, the Medical Officer shall document the diagnosis and indicate the medical disposition of the trainee, sign the Sick Call Slip affixing the time the consultation ended, and return it to the trainee for submission to the appropriate RTC personnel.

Step 10.

The trainee shall then submit the signed Sick Call Slip to RTC personnel.

Step 11.

Trainees placed under Sick Bay status shall remain in the Sick Bay for monitoring. The signed Sick Call Slip shall be handed to the accompanying personnel.

Step 12.

Trainees placed on Sick-In-Quarters (SIQ) status shall remain in their barracks. The Sick Call Slip shall likewise be given to the accompanying personnel.

Step 13.

Trainees placed under FAD status are excused from Formation, Athletics, and Drills, but shall return to the barracks and attend mess and classroom activities.

Step 14.

If the medical condition warrants more than three (3) days of medical treatment and management, the MOD (Medical Officer of the Day) shall issue a Medical Certificate instead of a Sick Call Slip.

Step 15.

Any extension or change in medical disposition shall be officially communicated to the duty RTC personnel.

Step 16.

Trainees with unresolved or worsening conditions shall be referred to a specialist outside the RTC for further management.

MEDICAL CONSULTATION OUTSIDE THE TRAINING FACILITY

Step 1.

The Medical Officer shall first evaluate the trainee's condition to determine if diagnostic or treatment outside facility is needed.

Step 2.

The Medical Officer shall then accomplish a referral and evacuation form to the RTC personnel for their information and awareness of the trainee's

Step 3.

The RTC and MEDFAS personnel shall escort the trainee to the referred external medical facility such as clinic, diagnostic laboratory and / or hospital.

Step 4.

A PCG ambulance shall be used for transport. In case of unavailability, any authorized vehicle designated for patient transport may be used.

Step 5.

Upon return, the trainee must submit all relevant medical documents to MEDFAS, including but not limited to:

a. Medical findings and diagnosis
b. Prescriptions
c. Recommendations or treatment plan

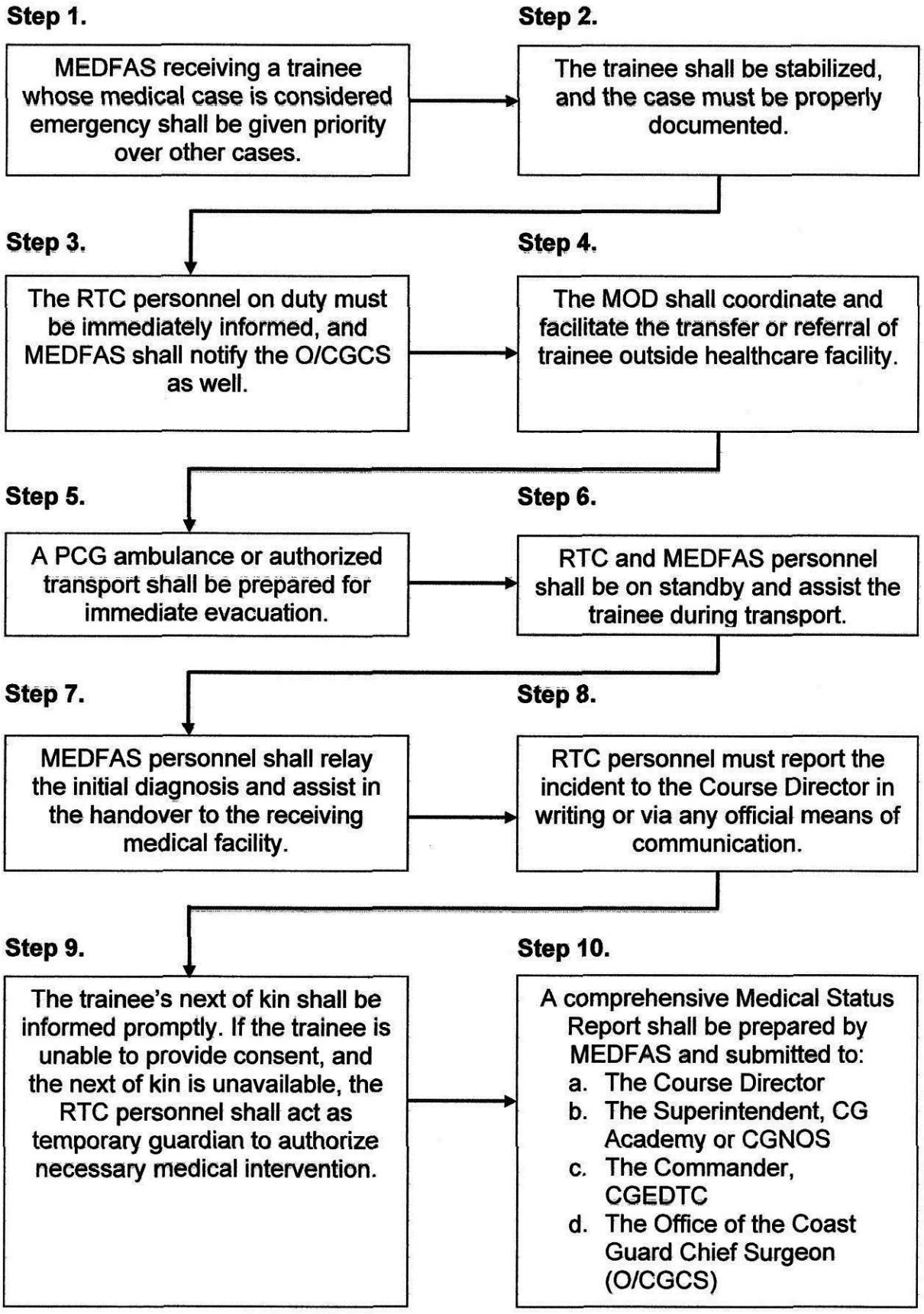
Step 6.

The MOD shall record and monitor any follow-up care as advised by the external medical provider.

Step 7.

The status of the trainee shall be reported to the Director, RTC, copy furnished to the Office of the Coast Guard Chief Surgeon (O/CGCS).

TRAINEES TO BE TRANSFERRED TO EMERGENCY ROOM OR ADMITTED TO A HOSPITAL



RENDERING OF MEDICAL STATUS REPORTS
(Daily Medical Consultation Report)

To: RTC Director
From: MEDFAS Officer
Date: [Insert Date]

Nr	Date Seen	Trainee Name	Age / Gender	Chief Complaint / Diagnosis	Status	Remarks
1	[MM/ DD/YYYY]	[Full Name]	[Age/ Gender]	[e.g., Fever, Sprain]	Sickbay	[e.g., Requires close monitoring]
2				[e.g., Headache]	FAD	[e.g., Exempt from drills]
3				[e.g., Cold Symptoms]	SIQ	[e.g., Recovering in quarters]
4				[e.g., Injury]	Confined to Hospital	[e.g., Admitted for observation]
5				[e.g., Stomach Pain]	Duty	[e.g., Fit for training]
6				[e.g., Headache]	FAD	[e.g., Exempt from drills]

A. Recapitulation of Trainee Status

Status	Total Number
Sickbay	[Insert Total]
Field, Athletics and Drills Exemption (FAD)	[Insert Total]
Sick-In-Quarters (SIQ)	[Insert Total]
Confined to Hospital	[Insert Total]
Duty / Fit for Training	[Insert Total]

* **Additional Comments:** [Insert any additional notes or comments regarding the overall health status of trainees, observations made during consultations, or recommendations for the RTC Director.]

Submitted by: [Your Name]
Position: [Your Position]
Signature: _____
Date: [MM/DD/YYYY]

Instructions for Use:
1. Fill in the details for each trainee seen on the specified date.
2. Indicate their status based on the definitions provided (Sickbay, FAD, SIQ, Confined to Hospital, Duty).
3. Summarize the totals for each status category at the bottom of the report.
4. Provide any additional comments that may be relevant for the RTC Director's review.
5. Sign and date the report before submission.

EMERGENCY CASES VS NON-EMERGENCY CASES

Medical Emergencies (Seek Immediate Medical Attention):	**Non-Emergency Cases** (Seek Medical Attention, but Not Immediately):
Life-Threatening Conditions:	**Minor Injuries and Conditions:**
▪ Chest Pain ▪ Choking ▪ Coughing/Vomiting Blood ▪ Difficulty of Breathing or Shortness of Breath ▪ Poisoning ▪ Seizures ▪ Severe Allergic Reaction ▪ Severe Burns ▪ Stroke Symptoms (sudden numbness, weakness, trouble speaking) ▪ Sudden Change in Mental Status ▪ Unconsciousness or Loss of Consciousness ▪ Uncontrolled Bleeding ▪ Uncontrolled Blood Sugar	▪ Allergic Reactions ▪ Colds ▪ Diarrhea ▪ Ear Infection ▪ Fever ▪ Fractures ▪ Headache ▪ Lacerated or Avulsed Wounds with Suspected Vascular Injury ▪ Minor Burns ▪ Nosebleed ▪ Pink Eye ▪ Pulled Muscle ▪ Skin Infections ▪ Sore Throats ▪ Sprained Knee, Ankle, or Elbow ▪ Urinary Tract Infection (UTI)