

## APPENDIX J

# DEVELOPMENT OF MEDICAL ELEMENT STANDING OPERATING PROCEDURES

### J-1. General

*a.* Medical elements employed in LIC often have a high turnover rate of personnel. To ensure continuity of programs and to facilitate the orientation of newly assigned personnel, it is important that a SOP be developed. This SOP should be quite detailed and cover all aspects of the medical element operations, such as—

- Medical procedures and services.
- Medical evacuation procedures.
- Supply and resupply procedures (both medical and nonmedical materiel).
- Unit administration.
- Medical records and administration.
- Mass casualty plans.

*b.* This appendix provides a skeletal outline of topics which should be included in the element's SOPs. It may be modified to meet the needs of the unit. The SOP should be updated on a regular basis.

*c.* Procedures should be formally established within the element to include out-briefings by the departing commander on the adequacy and scope of the SOP.

### J-2. Orientation of Newly Assigned Personnel

*a.* Newly assigned personnel must be adequately oriented to their new positions. On tours of duty with a duration of 6 months to 1 year, it is important that personnel have ready access to procedures and guidelines to rapidly assimilate them into the operation. This enhances their effectiveness and optimizes their contribution to the unit mission. In many LIC environments, US Army Reserve units may perform their 2 weeks of active duty for training in OCONUS medical elements. A thorough orientation on their role and the procedures to be followed enhances the training they receive.

*b.* Orientation should include, but not be limited to, the following:

- Unit's goals, objectives, and mission.
- Unit history.
- Cultural, political, and economic considerations of the HN.
- Language requirements and, if personnel are not fluent in the HN's language, availability of interpreters and cross-referenced language dictionaries (such as a Spanish-English dictionary). The element should develop its own cross-referenced training aid with common medical questions and phrases for use by nonfluent personnel. (Department of the Army Pamphlet 40-3, Medical Service Multilingual Phrase Book, provides medical phrases in the following languages: English, French, Danish, German, Greek, Italian, Dutch, Norwegian, Turkish, and Portuguese.)
- Medical threat in the region.
- General threat and protective measures needed to ensure individual survivability, to include terrorism awareness (refer to paragraph 3-4 and FM 100-37 for additional information).
- Standards of conduct both in the military setting and in the civilian community.
- Administrative, personnel, and finance support.
- Specific job related information and procedures.
- Population served and eligibility for care.

*c.* If facilities are available to make training aids, such as film strips, the portions of the orientation dealing with topics which remain fairly constant can be standardized. These topics can include the cultural, economical, and political considerations of the HN and the unit history. If this is not possible, a prepared briefing and handouts can be used.

### J-3. Standing Operating Procedures

The SOP may include, but not be limited to, the following:

*a. Medical Evacuation.*

- Procedures.
- Responsibilities of each person (requester, medical officer, or evacuation element).

*b. Medical and Dental Services and Clinics.*

(1) A number of standard elements should be covered for all medical and dental services and clinics. These are—

*(a) Organization and functions.*

*(b) Administration, including policies, goals, and objectives, reporting requirements, duties and responsibilities, location, and hours of operation.*

*(c) Examination procedures.*

*(d) Treatment protocols.*

*(e) Medical supply and resupply procedures, and equipment availability and maintenance availability.*

*(f) Infection control (procedures to be followed to reduce the threat of infection in an austere environment).*

*(g) Equipment and supplies listing or locally determined medical equipment set for operations away from the permanent clinic site.*

*(h) Eligibility for care.*

*(i) Safety.*

*(j) Fire evacuation plan.*

*(k) Host nation coordination requirements.*

*(l) Inservice education requirements and continuing education programs.*

*(m) Standing committees, such as for quality assurance, credentialing, or other medical specific committees.*

*(n) Accident reporting.*

*(o) Personal appearance and behavior standards.*

*(p) Electrical power requirements and means to support requirements.*

(2) Considerations for specific services and clinics are—

*(a) Dental services.*

- Radiographic procedures and biomedical equipment repair requirements and availability.

- Personal protection, such as gloves and mask.

- Requirements for refrigeration.

- Recovery of precious metals.

*(b) Pharmacy services.*

- Formulary which covers the prescribing procedures, alphabetical listing of drugs, and a therapeutic category listing.

- Signature cards.

- Controlled substance inventory, dispensing requirements, register, destruction procedures, discrepancy report, and requisitions.

- Access letters.

- Key control.

- Intravenous admixture program.

- Pharmacy waste disposal.

- Humanitarian and civic assistance involvement, requirements, and mission.

- Work report including inpatient and outpatient bulk order and sterile products.

- Requirements for refrigeration.

(c) Laboratory services.

- Infection and chemical hazard control.

- Requirements for refrigeration.

- Procedures and logistics of blood banking.

- Procedures for hematology laboratory.

- Procedures for biochemistry and clinical chemistry laboratory.

- Procedures for bacteriology and parasitology.

(d) 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 syringes and needles.

- Storage of combustibles and cleaning schedule.

- Quality control procedures for equipment.

(e) Surgical services.

- Scheduling procedures, to include after-hour and emergency cases.

- Aseptic (sterile) technique.

- Maintenance of registry.

- Scrub attire and surgical hand scrub procedures.

- Environmental safety.

- Electrosurgical unit safety.

- Operating room environmental sanitation.

- 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 operating room.

- Transportation of sterile, clean, and dirty equipment.

- Evacuation of personnel and patients during contingencies.

- Handling of contaminated needles and syringes.

(f) Central Materiel Supply.

- Loading and unloading of the steam sterilizer.

- Sterilization process monitors.

- Shelf life of sterile items to include labeling.

- Tray setup and wrapping procedures to include cleaning and preparing of equipment supplies for sterilization.

(g) Nursing services.

- Nursing notes.

- Scope of nursing practices.

- Plan for nursing care.

- Method of documentation.

- Assignment of personnel.

- Infection control.

- Special category patients.

- Procedures offered by Radiology services.

- Admission and discharge.

- Procedures for cardiopulmonary resuscitation.

- Procedures for cardiac arrest.

- Mass casualty care plan.

- Preoperative preparation of the patient.

- Postoperative care of the patient.

- Procedures for care of patient with indwelling catheters.

- Care of intravenous equipment and injection site.

- Tracheotomy care.

- Thermometer care.

- Bedpan and urinal washing and disinfecting facilities.

- Infectious waste disposal.

- Hand washing requirements and procedures.

- Isolation procedures for patient care.

- Death procedures.

- Notifications.

- Autopsy, to include coordination with HN health officials or compliance with valid agreements.

- Dispositions.

- Requirements for coverage of outpatient clinics and HCA missions.

(h) Mass casualty procedures.

- Planning and training requirements.

- Medical cadre positions and duties.

- Nonmedical personnel positions and duties, including litter teams and perimeter guard, crowd control, and information personnel.

- Location of services to include triage, delayed care, immediate care, minimal care, and expectant care areas.

(i) Biomedical equipment repair and maintenance.

- Maintenance request procedures.

- Scheduled maintenance.
- Receipt of new equipment.

- Requesting repair parts.

(j) Veterinary services.

- Care of government-owned animals.

- Food inspection.

- Protocol for post exposure rabies prophylaxis.

- Humanitarian and civic assistance missions.

(k) Preventive medicine services

- Food service sanitation.
- Foodborne illness outbreak investigation.

- Water quality surveillance.

- Climatic injury prevention.

- Entomology and pest control.

- Humanitarian and civic assistance programs.

- Sexually transmitted diseases prevention and control (to include human immunodeficiency virus [HIV]).

- Infectious disease reporting (MED-16).
- Field sanitation team training.

- Radiation and NBC protection.

(l) Radiology services.

- Exposure area.

- Darkroom.

- Infection control.

- File room.

- Untoward reaction to contrast material procedures.

- Emergency drug tray.

- Disposition of used needles and syringes.

- Security.

- Dealing with the critically ill inpatient.

- Radiation safety rules for nonradiology personnel.

- Radiation protection in diagnostic radiologic examinations.

- Shielding of patient and technician.

- Recovery of silver.

- Electrical and mechanical

safety rules.

- Routine radiographic

views.

- Weekly processor tests.

- Quality control procedures.

- Filing procedures.
- (m) Emergency medical treatment.
  - Functions.
  - Scope of practice of MOS 91A/B personnel.
  - Scope of practice of MOS 91C personnel.
  - Mass casualty operations.
  - Medical evacuation procedures.
  - Blood alcohol testing.
  - Animal bites.
  - Protocol for post-exposure rabies prophylaxis.
  - Preexposure rabies prophylaxis.
  - Sexually transmitted diseases.
  - Reporting of unusual occurrences.
  - Routine care of HN military and dependents.
  - Specialty clinics for HN civilians.
  - Preemployment physicals for HN civilian employees.
  - Routine medical care for HN contract civilian employees.
  - Medical treatment for chemical and biological agent casualties.

*c. Medical Rapid Response Team.*

- (1) Threat information.

- (2) Organization and functions.
- (3) Implementation of team to include coordination with HN, if applicable.
- (4) Medical equipment and supplies.
- (5) Command, control, and communications.
- (6) Geneva Conventions.
- (7) Tasking organizations to include medical element, aviation element, and military police element.
- (8) Intelligence requirements and signal operating instructions.
- (9) Bomb discovery and disposal.

*d. Medical Readiness Training Exercises.*

- (1) Definition and scope.
- (2) Location.
- (3) Employment and deployment.
- (4) Coordinator responsibilities.
- (5) Mission planning and execution.
- (6) Equipment and supply requirements.
- (7) Duration of exercise.
- (8) Medical mission reconnaissance checklist (Appendix K).
- (9) Accounting.
- (10) After action reporting requirements and special distribution.

*e. Medical Supply and Maintenance.*

- (1) Stockage levels to include rotation of stock.

(2) Procedures for resupply to include time lines.

(3) Coordination requirements.

(4) Procedures for medical maintenance (organic and depot).

*f. General Supply and Maintenance.*

(1) Stockage levels.

(2) Procedures for resupply to include time lines.

(3) Coordination requirements.

(4) Procedures for organic and depot maintenance and repair.