

HEADQUARTERS
U. S. ARMY MEDICAL CENTER
Army Clinic Building, Maryland

CONFIDENTIAL

13 August 1962

ISSUING OFFICE: Division of Medical Research
U.S. Chemical Research and Development Laboratories

SUBJECT: Accidental Drug Exposure

1. No single AR 40-2 can be drafted which would cover every conceivable possibility which might arise if a civilian employee becomes psychotic because of accidental exposure to psychotropic incapacitating agent. However, as a general concept, such a "play-by-card" However, even in the face of general probability to have occurred, certain steps should be followed:

a. Not apparently incapacitated:

(1) If the individual appears to be lucid and unaffected, but your organization considers it desirable that he be retained for observation, consent for such retention should be obtained from him (see para 5, AR 40-2).

(2) If the individual refuses to consent to being retained for observation, you have little choice but to release him. Arrangements should be made, however, to escort him home. Preferably a doctor should accompany him. His wife or other person, if any, with whom he lives should be contacted as to symptoms indicating that psychosis is setting in, and requested to contact your organization immediately upon such an event. Every assurance should be given that the Army is ready, willing and able to care for the individual should he need medical care, and that the proposed retention for medical observation was only a precautionary measure.

b. Obviously incapacitated:

If the individual is obviously incapacitated and therefore legally incapable of giving his consent, he should nevertheless be temporarily retained (see para 5d, AR 40-2, and para 5d, AR 40-3, "Consent in

PPH file copy

101-02

C-72

7/11/62

13 August 1962

Proposed") until consent can be obtained or withheld. Consent should be sought as soon as is reasonable under the circumstances. The person giving consent should be contacted in accordance with paragraph 5b, AR 40-2, and paragraph 2b, AR 40-3.

c. Factors to be kept in mind:

(1) Person to give consent:

(a) Individual exposed, if mentally capable of giving consent.

(b) Spouse.

(c) Next of kin.

1. Adult child.

2. Parent.

3. Adult brother or sister.

(2) Civilian employees who are exposed are eligible for medical care under authority of paragraph 13, "Domestication of the Bureau of Employees' Compensation," AR 40-3. If treatment is available at an Army facility but the individual chooses not to use it, the individual must bear the expense of any treatment received at a non-military facility or from non-military personnel (see CFR 41.2).

(3) Employees being treated at an Army facility for an occupational illness may be carried in a duty status. Hence, sick leave time is not depleted. If, however, the employee chooses to seek treatment elsewhere or stay at home, his absence will be charged to casual leave or sick leave, as appropriate.

(4) If consent has been obtained, the employee may be transferred to Walter Reed Hospital or some other facility when the ability of your organization to treat has been exhausted. For this purpose, your organization should be considered as a medical treatment facility so that a move to Walter Reed would be a transfer rather than a new admission (see para 13c, AR 40-3).

d. The person from whom consent is sought should be impressed with the following factors:

13 August 1952

Subject: Accidental Noise Psychosis

(1) Treatment by the Army is free to the employee whereas the expense of treatment from a civilian facility must be borne by the individual.

(2) Since agent under treatment is in a duty status rather than a leave status.

(3) Medical records are furnished in that the agent to which the employee was assigned is established.

(4) Army doctors are better qualified to treat the disease than they are medically more familiar with the problem than are civilian doctors.

(5) The individual may be dangerous to himself and others if released.

(6) The situation is only temporary and probably will clear up within 2 or 3 days.

2. It is recommended that advance permission to be retained not be solicited from employees subject to exposure. Such a procedure would not appear to be of any legal effect and would only serve to alarm the employee. It is recommended as an interim to granting consent in the event of an emergency is questionable in that a person, given all the facts, would not likely change his position simply because of this advance permission.

3. This office should be contacted as soon as possible in the event a civilian employee becomes psychotic from exposure. Personnel from this office will be available to assist and advise your organization and the person requested to give consent.

4. In summary, psychotic civilians, including dependents of military personnel who are not subject to military law, should not be retained as patients in an Army hospital without their consent, or, without the consent of their legal representatives or other person legally responsible for their care and well-being. However, if in a particular case such person is so psychotic as to be dangerous to himself or others if released, the Army has the moral responsibility to retain him in custody until he can safely be released to a proper custodian, regardless of the wishes of the patient. (JACA 1951/1773). In view of the requirement for consent, it does not appear probable that a writ of Habeas Corpus would ever need to

AMICA-3A

Accidental Toxic Psychosis

13 August 1962

in support of the employee's need of him to obtain his release. However, in the event such a will were obtained, competent military personnel would be required to determine if the person should not be released and will be held in custody in the event of the person in this regard. In the event of any emergency, the office should be notified immediately.

MIKE R. CRANE
Captain, JAGC
Fort Sledge Airbase