

APPENDIX A

**TACTICAL STANDING OPERATING PROCEDURE
FOR HOSPITAL OPERATIONS****A-1. Tactical Standing Operating Procedure**

This appendix provides a sample TSOP which may be modified for a FH/GH. It provides the tactics, techniques, and procedures for hospital operations; however, it should not be considered as all-inclusive. It may be supplemented with information and procedures required for operating within a specific command, contingency, or environment.

A-2. Purpose of the Tactical Standing Operating Procedure

The TSOP prescribes policy, guidance, and procedures for the routine tactical operations of a specific unit. It should cover broad areas of unit operations and be sufficiently detailed to provide newly assigned personnel the guidance required for them to perform their mission. A TSOP may be modified by TSOPs and OPLANs/OPORDs of higher headquarters. It applies to a specific unit and all subordinate units assigned and attached. Should a TSOP not be in conformity with the TSOP of the higher headquarters, the higher headquarters' TSOP governs. The TSOP is periodically reviewed and updated annually.

A-3. Format for the Tactical Standing Operating Procedure

a. There is not a standard format for all TSOPs; however, it is recommended that a unit TSOP follow the format used by its higher headquarters. The TSOP can be divided into sections (specific functional areas or major operational areas). The TSOP may contain one or more annexes, each of which may have one or more appendixes. The appendixes may each have one or more tabs. Appendixes can be used to provide detailed information on major subdivisions of the annex, and tabs can be used to provide additional information (such as report formats or area layouts) addressed in the appendix(es).

b. Regardless of the format used, the TSOP follows a logical sequence in the presentation of material. It should discuss the chain of command, major functions and staff sections of the unit, operational requirements, required reports, necessary coordination with higher and subordinate elements for mission accomplishment, programs (such as command information, PVNTMED measures, and CSC), and other relevant topics.

c. Pagination of the TSOP can be accomplished by starting with page 1 and numbering the remaining pages sequentially. If the TSOP is subdivided into sections, annexes, appendixes, and tabs, a numbering system that clearly identifies the location of the page within the document should be used. Annexes are identified by letters and are listed alphabetically. Appendixes are identified by numbers and arranged sequentially within a specific annex. Tabs are identified by a letter and are listed alphabetically within a specific appendix. After numbering the initial sections using the standard numbering system (sequentially starting with page 1 through to the end of the sections), number the annexes and their subdivisions. They are numbered as the letter of the annex, the number of the appendix, the letter of the tab, and the page number. For example, page 4 of Annex D is written as "D-4"; page 2 of Appendix 3 to

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Annex D is written as “D-3-2”; page 5 of Tab A to Appendix 3 of Annex D is written as “D-3-A-5.” This system of numbering makes the pages readily identifiable as to their place within the document.

d. In addition to using a numbering system to identify specific pages within the TSOP, descriptive heading should be used on all pages to identify the subordinate elements of the TSOP.

(1) The first page of the TSOP should be prepared on the unit’s letterhead. The remaining pages of the sections should include the unit identification in the upper right hand corner of the paper (for example: “XXX Combat Support Hospital”).

(2) A sample heading for an annex is: “Annex Q (Nursing Service) to XXX Combat Support Hospital.”

(3) A sample heading for an appendix to Annex Q is: “Appendix 4 (Patient Food Service) to Annex Q (Nursing Service) to XXX Combat Support Hospital.”

(4) A sample heading for a tab to Appendix 4 to Annex Q is: “Tab C (Diet Roster) to Appendix 4 (Patient Food Service) to Annex Q (Nursing Service) to XXX Combat Support Hospital.”

e. As the TSOP is developed there may be an overlap of material from one annex to another. This is due in part to similar functions that are common to two or more staff sections. Where overlaps occur, the material presented should not be contradictory. All discrepancies will be resolved prior to the authentication and publication of the TSOP. The TSOP will be authenticated by the hospital commander.

f. Tactical standing operating procedure writers should review the appropriate mission training program (MTP) to ensure the TSOP is thorough and doctrinally correct. See Army Training and Evaluation Program (ARTEP) 8-715-MTP for FHs and ARTEP 8-725-MTP for GHs.

A-4. Sample Tactical Standing Operating Procedure (Sections)

The information contained in this paragraph can be supplemented. It is not intended to be an all-inclusive listing. Different commands will have unique requirements that need to be included.

a. The first section of the TSOP identifies the specific unit/headquarters that developed the TSOP.

(1) *Scope.* This paragraph establishes and prescribes procedures to be followed by the hospital and its assigned, attached, or operational control (OPCON) units/elements.

(2) *Purpose.* This paragraph provides policy and guidance for routine tactical operations of the headquarters and its assigned, attached, or OPCON units.

(3) *Applicability.* Except when modified by TSOPs and OPLANs/OPORDs of higher headquarters, this paragraph applies to the hospital and to all units assigned, attached, or OPCON for

combat operations. These orders, however, do not replace judgment and common sense. In cases of nonconformity, the document of the higher headquarters governs. Each subordinate element will prepare a unit TSOP, conforming to the guidance herein.

(4) *General information.* This paragraph discusses the required state of readiness of the unit; primary, secondary, and contingency missions; procedures for operating within another command's AO; and procedures for resolution of conflicts with governing regulations, policies, and procedures.

(5) *References.* This paragraph can include any pertinent regulations, policy letters, higher headquarters TSOP, or other appropriate documents.

b. The second section of the TSOP discusses the hospital organization.

(1) *Organization.* The unit is organized and equipped IAW the applicable MTOE and/or other staffing documentation. The applicable MTOE and other staffing documentation should be listed in this paragraph.

(2) *Succession of command.* The guidance for determining the succession of command is discussed.

(3) *Task organization.* Task organization is contingent on the mission and will be approved by the headquarters ordering deployment.

(4) *Organizational charts.* Contained in Annex A.

c. The third section of the TSOP discusses hospital functions. It will supplement the hospital organizational chart(s). The functions of the various hospital divisions/sections, to include personnel and some of their responsibilities, are provided in Chapter 2 of this publication. For a more detail description of personnel duties, see FM 101-5, AR 611-201, and AR 611-101.

d. The fourth section of the TSOP pertains to division/section operations and is subdivided into annexes.

A-5. Sample Tactical Standing Operating Procedure (Annexes)

Annexes are used to provide detailed information on a particular function or area of responsibility. The commander determines the level of specificity required for the TSOP. Depending upon the complexity of the material to be presented, the annex may be further subdivided into appendixes and tabs. If the annex contains broad guidance or does not provide formats for required reports, paragraphs may be used. The annex should not require further subdivision. However, as the material presented becomes more complex, prescribes formats, or contains graphic materials, the annex will require additional subdivision. Applicable references, such as ARs, FMs, and TMs, should be provided in each annex. The number of annexes and their subdivisions should be based on command/contingency requirements. Each annex should contain

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information relating to mission, organization, duties and/or responsibilities, and procedures. The following sample annexes are provided as a guide and are not considered all-inclusive.

a. Annex B, Hospital Headquarters. This annex discusses the hospital commander and his responsibilities. The hospital commander is the senior MC officer assigned or as appointed by higher headquarters. The hospital commander, assisted by the chiefs of surgery, nursing, and medicine, XO, chaplain, and CSM, provides the C2 necessary to accomplish the mission. The day-to-day operations shall include a review of hospital activities occurring during the preceding shift and the implementation of directives received from higher headquarters.

(1) The daily assessment of hospital operations is accomplished via a report(s) on admissions, dispositions, bed census (by type), unusual occurrences, and significant SI patients. The chief of professional services reports on bed availability by type bed and service capabilities that can be provided. This information must also be provided daily to the PAD for medical evacuation and patient regulating operations.

(2) The commander and his staff, in the conduct of daily operations, can use personal and telephonic contact to become aware of personnel, logistical, and administrative problems which may affect the overall hospital operations.

(3) Regularly scheduled meetings and review of reports and programs can be used to monitor the effectiveness and efficiency of hospital operations.

(4) The hospital commander, during command visits or contacts with the medical group, can be apprised of the tactical situation. The hospital commander provides higher headquarters the hospital's overall status, to include patient work load, hospital capability, personnel status, logistical requirements, and other information as he deems appropriate. The hospital commander maintains liaison with the MEDLOG battalion, the medical evacuation battalion, and corps support organizations.

(5) The hospital commander may activate the TOC based on the tactical situation. (See Annex D for a discussion on TOC operations.)

(6) This annex should also address the hospital hours of operation, to include the hospital staff and personnel shifts.

b. Annex C, Company Headquarters. This annex discusses the C2 structure for all assigned or attached officers and enlisted personnel of the hospital. The annex outlines procedural guidance for, but not limited to, the following:

- Unit-level administration.
- Reenlistment and extension programs.
- Billeting, to include fire safety, sanitation (including field sanitation), and key control.
- Security, assignment, accountability, and maintenance of weapons.

- Perimeter security.
- Life support and site improvement.
- Welfare and recreational activities.
- Unit supply.
- Duty rosters.
- Physical fitness.
- Training.
- Uniform Code of Military Justice actions.

c. *Annex D, Tactical Operations Center.* Areas covered by this annex include—

(1) *Definition.* The TOC is the command element of the hospital containing communications and personnel required to command, control, and coordinate hospital and CHS operations.

(2) *Purpose.* The purpose of the TOC is to provide a secure area where the commander and key staff can assemble to estimate the situation, assess the requirements, and react to varying problems such as area defense, NBC operations, mass casualty situations, and CHS operations.

(3) *Responsibilities.* The hospital commander has overall supervision and control over the TOC. The hospital XO has primary staff responsibility in the absence of the commander. Daily operations of the TOC are the responsibility of the operations section.

(4) *Operations.* The TOC operates on a 24-hour basis. It is principally staffed by each primary staff section furnishing necessary manpower as required. The TOC will be adjacent to the communications facility, as well as in proximity to the emergency room and triage areas. The TOC should be of sufficient size to allow for establishment of maps, storage of individual weapons and chemical defense equipment, and facilitate communications among the staff. Telephone communications connect the TOC to other staff sections within the hospital, higher headquarters, and other appropriate units. The CNR will also provide the appropriate communications for CHS. Access to the TOC is strictly controlled by means of an access roster and, if available, security badges. Only essential personnel and authorized visitors are allowed to enter. Each hospital element maintains a TSOP on the organization and operation of its section. All elements within the TOC maintain, when appropriate, a current situational map of their specific operations. Discussion and portrayal of tactical plans outside of the security area are prohibited.

(5) *Composition of the tactical operations center.* This is a listing of those personnel comprising the TOC. It normally includes the commander, XO, CSM, principal staff members, and other specific staff members as required.

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(6) *Tactical operations center configuration.* This is a schematic representation of the physical layout of the TOC. It can be included as an appendix to the annex.

(7) *Message center.* This paragraph establishes procedures for the handling of classified messages; provides delivery and service of IMMEDIATE and FLASH messages to the appropriate staff section; provides procedures for preparing outgoing messages and delivery service to the servicing message center for the transmission of outgoing messages.

(8) *Appendixes.* The addition of appendixes to this annex is permissible and may cover topics such as—

- Schematics of the physical layout.
- Change of shift procedures.
- Security requirements, to include guard duties and identification badges.
- Briefing requirements.
- Overlay preparation.

(9) *Camouflage.* This paragraph discusses what camouflage procedures are required, to include type and amount of required camouflage materials (such as nets and terrain features); display of the Geneva Conventions' distinctive emblem on facilities and vehicles; and other pertinent information. See FM 8-10 for information concerning the camouflaging of medical units.

d. Annex E, Operations. This annex establishes procedures for the operations section within the hospital and provides a basis for standardization of CHS operations in a tactical environment. It is essential that these procedures be standardized to ensure common understanding, facilitate control and responsiveness, and enhance mission accomplishment. Although intelligence and hospital defense are functions of the hospital operations section, they may be addressed in separate annexes. For simplicity and coherency, these areas are discussed in paragraphs *e* and *f*, respectively. Commanders may elect to consolidate the S2/S3 functions into a single annex. Appendixes to this annex should include the following areas:

(1) *Operational situation report.* Requirements for format, preparation, and submission of this report are discussed in this appendix.

(2) *Operations security.* This appendix provides the guidance and procedures for secure planning and conduct of combat operations.

(a) *Responsibilities.* The commander is ultimately responsible for denying information to the enemy. The operations officer is responsible to the commander for the overall planning and execution of operations. He has the principle staff interest in assuming the required degree of OPSEC and has the primary staff responsibility for coordinating the efforts of all other staff elements in this regard. The operations officer is responsible for the preparation of the essential elements of friendly information (EEFI)

and for providing classification guidance. Additionally, the OPSEC officer identifies the priorities for OPSEC analysis and develops OPSEC countermeasures. Coordination is effected with higher headquarters in planning an OPSEC analysis of operations and analyzing EEFI.

(b) *Classified and sensitive information.* Document classification, downgrading, and declassification is the responsibility of the operations section. Classified and sensitive information, such as the status of the forces, readiness condition, equipment status, and other information relative to the hospital's ability to perform its mission, will be limited to those individuals with a security clearance and the need to know.

(3) *Hospital relocation.* This appendix provides the procedures for hospital relocation. Because of the hospital's limited mobility, transportation support and other site preparation are required from COSCOM assets. The operations officer, in conjunction with the supply and service division, plans and coordinates hospital movement. Considerations should include, but not be limited to, the following:

- Coordination with higher headquarters.
- Patient relocation.
- Tactical situation.
- Transportation requirements availability.
- Convoy operations (to include clearance and security).
- Terrain analysis and site selection, to include PVNTMED considerations (insect breeding sites, waste disposal considerations, and proximity to water supplies).
- Availability of required support (engineer, communications, and supply).

(4) *Communications-electronics.* This appendix establishes communications policies, procedures, and responsibilities for the installation, operation, and maintenance of communications-electronics (CE) equipment. Responsibilities of the CE NCO include—

- Advising the hospital commander and operations officer on CE matters.
- Determining requirements for communications support.
- Radio communications.
- Radio teletypewriter communications.
- Message and communications center service.
- Message handling procedures.

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- Wire communications.
- Switchboard operations.
- Communications security and operations.
- Security violations. This prescribes procedures for reporting any event or action which may jeopardize COMSEC.
- Daily shift inventory.
- Physical security of communications equipment.
- Transmission security.
- Security areas. This discusses access procedures and rosters, access approval requirements, and prohibited items.
- Communications security officers and custodians. The appointment procedures, orders requirements, and duties of personnel are described.
- Safety. This discusses requirements for the grounding of, handling, and storage of COMSEC equipment.
- Power units.
- Emergency destruction of classified operating instructions and associated materials.

e. Annex F, Intelligence and Security. This annex pertains to intelligence requirements and procedures and operational security considerations. Appendixes to this annex may include the following subjects:

(1) *Intelligence.* The operations section has the responsibility of collecting information to assist the commander in reaching logical decisions as to the best courses of action to pursue. Priority intelligence requirements (PIR) include, but are not limited to, the location, type, and strength of the enemy threat; location of area of casualty concentration; known or suspected NBC activity; and issues which the commander considers to be PIR.

(2) *Intelligence reports.* The operations section is responsible for disseminating all applicable estimates, analyses, periodic intelligence reports, and intelligence summaries generated within the hospital or received from higher headquarters. Information on submission of reports and suspenses on intelligence products and reports should also be addressed in this appendix.

(3) *Counterintelligence.*

- *Camouflage.* When ordered or directed by the tactical commander, all units will initiate and continually strive to improve camouflage of positions, vehicles, and equipment. Noise and light discipline is emphasized at all times.

- *Communications security.* These measures are enforced at all times. Specific requirements and considerations are included.

- *Signs and countersigns.* This paragraph outlines procedures for establishing signs and countersigns to be used during hours of darkness. It also includes reporting requirements and procedures if the sign/countersign is lost or compromised.

- *Document security.* This paragraph discusses the procedures for inventorying, marking, safeguarding, and destroying classified material, both work documents and completed documents. Reporting requirements in the event of compromise are also included.

(4) *Captured personnel, equipment, supplies, and documents.* This appendix provides specific guidance on the handling of captured personnel, equipment, supplies, and documents. The disposition of captured medical equipment and supplies is governed by the Geneva Conventions and is protected against intentional destruction.

(5) *Security.* This appendix discusses weapons security, SOI (communications) security, TOC security, and Sensitive Item Status Report policies, guidance, or procedures.

f. Annex G, Hospital Defense. This annex describes procedures for security of the hospital in a wartime environment. Security should be a part of an integrated defense plan (base cluster commander and HN base defense plan). Within the theater area, the base cluster and base commanders are appointed by the area commander. These commanders have the overall responsibility for the base cluster defense and base defense organizations and plans. The hospital should be included as a part of the base cluster/base plan as established by the base cluster/defense commander. This annex addresses, as a minimum, the following:

- Sustainment operations.
- Defense reaction force(s).
- Hospital movement.
- Terrain management.
- Medical unit self-defense according to the Law of Land Warfare (see Appendix G). For a comprehensive discussion on the Law of Land Warfare, see FM 8-10 and FM 27-10.

g. Annex H, Administration and Personnel. This annex outlines procedures relating to administrative and personnel matters and associated activities. The theater surgeon has assignment, reassignment, and career management authority for all AMEDD officer and warrant officer personnel arriving into or within the theater during mobilization and wartime. Request for personnel and administrative

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support will be submitted through the medical group (S1 [Adjutant, US Army]) to the appropriate supporting regional personnel center. Paragraphs of the annex or attached appendixes should discuss the following:

(1) *Personnel loss estimate.* Initially, FM 101-10-1/1 and FM 101-10-1/2 will be used as a basis for the computation of gross and special personnel loss estimates. Factors and loss rate tables in the FMs may not accurately reflect current situations and should be modified as actual experience factors are developed.

(2) *Emergency personnel replacements.* A request for hospital personnel replacement is submitted to the medical group S1 when there are unexpected losses for which no replacements are allocated.

(3) *Personnel daily summary (PDS).* This paragraph provides the procedures for filling out and submitting a daily personnel status report. The instructions may include requirements for encrypting the report prior to transmission, specific guidance on time of submission, corrections, or other administrative requirements.

(4) *Casualty reports.* This paragraph applies to all US military personnel who are serving within the hospital's area of support and become casualties in areas under US control. It is also applicable to EPWs and civilian internees who become casualties while under control of US units.

- *Casualty feeder report.* This report is submitted on DA Form 1156. Instructions for completing the form and submission requirements are included.

- *Witness statements on individuals.* This statement is completed on DA Form 1155 only when the recovery of a body is not possible, or when a body cannot be identified. This form is to be submitted to the S1 within 24 hours of the incident. The paragraph should contain information on obtaining the form, instructions for completing it, and other relevant information or procedures.

- *Other reports.* This section may also include other reports required by the command.

(5) *Personnel management.*

- *Replacements.* Individual replacements will not be readily available during the initial phases of operations. The administrative division will automatically initiate replacement requests for personnel who are reported on the PDS report as wounded in action (WIA), missing in action, or killed in action.

- *Assignments and reassignments.* This paragraph will address the actions required for patients and permanent party personnel.

- *Leaves.* Ordinary and emergency leave procedures are outlined in AR 630-5. Policies established by the theater will take precedence.

- *Personnel actions.* All personnel actions are channeled through the administrative division. Division/section chiefs and NCOICs are the hospital points of contact. Actions will be handled expeditiously and meet suspense dates (tactical situation permitting).

- *Efficiency reports.* This paragraph describes the pertinent information needed for the completion and submission of these reports.

- *Award recommendations.* This paragraph delineates the responsibilities and guidance for submitting recommendations for awards and for scheduling and conducting award ceremonies.

- *Promotions.* This paragraph discusses the procedures for submitting recommendations for promotion and for scheduling and conducting promotion ceremonies.

- *Correspondence.* All correspondence addressed to higher headquarters is submitted through the administrative division. Requirements for submission, preparation, and approval are also provided.

- *Personnel records.* This paragraph discusses requirements for coordination of this support. It also discusses the procedures for having correspondence included in the official military personnel records of personnel assigned and attached.

(6) *Personnel services.* Personnel services are those activities pertaining to soldiers as individuals. Unless prohibited by the tactical situation, the services listed below will be available to all assigned and attached units.

- *Family care plans.* An individual soldier's plan is reviewed and updated in order to provide for his family during his absence.

- *Sporting activities and morale and welfare activities.*

- *American Red Cross.*

- *Finance.* This service includes disbursements and currency control, payday activities, currency conversion, check cashing, and the appointment of Class A agents.

- *Legal services.* Information and specific guidance on administrative boards, court-martial authority and jurisdiction, legal assistance, and general services should be provided.

- *Religious activities.* Religious activities include chaplain support, services available for different faiths, schedule of services, and hospital visitations.

- *Postal services.* This includes hours of operation and services available. Emergency destruction, prisoner of war mail, and mail restriction policies will be outlined. Postal services should be addressed in an appendix to this annex.

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- *Post exchange services.* This includes hours of operation and availability.
- *Distribution.* Pick up and delivery schedules and any command-specific issues and procedures are provided.

(7) *Mortuary affairs.* Commanders at all levels are responsible for unit mortuary affairs (MA) and the search, recovery, and evacuation of remains to collection points. Selected hospital personnel should be trained on MA tasks to ensure proper handling of remains and the deceased's personal effects.

- *Responsibilities.* This paragraph discusses hospital responsibilities and the relationship with the medical group and supporting MA activity.
- *Disposition.* Specific guidance on procedures, MA collection points, transportation requirements, and handling of remains is provided.
- *Hasty burials.* Specific requirements for conducting hasty burials, and marking and reporting of grave sites are included.
- *Personal effects.* Guidance on accounting for personal effects and requirements for burial should a hasty burial be required is contained in this paragraph.
- *Disposition of civilian and EPW remains.* The local civilian government is responsible for the burial of remains of its citizens. The remains of EPWs are buried in separate cemeteries from US and allied personnel. If this is not possible, a separate section of the same cemetery is used and will be properly marked.
- *Contaminated remains.* This paragraph discusses handling and disposition requirements (to include protective clothing), procedures, and marking and reporting of burial site.

(8) *Public information.* This appendix contains procedures for obtaining approval on the public release of information to include the hometown news release programs.

(9) *Maintenance of law, order, and discipline.* This appendix should provide applicable regulations, policy, and command guidance on topics such as serious incident reports, notifications and submission formats, straggler control, confinement of military prisoners, and EPWs (also discussed in [10] below).

(10) *Enemy prisoners of war.* This appendix discusses the unit responsibility for EPWs captured by or surrendered to the unit. These procedures do not pertain to EPW patients captured by other units. Medical personnel do not guard, search, or interrogate EPWs while in the CHS system; guards are provided by nonmedical personnel designated by the tactical commander for these duties. Until EPW personnel can be evacuated to an EPW collection point, medical personnel should remember and enforce the basic skills: segregate, safeguard, silence, secure, speed, and tag. (The speed portion of evacuating EPWs to designated collection points is of paramount importance to medical units.)

NOTE

The treatment of EPWs is governed by international and US law and the provisions of the Geneva Conventions. Personnel should be aware of these requirements and have ready access to the applicable regulations and policy guidance (see FM 8-10 and AR 190-8).

(11) *Records disposal procedures.* The emergency disposal of files, when hostile action is imminent and if retention is prejudicial to the interest of the US, will be outlined. Nonemergency disposal, to include lost or destroyed files, will be included.

(12) *Appendixes.* The following appendixes should be developed as part of this annex:

- Human relations and equal opportunity.
- Civilian personnel.
- Provost marshal.
- Safety (see Appendix D).
- Postal operations.
- Command message center.

h. Annex I, Chaplain. This annex outlines the duties and responsibilities of the hospital chaplain and the hospital ministry team. Although the chaplain reports directly to the hospital commander, his activities will be coordinated with the hospital adjutant.

(1) *Chaplain support and coverage.* This paragraph will address the following:

- Normal and emergency chaplain duties.
- Religious services.
- Visitation.
- The SI patient.
- Death.
- Burial services.
- Reports.

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(2) *Chaplain funds.* Procedures will be outline for the establishment of a nonappropriated chaplain's fund upon mobilization.

i. Annex J, Nuclear, Biological, and Chemical Defense. This annex provides general guidance regarding unit and individual defense against NBC attacks, decontamination procedures, and care of NBC casualties.

(1) The NBC NCO is the technical adviser to the hospital commander and the operations officer on all matters pertaining to NBC operations. Procedures should be developed for—

- Organizing and training the required NBC teams.
- Establishing a warning and alarm system. The system will include vocal, visual, and sound.
- Training hospital personnel on MOPP and other NBC defensive measures.
- Advising the hospital commander on activation of the appropriate MOPP level, to include masking and unmasking procedures, based on the tactical situation.
- Maintaining NBC records and submitting the required reports.
- Establishing collective shelters. The operations section will determine the requirements for NBC collective shelters. The responsibility for establishing and maintaining NBC shelters rest with the section being hardened.
- Publishing radiation exposure guidance. This includes methods to minimize exposure and protect against electromagnetic pulses.
- Maintaining and distributing unit NBC defense equipment.
- Maintaining accountability and proper stockage of NBC defense equipment and PLL items.

(2) This annex should include the following appendixes:

- Appendix 1—NBC Teams.
- Appendix 2—Decontamination Procedures.
- Appendix 3—Operating in an NBC Environment.
- Appendix 4—Individual and Collective Protective Plan.
- Appendix 5—Handling and Patient Care of NBC Patients.

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- Appendix 6—Handling Contaminated Patients.
 - Appendix 7—Establishing Decontamination Sites.
 - Appendix 8—Locating Contaminated Areas (to include traffic control in and out of
 - Appendix 9—NBC Warning and Reporting.
 - Appendix 10—Hospital Recovery.
 - Appendix 11—Radiation Exposure Guidance.
 - Appendix 12—NBC Equipment and Supply Logistical Requirements.
 - Appendix 13—References.

j. Annex K, Nutrition Care. This annex outlines procedures relating to patient nutrition management and Army medical field feeding operations. The annex addresses the nutrition care division's organization and staff responsibilities. The organization and a detailed discussion of the following specific areas should be included as appendixes:

- Organization.
- Medical rations.
- Patient meal delivery.
- Staff and ambulatory patient feeding.
- Safety.
- Sanitation.
- Nutritional support.
- Nourishments, to include forced fluids.
- Ration accountability.
- Ration procurement.
- Equipment maintenance.
- Training.

- References.

k. Annex L, Logistics. This annex outlines sources, procedures, requirements, responsibilities, and planning guidance for logistical support for a hospital.

(1) Areas addressed. Specific areas which are addressed are listed below. The discussion to the areas should be provided in appendixes with the inclusion of tabs, if appropriate.

- Supply and services.
- Medical supply.
- General supply.
- Maintenance (less medical).
- Medical equipment maintenance.
- Waste disposal.
- Linen.
- Interface with the supporting MEDLOG battalion.
- Transportation and mobility.
- Supply and distribution.
- Engineer support.
- Quartermaster support.
- Hospital safety.
- Blood component resupply.

Logistics applications of automated marking and reading symbols (LOGMARS), TACCS, MEDTCU, and test, measurement, and diagnostic equipment are included in the discussions when appropriate.

(2) Transportation and movement requirements. This appendix covers the following areas: applicability; responsibilities; policies on speed, vehicle markings, transporting flammable materials, transporting ammunition and weapons; convoy procedures; safety; and accident reporting.

(3) Fire prevention and protection. Guidance on the use of flammable materials, use of cigarettes, matches, and lighters, electrical wiring and appliances, safety of tents and occupants, spacing of tents, stoves and ranges, and fire-fighting equipment and procedures are presented in this appendix.

(4) Field hygiene and sanitation. This appendix provides uniform guidance and procedures for the performance of functions related to field hygiene and sanitation. It includes policies, communicable disease control, field water supply (water trailers, cans, and fabric water storage containers), food sanitation, latrines, liquid waste disposal, garbage and rubbish disposal, personal hygiene, arthropod and rodent control and protection, medical waste disposal, hearing protection, site selection, and garbage. For additional information on field hygiene and sanitation, see FMs 21-10 and 21-10-1.

(5) Conventional ammunition down/upload procedures. This appendix delineates responsibilities and provides guidance and procedures for the requisition, storage, and distribution of ammunition and weapons, reporting requirements, and safety.

(6) Petroleum, oils, and lubricants accounting.

(7) Combat health logistics support. The combat health logistics concept of operations, requisition, and distribution procedures, accountability, and reports are provided in this appendix.

l. Annex M, Laboratory. This annex prescribes laboratory policies and procedures in support of the hospital. Procedural guidance will include, but not be limited to—

- Hematology and urinalysis.
 - Performing white blood cell (WBC) count.
 - Performing complete blood count (red blood cell [RBC], WBC, hemoglobin [Hgb], and hematocrit [Hct]).
 - Determining Hct.
 - Determining WBC differential.
 - Determining prothrombin time.
 - Determining partial thromboplastin time.
 - Performing cerebrospinal fluid (CSF) cell count and differential.
 - Performing urinalysis (dipstick).
 - Performing urinalysis (microscopic).
 - Performing platelet estimate.
 - Performing platelet count.
 - Determining fibrinogen level.

- Determining fibrin degradation products.
- Biochemistry.
 - Performing blood gas analysis.
 - Performing electrolyte levels (Na, K, Cl, and CO₂).
 - Determining total serum protein.
 - Determining serum creatinine.
 - Determining serum amylase.
 - Determining serum AST activity.
 - Determining serum ALT activity.
 - Determining serum CK activity.
 - Determining serum glucose.
 - Determining serum T. bilirubin.
 - Determining serum calcium.
 - Determining CSF glucose.
 - Determining CSF protein
 - Determining urine protein.
 - Determining urine glucose.
- Microbiology and serology.
 - Performing occult blood test.
 - Performing thick and thin smears for malaria.
 - Performing gram stains.
 - Performing RPR test (syphilis).
 - Performing IM (infectious mononucleosis) tests.

- Examining feces for ova, cysts, and parasites.
- Performing potassium hydroxide (KOH) preps.
- Performing pregnancy tests.
- Microbiology (capabilities available with specific augmentation).
 - Performing urine cultures (colony counts and sensitivity).
 - Performing wound culture and sensitivity.
 - Performing culture and sensitivity for gonorrhea.
 - Performing throat cultures.
- Quality control procedures.
- Reports.
- Infectious, chemical, hazardous, and solid waste disposal.
- Safety.

m. Annex N, Blood Bank Services. This annex prescribes hospital blood bank policies and procedures. It addresses procedures for—

- Storing, collecting, and administering blood and blood products.
- Performing blood group and type (ABO, Rh).
- Performing abbreviated blood crossmatching procedures.
- Thawing and issuing fresh frozen plasma.
- Blood planning factors.
- Reports.
- Automated blood management system.

n. Annex O, Dental Services. This annex outlines policies and procedures for dental clinic operations in a hospital. Procedures include—

- Priority of treatment.

- Dental records.
- Narcotics and drug control.
- Dental supply and maintenance operations.
- Precious metal control.
- Mercury hygiene and syringe and needle security.
- Sterilization and infection control.
- Safety.

o. Annex P, Pharmacy Service. The pharmacy operation is centered around an inpatient and outpatient system, distribution of bulk drugs, and the IV-additive program. This annex addresses the following procedures:

- Storing, safeguarding, labeling, and dispensing pharmaceutical and drug products.
- Operating an IV-additive program.
- Controlling drugs (Q and R).
- Preparing signature cards.
- Accessing letters.
- Rotating stockage of drugs and medication.
- Requisitioning drugs and supplies.
- Preparing reports.

p. Annex Q, Patient Administration Division. This annex outlines the general functions for the PAD. Procedural guidance is identified for the following:

- Maintenance and accountability for clinical records.
- Admitting, discharging, and transferring patients (surface and air movement).
- Processing and disposing of weapons, ammunition, maps, and classified and sensitive documents taken from patients admitted to the hospital.
- Medical statistics and reports.

- Claims.
- Processing hospital deaths.
- Theater Army Medical Management Information System-MEDPAR and TAMMIS-MEDREG.
- Patient evacuation and medical regulating.
- Mass casualty operations.

q. Annex R, Nursing Service. This annex provides administrative and operational guidance for all nursing service personnel throughout the hospital. It provides nursing care standards, policies, and procedures which are applicable to all wards, to include ORs and the triage, EMT, and preoperative treatment sections. Areas addressed should include, but not be limited to, the following:

- Nursing documentation.
- Scope of nursing practices.
- Standards of nursing practice.
- Standards of patient care.
- Assignment of personnel.
- Infection control.
- Special category patients.
- Procedures available in radiology.
- Procedures available in laboratory.
- Admission and discharge.
- Procedures for cardiopulmonary resuscitation.
- Cardiac arrest and trauma resuscitation procedures.
- Preparation of patient for medical evacuation.
- Management of controlled substances.
- Mass casualty plan.

- Preoperative care of the patient.
- Postoperative care of the patient.
- Care of patient with indwelling catheters.
- Care of patient with central IV lines.
- Care of patient with tracheostomy.
- Care of patient with chest tube.
- Death procedures.
- Hazardous and medical waste disposal.
- Bedpan and urinal washing and disinfecting procedures.

r. *Annex S, Radiological Services.* This annex establishes policies and procedures for requesting radiological services, preparation of patients, and use of x-ray films.

(1) Request for diagnostic procedures is outlined for the following examinations:

- Routine.
- Emergency.
- Bedside.
- Special (upper gastrointestinal series, gallbladder).
- Urological.
- Preoperative chest x-rays.

(2) Appendixes to the annex may include other information to assist daily operations. Suggested areas are—

- Radiation safety.
- Radiation protection.
- Equipment records.
- Radiographic film security.

- Filing procedures.

s. *Annex T, Medical Services.* This annex prescribes the duties and procedures for medical services in the treatment of all patients admitted to the hospital. Areas to be addressed include, but are not limited to—

- Treatment protocols.
- Examination procedures.
- Evaluation and treatment of infectious diseases.
- Evaluation and treatment of internal medicine disorders.
- Evaluation and treatment of skin disorders.
- Treatment of patients with gynecological diseases, injuries, or disorders.
- Medical supply and resupply procedures.
- Consultation services.
- Infection control (procedures to be followed to reduce the threat of infection in an austere environment).
- Fire evacuation plan.
- Reports.

t. *Annex U, Surgical Services.* This annex outlines diagnostic and surgical treatment procedures for the hospital. It should include, but not be limited to, the following:

- Scheduling procedures, to include after-hours and emergency cases.
- Aseptic (sterile) techniques.
- Maintenance of registry.
- Scrub attire and surgical hand-scrub procedures.
- Environmental safety.
- Electrosurgical unit safety.
- Operating room environmental sanitation.

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- Counts of sponges and sharps.
- Bullet removal evidence and property custody document.
- Death procedures.
 - Notifications.
 - Autopsy, to include coordination with HN health officials or compliance with valid agreements.
 - Disposition.
- Cardiac arrest procedures.
- Traffic patterns.
 - Transportation of patients to and from the OR.
 - Transportation of sterile, clean, and dirty equipment.
 - Evacuation of personnel and patients during contingencies.
- Handling contaminated needles and syringes.

u. Annex V, Operating Room/Central Materiel Service Control Team. This annex outlines the functional procedures of the OR, CMS, and anesthesia services, and the preparation and maintenance of OR-related equipment. With exception of CMS, the OR and anesthetists are not a separate paragraph in the L-edition series TOE. As an entity, these elements are under the supervision of the senior anesthesiologist or the officer appointed by the hospital commander. (Because of the dual relationship, the OR and CMS staff report to the chief surgeon and the chief nurse. The chief nurse is usually the rater of the OR/CMS head nurse and the senior rater is the chief surgeon. The chief surgeon is usually the rater of the senior anesthesiologist and the senior rater is the hospital commander.) The operational guidance includes, but is not limited to—

(1) *Operating room service.*

- Verifying personnel qualifications for assigned duties.
- Scheduling nursing staff.
- Providing immediate postoperative care of surgical patients (recovery room/ICUs).
- Availability of ORs.

- Operating room space utilization.
- Medical resupply, to include time lines.
- Medical maintenance, to include organic and depot.

(2) *Anesthesia services.*

- Standards.
- Duty roster and on-call requirements.
- Master list of clinical procedures.
- Equipment checklists.
- Classification of patients.
- Narcotics control.
- Infection control in work area.
- Anesthesia carts.
- Disposition of hazardous or infectious waste.
- Storage of combustibles and cleaning schedule.
- Quality control procedures for equipment.
- Verifying personnel qualifications for assigned duties.

(3) *Central materiel supply.*

- Loading and unloading the steam sterilizer.
- Monitoring the sterilization process.
- Labeling and monitoring shelf life of sterile items.
- Providing tray setup and wrapping procedures, to include cleaning and preparing equipment and supplies for sterilization.

v. *Annex W, Emergency Medical Services.* This annex outlines the procedures for receiving patients, performing patient assessments, providing EMT, and transporting patients to the appropriate element of the hospital. Procedures include—

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- Continuous 24-hour emergency treatment service.
- Verification of personnel qualification.
- A 24-hour physician and nursing service coverage plan.
- Patient registration ledger.
- Triage.
- Scope of practice of MOS 91B personnel.
- Routine patient care management.
- Emergency patient care management.
- Care of HN military and dependents (as required).
- Care of HN contract civilian and other HN medical care requirements.
- Admission and transfer of patients.
- Mass casualty operations.
- Medical treatment for chemical and biological agent patients.
- Medical evacuation.
- Utilization of the hospital litter team.
- Medical resupply and maintenance.
- Care of refugees and displaced persons.
- Assessment and emergency treatment of patients undergoing and awaiting NBC decontamination.

w. *Annex X, Neuropsychiatric Service and Ward.* This annex outlines procedures for hospital NP service including diagnosis and consultation to all areas within the hospital and to others as may be directed by the command. Procedures include, but are not limited to—

- Screening of patients by a psychiatrist.
- Ward support for nonambulatory or secluded patients.

- Patient ledger and transfer coordination.
- Patient restraining.
- Enemy prisoner of war patient support augmentation.
- Records and administration.
- Drug control.
- Identifying and monitoring suicidal and homicidal patients.
- Neuropsychiatric and combat fatigue-related casualties.
- Medical supplies and maintenance.
- Stress control to patients and staff of other wards.

x. *Annex Y, Physical Therapy.* This annex outlines procedures for the utilization and support of physical therapy services. Areas to be addressed include, but are not limited to, the following:

- Verification of personnel qualification.
- Scope of practice of physical therapy personnel.
- Assignment of physical therapy personnel.
- Services provided.
- Referral procedures.
- Mass casualty role.
- Utilization of radiology and pharmacy services.
- Injury prevention programs.
- Logistical support.

y. *Annex Z, Mass Casualty.* This annex outlines procedures to enable the hospital to respond effectively to a variety of emergency, external, and internal disaster situations. In any situation, the hospital must be prepared to receive, triage, treat, and hospitalize large numbers of casualties within a short period of time. The development of this plan is the responsibility of the operations section, or as directed by the hospital commander. Procedures include—

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- Planning and training requirements.
- Medical cadre positions.
- Nonmedical personnel positions and duties, including litter teams, perimeter guard, crowd control, and information personnel.
- Location of services, to include triage, delayed care, immediate care, minimal care, and expectant care areas.
- Support requirements beyond hospital capability.
- Evacuation.
- Discharge of patients.
- Records and reports.

z. *Annex AA, Civil-Military Operations.* This annex discusses participation in civil-military operations (CMO). Medical elements are often involved in CMO, humanitarian assistance, and disaster relief operations. The activities which may be covered include providing medical treatment within the capabilities of the hospital and providing training to a HN's medical infrastructure. The responsibility for this annex is the operations officer, or as directed by the hospital commander.