FM 8-10-15

EMPLOYMENT OF THE FIELD AND GENERAL HOSPITALS

TACTICS, TECHNIQUES, AND PROCEDURES

HEADQUARTERS, DEPARTMENT OF THE ARMY

DISTRIBUTION RESTRICTION: Approved for public release; distribution is unlimited.

FIELD MANUAL
NO. 8-10-15

HEADQUARTERS
DEPARTMENT OF THE ARMY
Washington, DC, 26 March 1997

EMPLOYMENT OF THE FIELD AND GENERAL HOSPITALS TACTICS, TECHNIQUES, AND PROCEDURES

TABLE OF CONTENTS

			Page
PREFACE			vi
CHAPTER	**1.**	**HOSPITALIZATION SYSTEM IN A THEATER OF OPERATIONS**	1-1
	1-1.	Combat Health Support in a Theater of Operations	1-1
	1-2.	Echelons of Combat Health Support	1-1
	1-3.	Theater Hospital System	1-4
	1-4.	Hospital Support Requirements	1-8
	1-5.	Medical Evacuation and Medical Regulating	1-9
	1-6.	Principles of Combat Health Support	1-10
	1-7.	The Medical Threat and Medical Intelligence	1-11
	1-8.	Planning for Combat Health Support	1-12
CHAPTER	**2.**	**THE FIELD HOSPITAL**	2-1
	2-1.	Mission and Allocation	2-1
	2-2.	Assignment and Capabilities	2-1
	2-3.	Hospital Organization and Functions	2-1
	2-4.	The Hospital Unit, Base	2-2
	2-5.	The Hospital Unit, Holding	2-33
CHAPTER	**3.**	**THE GENERAL HOSPITAL**	3-1
	3-1.	Mission and Allocation	3-1
	3-2.	Assignment and Capabilities	3-1
	3-3.	Hospital Organization and Functions	3-1
	3-4.	The Hospital Unit, Base	3-5
	3-5.	The Hospital Unit, Surgical	3-35
	3-6.	The Hospital Unit, Medical	3-42

DISTRIBUTION RESTRICTION: Approved for public release; distribution is unlimited.

Page

CHAPTER	**4.**	**COMMAND, CONTROL, AND COMMUNICATIONS OF THE FIELD AND GENERAL HOSPITALS**	4-1
	4-1.	Command and Control	4-1
	4-2.	Communications	4-2
CHAPTER	**5.**	**DEPLOYMENT AND EMPLOYMENT OF THE FIELD AND GENERAL HOSPITALS**	5-1
	5-1.	Threat	5-1
	5-2.	Planning Combat Health Support Operations	5-1
	5-3.	Mobilization	5-1
	5-4.	Deployment	5-3
	5-5.	Employment	5-7
	5-6.	Hospital Displacement	5-8
	5-7.	Emergency Displacement	5-13
	5-8.	Nuclear, Biological, and Chemical Operations	5-13
CHAPTER	**6.**	**THEATER ARMY MEDICAL MANAGEMENT INFORMATION SYSTEM**	6-1
	6-1.	Theater Army Medical Management Information Support	6-1
	6-2.	Medical Assemblage Management	6-1
	6-3.	The Medical Maintenance System	6-2
	6-4.	Medical Patient Accounting and Reporting	6-3
	6-5.	The Medical Supply System	6-4
APPENDIX	**A.**	**TACTICAL STANDING OPERATING PROCEDURE FOR HOSPITAL OPERATIONS**	A-1
	A-1.	Tactical Standing Operating Procedure	A-1
	A-2.	Purpose of the Tactical Standing Operating Procedure	A-1
	A-3.	Format for the Tactical Standing Operating Procedure	A-1
	A-4.	Sample Tactical Standing Operating Procedure (Sections)	A-2
	A-5.	Sample Tactical Standing Operating Procedure (Annexes)	A-3
APPENDIX	**B.**	**HOSPITAL PLANNING FACTORS**	B-1
Section	**I.**	**Field Hospital Planning Factors**	B-1
	B-1.	Personnel and Equipment Deployable Planning Factors	B-1
	B-2.	Hospital Operational Space Requirements	B-4
	B-3.	Logistics Planning Factors (Classes I, II, III, IV, VI, VIII)	B-5
Section	**II.**	**General Hospital Planning Factors**	B-14
	B-4.	Personnel and Equipment Deployable Planning Factors	B-14

			Page
	B-5.	Hospital Operational Space Requirements	B-17
	B-6.	Logistics Planning Factors (Classes I, II, III, IV, VI, VIII)	B-18
APPENDIX	**C.**	**FIELD WASTE**	C-1
Section	**I.**	**Overview**	C-1
	C-1.	General	C-1
	C-2.	Responsibility for Disposal of Waste	C-1
	C-3.	Categories of Waste	C-1
Section	**II.**	**General And Hazardous Waste**	C-2
	C-4.	General	C-2
	C-5.	Sources of General and Hazardous Waste	C-2
	C-6.	Disposal of General and Hazardous Waste	C-3
Section	**III.**	**Medical Waste**	C-3
	C-7.	General	C-3
	C-8.	Responsibility for Disposal of Medical Waste	C-4
	C-9.	Source of Medical Waste	C-5
	C-10.	Handling and Transporting Medical Waste	C-5
	C-11.	Disposal of Medical Waste	C-6
Section	**IV.**	**Human Waste**	C-8
	C-12.	General	C-8
	C-13.	Responsibility for Disposal of Human Waste	C-8
	C-14.	Patient Facilities	C-9
Section	**V.**	**Wastewater**	C-10
	C-15.	General	C-10
	C-16.	Requirement for Disposal	C-10
	C-17.	Responsibility for Disposal	C-11
	C-18.	Wastewater Sources and Collection	C-11
	C-19.	Disposal of Wastewater	C-12
APPENDIX	**D.**	**SAFETY**	D-1
Section	**I.**	**Introduction**	D-1
	D-1.	Safety Policy and Program	D-1
	D-2.	Responsibility for Accident Prevention	D-1
	D-3.	Principles of Accident Prevention	D-2
	D-4.	Safety Plan	D-2
	D-5.	Accident Investigation and Reporting	D-4
Section	**II.**	**Deployed Medical Unit Safety Considerations**	D-4
	D-6.	X-Ray Protective Measures and Standards	D-4
	D-7.	Hearing Conservation	D-6

			Page
	D-8.	Compressed Gas Cylinders	D-7
	D-9.	Flammable, Explosive, or Corrosive Materials	D-7
	D-10.	Special Equipment	D-7
	D-11.	Department of Defense Federal Hazard Communication Training Program	D-7
	D-12.	United States Army Center for Health Promotion and Preventive Medicine	D-7
	D-13.	Infection Control	D-8
APPENDIX	**E.**	**COMMUNICATIONS, AUTOMATION, AND POSITION/ NAVIGATION SYSTEMS**	E-1
	E-1.	Operational Facility Rules and Equipment	E-1
	E-2.	Communications Equipment	E-3
APPENDIX	**F.**	**COMMANDERS' CHECKLIST**	F-1
Section	**I.**	**Personnel Checklist—Mobilization**	F-1
	F-1.	Personnel and Administration	F-1
	F-2.	Finance	F-2
	F-3.	Medical	F-3
	F-4.	Discipline, Law, and Order	F-4
	F-5.	Religion	F-4
	F-6.	Legal	F-4
	F-7.	Public Affairs	F-5
Section	**II.**	**Operations Checklist—Mobilization**	F-5
	F-8.	Operations	F-5
	F-9.	Security and Intelligence	F-6
	F-10.	Training	F-8
Section	**III.**	**Logistics Checklist—Mobilization**	F-8
	F-11.	Subsistence	F-8
	F-12.	Supplies and Equipment	F-9
	F-13.	Petroleum, Oils, and Lubricants	F-10
	F-14.	Ammunition	F-10
	F-15.	Major End Items	F-11
	F-16.	Medical Supplies and Equipment	F-11
	F-17.	Prescribed Load List	F-11
	F-18.	Maintenance	F-12
	F-19.	Laundry	F-12
	F-20.	Transportation	F-12
	F-21.	Miscellaneous Logistics	F-14
	F-22.	Contracting	F-15

Page

Section	**IV.**	**Personnel Checklist—Deployment**	F-15
	F-23.	Personnel and Administration	F-15
	F-24.	Medical	F-16
	F-25.	Discipline, Law, and Order	F-17
	F-26.	Religion	F-17
	F-27.	Legal	F-17
	F-28.	Public Affairs	F-17
Section	**V.**	**Operations Checklist—Deployment**	F-18
	F-29.	Operations	F-18
	F-30.	Security and Intelligence	F-18
Section	**VI.**	**Logistics Checklist—Deployment**	F-20
	F-31.	Subsistence	F-20
	F-32.	Supplies	F-20
	F-33.	Ammunition	F-21
	F-34.	Major End Items	F-21
	F-35.	Medical Items	F-21
	F-36.	Repair Parts	F-21
	F-37.	Maintenance	F-22
	F-38.	Transportation	F-22
	F-39.	Miscellaneous Logistics	F-24
APPENDIX	**G.**	**THE GENEVA CONVENTIONS**	G-1
	G-1.	Law of Land Warfare	G-1
	G-2.	Medical Implications of Geneva Conventions	G-1
	G-3.	Compliance with the Geneva Conventions	G-5
APPENDIX	**H.**	**SAMPLES OF HOSPITAL LAYOUT**	H-1
APPENDIX	**I.**	**SAMPLE OPERATION ORDER WITH ANNEXES**	I-1
GLOSSARY			Glossary-1
REFERENCES			References-1
INDEX			Index-1

PREFACE

The purpose of this publication is to describe the functions and employment of the field hospital (FH) and the general hospital (GH). This publication is designed for hospital commanders, their staffs, and assigned personnel. It embodies doctrine based on Medical Force 2000 and the L-edition Tables of Organization and Equipment (TOE) 08715L000 and 08725L000, respectively. The structural layout of the hospitals is flexible and situationally determined (for example, mission requirements, commander's guidance, and terrain features). Intensive prior planning and training of all personnel is required to establish these facilities. The staffing and organizational structures presented in this publication reflect those established in their respective L-edition TOE. However, such staffing is subject to change to comply with Manpower Requirements Criteria outlined in Army Regulation (AR) 570-2 and can be subsequently modified by the modification TOE (MTOE).

This publication is in concert with Field Manual (FM) 8-10, FM 8-55, and Training Circular (TC) 8-13. Other FM 8-Series publications will be referenced in this manual. Users should be familiar with FM 100-5 and FM 100-10.

The proponent of this publication is the United States (US) Army Medical Department Center and School (AMEDDC&S). Send comments and recommendations on Department of the Army (DA) Form 2028 directly to **Commander, AMEDDC&S, ATTN: MCCS-FCD-L, 1400 E. Grayson Street, Fort Sam Houston, Texas 78234-6175**.

This publication implements the following North Atlantic Treaty Organization (NATO) International Standardization Agreements (STANAGs):

STANAG	TITLE
2068 Med	Emergency War Surgery (Edition 4) (Amendment 3)
2931	Orders for the Camouflage of the Red Cross and Red Crescent on Land in Tactical Operations

Unless this publication states otherwise, masculine nouns and pronouns do not refer exclusively to men.

Use of trade or brand names in this publication is for illustrative purposes only and does not imply endorsement by the Department of Defense (DOD).

CHAPTER 1

HOSPITALIZATION SYSTEM IN A THEATER OF OPERATIONS

1-1. Combat Health Support in a Theater of Operations

a. A theater of operations (TO) is that portion of an area of war necessary for military operations and for the administration of such operations. The scenario depicts the size of the TO and the US forces to be deployed. The theater is normally divided into a combat zone (CZ) and a communications zone (COMMZ). The CZ begins at the Army/corps rear boundary and extends forward to the extent of the commander's area of influence. The COMMZ begins at the corps rear boundary and extends rearward to include the area(s) needed to provide support to the forces in the CZ. In some instances, the COMMZ may be outside the TO and located in offshore support facilities, third country support bases, or in the continental United States (CONUS).

b. Combat health support (CHS) for the Army component in a TO is the theater Army (TA) commander's responsibility. A TA surgeon is on the TA commander's special staff.

c. Normally, the medical command (MEDCOM) commander or the senior medical commander in the COMMZ functions as the TA surgeon. As the TA surgeon, he provides information, recommendations, and professional medical advice to the general and special staffs. He also maintains current data regarding the status, capabilities, and requirements of the TA's CHS. As the medical staff adviser, he is responsible to the TA commander for staff planning, coordinating, and developing policies for TA forces' CHS.

d. The mission of the Army Medical Department (AMEDD) is to conserve the fighting strength. This mission of CHS is a continuous and integrated function throughout the TO. It extends from the CZ back through the COMMZ and ends in CONUS. Combat health support maximizes the system's ability to maintain presence with the supported soldier, to return injured, sick, and wounded soldiers to duty, and to clear the battlefield of soldiers who cannot return to duty (RTD). Patients are examined, treated, and identified as RTD or nonreturn to duty (NRTD) as far forward as is medically possible. Early identification is performed by the treating primary care provider and continues in the evacuation chain with constant reassessment. Patients requiring evacuation out of the division who are expected to RTD within the theater evacuation policy are evacuated to a corps and/or COMMZ hospital. Those patients classified as NRTD follow the evacuation chain for evacuation out of the theater.

1-2. Echelons of Combat Health Support

The CHS system is organized into five echelons of support. The TO is normally organized into four echelons of support which extend rearward throughout the theater. The fifth echelon is located in CONUS (see Figure 1-1). In the TO, CHS is tailored and phased to enhance patient acquisition, treatment, evacuation, and RTD as far forward as the tactical situation will permit. Hospital resources located at Echelons III and IV will be employed on an area basis to provide the utmost benefit to the maximum number of personnel in the area of operations (AO). Each echelon reflects an increase in capability, with the function of each lower echelon being contained within the capabilities of the higher echelon. Wounded, sick, or injured soldiers will normally be treated, returned to duty, and/or evacuated to CONUS (Echelon V) through the theater's four echelons: