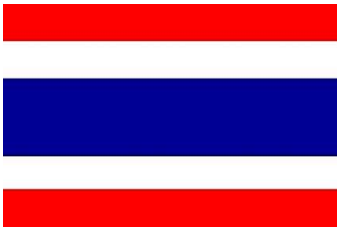
FIELD MEDICAL SERVICES SUPPORT GUIDELINE

FOR PEACE SUPPORT OPERATIONS



ARMY MEDICAL FIELD SERVICE SCHOOL

MEDICAL DEPARTMENT, THE ROYAL THAI ARMY

March, 2019

FIELD MEDICAL SERVICES SUPPORT GUIDELINE

FOR PEACE SUPPORT OPERATIONS

This guideline of field medical services support for peace support operation is established for preparation of peace keeper; moreover, it use for a guidance and standard operation procedure to provide essential medical care. This manual is divided into 4 parts that include:

1. The concept of field medical support
2. Level II medical facility, medical personnel and their capabilities
3. Medical Procedures
4. Miscellaneous

Part 1 Concept of Field Medical Services Support.

The aim of this section is to provide field medical services support guideline for peace support operations and essential material for the medical planning staffs. This document forms a doctrinal bridge between medical support principles and planning guidelines developed at the operational and tactical levels.

1.1 Introduction.

This medical support guideline allows considerable feasibility and flexibility. The guideline is to provide the field medical service support in the peace support operation. Sometimes, the operation needs to cooperate with other nations capabilities. Therefore, Troop Contributing Country (TCC) should be cautious when coordinating with other nation's medical assets to achieve efficiency. Particularly, the attention should be made to consider the different approaches that each nation or troop has when it comes to delivering health care in the expedient operation.

1.2 Field Medical Services Mission.

The aim of field medical service support in military operations is to support the mission, through the 4 domain that include;

1) Preventive medicine,
2) Treatment and medical evacuation,
3) Medical logistics
4) Others medical services.

The motto of Army Medical Department, Royal Thai Army, is strengthen the forces and families. Therefore, field medical service support goal that include peace operation, low intensified conflict and war time is to prevent and reduce unnecessary mortality and morbidity of troop; moreover, to promote a return to duty and normalcy.

1.3 Echelon of care

The echelon of care is divided into 4 levels.

Echelon I medical treatment facility provides first aid, buddy, triage, resuscitation and stabilization. It is an essential element of every national contingent and it must be readily and easily available to all force personnel.

Echelon 2 medical facilities is an intermediate structure capable of receiving casualties, providing triage and stabilization for further evacuation, treatment and holding of patients until they can be returned to duty or evacuated.

Echelon 3 medical facilities include the capability of level 2 extended by surgery, intensive and post-operative care, medical, dental and nursing care, and relevant diagnostics. Level 3 units can provide lower level units medical personnel replacement. Resupply of level 2 facilities and either control of or ready access to patient evacuation assets are included within the minimum capability.

Echelon 4 medical facilities provides definitive care of patients for whom the treatment required is longer than that dictated by the theater evacuation policy or for whom the capability usually found at level 3 is inadequate. Normally, this level will be at home country.

Part 2 Level 2 medical facilities, medical personnel and their capabilities

2.1 level 2 medical facilities

2.1.1 Definition.

Level 2 is the next level of medical care and the first level where basic surgical expertise is available, and life support services and hospital and ancillary services are provided within the mission area. A level 2 medical facility provides all level 1 capabilities and, in addition, includes capabilities for: emergency surgery, damage control surgery, post-operative services and high-dependency care, intensive care resuscitation and inpatient services; also, basic imagistic services, laboratory, pharmaceutical, preventive medicine and dental services are provided; patient record maintenance and tracking of evacuated patients are also minimum capabilities required for a level 2 medical facility;

2.1.2 Capacity. Performs 3 to 4 surgical operations per day, and provides hospitalization of 10 to 20 sick or wounded for up to 7 days, 40 outpatients per day and 5 to 10 dental consultations per day and will hold medical supplies, fluids and consumables for 60 days;

2.1.3 Capability

• Provides advanced specialist medical care to stabilize seriously injured personnel for transport to level 3 medical facility

• Administers blood and blood products according to the compatibility of blood groups and rhesus factors, using approved hygiene methods to prevent contamination

• Provides climate-controlled storage and transport capability (cold chain) to prevent the deterioration or contamination of blood and blood products

• Performs blood testing and grouping

• Can, if agreed in the MOU, supply specialist services according to the needs of the mission (e.g., gynecologist, specialist in tropical medicine, stress counselor)

•Can provide a specialist team for collecting seriously injured personnel from the site of injury and escort patients in serious condition to higher level care this team might be tagged as an aero-medical evacuation team

• Provides medical and dental services based on troop/police strength up to brigade level.

2.1.4 Composition. The minimum composition and number of level 2 medical personnel are listed in the annex A.

2.2 Level 2+ medical facility

The level 2 capability can be enhanced to level 2+ by augmentation with additional capabilities. Additional capabilities that enhance the medical support facilities are reimbursed separately, in accordance with the COE Manual and MOU. Examples of additional capabilities include:

2.2.1 Orthopedic module

(1) Treatment capability

• Formulate plans and procedures for orthopedic surgery services. With the hospitalizing days extended to 21 days, able to manage orthopedic surgery services

• Reduce and immobilize closed fractures with a plaster or fiber glass cast or splint

• Reduce and immobilize fractures by open reduction or internal fixation under fluoroscopic guidance

• In cases where the injury is an open (compound) fracture or complex fracture associated with vascular or neurological damage, with the aim to save life and limb, the ideal treatment should be stop or control the bleeding, stabilize the fracture and evacuate to a higher level hospital

• Examine, diagnose and treat diseases and injuries of musculoskeletal system by surgical and conservative means

• Determine procedures for preoperative and post-operative care.

(2) Manpower requirement

• 1 x orthopedic surgeon

• 1 x orthopedic operation assistant

• 1 x physiotherapist.

(Note: Anesthetist and nurses are included in the manpower requirement for level 2 hospitals.)

2.2.2 Gynecology module

(1) Treatment capability

• Examine, diagnose and treat common diseases and injuries of female reproductive system by surgical and conservative means

• Perform common gynecology emergency operations only.

(2) Manpower requirement

• 1 x gynecologist

(Note: Anesthetist, operation assistant and nurse are included in the manpower requirement for level 2 hospitals.)

2.2.3 Additional internal medicine module

(1)Treatment capability

• Diagnose and treat common internal diseases, including cardiac, respiratory, nervous, digestive and other internal diseases and infectious diseases

• Provide treatment care for complex cases and critical medical conditions such as septicemia, meningitis, cerebrovascular disease and cardiac emergencies with the assistance of advanced clinical laboratory tests

• Prescribe care for complex dermatological cases together with surgical specialties

• Coordinate internal medicine services with other medical activities.

(2) Manpower requirement

• 1 x general physician/internist

• 1 x cardiologist

• 1 x lab technician

• 2 x nurses.

2.2.4 Additional diagnostic imaging module

The 2011 Working Group recommended that further definition of the module be addressed at a later stage and ultrasound machines and portable x-ray machines be added to the revised list of mandatory equipment of level medical facilities. CT scanners, however, should be handled as special case equipment under current arrangements.

A level 2 or 2+ medical facility may be a contribution of a troop/police contributor, a United Nations owned-medical facility, or commercially contracted.

United Nations levels of medical support: level 2 (basic field hospital) requirement and standard

Treatment capability	*Treatment capacity*	*Staffing requirement*	*Equipment requirement*	*Infrastructure requirement*	*Reimbursement rate (per capita per month)*	*Remarks*
1. Triage, resuscitation and stabilization 2. Life and limb saving surgical interventions, e.g.: Laparotomy Thoracocentesis Appendectomy Wound exploration Fracture debridement 3. Anaesthesia (general and regional) 4. Advanced life support and intensive care 5. Treatment and observation of common medical conditions and infectious disease 6. Essential pharmaceutical support 7. Basic dental service Pain relief Simple extractions Simple fillings Infection control	3 to 4 surgical operations per day Hospitalization of 10 to 20 sick or wounded at any one time Up to 7 days of hospitalization for each patient Up to 40 outpatient consultations per day 5 to 10 dental consultations per day 10 X-rays and 20 laboratory tests per day Medical supplies for 60 days	2x general surgeons 1x anaesthetist 1x nurse anaethetist (or equivalent) 1x internist 1x general physician 1x commanding officer 1x senior medical officer 1x dentist 1x dental assistant 1x dental technician 1x hygiene officer (or equivalent-public health officer) 1x pharmacist 1x pharmacist technician 1x head nurse 2x critical/intensive care nurses 12x nurses/ paramedics 1x preoperative nurse 1x charge nurse 1x X-ray technician (or equivalent) 1x radiographer	Standard operating theatre fixtures and equipment[a] Standard intensive care unit equipment[a] Essential laboratory and radiography equipment[a]	1. Hospital (a) Reception/admin (b) 2x outpatient consultation rooms (c) 1x pharmacy (d) 1x radiography room (e) 1x laboratory (f) 1x dental treatment room (g) Dental X-ray room (h) 1x emergency/ resuscitation/ anaesthesia/ recovery room (i) 1x operating theatre (j) 1x sterilization room (k) 1 or 2x 10 bed wards (l) 1 to 2 bed intensive care unit	Epidemiological low-risk areas Level 2 US$ 21.40[b]	The level 2 facility must be able to configure at least 2 forward medical teams capable of resuscitating and treating casualties onsite. Each of these teams comprises 1x doctor and 2x nurses/ medics. There must be provision made for sufficient and suitable portable equipment and packs in order to perform this role.
8. Basic laboratory facility Blood group and cross matching Leucocyte count Erythrocyte sedimentation rate, etc. Gram staining Blood film Urine analysis 9. Basic diagnostic radiography 10. Hygiene control and prevention of disease 11. Evacuation of casualties to level 3 and level 4 facilities		1x laboratory technician 2x lab technologists 2x aero-medical team medical officers 4x aero-medical team nurses/ paramedics 2x ambulance drivers 1x medical storeman 1x medical records officer 1x company sergeant major 1x company quartermaster sergeant major 1x hygiene officer 1x hygiene assistant 1x administrative officer 1x administrative clerk 2x cooks 1x plant mechanic 1x electrician 1x electro-medical technician 1x radio technician 1x radio operator 1x fridge and air conditioning mechanic 1x driver mechanic 1x vehicle mechanic 1x sanitary duty man		2. Support services (a) Kitchen (b) Laundry (c) Supply storage facility (d) Maintenance room (e) Communication (f) Transportation (ambulance/air evacuation) (g) Generator room (h) Fuel storage (i) Staff room (j) Water sanitation/ water disposal 3. Accommodation (a) Tentage (b) Containers (c) Fixed shelters		
		Total: 63 staff				

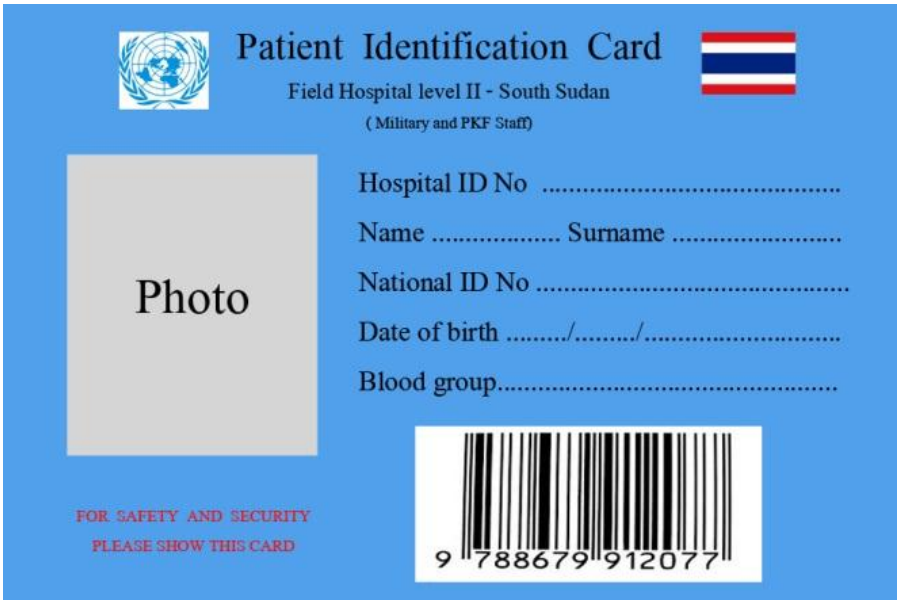
Part 3 Medical Procedures

3.1 OPD & IPD

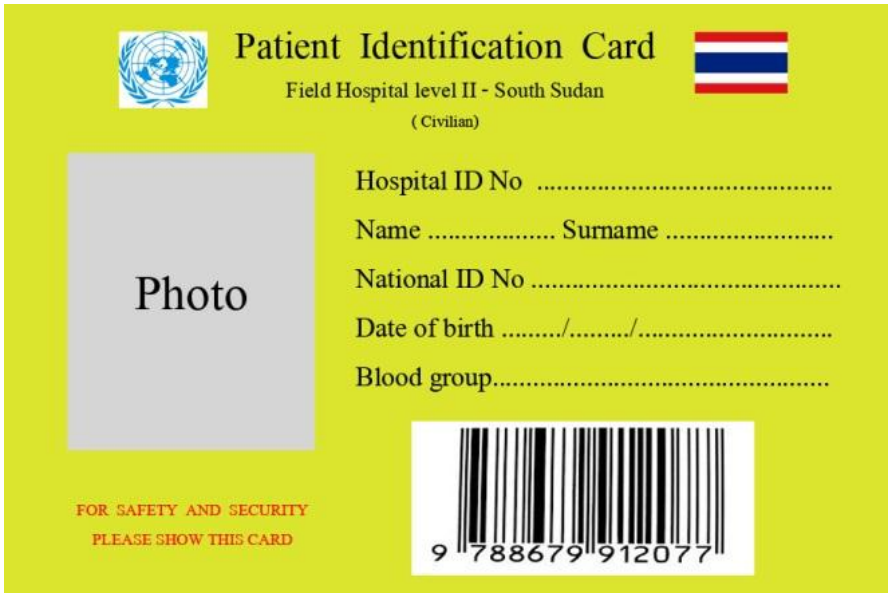
Patient Identification Card

(Sample)

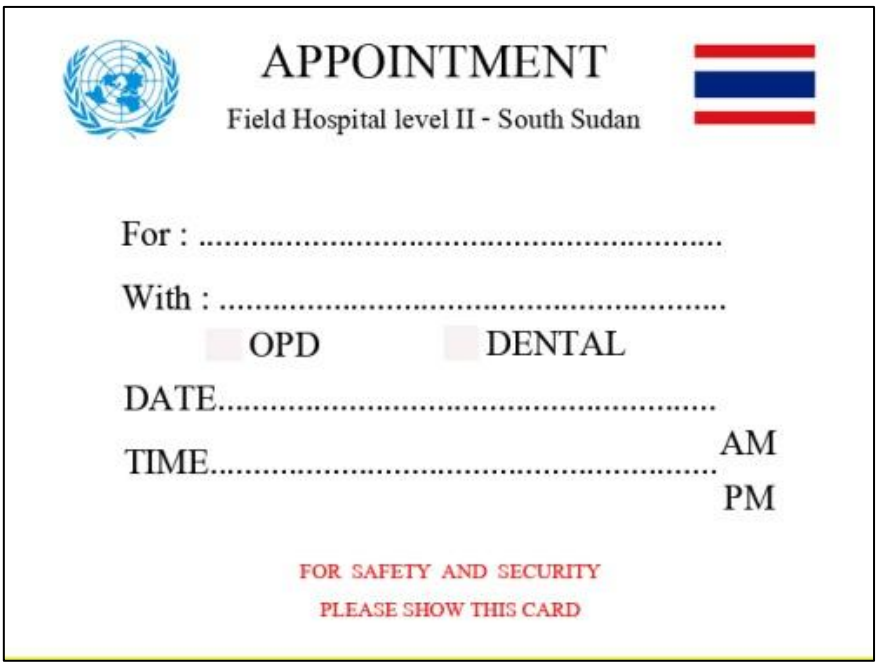
For Military and PKF Staff



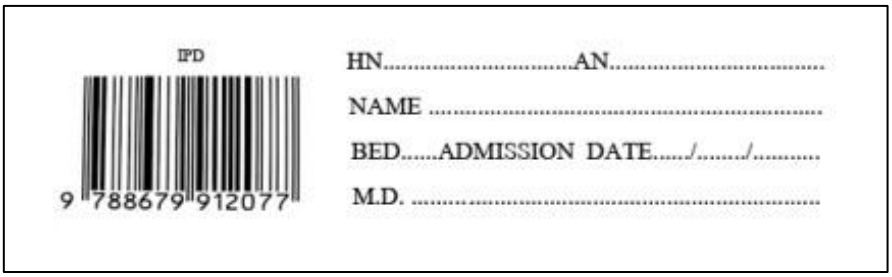
For Civilian

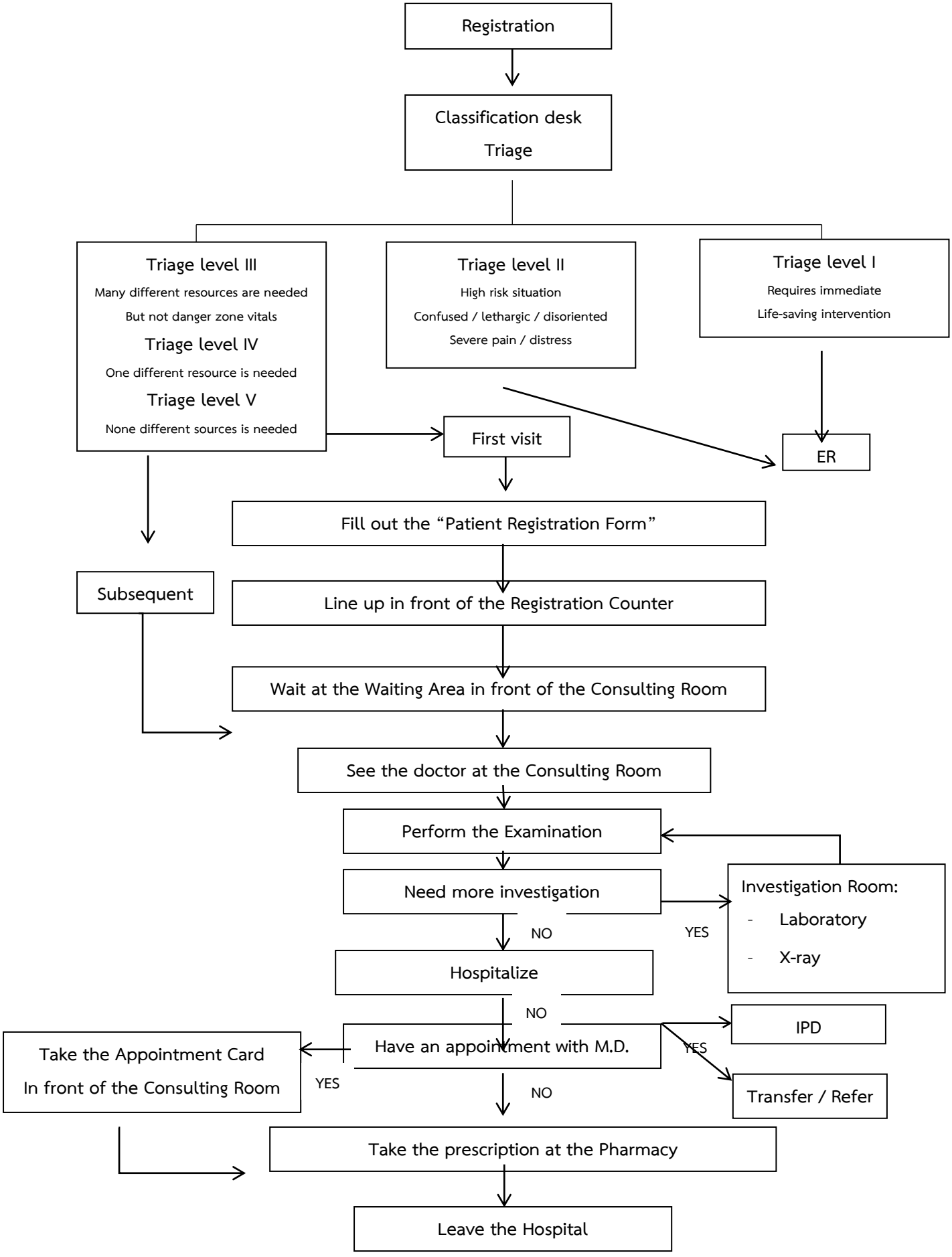


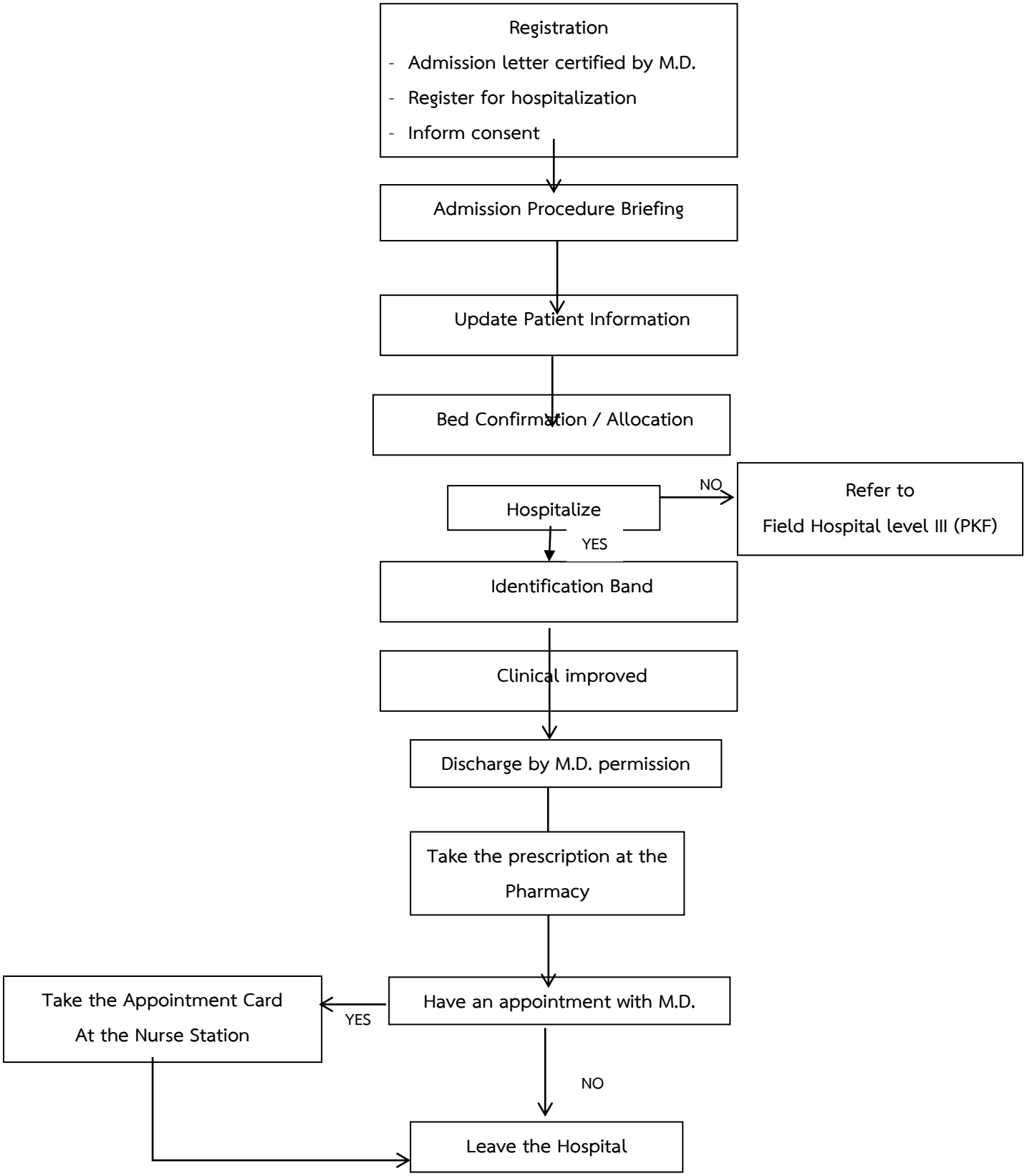
Appointment Card



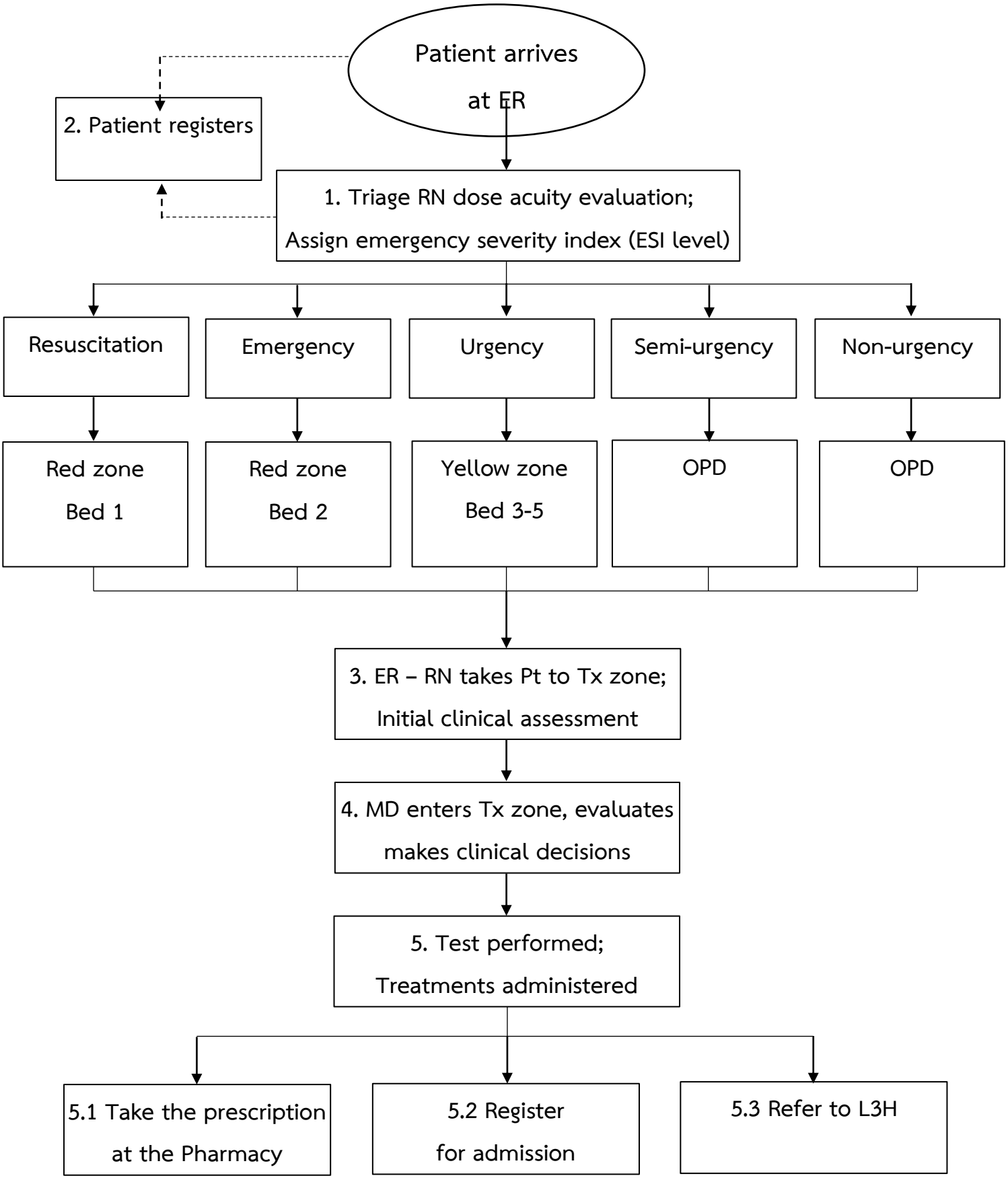
Identification band for IPD



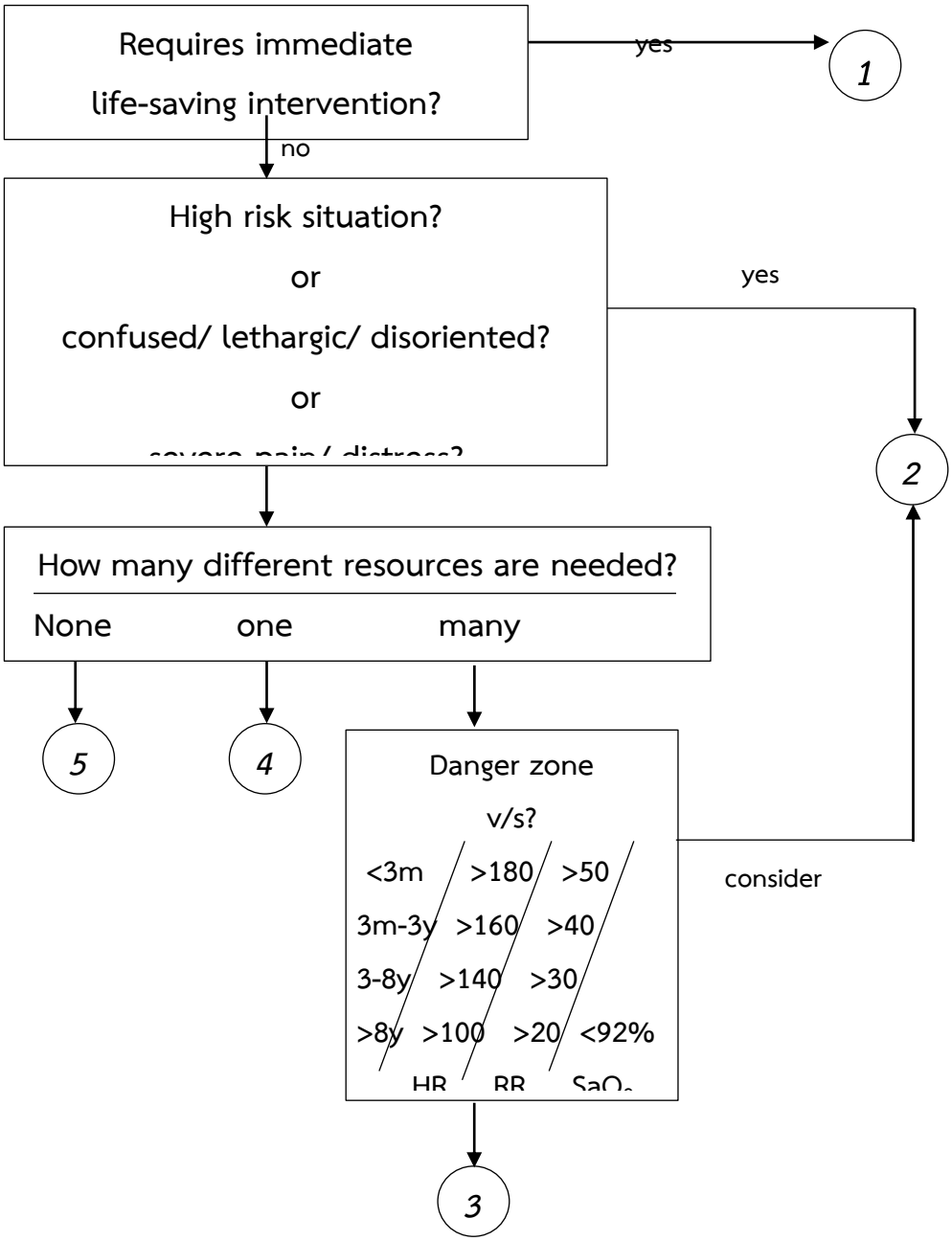

Registration
Classification desk
Triage
Triage level III
Many different resources are needed
But not danger zone vitals
Triage level IV
One different resource is needed
Triage level V
None different sources is needed
Triage level II
High risk situation
Confused / lethargic / disoriented
Severe pain / distress
Triage level I
Requires immediate
Life-saving intervention
First visit
ER
Subsequent
Fill out the “Patient Registration Form”
Line up in front of the Registration Counter
Wait at the Waiting Area in front of the Consulting Room
See the doctor at the Consulting Room
Perform the Examination
Need more investigation
YES
Investigation Room:
- Laboratory
- X-ray
NO
Hospitalize
NO
Have an appointment with M.D.
YES
IPD
YES
Transfer / Refer
NO
Take the Appointment Card
In front of the Consulting Room
Take the prescription at the Pharmacy
Leave the Hospital


Registration
- Admission letter certified by M.D.
- Register for hospitalization
- Inform consent
Admission Procedure Briefing
Update Patient Information
Bed Confirmation / Allocation
Hospitalize
NO
Refer to
Field Hospital level III (PKF)
YES
Identification Band
Clinical improved
Discharge by M.D. permission
Take the prescription at the Pharmacy
Have an appointment with M.D.
YES
Take the Appointment Card
At the Nurse Station
NO
Leave the Hospital

3.2 Emergency Room



ESI Triage Algorithm, V. 4



3.3 Pharmacy

DRUG ALLERGY IDENTITY CARD

DRUG ALLERGY
IDENTITY CARD

NAME……..
HN ……..
ADDRESS ……
Date of Birth ……
TEL ……

ALLERGY

DRUG	REACTION	NOTE

The Prime Questions for Identify and Interactive Patient Consultation:

1. (Smile) You are...)Name)..... What's your surname?

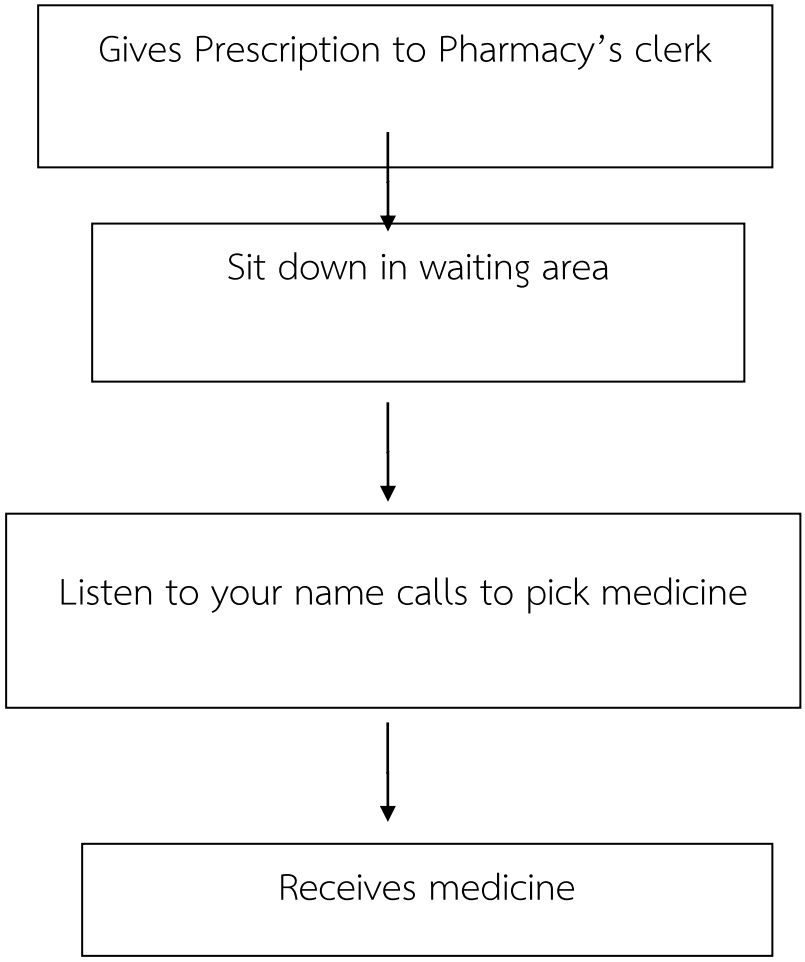
2. Do you have any drug allergies?

3. What did your doctor tell you the medication was for?
    - What problem or symptom is it supposed to help?
    - What is it supposed to do?
4. How did your doctor tell you to take the medication?
  - How often did your doctor say to take it?
  - How much are your supposed to take?
  - How long are you to continue taking it?
  - What did your doctor say to do when you miss a dose?
  - How should you store this medication
  - What does 3 times a day mean to you?

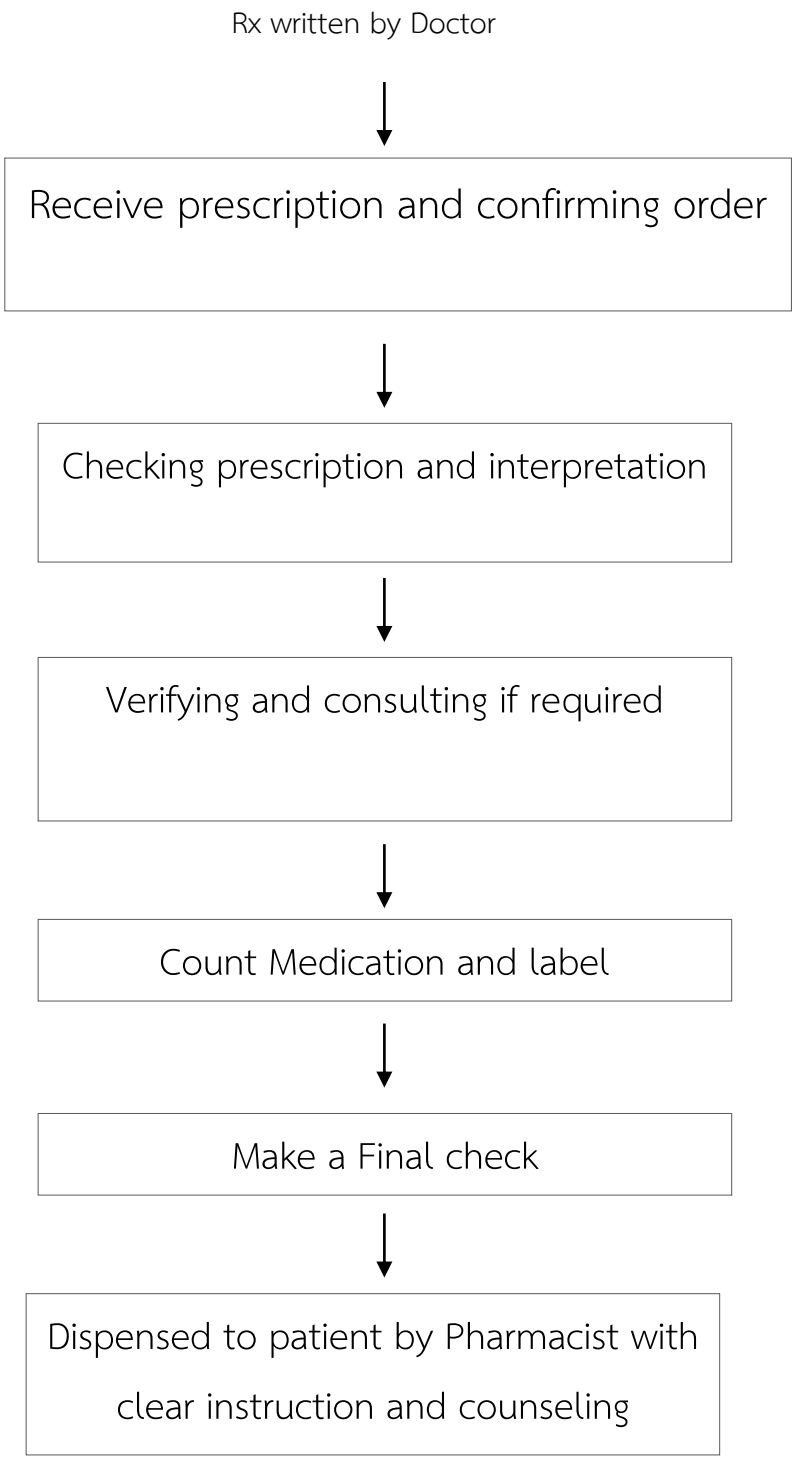
5. What did your doctor tell you to expect?
  - What good effects are you supposed to expect?
  - How will you know if the medication is working
  - What bad effects did your doctor tell you to watch for?
  - What precautions are to take while on this medication?
  - How will you know if it's not working?
  - What are you to do if the medication doesn't work?

6. Final Verification
    "Just to make sure I haven't left anything out, tell me again how you are going to use this medication."

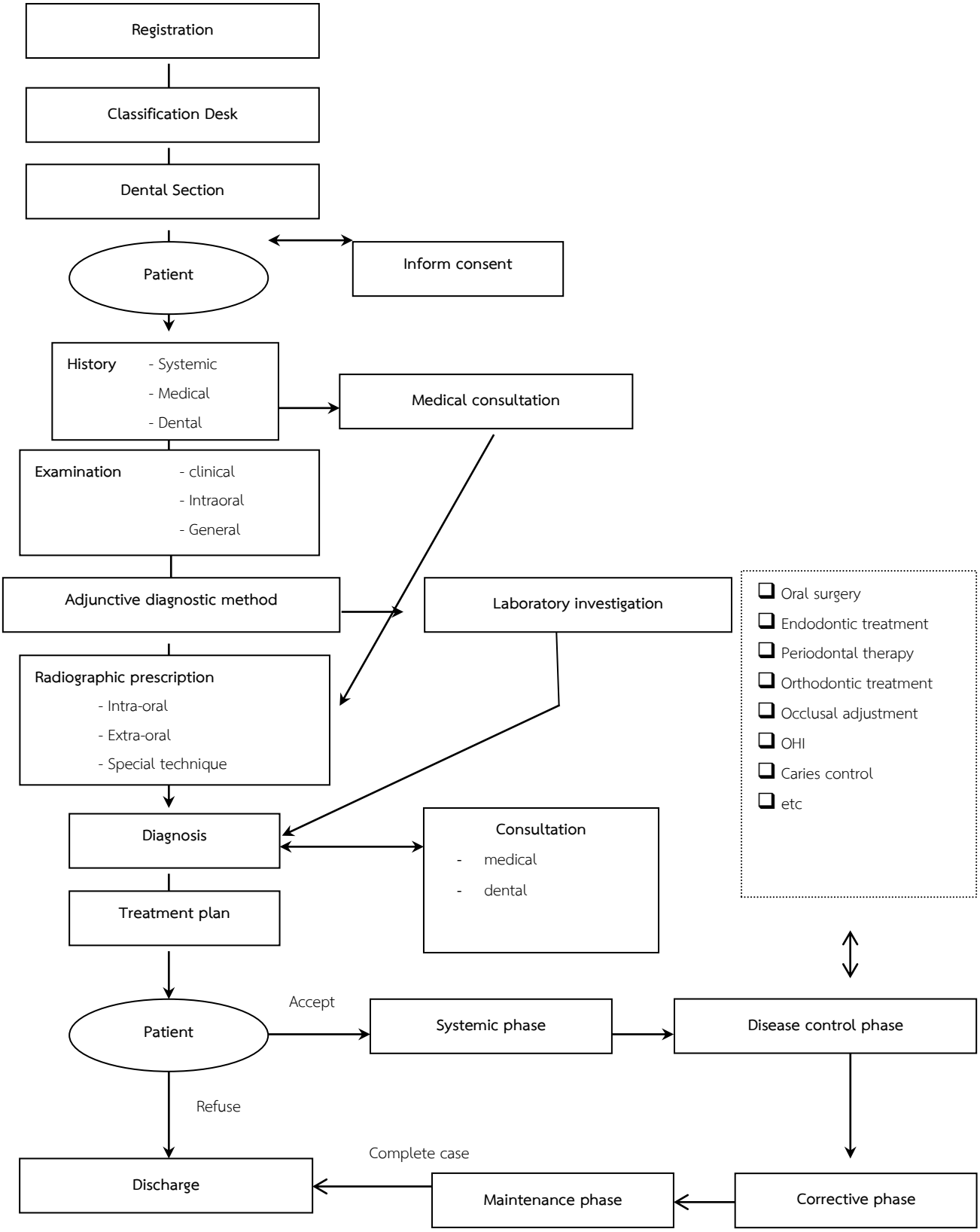
PHARMACY SERVICE FLOW CHART FOR OUTPATIENTS



DISPENSING PROCESS



3.4 Dental


Registration
Classification Desk
Dental Section
Patient
Inform consent
History
- Systemic
- Medical
- Dental
Medical consultation
Examination
- clinical
- Intraoral
- General
Adjunctive diagnostic method
Laboratory investigation
Radiographic prescription
- Intra-oral
- Extra-oral
- Special technique
Diagnosis
Consultation
- medical
- dental
Treatment plan
Oral surgery
Endodontic treatment
Periodontal therapy
Orthodontic treatment
Occlusal adjustment
OHI
Caries control
etc
Patient
Accept
Systemic phase
Disease control phase
Refuse
Complete case
Discharge
Maintenance phase
Corrective phase

3.5 X-ray

3.5.1 Objectives

(1) In order for the operating unit to have a clear understanding of the guidelines for providing general screening services in field hospitals,

(2)To demonstrate how to convey to new entrants and the relevant units to observe the implementation of the work,

(3) To perform the task. Providing tomography in the level 2 field hospitals are even more effective.

3.5.2 Scope

This operating manual is the comprehensive practice of general radiology services in a level 2 field hospital, taking into account correct radiological performance standards, such as patient identification, location determination and radiation safety both to staff and patients who come into the service.

3.5.3 Definition (if avaliable)

Patients: Individuals who undergo general X-ray examination.

Officers: Personnel who come to the X-ray machine.

PACS: Picture Archiving and Communication System (PACS) is a system used to store medical images or radiographic images by transmitting digital images in digital format. PACS uses data management via computer network by sending images in accordance with DICOM standards.

3.5.4 Responsibilities

- Staffs have a duty to identify patients. Ask for patients' basic symptoms. Pregnancy history in adulthood. Reproductive and behavioral counseling in general X-ray services.

-Review medical orders of X-ray and provide imaging services.

-Check the X-ray photo quality and send to PACS.

3.5.5 Procedures and Work Flow Diagrams

1. The Patient files an X-ray (X-ray)

Patient's name and surname, age, history of illness Type of examination alongside.

* In case of female patients in reproductive age, ask about the last menstrual period and chance of pregnancy.

** In the case of pregnant patients, doing X-ray must be signed by the consent of both the doctor and the patient knowing the chance of how the baby may be born after the X-ray.

*** In case of unconscious patient. To inquire patient information from the delivery leader or relatives for accuracy of information.

↓

2. Patient prepared before X-ray.

2.1 Provides information on screenings and procedures for patients.

2.2 Let patients go change clothes in the changing room

↓

3. Shooting procedure (X-ray)

3.1 Ask for the name/surname of the patient to confirm the identity again.

3.2 Patient arrangements, adjust the machine to suit the part taken.

3.3 X-ray According to doctor's orders

3.4 Check the quality of the X-ray and provide the quality as the doctor needs.

3.5 Let patients change their clothes.

3.6 Return documents to the patient and the patient returned to the doctor as it was.

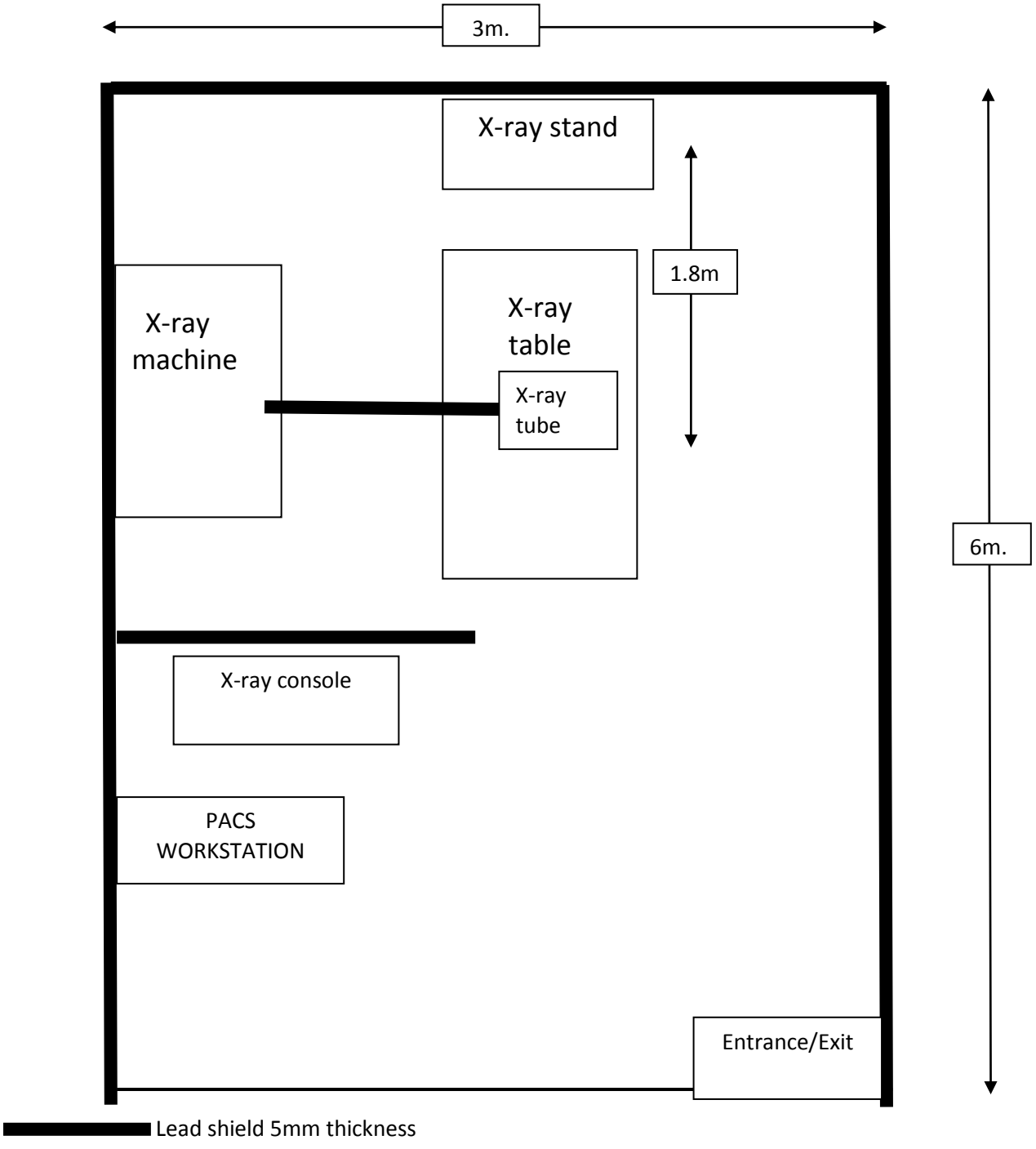
↓

4. Send PACS image

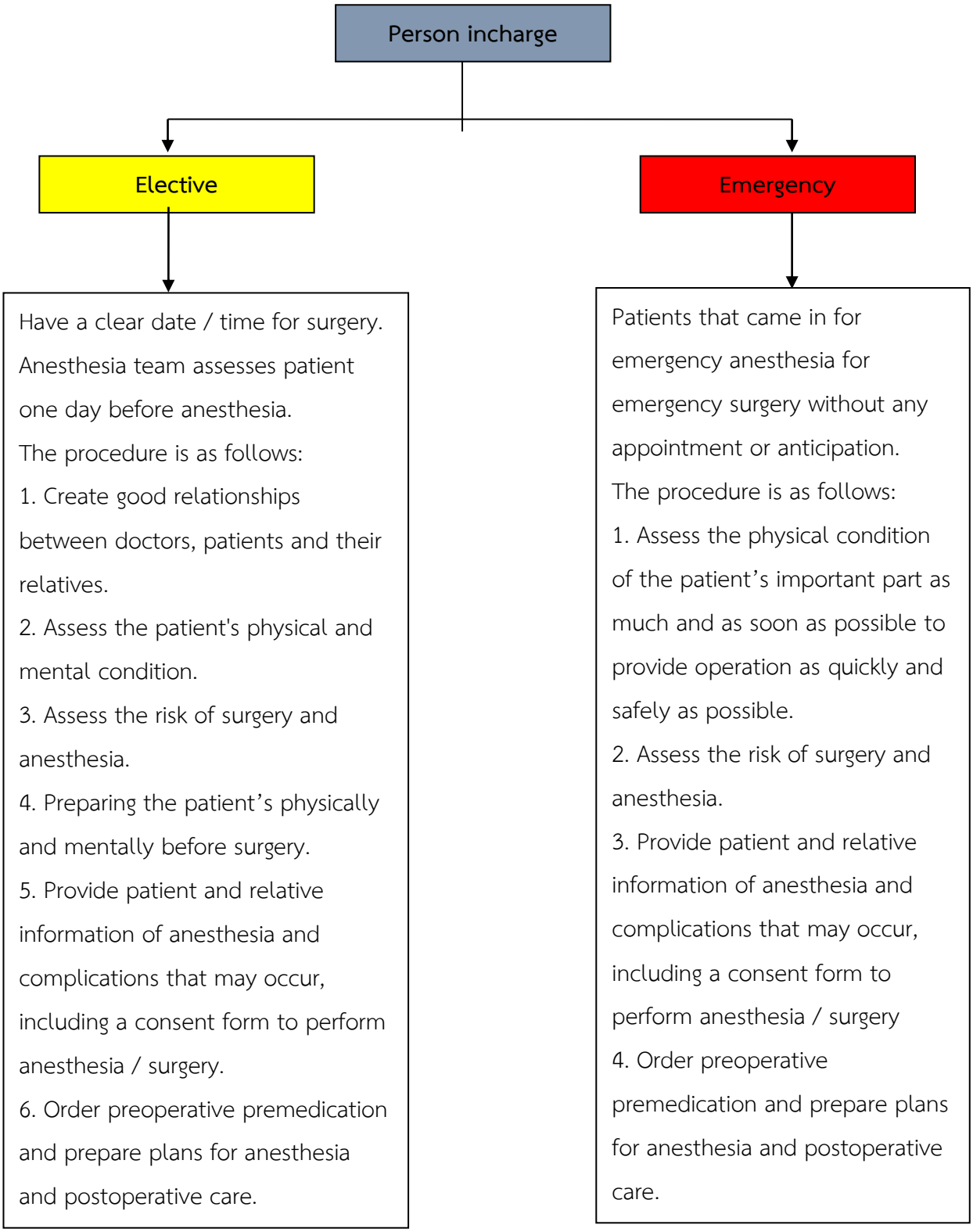
4.1 Check your name again before entering into the system.

4.2 After the end of process, check on X-ray services.

Appendix


3m.
X-ray stand
1.8m
X-ray machine
X-ray table
X-ray tube
6m.
X-ray console
PACS WORKSTATION
Entrance/Exit
Lead shield 5mm thickness

3.6. Operation's Plan



Part 4 Miscellaneous

4.1 Casualty Evacuation in the Field

The casualty evacuation (CASEVAC) across United Nations field missions sets out minimum requirements to ensure timely evacuation of United Nations personnel as part of the Organization's duty of care arrangements. United Nations field operations are deployed over vast territories, including countries with limited infrastructure and Host Country capabilities. This often creates a challenging operating environment that relies primarily on United Nations capabilities for emergency treatment and evacuation of personnel. The conduct of CASEVAC is a complex chain of events involving coordination, command and control, security, transportation, and military, police and civilian medical facilities.

CASEVAC is defined as the primary evacuation of any casualty from the POI to the closest appropriate medical facility, utilizing the most appropriate means of transportation. Medical research proves that the risk of death or permanent disability is significantly reduced if people are treated as soon as possible after the onset of a life-threatening injury or illness. Based on this evidence, it is of utmost importance that appropriate life, limb and eyesight saving procedures are provided as quickly as possible. Established optimal CASEVAC timings are referred to as the 10-1-2 timeline:

10 Immediate lifesaving measures of hemorrhage control and airway support are to be commenced at the POI after the onset of injury/illness as soon as possible and secured within 10 minutes. Focus is on control of major bleeding and ensuring an airway for breathing. This is often referred to as the 'Platinum 10 Minutes'.

1 Advanced lifesaving support (ALS) and damage control resuscitation (DCR) are provided by emergency medical personnel within 1 hour of the onset of injury/illness. This allows for life-saving intervention and en-route stabilization until arrival at an appropriate medical facility and is often referred to as the 'golden hour'.

2 The casualty should receive damage control surgery (DCS) within 2 hours of the onset of injury/illness.

10-1-2 timeline is cumulative in nature with a limit of 2 hours from the onset of injury/illness to DCS.

CASEVAC operations require immediate and coordinated actions between the POI, mission headquarters or field offices and medical treatment facilities. The following actions are critical in a life-threatening situation and field missions must put in place the requisite capacities and a detailed Standard Operating Procedure (SOP) to carry out the following activities:

1) Immediate lifesaving actions (First-aid): Injured/ill personnel must receive immediate lifesaving actions at the POI, commonly referred to as 'minimum initial care' (MIC): These include:

(1) Self-aid. The casualty treats themselves, if practicable, using basic first-aid techniques and first-aid supplies.

(2) Buddy-aid. Another soldier or person treats the casualty using basic first-aid techniques and the casualty's first-aid supplies supplemented by section or platoon first-aid supplies.

(3) First responders provide advance first-aid. First responders are non-medical UN personnel who are trained in a higher-level of care and can treat the patient at the POI until the appropriate medically trained personnel arrive.
First responders must be equipped with adequate additional first-aid supplies
to deal with life-threatening bleeding and supporting a casualty's airway.

2) Alert Message: As soon as possible, and not later than after 2-minutes after arrival, an alert message should be transmitted to the designated mission Operational Center to initiate the emergency evacuation chain. The alert message comprises of four (4) Separate pieces of information:

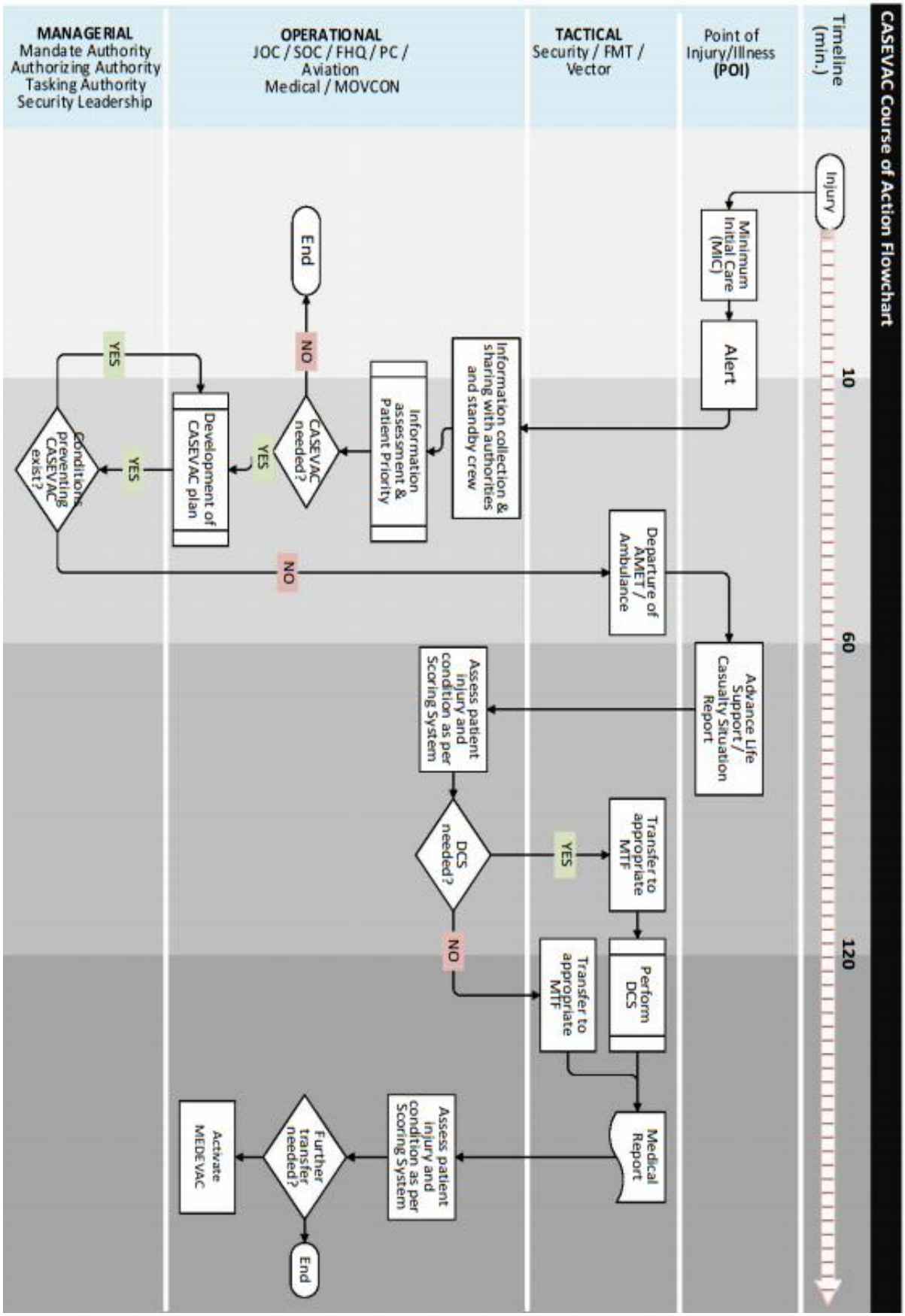
(1) Location of the event and callsign

(2) Incident details – What has happened

(3) Actions currently being taken at the scene (e.g. stabilization or transport)

(4) Resources required at the scene in regard to patient's condition

CASEVAC Course of Action Flowchart



4.2 Commanders' checklist

1) Personnel checklist- mobilization

2) Operations checklist- mobilization

3) Logistics checklist- mobilization

4) Personnel checklist-deployment

5) Operations checklist-deployment

6) Logistics checklist-deployment

1) Personnel checklist- mobilization

a. Personnel and Administration. Maintain individual records alphabetically by last name. Keep records and updated personnel roster. Ensure that hospital members' are on hand and are in serviceable condition.

b. Finance. Arrange for emergency financial assistance as required. Advise personnel to adjust or initiate allotments for dependents, as appropriate. Upon mobilization and deployment notification, advise personnel of the amount of cash they should bring.

c. Medical. Ensure that the home station medical and dental treatment facilities record the deploying soldier's essential health-and dental-care information. Ensure that immunizations for unit personnel are current. Ensure that each individual has an ample supply of all personal medications and other personal supplies. Ensure that the correct blood type is posted to individual records. Request information on the medical threat in the deployment areas.

d. Discipline, Law, and Order. Prepare plans for security of unit equipment, weapons, and ammunition. Designate unit physical security officer. Brief unit personnel on policy which prohibits bringing privately owned firearms to the mobilization station.

e. Public Affairs. Brief personnel on the nature and background of the emergency which has required the mobilization. Brief unit personnel on the history, geography, religion, language, and customs of the country or area of eventual military operations. Make sure assigned personnel are aware of required actions to take if contacted by members of the news media. Advise personnel not to discuss sensitive information outside of the unit; for example, movement dates, times, departure points, troop lists, means of transportation, special training, special equipment, status of morale, and so forth.

2) Operations checklist- mobilization

a. Operations. Maintain current alert notification rosters update monthly and conduct exercises periodically. Brief key personnel on contingency plans and exercise requirements. Monitor unit preparation for oversea movement operations and request guidance and assistance as required.

b. Security and Intelligence. The S2 officer accomplishes all duties related to security and intelligence matters. The commander is briefed as required. Review the personnel security status of the unit and request, in order of priority, interim security clearances to ensure the correct personnel have proper clearance consistent with mission requirements, to include classified material escort responsibilities. Ensure appropriate hospital personnel are familiar with duties and responsibilities in conjunction with movement and shipment of classified material, protection of movement data, and execution of classified moves, as applicable. Prepare briefing for hospital personnel to be conducted when movement is imminent.

c. Training. Train field sanitation teams. Conduct preventive medicine refresher training. Training should include-endemic and epidemic diseases prevalent in the AO. Poisonous plant, wild animals, and reptiles (land and water). Pest management. Conduct training in air and ground movement. Conduct MOS training as indicate in UN manual medical support. Conduct training for potential civic action programs which include medical operations.

3) Logistics checklist- mobilization.

a. Subsistence. Complete basic load of Class I. Complete ration requirements for air deployment. Identify rations required for personnel to accompany sea-deploying equipment. For hospitals operating their own dining facility-Coordinate with the appropriate staff section to close accounts and turn in or transfer dining facility supplies and equipment. Prepare plans to collect and turn in meal cards to the supporting facility prior to unit deployment. Prepare a roster of all deployable and non deployable personnel receiving basic allowance for subsistence; for example, separate rations. For deployable personnel, establish a termination date for the basic allowance for subsistence and coordinate with the supporting dining facility and the finance officer. Ensure ration requirements for patient feeding in the AO have been planned for and are available. Planning for a basic load of unique patient-feeding items may be needed until the TO can support these items.

b. Supplies and Equipment. Ensure assigned personnel have all required individual clothing. Ensure personnel have all required organizational clothing and equipment and items are marked as required. Cover shortages by requisition, cash collection vouchers, or individual purchases.

c. Expendable supplies. Prepare a list of expendable supplies required for 15-day usage. Ensure all expendable supplies required are on hand, requisitioned, or readily available.

d. Medical sets, kits, and outfits and tools. Have all sets, kits, and outfits on hand or on order, follow up with status card or upgrade the priority. Prepare shortage annexes for all sets, kits, and outfits on hand. Document all shortages by shortage annex, report of survey, statement of charges, or cash collection voucher. Place all shortages on requisition.

e. Petroleum, Oils, and Lubricants. Determine requirements for packaged products for deployment. Ensure necessary items are on hand, requisitioned, or readily available. Bulk POL.

f. Ammunition Compute unit basic load and have computations verified by the appropriate staff element at the mobilization site/home station. Prepare and submit for basic load.

g. Major End Items. Ensure all TOE required items are on hand or on requisition. Have all excesses identified and turned in prior to deployment. Identify impact of shortages to the appropriate headquarters and in unit readiness report.

h. Medical Supplies and Equipment. Have all required medical supplies and equipment items on hand, or requisitioned through the supporting Class 2-4 organization. Have requisitions for shortages validated and obtain latest status. Address the effect of shortages to the appropriate headquarters and in unit readiness report. Ensure that enough refrigerated and heated storage is available for the temperature-controlled items for shipment. Ensure that medical supplies (such as cylinders containing oxygen and anesthesia gases, and other hazardous materials) requiring special handling are identified and on hand or on requisition.

i. Prescribed Load List Review hospital's PLL on all equipment. Provide PLL to the appropriate supporting staff. Have all PLL items on hand or on requisition. Include PLL in hospital loading plans.

j. Maintenance Initiate equipment records for all newly received items. Identify all excess equipment and coordinate with the support activity for turn in. Have all items

requiring DS-or GS-level maintenance, to include equipment to be purged, job-ordered to the appropriate support activity. Ensure calibration of equipment is completed, or scheduled for completion. Upgrade job order priorities to reflect anticipated deployment dates. Request maintenance assistance in conducting final inspection of major equipment prior to movement and loading.

4) Personnel checklist-deployment

a. Personnel and Administration Upon notification of deployment, recall all personnel, including those on leave, special duty, and temporary duty. Submit personnel status report. Conduct final preparation of replacements for oversea movement qualification. Conduct safety orientation for all unit personnel regarding the deployment operation. Orient personnel on the Status of Forces Agreement in the AO.

b. Medical. Ensure convoy and serial commanders know the sources and methods of obtaining emergency medical support while en route. Identify medical personnel to provide EMT during convoy and stationary operations. Ensure that enough air bags, litters, and other equipment are set aside for their support. Identify evacuation and medical treatment support for each stage of deployment and movement.

c. Discipline, Law, and Order. Report assigned personnel who are absent without leave. Prepare for disposition of privately owned weapons stored in the unit arms room.

d. Public Affairs Keep hospital personnel appraised of the current overall emergency situation requiring the mobilization and deployment. Brief personnel on their eventual AO. Use the hometown news release program, if warranted. Continue coordination with installation. Continue command information program throughout the period of mobilization and deployment.

5) Operations checklist-deployment

a. Conduct overseas orientation. Prepare appropriate plans and orders. Coordinate hospital movement.

b. Security and Intelligence. Review the personnel security status to ensure sufficient numbers of personnel are properly cleared consistent with mission requirements to include classified material escort responsibilities. Ensure appropriate personnel are familiar with the duties and responsibilities in conjunction with classified movement and shipment, if applicable.

6) Logistics checklist-deployment

a. Subsistence. Draw unit basic load of rations and store with troop cargo. Draw rations to support deployment and load in a readily accessible manner.

b. Supplies Pack the hospital's 60 day supply as determine by UN regulation. Report significant shortfalls in expendable supplies to the supporting element.

c. Ammunition Draw basic load of ammunition; include in the Troop cargo load plans. Draw necessary ammunition to guard equipment during deployment.

d. Major End Items Turn in all excess items and other equipment not accompanying the hospital. Pick up all incoming items of equipment on the property records.

e. Medical Items. Ensure all medical items and supplies are received and included in the loading plans. Ensure that all medical supplies requiring special handling are on hand and included in the loading plans.

f. Repair Parts Adjust PLL to reflect any equipment increases and expected increased utilization. Prepare loading plans which place the PLL in a readily available location.

g. Maintenance. Complete calibration. Close out DS and GS job orders at the maintenance support facility. Conduct inspection of vehicles and other major end items to ensure that they are ready for deployment. Take corrective action as required. Complete equipment records for newly received equipment. Have unit mechanics available to support convoy moves to the POE. Arrange for tool boxes. Arrange for recovery support, both internal and external, and address in the movement plans.

References

1. United Nations. Medical Support Manual for United Nations Field Missions.
2. General Assembly, United Nations. (2017) Manual on Policies and Procedures concerning the Reimbursement and Control of Contingent-Owned Equipment of Troop/Police Contributors Participating in Peacekeeping Missions.
3. United Nations. (2019). Policy Casualty Evacuation in the Field. United Nations Department of Peacekeeping Operations , Department of Field Support , Department of Political Affairs ,Department of Safety and Security ,Ref. 2018.02
4. Headquarters, Department of the Army. (1994). FM 8-10-14 Employment of the combat support hospital; tactics, techniques, and procedures.