

FM 4-02.10

THEATER HOSPITALIZATION

HEADQUARTERS, DEPARTMENT OF THE ARMY

JANUARY 2005

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

THEATER HOSPITALIZATION

TABLE OF CONTENTS

	Page
PREFACE	ix
CHAPTER 1. HOSPITALIZATION SYSTEM IN A THEATER OF OPERATIONS	1-1
1-1. Health Service Support in a Theater of Operations	1-1
1-2. Principles of Health Service Support	1-2
1-3. Levels of Health Service Support	1-3
1-4. Medical Evacuation and Medical Regulating	1-4
1-5. Theater Hospital System.....	1-5
CHAPTER 2. THE COMBAT SUPPORT HOSPITAL	2-1
Section I. 248-Bed Combat Support Hospital	2-1
2-1. General	2-1
2-2. Mission	2-1
2-3. Allocation	2-1
2-4. Assignment and Capabilities	2-1
2-5. Hospital Support Requirements	2-3
2-6. Hospital Organization and Functions	2-3
2-7. Headquarters and Headquarters Detachment.....	2-3
2-8. The 84-Bed Hospital Company.....	2-9
2-9. The 164-Bed Hospital Company	2-16
Section II. Headquarters and Headquarters Detachment, 248-Bed Combat Support Hospital (Corps), TOE 08950A000	2-22
2-10. General	2-22
2-11. Headquarters Section, Early Entry Hospitalization Element (44 Bed), TOE 08546AA00	2-22
2-12. Headquarters Section, Hospital Augmentation Element (40 Bed), TOE 08546AB00	2-23
2-13. Headquarters Section, Hospital Company B (164 Bed), TOE 08546AC00	2-24
2-14. Transportation Element, Headquarters and Headquarters Detachment, 248-Bed Combat Support Hospital, TOE 08546AD00	2-24

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

*This publication supersedes FM 4-02.10, 29 December 2000.

		Page
Section	III. Hospital Company A (84 Bed), TOE 08960A000	2-24
	2-15. General	2-24
	2-16. Early Entry Hospitalization Element (44 Bed), Hospital Company A (84 Bed), TOE 08547AA00	2-25
	2-17. Hospitalization Augmentation Element (40 Bed), TOE 08547AB00	2-27
	2-18. Transportation Element, Hospital Company A (84 Bed), Combat Support Hospital (248 Bed), TOE 08547AC00	2-28
CHAPTER	3. COMMAND, CONTROL, AND COMMUNICATIONS OF THE COMBAT SUPPORT HOSPITAL	3-1
	3-1. Command and Control	3-1
	3-2. Communications	3-1
CHAPTER	4. DEPLOYMENT, EMPLOYMENT, AND REDEPLOYMENT OF THE COMBAT SUPPORT HOSPITAL	4-1
	4-1. Threat Environment	4-1
	4-2. Medical Threat Assessment	4-1
	4-3. Planning Health Service Support	4-4
	4-4. Mobilization	4-5
	4-5. Deployment	4-7
	4-6. Concept of Employment	4-10
	4-7. Hospital Displacement	4-13
	4-8. Emergency Displacement	4-17
	4-9. Chemical, Biological, Radiological, Nuclear, and High-Yield Explosive Operations	4-18
	4-10. Risk Management	4-21
	4-11. Force Protection and Security Measures	4-22
	4-12. Redeployment	4-22
	4-13. Port of Embarkation	4-23
	4-14. Continental United States Reception and Outprocessing	4-23
CHAPTER	5. INFORMATION SYSTEMS OF THE COMBAT SUPPORT HOSPITAL	5-1
Section	I. Theater Army Medical Management Information System	5-1
	5-1. Theater Army Medical Management Information System Support	5-1
	5-2. The Medical Supply System	5-1
Section	II. Medical Communications Combat Casualty Care/Theater Medical Information Program	5-4
	5-3. Medical Communications for Combat Casualty Care Overview	5-4
	5-4. System Description	5-5
	5-5. Software Capability	5-5
	5-6. Hardware Systems	5-6
	5-7. Telecommunications Systems	5-6
	5-8. Objective Operational Concept	5-6

	Page
5-9. Medical Communications for Combat Casualty Care/Theater Medical Information Program Support to Contingency Operations	5-10
5-10. Operational Facility Rules and Equipment	5-13
APPENDIX A. MEDICAL DETACHMENT, MINIMAL CARE, TOE 08949A000 ...	A-1
A-1. Introduction	A-1
A-2. Mission	A-1
A-3. Assignment	A-1
A-4. Capabilities	A-1
A-5. Limitations	A-2
A-6. Basis of Allocation	A-2
A-7. Mobility	A-2
A-8. Employment	A-2
A-9. Concept of Operations and Functions	A-3
APPENDIX B. MEDICAL DETACHMENT, TELEMEDICINE, TOE 08539AA00 ..	B-1
B-1. Introduction	B-1
B-2. Mission	B-1
B-3. Assignment	B-1
B-4. Capabilities	B-1
B-5. Limitations	B-1
B-6. Basis of Allocation	B-2
B-7. Mobility	B-2
B-8. Employment	B-2
B-9. Concept of Operations and Functions	B-2
APPENDIX C. HOSPITAL AUGMENTATION TEAM, HEAD AND NECK, TOE 08527AA00	C-1
C-1. Introduction	C-1
C-2. Mission	C-1
C-3. Assignment	C-1
C-4. Capabilities	C-1
C-5. Limitations	C-1
C-6. Basis of Allocation	C-2
C-7. Mobility	C-2
C-8. Employment	C-2
C-9. Concept of Operations and Functions	C-2
APPENDIX D. HOSPITAL AUGMENTATION TEAM, SPECIAL CARE, TOE 08538AA00	D-1
D-1. Introduction	D-1
D-2. Mission	D-1
D-3. Assignment	D-1

		Page	
	D-4.	Capabilities	D-1
	D-5.	Limitations	D-1
	D-6.	Basis of Allocation	D-2
	D-7.	Mobility	D-2
	D-8.	Employment	D-2
	D-9.	Concept of Operations and Functions	D-2
APPENDIX	E.	HOSPITAL AUGMENTATION TEAM, PATHOLOGY, TOE 08537AA00	E-1
	E-1.	Introduction	E-1
	E-2.	Mission	E-1
	E-3.	Assignment	E-1
	E-4.	Capabilities	E-1
	E-5.	Limitations	E-1
	E-6.	Basis of Allocation	E-2
	E-7.	Mobility	E-2
	E-8.	Employment	E-2
	E-9.	Concept of Operations and Functions	E-2
APPENDIX	F.	MEDICAL TEAM, RENAL HEMODIALYSIS, TOE 08537LB00	F-1
	F-1.	Introduction	F-1
	F-2.	Mission	F-1
	F-3.	Assignment	F-1
	F-4.	Capabilities	F-1
	F-5.	Limitations	F-1
	F-6.	Basis of Allocation	F-1
	F-7.	Mobility	F-1
	F-8.	Employment	F-2
	F-9.	Concept of Operations and Functions	F-2
APPENDIX	G.	MEDICAL TEAM, INFECTIOUS DISEASE, TOE 08537LC00	G-1
	G-1.	Introduction	G-1
	G-2.	Mission	G-1
	G-3.	Assignment	G-1
	G-4.	Capabilities	G-1
	G-5.	Limitations	G-1
	G-6.	Basis of Allocation	G-1
	G-7.	Mobility	G-1
	G-8.	Employment	G-2
	G-9.	Concept of Operations and Functions	G-2
APPENDIX	H.	HOSPITAL PLANNING FACTORS	H-1
Section	I.	Corps Hospital Planning Factors	H-1
	H-1.	Personnel Deployment Planning Factors	H-1

		Page
	H-2.	Logistics Planning Factors (Classes I, II, III, IV, VI, and VIII) H-3
	H-3.	Hospital Operational Space Requirements H-8
	H-4.	Estimated Hospital Water Planning Factors H-9
Section	II.	Echelons Above Corps Hospital Planning Factors H-11
	H-5.	Personnel Deployment Planning Factors H-11
	H-6.	Logistics Planning Factors (Classes I, II, III, IV, VI, and VIII) H-12
APPENDIX	I.	SAFETY I-1
Section	I.	Introduction I-1
	I-1.	Safety Policy and Program I-1
	I-2.	Responsibility for Accident Prevention I-1
	I-3.	Principles of Accident Prevention I-2
	I-4.	Safety Plan I-3
	I-5.	Accident Investigation and Reporting I-5
Section	II.	Deployed Medical Unit Safety Considerations I-5
	I-6.	X-ray Protective Measures and Standards I-5
	I-7.	Hearing Conservation I-9
	I-8.	Compressed Gas Cylinders I-9
	I-9.	Flammable, Explosive, or Corrosive Materials I-10
	I-10.	Special Equipment for Vision Conservation I-10
	I-11.	Radio Frequency Radiation I-10
	I-12.	Department of Defense Federal Hazard Communication Training Program I-11
	I-13.	United States Army Center for Health Promotion and Preventive Medicine I-11
	I-14.	Infection Control I-12
APPENDIX	J.	FIELD WASTE J-1
Section	I.	Overview J-1
	J-1.	General J-1
	J-2.	Responsibility for Disposal of Waste J-1
	J-3.	Categories of Waste J-1
Section	II.	Solid and Hazardous Waste J-2
	J-4.	General J-2
	J-5.	Sources of Solid and Hazardous Waste J-2
	J-6.	Disposal of Solid and Hazardous Waste J-3
Section	III.	Medical Waste J-3
	J-7.	General J-3
	J-8.	Responsibility for Disposal of Medical Waste J-4
	J-9.	Source of Medical Waste J-5
	J-10.	Handling and Transporting Medical Waste J-5
	J-11.	Disposal of Medical Waste J-6

		Page
Section	IV. Human Waste	J-7
	J-12. General	J-7
	J-13. Responsibility for Disposal of Human Waste	J-8
	J-14. Patient Facilities	J-9
Section	V. Wastewater	J-9
	J-15. General	J-9
	J-16. Requirement for Disposal	J-10
	J-17. Responsibility for Disposal	J-10
	J-18. Wastewater Sources and Collection	J-10
	J-19. Disposal of Wastewater	J-12
APPENDIX	K. NUTRITION CARE OPERATIONS	K-1
	K-1. Mission	K-1
	K-2. Deployment Actions	K-1
	K-3. Administrative Procedures	K-2
	K-4. Organic Personnel Requirements	K-3
	K-5. Personnel Task Organization	K-3
	K-6. Staff Responsibilities	K-3
	K-7. Additional Personnel Requirements	K-4
	K-8. Additional Duties	K-4
	K-9. Equipment	K-5
	K-10. Normal Nutrition	K-5
	K-11. Nutrition and Disease	K-5
	K-12. Nutrition for Military Operations	K-6
	K-13. The Clinical Dietetics Process	K-10
	K-14. Health Promotion and Nutrition Education	K-14
	K-15. Nutrition Care Section After Action Report	K-15
APPENDIX	L. SUPPLEMENTAL INFORMATION ON NUTRITIONAL SUPPORT	L-1
	L-1. Nutrient Sources and Functions	L-1
	L-2. Medical Diet Supplements	L-4
	L-3. Therapeutic Diet Menus	L-4
	L-4. Therapeutic Diet Preparation	L-5
	L-5. Recipe Modifications	L-6
	L-6. Supplemental Fluids	L-7
	L-7. Nourishments and Snacks	L-7
APPENDIX	M. MEDICATION USE AND PHARMACY OPERATIONS	M-1
	M-1. Purpose	M-1
	M-2. References	M-1
	M-3. Applicability	M-1
	M-4. Roles and Responsibilities	M-1

		Page
	M-5.	Hospital Formulary Development M-2
	M-6.	Combat Support Hospital Pharmacy and Therapeutics Committee M-2
	M-7.	Predeployment Mission Planning M-3
	M-8.	Deployment/Movement Medication Use Needs M-5
	M-9.	Considerations for the Employment of Pharmacy Services Staff M-5
	M-10.	Redeployment Requirements M-6
	M-11.	Establishment of Pharmacy Services/Employment and Functions of Combat Support Hospital Pharmacy Services Personnel M-6
APPENDIX	N.	PRE- AND POSTDEPLOYMENT HEALTH ASSESSMENT N-1
APPENDIX	O.	COMMANDERS' CHECKLIST O-1
Section	I.	Personnel Checklist—Mobilization O-1
	O-1.	Personnel and Administration O-1
	O-2.	Finance O-2
	O-3.	Medical O-3
	O-4.	Discipline, Law, and Order O-4
	O-5.	Religion O-5
	O-6.	Legal O-5
	O-7.	Public Affairs O-5
Section	II.	Operations Checklist—Mobilization O-6
	O-8.	Operations O-6
	O-9.	Security and Intelligence O-7
	O-10.	Training O-9
Section	III.	Logistics Checklist—Mobilization O-9
	O-11.	Subsistence O-9
	O-12.	Supplies and Equipment O-10
	O-13.	Petroleum, Oils, and Lubricants O-11
	O-14.	Ammunition O-11
	O-15.	Major End Items O-11
	O-16.	Medical Supplies and Equipment O-12
	O-17.	Prescribed Load List O-12
	O-18.	Maintenance O-13
	O-19.	Laundry O-13
	O-20.	Transportation O-13
	O-21.	Miscellaneous Logistics O-15
	O-22.	Contracting O-16
Section	IV.	Personnel Checklist—Deployment O-16
	O-23.	Personnel and Administration O-16
	O-24.	Medical O-17
	O-25.	Discipline, Law, and Order O-18
	O-26.	Religion O-18
	O-27.	Legal O-18

			Page
	O-28.	Public Affairs	O-18
Section	V.	Operations Checklist—Deployment	O-19
	O-29.	Operations	O-19
	O-30.	Security and Intelligence	O-19
Section	VI.	Logistics Checklist—Deployment	O-21
	O-31.	Subsistence	O-21
	O-32.	Supplies	O-21
	O-33.	Ammunition	O-22
	O-34.	Major End Items	O-22
	O-35.	Medical Items	O-22
	O-36.	Repair Parts	O-22
	O-37.	Maintenance	O-22
	O-38.	Transportation	O-23
	O-39.	Miscellaneous Logistics	O-25
Section	VII.	Redeployment/Demobilization	O-26
APPENDIX	P.	LAW OF WAR OBLIGATIONS FOR MEDICAL PERSONNEL	P-1
	P-1.	Law of War	P-1
	P-2.	Medical Implications of Geneva Conventions	P-1
	P-3.	Compliance with the Geneva Conventions	P-5
APPENDIX	Q.	EXAMPLE OF HOSPITAL LAYOUT	Q-1
APPENDIX	R.	STAKING PLAN AND LAYOUT	R-1
	R-1.	General	R-1
	R-2.	Starting Point	R-1
	R-3.	Baseline	R-2
	R-4.	Control Point	R-2
	R-5.	Cross-Corridor Point	R-2
	R-6.	Cross-Corridor Line	R-3
	R-7.	Tent, Extendable, Modular, Personnel Staking	R-5
	R-8.	Tent, Extendable, Modular, Personnel Door Panel to International Organization for Standardization Side Closeout Panel	R-6
	R-9.	International Organization for Standardization Side Closeout Panel to International Organization for Standardization End Closeout Panel	R-8
	R-10.	International Organization for Standardization End Closeout Panel to Tent, Extendable, Modular, Personnel Endwall Door	R-9
	R-11.	Tent, Extendable, Modular, Personnel Door Panel to Tent, Extendable, Modular Personnel Door Panel	R-10
	R-12.	International Organization for Standardization Side Closeout Panel to Tent, Extendable, Modular, Personnel Endwall Door	R-11

	Page
R-13. Tent, Extendable, Modular, Personnel Endwall Door to Tent, Extendable, Modular, Personnel Endwall Door	R-12
GLOSSARY	Glossary-1
REFERENCES	References-1
INDEX	Index-1

PREFACE

The Army Medical Department (AMEDD) continues to pursue the transformation vision. To achieve complete alignment with the transformation process, the AMEDD is committed to a Current and Future Force. Until the transition from Current Force to Future Force is completed, the AMEDD will have a mixed Level III and IV hospital support base.

Under the current Medical Force 2000 (MF2K) concept, theater hospitalization is provided by three hospitals, the combat support hospital (CSH), the field hospital (FH) and the general hospital (GH). These hospitals were designed and based upon the North Atlantic Treaty Organization (NATO) scenario and workloads. Current MF2K hospital doctrine is provided in Field Manual (FM) 8-10-14 for the CSH and FM 8-10-15 for the FH and the GH.

Under the current Medical Reengineering Initiative (MRI), theater (corps and echelons above corps [EAC]) hospitalization is provided by a single CSH. The CSH is designed based on lessons learned from Desert Shield/Desert Storm, recent contingency operations, and the requirements of the future war fighting. In particular, hospital size and bed mix are based upon these experiences as well as the casualty rates, disease and nonbattle injury (DNBI) rates, and projected evacuation policy for the major regional conflict scenarios.

To support the transforming Army to the Future Force, the MRI corps CSH has been redesigned into adaptive medical increments (AMI). The AMI, with its modular design, enhances the ability to tailor health service support (HSS) to adapt to mission requirements of a smaller magnitude when a complete CSH is not required.

The purpose of this publication is to describe the Current (MRI) Force CSH and the redesigned corps CSH in support of the Future Force. The CSH incorporates doctrine based on the A-edition Table(s) of

FM 4-02.10

Organization and Equipment (TOE) 08945A000 (corps CSH) and 08855A000 (EAC). The organizational structures presented in this publication reflect those established in the A-edition TOE in effect on the date of this publication. For a copy of your modified TOE (MTOE), contact the Authorizations Documentation Directorate, 9900 Belvoir Road, Suite 120, ATTN: MOFI-FMA, Fort Belvoir, Virginia 22060-2287.

This publication incorporates the Universal Joint Task List (UJTL) (see Chairman, Joint Chiefs of Staff Manual [CJCSM] 3500.04C) and the Army Universal Task List (AUTL) (see FM 7-15) that are applicable to HSS commanders throughout the operational continuum. These task lists are used to form the doctrinal foundation for the Army tactical task (ART) in support of mission operations and collective tasks.

The following AUTL ART are incorporated into this FM and will be discussed in depth as to their applicability across the operational continuum.

AUTL ART

ART 5.3	Conduct Survivability Operations
ART 6.1	Provide Supplies
ART 6.2	Provide Maintenance
ART 6.8	Provide Religious Support
ART 6.13	Conduct Internment and Resettlement Activities
ART 7.8	Conduct Continuous Operations
ART 7.9	Develop and Implement Command Safety Program
ART 8.4	Conduct Support Operations

The use of the term *level of care* in this publication is synonymous with the terms *echelon of care* and *role of care*. The term echelon of care is the former NATO term. The term *role of care* is the current NATO and American, British, Canadian, and Australian Armies term.

The information presented in this FM is consistent with and supports FM 4-02 (Force Health Protection in a Global Environment). Throughout this publication, the term HSS is synonymous with Force Health Protection in a Global Environment.

This publication is designed primarily for the hospital commander, his staff, assigned personnel, and medical planners. The structural layout of the hospital is flexible and situationally determined (for example, mission requirements, commander's guidance, and terrain features). It requires intensive prior planning and training of all personnel to establish the facility. Users should be familiar with FM 3-0.

The proponent of this publication is the United States (US) Army Medical Department Center and School (AMEDDC&S). Users of this publication are encouraged to submit comments and recommendations to improve the publication. Comments should include the page, paragraph, and line(s) of the text where the change is recommended. Comments and recommendations should be forwarded directly to Commander, AMEDDC&S, ATTN: MCCS-FCD-L, 1400 East Grayson Street, Fort Sam Houston, Texas 78234-5052, or by using the e-mail address: Medicaldoctrine@amedd.army.mil.

This publication implements or is in consonance with the following NATO International Standardization Agreements (STANAGs) and American, British, Canadian, and Australian (ABCA) Quadripartite Standardization Agreement (QSTAG):

STANAG	QSTAG	TITLE
2068		Emergency War Surgery
2931		Orders for the Camouflage of the Red Cross and Red Crescent on Land in Tactical Operations
	2026	Principles and Procedures for Tracing and Tracking Personnel in an ABCA Coalition Force

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

The use of trade names or trademarks 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. Health Service Support in a Theater of Operations**

a. A theater of operations (TO) is that portion of an area of conflict necessary for military operations, either offensive or defensive, to include administration and logistical support. 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. The Army Service Component Command (ASCC) is responsible for providing HSS for the Army component in a TO.

c. The medical command (MEDCOM) commander or the senior medical commander in the theater functions as the deputy chief of staff for medicine (DCSMED) for the ASCC. As the DCSMED, he provides information, recommendations, and professional medical advice to the ASCC commander and special staffs. He also maintains current data regarding the status, capabilities, and requirements for HSS. As the DCSMED, he is responsible to the ASCC commander for staff planning and coordinating and developing policies for HSS of the theater Army forces.

d. The mission of the AMEDD is to conserve the fighting strength. This mission of HSS is a continuous and integrated function throughout the TO. It extends from the CZ back through the COMMZ and ends in CONUS. Health service 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. Initial 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.

e. The HSS system is a continuum from the forward edge of the battle area through the CONUS sustainment base. It is a system that provides medical management throughout all levels of care. The challenge is to simultaneously provide medical support to deploying forces; provide health care services to the CONUS base; and establish an HSS system within the theater. Additionally, there will be a requirement to provide medical support to redeployment and demobilization operations at the conclusion of military combat operations. Furthermore, HSS requirements will surface in support of stability operations and support operations. The basic tenets of HSS for a Force Projection Army involve strict adherence to Army medical battlefield rules. These battlefield rules provide the basis for the development of medical organizations and force structure. Table 1-1 lists these rules in order of precedence.