



DEPARTMENT OF THE NAVY

BUREAU OF MEDICINE AND SURGERY
WASHINGTON, D.C. 20372-5120

IN REPLY REFER TO
BUMEDINST 6010.14
BUMED-33
27 Aug 90

BUMED INSTRUCTION 6010.14

From: Chief, Bureau of Medicine and Surgery

Subj: PATIENTS' PERSONAL EFFECTS AND VALUABLES

Ref: (a) NAVCOMPT Manual, volume 4
(b) NAVMED P-5020, Resource Management Handbook
(c) SECNAVINST 5212.5C
(d) NAVSUP Manual, volume 1
(e) MCO P-4050.38A (NOTAL)
(f) NAVMEDCOMINST 5530.1A
(g) SECNAVINST 5500.4F
(h) JAGMAN, chapter XXI

1. Purpose. To describe the procedures for managing and controlling the deposit, handling, safekeeping, withdrawal, and disposition of patients' personal effects (baggage) and valuables.

2. Cancellation. NAVMEDCOMINST 6010.1.

3. Discussion

a. Inpatient military medical treatment facilities (MTFs) provide for the safekeeping of valuables to both inpatients and outpatients. The commanding officer usually delegates the responsibility for this service to the patient administration officer.

b. The collection agent in MTFs, under the present financial management system, is responsible for funds derived from the sale of property (cash sale of meals) and public funds (hospital collections). The Navy Accounting and Finance Center, Washington, DC discourages the use of the present collection agent to accept and provide safekeeping and accountability of patients' valuables to avoid a commingling of funds. The adding of personal valuables to the collection agent's safe further complicates the situation. After-hour performance of this function would not be possible since only the collection agent has access to the safe and no others.

c. The focus of this instruction is to provide patients a safe environment for securing valuables.



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4. Action. The commanding officer must:

a. Prescribe local procedures for the acceptance, custody, safekeeping, and disposition of patients' personal effects and valuables. Follow the administrative procedures in paragraphs 5 through 9 to the extent necessary to establish procedures best serving local requirements. Minimize inconvenience to the patients.

b. Counsel all patients scheduled for admission to MTFs to bring with them only those effects and valuables absolutely essential to their personal welfare and morale. Hold to a minimum, except for emergency or unscheduled admissions, the volume of patients' personal effects and the amounts and type of valuables accepted for custody.

5. Personal Effects. Baggage for dependents, retired military, and other categories of patients should be minimal.

a. Designated personnel will:

(1) Secure baggage accompanying the patient at time of admission with a metal, numbered seal and tag with DD 599, Patient's Effects Storage Tag, prior to storage in the bag room. Write the metal seal number on the back of DD 599 attached to the baggage, and also on the patient's stub. Give the stub to the patient. Patient Administration Department personnel must advise patients unable to witness the sealing of their personal effects of such action. Give the DD 599 stub to the patient as soon as possible. (See paragraph 8 on page 7 for physically or mentally incapacitated patients.)

(2) Complete a NAVMED 6010/9, Baggage Record Card (used to control and locate baggage), file in alphabetical order, and maintain in the bag room or Patient Administration Department as appropriate. Enter the DD 599 serial number and metal seal number on the NAVMED 6010/9.

b. Patients should normally deposit and withdraw items from the bag room in the presence of the bag room attendant. Bed patients unable to personally deposit or withdraw their personal effects and valuables must authorize in writing MTF personnel to deposit or withdraw items. The patient must sign the authorization with the physician or charge nurse countersigning as a witness. The authorized person must present the authorization and patient's stub to bag room personnel. Attach the authorization to the NAVMED 6010/9. If a withdrawal is made, draw a line through the previous metal seal number entered on the DD 599 (including the stub) and NAVMED 6010/9, initial, and date. Record the new metal seal number on each document. Return the patient's stub to the patient with the items withdrawn.

c. Upon discharge, the patient withdraws all baggage. The patient must sign the DD 599 acknowledging personal effects receipt. Staple the patient's stub and the NAVMED 6010/9 to the DD 599 and forward to the patient valuables custodial officer for retention and records disposal per reference (c).

6. DD 600, Patient's Baggage Tag. Use the DD 600 for aeromedical evacuation of patients only.

7. Patients' Valuables

a. Definition of Valuables

(1) Funds. Moneys.

(2) Negotiable Instruments. Checks, bonds, stocks, credit cards, postal money orders, traveler's check, notes, and insurance policies.

(3) Jewelry. Objects classified as having intrinsic value requiring additional protection. Paragraph 7d(3)(a)2 on page 5 discusses how to describe jewelry.

b. Responsibilities

(1) Commanding Officers of MTFs. The safekeeping of patients' valuables must be a command responsibility. As prescribed by reference (a), individuals authorized to accept valuables for safekeeping should either be serving in, or appointed to, an accountable position subject to audit.

(2) Accountable Positions

(a) Custodial Officer for Patient Valuables. The custodial officer is either a collection agent or custodian for patient valuables depending on the worth of valuables ordinarily deposited for safekeeping by patients. The commanding officer will appoint custodial officers in writing.

1. MTFs that expect to maintain custody of patients' valuables in excess of \$500 must establish an accountable position of collection agent for patient valuables following paragraph 041511 of reference (a).

2. MTFs that expect to maintain custody of patients' valuables less than \$500 must establish an accountable position of custodian for patient valuables following paragraph 041512 of reference (a). Exceeding the \$500 limit occasionally does not require establishing a patient valuables collection agent position.

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(b) Primary and Alternate Custodial Officers. The commanding officer may appoint alternate custodial officers using procedures in paragraph 31103 of reference (b). Do not assign the MTF's present collection agent responsibility for patients' valuables. Use a safe that is separate and remote from the MTF's collection agent to safeguard patient valuables and prevent any possibility of commingling funds. This should be the case regardless of who is appointed the custodial officer.

c. Delegation. The commanding officer may delegate the responsibility for the custody and safekeeping of patients' valuables through the following procedures:

(1) Appoint the Head, Patient Administration Department or designated representative as the custodial officer to assume responsibility for the acceptance, safekeeping, and accounting of valuables. An alternate custodial officer will act in the absence of the primary, e.g., after hours, as described above.

(2) Appoint, if required, alternate custodial officers for the initial receipt and temporary custody of valuables pending delivery to the primary custodial officer.

d. Deposits

(1) Use NAVMED 6010/8, Patient's Valuables, for depositing patients' valuables for safekeeping. The custodial officer will prenumber and control NAVMED 6010/8, and issue blocks of numbered forms to those clinical areas where normally used. Once NAVMED 6010/8's are accepted, personnel in the clinical area or ward assume responsibility in accounting for the envelopes until used and delivered to the custodial officer. Report in writing destroyed or mutilated prenumbered envelopes to the Patient Administration Department. The Patient Valuables Audit Board must make the accounting of the prenumbered envelopes (NAVMED 6010/8) a part of their routine audit.

(2) Cash Collection and Disbursement Journal. Commanding officers must establish local procedures for the development and use of a cash collection and disbursement journal to account for cash collected from patients for safekeeping. The journal must include:

- (a) Date of deposit.
- (b) Number assigned to NAVMED 6010/8.
- (c) Patient's name.
- (d) Contents.
- (e) Patient's ward.

- (f) Custodial officer accepting NAVMED 6010/8.
- (g) Date valuables withdrawn.
- (h) Custodial officer withdrawing NAVMED 6010/8.

(3) Procedures. Commanding officers must establish procedures for passing patient valuables on hand between primary and alternate custodial officers. The following guidelines apply:

(a) Receipt and Delivery. Ordinarily, the custodial officer or alternates must not receive patient valuables directly from the patient because they cannot perform the initial inventory and also verify the contents. Personnel authorized to perform the inventory of valuables accepted for delivery to the custodial officer must:

1. Inventory the valuables before a witness. Any combination of two individuals from the following must perform the inventory: one or two commissioned officers or a General Schedule (GS) 7 or above staff employee. If the patient is an enlisted member, one of the two individuals must be an enlisted staff member.

2. Enter the inventory (i.e., the itemized listing of all valuables accepted for custody and safekeeping) on NAVMED 6010/8. In describing valuables, avoid the terms "gold" and "silver." Describe as yellow or white metal. Describe only the color of precious and semiprecious gems and stones. Avoid the terms "diamond" and "pearl." Describe "diamond" as a "colorless stone;" "pearl" as a "bluish gray stone;" e.g., 1 yellow metal ring with 2 colorless stones; 1 white metal ring with 3 bluish gray stones. (See also NAVMED P-5066-A, Nursing Procedures Manual.)

3. Sign Part C of NAVMED 6010/8 and obtain the witness' signatures.

4. Insert the valuables in the envelop attached to the NAVMED 6010/8 and deliver to the custodial officer. Leave the envelop unsealed for content verification by the custodial officer.

(b) Custody

1. The custodial officer will verify the inventory against the contents; sign NAVMED 6010/8 accepting the valuables for deposit; and seal the envelop.

2. Staff personnel who deliver the inventoried patient valuables to the custodial officer should wait for the completed delivery officer's receipt (green copy of NAVMED 6010/8) and patient's receipt (pink copy). File the blue copy according to local practice. See paragraph 8 on page 7 if the patient is physically or mentally incapacitated.

(c) After Hours Deposit

1. Commanding officers are encouraged to provide drop safes for after hours deposit of patient valuables. Locate the drop safe in an area observed 24 hours a day such as in the officer of the day's (OOD's) office.

2. The custodial officer should pick up the valuables from the drop safe the next working day; inventory and verify the contents of NAVMED 6010/8; and deposit the valuables in the custodial office safe.

3. After securing the valuables in the safe, the custodial officer should deliver the pink copy to the patient and the green copy to the ward as the delivery officer's receipt.

e. Withdrawals. The custodial officer must establish flexible rules for retrieval of possessions. Patients may not make partial withdrawals; however, they may make redeposits. Complete a new NAVMED 6010/8 for each redeposit. The following procedures apply:

(1) Ambulatory Patients

(a) To withdraw valuables, the patient presents the pink (receipt) copy of NAVMED 6010/8 to the custodial officer. Upon verification of the patient's identity, the custodial officer gives the patient the valuables. The patient verifies the contents of the envelope and signs the white file copy. The custodial officer retains the original white copy on file for 2 years. (See reference (c) for proper disposal.)

(b) If the patient does not have the pink copy of NAVMED 6010/8, the custodial officer may accept another color (blue or green) copy from the ward with verification of the patient's identity. Checking the patient's identification band is one way to verify identity.

(2) Nonambulatory Patients. Patients unable to go to the Patient Administration Department in person may sign over authority to withdraw valuables by signing a note to this effect on the pink copy of NAVMED 6010/8. The person withdrawing the valuables must present the patient's identification card or other signature identification to the custodial officer to verify signatures.

f. Discharge. When patients' valuables are withdrawn upon discharge, retain the custodial officer's white file copy of NAVMED 6010/8, together with DD 599 and NAVMED 6010/9 (see paragraph 5c on page 3), for 2 years and then destroy following reference (c). If a claim arises, retain records as long as needed.

g. Medical Holding Companies. In establishing procedures for handling the personal effects and valuables of patients, give consideration to the special requirements of medical holding company personnel. These patients also have a continuing need for access to and security of their valuables and personal effects. Consistent with available resources, commands should consider providing lockable storage space (lockers, cabinets, etc.) in the medical hold area to enhance security and permit these members to maintain their personal effects.

8. Incapacitation. When competent medical authority deems a patient physically or mentally incapacitated and unable to protect their own interests, commands will manage their personal effects and valuables by this instruction as well as references (a), (d), and (e), as applicable. MTFs accepting the personal effects and valuables of incapacitated patients for custody and safekeeping must ensure:

a. The custodial officer must ensure the signing, dating, and witnessing of all transactions for deposit and withdrawal of personal effects and valuables. Use the following signature format: "John D. Doe, LT, MSC, USN for (insert name of patient) who is unable to sign."

b. The custodial officer maintains records of all transactions on behalf of incapacitated persons including receipts for baggage (patient's stub - DD 599), deposits of valuables (NAVMED 6010/8 - pink copy), and withdrawals as authorized by competent authority.

9. Deceased Persons. References (a), (d), and (e) regulate the handling of personal effects and valuables of deceased persons which includes those persons declared dead-on-arrival at the MTF. The custodial officer may release personal effects and valuables to the next of kin, heir, or legal representative and a receipt obtained, provided such action does not violate State and local laws. Follow references (d) and (e) for all other nonroutine aspects of safekeeping and depositing patients' valuables.

10. Audit and Loss Control

a. The custody and safekeeping of patients' valuables by MTFs are subject to:

(1) The collection agent audit as stated in paragraph 7b starting on page 3.

(2) Internal access control measures within the scope of the physical security and loss control program of the command prescribed by reference (f).

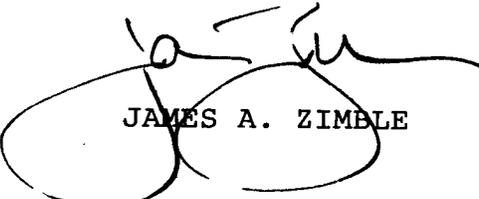
b. An appointed auditor must verify patients' valuables held in deposit through audits held at irregular intervals at least quarterly. The auditor will follow procedures generally prescribed for the collection agent function. In view of the controls established on the receipt, delivery, and custody of valuables (paragraph 7c on page 4), the auditor will normally inspect the sealed NAVMED 6010/8 envelope and certify the inspection by initialing and dating the back of the white copy of the NAVMED 6010/8. If the auditor discovers evidence of possible tampering or other unusual circumstance (see paragraph 10c below), the auditor will open the sealed NAVMED 6010/8 in the presence of a witness and check the contents of the NAVMED 6010/8 envelope against the inventory listed. If the number and type of valuables held in safekeeping agree with the official record entries, the auditor will certify this on the back of the white copy of NAVMED 6010/8 and the resealed envelope. The white file copy of NAVMED 6010/8 provides the audit trail.

c. The auditor must report discrepancies in safekeeping deposits immediately to the commanding officer for further action and investigation if the circumstances indicate theft, fraud, or other criminal act. The auditor must also report discrepancies (e.g., losses) exceeding \$500 following reference (g) governing missing, lost, or stolen property which has been placed in the legitimate custody of the Navy. In case of loss, the depositor can submit a claim for reimbursement per reference (h). Procedures for relief of liability to collection agents for physical losses or discrepancies are in paragraphs 041381 and 041382 of reference (a).

d. The custodial officer will promptly dispose of any unclaimed personal effects or valuables. The commanding officer will appoint an inventory board in writing. The inventory board will make an accurate and complete inventory and provide for the disposal of items. The command is responsible for attempting to deliver unclaimed items to the owner or the owner's next of kin. If the command cannot identify an owner, forward the valuables to a personal effects distribution center for disposal. Consult reference (d) for further guidance.

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11. Forms. NAVMED 6010/8 (1-66), Patient's Valuables, S/N 0105-LF-206-3501; NAVMED 6010/9 (5/70), Baggage Record Card, S/N 0105-LF-206-3600; DD 599 (10-51), Patient's Effects Storage Tag S/N 0102-LF-006-2700; and DD 600 (7-73), Patient's Baggage Tag S/N 0102-LF-000-6000, are available from the COG 1I stock points of the Navy Supply System, and can be ordered per NPFC P-2002D.



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