

FM 4-25.12 (FM 21-10-1)

**UNIT FIELD
SANITATION
TEAM**

HEADQUARTERS, DEPARTMENT OF THE ARMY

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UNIT FIELD SANITATION TEAM

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PREFACE

The purpose of this field manual (FM) is to provide doctrine and training procedures for unit field sanitation teams (FST). In addition, a training program in the application of personal protective measures (PPM) is included for personnel appointed as members of the FST for each company, troop, or battery. This publication contains a proposed 20-hour master training schedule which may be adjusted as necessary; a text that may serve as reference material for the FST instructor; and supporting illustrations for the instructors assigned the training task. This publication provides guidance to the commanders, unit leaders, and soldiers for implementing unit field sanitation and preventive medicine (PVNTMED) measures in the field. This publication is written to further aid the commander and his unit leaders in the continuing effort of reducing the disease and nonbattle injury (DNBI) rates during deployments.

This publication provides information on PPM for the unit FST on applying unit-level PPM.

This publication implements or is in consonance with the following North Atlantic Treaty Organization (NATO) International Standardization Agreements (STANAGs), American, British, Canadian, and Australian (ABCA) Quadripartite Standardization Agreements (QSTAGs) and Quadripartite Advisory Publications issued by the Washington Standardization Officers:

NATO STANAG	ABCA QSTAG	TITLE
2048		Chemical Methods of Insect and Rodent Control
2122		Medical Training in First Aid, Basic Hygiene, and Emergency Care. Edition 2. (Latest Amendment, 13 June 1986.)
2136		Minimum Standards of Water Potability in Emergency Situations
	245	Minimum Requirements for Water Potability (Short- and Long-Term Use)
2885		Procedures for the Treatment, Acceptability, and Provision of Potable Water in the Field
2899		Protection of Hearing. Edition 2.
2981		Prevention of Cold Injury
	889	Essential Field Sanitary Requirements
	892	Prevention of Cold Injuries
	891	Prevention of Heat Related Injuries

The staffing and organization structure of the FST is established in the living tables of organization and equipment (TOE). However, such staffing is subject to change to comply with manpower requirements criteria outlined in Army Regulation (AR) 71-32 and can be subsequently changed by your modification TOE.

Users of this publication are encouraged to submit comments and recommendation to improve the publication. Comments should include the page, paragraph, and line(s) of the text where the change is recommended. The proponent for this publication is the US Army Medical Department Center and School (AMEDDC&S). Comments and recommendations should be forward directly to: **Commander, AMEDDC&S, ATTN: MCCS-FCD-L, 1400 Grayson Street, Fort Sam Houston, Texas 78234-5052.**

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

CHAPTER 1

UNIT FIELD SANITATION TEAM DEVELOPMENT**Section I. GENERAL****1-1. Introduction**

Military PVNTMED is: *The identification of the medical threat, assessing the risk of the medical threat in terms of operation requirements, medical surveillance, and the providing of recommendations for the mitigation of adverse health effects. This can include the anticipation, prediction, identification, prevention, and control of communicable diseases including vector-, food-, and waterborne diseases toxic industrial chemicals as well as low level chemical warfare agents.* The US Army has gone to great lengths to eliminate *medical threats* in order to reduce the debilitating illnesses and injuries that has, over the course of American history, caused more casualties than actual battlefield injuries within US Armed Forces. In some cases, debilitating illnesses and injuries have destroyed the fighting effectiveness of many Army units deployed in global environments. The DNBI rates have gradually been lowered since the Civil War. However, it is only through rigid PVNTMED discipline from the highest command headquarters of a deploying force down to the small unit commander. The units and the soldiers within those units are all responsible for seeing that the tenets of PVNTMED are followed (see FM 4-02.17). When a problem exists beyond unit capabilities, the brigade or division PVNTMED section or corps PVNTMED detachments should be called upon to assist in countering the threat.

1-2. Objective of Field Sanitation Team Training

One objective of FST training is to ensure that team members understand their roles and responsibilities. Another objective is to ensure that small units have the PVNTMED resources to ensure basic field sanitation measures, promote personal hygiene, and reduce DNBI rates. Commanders and troops must remember that DNBI is the leading cause of combat ineffectiveness. The medical threat to the force may be the most serious overall threat during current day operations, especially during stability operations and support operations.

1-3. Responsibilities

The commander is responsible for appointing, training, and equipping the FST within his unit (see AR 40-5). Army Regulation 40-5 requires that members of the FST (organic or attached medical or nonmedical personnel) will receive training from supporting medical resources before deployment or field exercises to assure that small units have the PVNTMED resources to operate in adverse disease and/or climatic conditions.

1-4. General Guides

a. Role of the Field Sanitation Team. The role of the FST is to aid the unit commander in protecting the health of the command. This is accomplished by advising and assisting the commander in the many duties essential to reducing DNBI. By providing instruction and supervision, and assisting, inspecting,