

## APPENDIX P

**DEVELOPMENT OF MEDICAL ELEMENT TACTICAL  
STANDING OPERATING PROCEDURES****P-1. General**

*a.* Combat health support elements employed in stability and support operations often have a high turnover rate of personnel due to short rotational assignments. To ensure continuity of programs and to facilitate the orientation of newly assigned personnel, it is important that a TSOP be developed. This TSOP should be quite detailed and cover all aspects of the CHS element operations, such as—

- Medical procedures and services (can be part of the TSOP or developed as a separate clinical standing operating procedure [CSOP]).
- Supply and resupply procedures (both medical and nonmedical materiel).
- Unit administration.
- Medical records and administration.
- Mass casualty plans.
- Joint and multinational force and HN coordination requirements.

*b.* This appendix provides a skeletal outline of topics that should be included in the element's TSOP. The CHS element defined in this appendix is task-organized and has a surgical element; not all units employed in stability and support operations will have this capability or the other full range of functions defined (such as veterinary services). It may be modified to meet the needs of the unit. The TSOP should be updated on a regular basis.

*c.* Procedures should be formally established within the element (to include an out-briefing by the departing commander on the adequacy and scope of the TSOP).

**P-2. Purpose of the Tactical Standing Operating Procedure**

The TSOP prescribes policy, guidance, and procedures for the routine field operations of a specific unit. It should cover broad areas of unit operations but be sufficiently detailed to provide newly assigned personnel the guidance required for them to assume their new positions. A TSOP may be modified by TSOPs and OPLANs/OPORDs of higher headquarters. It applies to the parent unit and all subordinate units assigned and attached. Should the TSOP not conform to the TSOP of the higher headquarters, the higher headquarters' TSOP governs. The TSOP should be periodically reviewed and updated as required.

**P-3. Format for the Tactical Standing Operating Procedure**

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

*b.* Regardless of the format used, the TSOP should follow a logical sequence in the presentation of material. As a minimum, it should discuss the—

- Chain of command and/or coordination/cooperation arrangements .
- Major functions and staff sections of the unit.
- Operational requirements, to include ROE.
- Required reports.
- Necessary coordination with higher and subordinate elements, joint or multinational forces, HN forces and agencies, other US agencies, NGOs, and PVOs for mission accomplishment, as appropriate.
- Programs (such as command information or PMM).
- Other relevant topics (such as instruction of the culture, customs, and beliefs of the HN or other countries involved in the mission).

*c.* Pagination of the TSOP can be accomplished 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 can be used. Annexes are identified by letters and arranged alphabetically. Appendixes are identified by numbers and arranged sequentially within the specific annex. Tabs are identified by a letter and are listed alphabetically within the particular 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 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 headings should also be used on all pages to identify 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 major sections should include the unit identification in the upper right hand corner of the page; for example, "\_\_\_\_\_ Medical Company."

(2) A sample heading for an annex is "ANNEX C (Administration and Personnel) to \_\_\_\_\_ Medical Company."

(3) A sample heading for an appendix is "APPENDIX 2 (Personnel Management) to ANNEX C (Administration and Personnel) to \_\_\_\_\_ Medical Company."

(4) A sample heading for a tab is "TAB A (Award Recommendations) to APPENDIX 2 (Personnel Management) to ANNEX C (Administration and Personnel) to \_\_\_\_\_ Medical Company."

*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 unit elements. Where overlaps occur, the material presented should not be contradictory. All discrepancies will be resolved prior to the authentication and publication of the TSOP.

#### **P-4. 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 maximizes their contribution to the unit mission. In many stability and support operational missions, US Army Reserve units may perform their 2 weeks of active duty for training in OCONUS CHS elements. A thorough orientation on their role and the procedures to be followed enhances the training they receive.

*b.* Orientation should include—

- Units goals, objectives, and mission.
- Unit history.
- Rules of engagement.
- Existing Status of Forces agreements.
- Cultural, political, and economical 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 provides medical phrases in the following languages: English, French, Danish, German, Greek, Italian, Dutch, Norwegian, Turkish, and Portuguese.)

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- Medical threat in the region.
- General threat and individual and force protection measures needed to ensure individual and unit survivability (including terrorism awareness).
- 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 that 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.

### P-5. Tactical Standing Operating Procedure (Sections)

The information contained in this paragraph is an outline of the information which may be included in a TSOP. It is not to be considered an all-inclusive listing. Without supplementation as to specific guidance and policies, this TSOP cannot be executed as written.

- First section. (*Identifies unit/element it pertains to.*)
  - Scope.
  - Purpose.
  - Applicability.
  - References.
  - General information.
- Second section. (*Identifies organizational design.*)
  - Organization.
  - Task organization.
  - Organizational charts.

- Third section. (*Discusses unit functions.*)
  - Unit headquarters.
  - Staff responsibilities.
- Fourth section. (*Contains the annexes and provides required procedures/guidance.*)

#### **P-6. Tactical Standing Operating Procedure (Annexes)**

Annexes are used to provide detailed information on a particular function or AOR. 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 reports, paragraphs may be used and the annex need not be further subdivided. However, as the material presented becomes more complex, prescribes formats, or contains graphic material, the annex will require additional subdivision. This paragraph discusses the subdivision of annexes by appendixes. It does not contain examples of subdividing the information presented in the appendixes into tabs. Applicable references, such as ARs, FMs, and TMs, should be provided in each annex. The number of annexes and their subdivisions presented below are not to be considered an all-inclusive listing. Different commands have unique requirements; therefore, supplementation of the information presented is permitted.

- a. Annex A. (Organizational Charts).
- b. Annex B. (Command Post). (*This annex discusses the operation of the command post, its staffing, and its functions.*)
  - General.
  - Force protection.
  - Security.
  - Camouflage (*when directed*).
  - Message distribution.
  - Joint/combined liaison. (*This can be a discussion of interpreters, liaison officers/teams, or other coordination requirements in joint and multinational operations.*)
  - Journal (duty log), situation map, and information display.
  - Combat health support overlays.

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- Nonmedical overlays.
- Communications procedures and security.

c. Annex C. (Administration and Personnel). *(This annex outlines procedures relating to administrative and personnel matters and associated activities.)*

- Personnel accountability.
- Personnel management.
- Personnel services.
- Mortuary affairs.
- Public information.
- Maintenance of law and order.
- Enemy prisoners of war/detainees.

d. Annex D. (Intelligence and Security). *(This annex pertains to intelligence requirements and procedures and OPSEC considerations.)*

- Intelligence.
- General threat.
- Medical threat.
- Weather.
- Captured/detained personnel and captured or abandoned equipment, supplies, and documents.
- Security.

e. Annex E. (Operations). *(This annex establishes policy and procedures for unit operations.)*

- Operational situation report.
- Operations security countermeasures.
- Development of estimates, OPLANs, and OPORDs.

- Risk assessment and safety guidance.
- Communications-electronics (*to include procedures and security*).
- Reporting requirements and formats.
- Briefing requirements, recurring meetings, and readiness reporting.
- Predeployment/deployment operations.

f. Annex F. (Unit Layout). (*This annex discusses the establishment and breakdown of the unit area. The patient treatment areas must be arranged so that patient flow and ambulance turnaround are unimpeded.*)

- Advance party/quartering party.
- Site selection.
- Force protection considerations (*to include patient bunkers, listening posts, observation posts, and individual fighting positions*).
- Establishment of treatment areas (*which facilitate patient flow*).
- Establishment of and safety considerations for x-ray machines.
- Establishment of ambulance turnaround and helicoptering landing areas.
- Establishment of patient decontamination station.
- Establishment of administrative areas, sleeping areas, and motor pool.
- Plan for reconfiguration of triage/treatment areas for mass casualty situations.
- Establishment of field sanitation facilities (*latrines, handwashing facilities, soakage pits, and waste disposal sites/measures*).

g. Annex G. (Nuclear, Biological, and Chemical Defense). (*This annex prescribes policies, guidance, and procedures for NBC defensive measures. Exposure may result from such activities as an explosion at a nuclear power plant or as a result of a terrorist attack.*)

- Responsibilities.
- Protection measures for unit members and patients under their care.
- Reporting requirements and procedures.

- Unit decontamination procedures.
- Patient decontamination operations (*to include coordination for nonmedical personnel to perform patient decontamination procedures*).

*h. Annex H. (Logistics). (This annex establishes logistics procedures for the unit. It concerns both general supply and CHL. Combat health logistics should also be addressed under the MTF operations.)*

- General supply and services.
- Property book management.
- Combat health logistics support (*to include emergency resupply measures, blood management, controlled substance control, and inventory control*).
- Power generation equipment/operations.
- Food service.
- Bath and laundry service.
- Transportation and movement requirements.
- Fire prevention and protection.
- Field hygiene and sanitation.
- Motor pool operations.
- Conventional ammunition down- and upload procedures, storage, safety, and issuance.
- Petroleum, oils, and lubricants accounting.
- Maintenance (nonmedical).
- Medical equipment maintenance.

*i. Annex I. (Safety). (This annex establishes minimum essential safety guidance for the unit and provides guidance on the unit's risk assessment program.)*

*j. Annex J. (Civil-Military Operations). (This annex discusses participation in CMO activities. In stability and support operations, this annex takes on an added importance. It should be reviewed often and revised as necessary.)*

- Liaison/interpreters.



- Status of Forces agreements.
- Customs, beliefs, religious affiliations, and economical, political, and social considerations.
- Type of operation. (*The type of operation will normally dictate the extent of involvement with the civilian community in the AO.*)
- Availability/capability to contract for goods and services.
- Coordination/cooperation requirements with NGOs and PVOs.
- Coordination with the civilian medical infrastructure.

k. Annex K. (Medical Treatment Facility Operations). (*This annex provides the guidance for the actual medical treatment, evacuation support, and other CHS activities conducted by the unit. It can also be prepared as a separate CSOP.*)

(1) Medical evacuation and medical regulating.

- Request formats.
- Evacuation overlays.
- En route care protocols.
- Ground ambulances.
  - Medical equipment sets.
  - Loading plan.
  - Medical equipment maintenance/calibration.
  - On-board oxygen.
  - Radio procedures.
  - Routes (*to include reconnaissance of, obstacles, or other pertinent information*).
  - Strip maps.
  - Dispatch of ambulances.
  - Drivers licenses.

- Driver briefings.
  - Ambulance shuttle operations.
  - Ambulance exchange point operations.
  - Air ambulances.
    - Army airspace command and control.
    - Weather.
    - Launch authority.
    - Stationing plan.
    - Fuel.
    - Maintenance support.
    - Flying hours program.
    - Crew rest.
    - Flight surgeon support.
    - Billeting and feeding.
    - Landing zone (*to include security*).
    - Community assistance programs.
    - Medical equipment sets.
  - Responsibilities of each person (*requester, medical personnel, or evacuation element*).
  - Documentation requirements (*to include USAF required forms when the unit is the OMF for USAF evacuation*).
  - Coordination with other Services when providing area support.
- (2) Medical and dental services and clinics.

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

- Organization and functions.
- Administration (*to include policies, goals, objectives, reporting requirements, duties and responsibilities, location, and hours of operation*).
- Examination procedures.
- Treatment protocols.
- Credentialing.
- Combat health logistics supply and resupply procedures, equipment availability, and maintenance/repair capability.
- Infection control.
- Equipment and supplies listing or locally determined MESs for operations away from the permanent clinic site.
- Eligibility for care.
- Safety.
- Fire evacuation plan.
- Host-nation coordination requirements.
- In-service education requirements and continuing education programs.
- Standing committees (*such as quality assurance, credentialing, or other medical-specific committees*).
- Accident reporting.
- Personal appearance and behavior standards.
- Electrical power requirements and means to support requirements.

(b) Considerations for specific services and clinics are—

- Dental services.
  - Radiographic procedures, and availability of services.

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- Medical equipment maintenance and repair (*to include calibration of x-ray equipment and safety measures*).
- Personal (universal) protection (*such as gloves, eye protectors, and mask*).
- Requirements for refrigeration.
- Recovery of precious metals.
- Sterilization of instruments (*cold sterilization procedures if sterilizer is not available*).
- Alternate wartime role of dental officers.
- Pharmacy service.
  - Formulary that 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, if applicable.
  - Pharmacy waste disposal.
  - Humanitarian assistance involvement, requirements, and mission.
  - Work report including inpatient and outpatient bulk order and sterile products, if applicable.
  - Requirements for refrigeration.
  - In-service training requirements.
- Laboratory service.
  - Procedures for preservation and transport of clinical specimens to supporting laboratories within the theater or to CONUS.

- Quality assurance program.
- Procedures for the preservation and transport of biological specimens for detection of NBC agents to supporting laboratories.
- Infection and chemical hazard control.
- Requirements for refrigeration.
- Procedures and logistics of blood banking.
- Blood reports and requisitioning.
- Currency of reagents.
- Procedures for hematology laboratory.
- Procedures for biochemistry and clinical chemistry laboratory.
- Procedures for bacteriology and parasitology.
- Medical equipment maintenance and repair.
- 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.

- Surgical service.
  - Scheduling procedures (*to include after-hours 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]; and 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.
- Central materiel supply.
  - Loading and unloading of the sterilizer.
  - Sterilization process monitoring.
  - Shelf life of sterile items (*to include labeling*).
  - Tray setup and wrapping procedures (*to include cleaning and preparing equipment supplies for sterilization*).
- Nursing service.
  - Nursing documentation.

- Scope of nursing practices.
- Standards of nursing practices.
- Standards of patient care.
- Assignment of personnel.
- Special category of personnel.
- Infection control.
- Procedures available in radiology.
- Procedures available in the medical laboratory.
- Admission and discharge procedures.
- Procedures for cardiopulmonary resuscitation.
- Mass casualty plan.
- Preoperative care of patients.
- Postoperative care of patients.
- Care of patients with indwelling catheters.
- Care of patients with central IV lines.
- Care of patients with tracheostomies.
- Care of patients with chest tubes.
- Death procedures.
- Ambulatory care procedures.
- Mass casualty procedures (*plan 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, IMMEDIATE, MINIMAL, and EXPECTANT care areas]*).
- Medical equipment repair and maintenance.
  - Maintenance request procedures.

- Scheduled maintenance.
- Receipt of new equipment.
- Requisitioning of repair parts.
- Veterinary services.
  - Care of government-owned animals.
  - Food inspection.
  - Zoonotic disease surveillance and control.
  - Protocol for postexposure rabies prophylaxis.
  - Humanitarian assistance missions.
- Preventive medicine services.
  - Theater DNBI surveillance program.
  - Food service sanitation.
  - Foodborne illness outbreak investigation.
  - Water quality surveillance.
  - Climatic injury prevention.
  - Entomology and pest control.
  - Humanitarian assistance programs.
  - Disaster relief coordination.
  - Sexually transmitted diseases prevention and control (*to include the human immunodeficiency virus*).
  - Infectious disease reporting.
  - Field sanitation team training.
  - Radiation and NBC protection.



- 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.
- Emergency medical treatment.
  - Functions.
  - Scope of practice of MOS 91B personnel.
  - Scope of practice of MOS 91C personnel.

- Mass casualty operations.
- Medical evacuation procedures.
- Blood alcohol testing.
- Animal bites.
- Protocol for postexposure 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 BW and CW agent casualties.
- Medical rapid response team.
  - Threat information.
  - Organization and functions.
  - Deployment of team (*to include coordination with HN, if applicable*).
  - Medical equipment and supplies.
  - Command, control, and communications.
  - Geneva Conventions.
  - Tasking organizations (*to include medical element, aviation element, and military police element*).
  - Intelligence requirements and signal operating instructions.
  - Bomb discovery and disposal augmentation, if appropriate.

- (3) Medical readiness training exercises.
  - Definition and scope.
  - Employment and deployment.
  - Coordinator responsibilities.
  - Mission planning and execution.
  - Equipment and supply requirements.
  - Duration of exercise.
  - Medical mission reconnaissance checklist.
  - Accounting.
  - After-action reporting requirements and special distribution.
- (4) Medical supply and maintenance.
  - Stockage levels (*to include rotation of stock*).
  - Procedures for resupply (*to include time lines*).
  - Coordination requirements.
  - Procedures for medical maintenance (*organic and depot*).
- (5) General supply and maintenance.
  - Stockage levels.
  - Procedures for resupply (*to include time lines*).
  - Coordination requirements.
  - Procedures for organic and depot maintenance and repair.