

## CHAPTER 2

## THE COMBAT SUPPORT HOSPITAL

**2-1. Mission and Allocation**

The mission of this hospital is to provide resuscitation, initial wound surgery, post-operative treatment, and RTD those soldiers in the CZ who fall within the corps evacuation policy, or to stabilize patients for further evacuation. This hospital is capable of handling all types of patients. It has a basis of allocation of 2.4 hospitals per division.

**2-2. Assignment and Capabilities**

*a.* The CSH is assigned to the Headquarters and Headquarters Company (HHC), Medical Brigade, TOE 08-422L100. The hospital may be further attached to the Headquarters and Headquarters Detachment (HHD), Medical Group, TOE 08-432L000.

*b.* This unit provides hospitalization for up to 296 patients. The hospital has eight wards providing intensive nursing care for up to 96 patients, seven wards providing intermediate nursing care for up to 140 patients, one ward providing neuropsychiatric (NP) care for up to 20 patients, and two wards providing minimal nursing care for up to 40 patients.

*c.* Surgical capacity is based on eight operating room (OR) tables for a surgical capacity of 144 OR table hours per day.

*d.* Other capabilities include—

- Consultation services for patients referred from other medical treatment facilities (MTFs).
- Unit-level CHS for organic personnel only.

- Pharmacy, clinical laboratory, blood banking, radiology, physical therapy, and nutrition care services.

- Medical administrative and logistical services to support work loads.

- Dental treatment to staff and patients and oral and maxillofacial surgery support for military personnel in the immediate area plus patients referred by the area CHS units.

**2-3. Hospital Support Requirements**

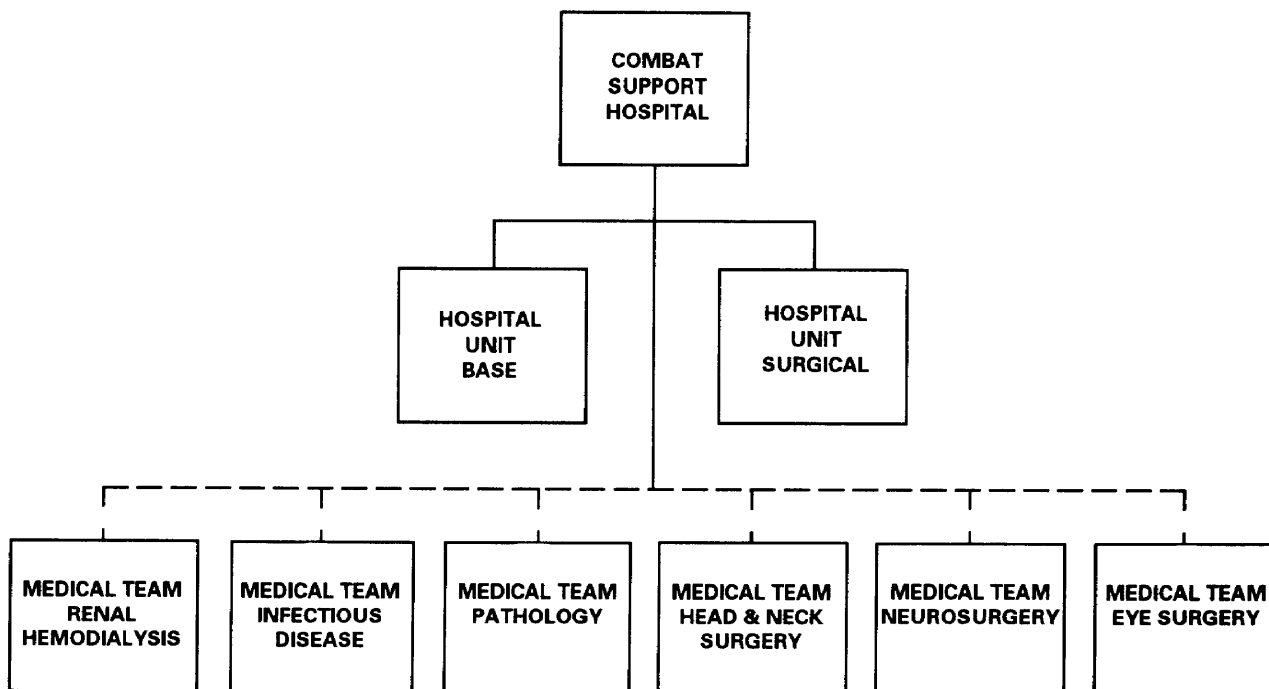
In deployment and sustainment of operations, this unit is dependent upon appropriate elements of the corps for—

- Personnel administrative services.
- Finance.
- Mortuary affairs and legal services.
- Transportation services (unit is 35 percent mobile with organic assets).
- Laundry services for other than patient-related linen.
- Security and enemy prisoner of war (EPW) security during processing and evacuation.
- Transportation for discharged patients.
- Class I supplies (rations) to include the Medical B Rations required for patient feeding.
- Engineer support for site preparation, waste disposal, and minor construction.

- Veterinary support for zoonotic disease control and investigation; inspection of medical and nonmedical rations, to include suspected contaminated rations and disposition recommendations; and animal bites.
- PVNTMED support for food facility inspection, vector control, and control of medical and nonmedical waste.

#### 2-4. Hospital Organization and Functions

The CSH is a modular-designed facility which consists of a HUB and HUS. It can be further augmented with specialty surgical/medical teams to increase its capabilities. It may become a designated specialty center as the work load or mission dictates (Figure 2-1).



**NOTE:** DEPENDING UPON OPERATIONAL REQUIREMENTS, THE MEDICAL AND SURGICAL TEAMS MAY OR MAY NOT BE ATTACHED TO THE INDIVIDUAL CLINICAL ELEMENT OF THE CSH.

*Figure 2-1. Combat support hospital organization.*

a. The HUB is a 236-bed facility which has 36 intensive, 140 intermediate, 40 minimal, and 20 NP care beds. It has two OR modules, one surgical and the other orthopedic, which are staffed to provide a total of 72 OR table hours per day. It also allows for attachment of specialty surgical teams. The HUB is an independent organization which includes all hospital services (Figure 2-2).

b. The HUS is comprised of 60 intensive care beds, two OR modules, one x-ray module, one triage/preoperative/EMT module, and the appropriate staffs (Figure 2-3, page 2-5). The HUS is dependent on the HUB for food service, maintenance, and administration.

c. When the HUB and HUS are employed to form a single hospital, half of the OR tables are staffed for two 12-hour shifts with the other half only staffed for one 12-hour shift per day.

## 2-5. The Hospital Unit, Base

The HUB provides a solid infrastructure for the CSH operations. The HUB contains the following sections:

a. *Hospital Headquarters Section.* This section provides internal command and control (C2) and management of all hospital services. Personnel of this section supervise and coordinate the surgical, nursing, medical, pastoral, and administrative services. Staffing includes the HUB commander, the chiefs of surgery, nursing, and medicine, an executive officer (XO), a chaplain, a command sergeant major (CSM), and an administrative specialist (Table 2-1). When the HUB and the HUS join to function as a CSH, the HUB commander is the CSH commander unless otherwise designated.

Table 2-1. Hospital Headquarters Organization

HOSPITAL HEADQUARTERS			
HOSPITAL COMMANDER	COL	60A00	MC
CHIEF, SURGICAL SERVICE	COL	61J00	MC
CHIEF, NURSING SERVICE	COL	66A00	AN
CHIEF, MEDICAL SERVICE	LTC	61F00	MC
EXECUTIVE OFFICER	LTC	67A00	MS
HOSPITAL CHAPLAIN	MAJ	56A00	CH
COMMAND SERGEANT MAJOR	CSM	00Z50	NC
ADMINISTRATIVE SPECIALIST	SGT	71L20	NC

(1) *Hospital commander (60A00).* Command and control is the process through which the activities of the hospital are directed, coordinated, and controlled to accomplish the mission. This process begins and ends with the commander. An effective commander must have a thorough knowledge and understanding of planning and implementing CHS (FM 8-55). He is decisive and provides specific guidance to his staff in the execution of the mission. The successful commander delegates authority and fosters an organizational climate of mutual trust, cooperation, and teamwork. He has the overall responsibility for coordination of CHS within the hospital's AO. Additionally, he is responsible for the structural layout of the hospital.

(2) *Chief, surgical service (61J00).* The chief surgeon is the principal advisor to the hospital commander for surgical activities. He provides supervision and control over the surgical services to include the ORs. He prescribes courses of treatment and surgery for patients having injuries or disorders with surgical conditions and participates in surgical procedures as required. He coordinates and is responsible for all matters pertaining to the evaluation, management, and disposition of patients received by the section. He is responsible for the evaluation and training programs for his professional staff. He also functions as the Deputy Commander for Professional Services.

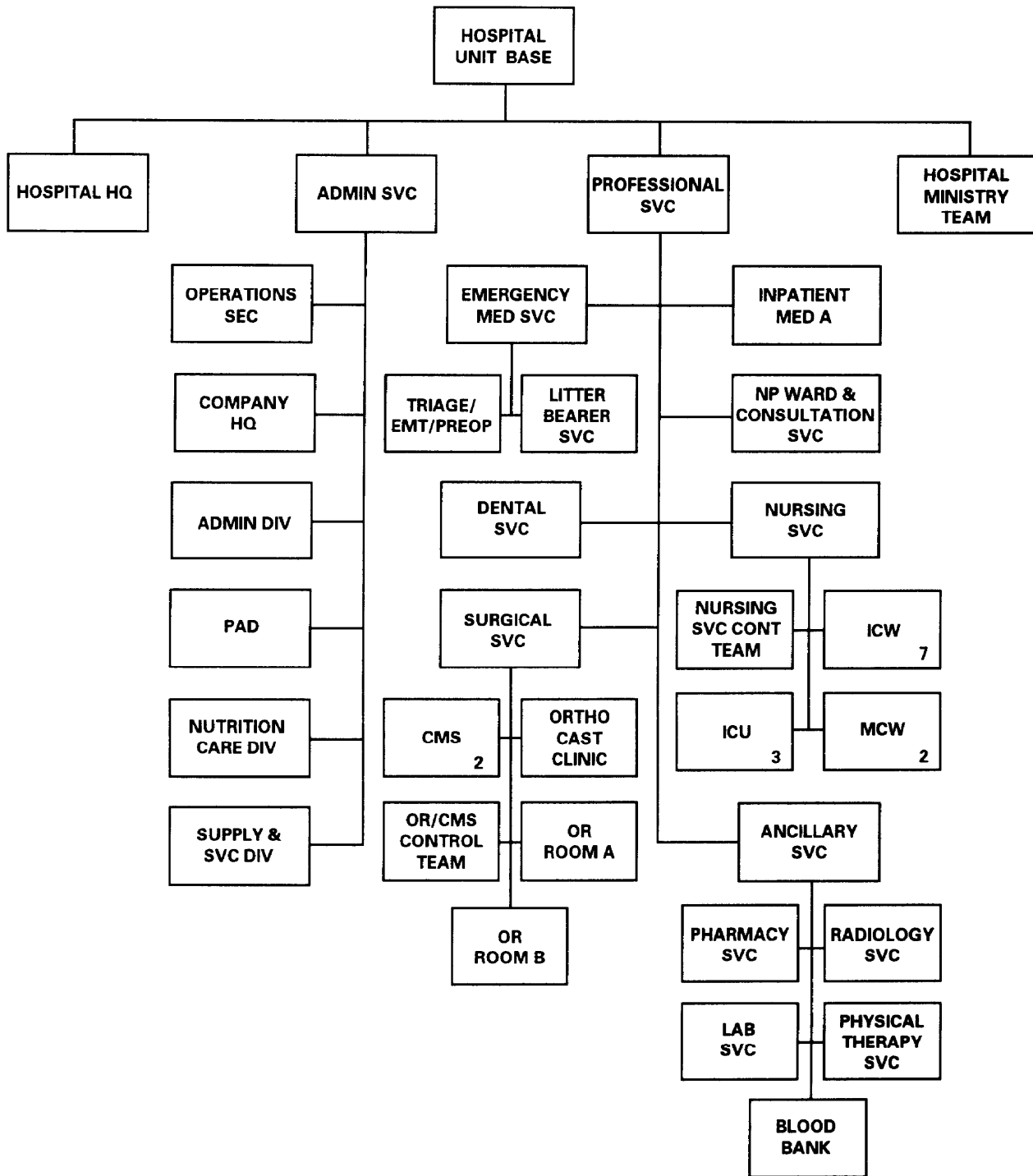


Figure 2-2. Hospital, unit, base.

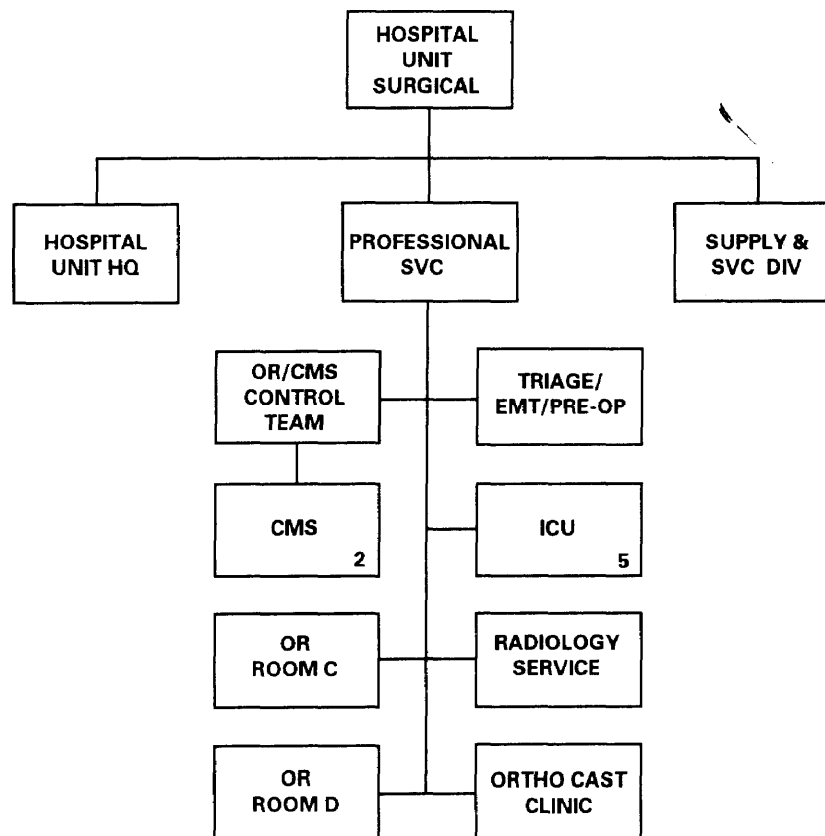


Figure 2-3. Hospital, unit, surgical.

(3) *Chief nurse (66A00)*. The chief nurse is the principal advisor to the hospital commander for nursing activities. This officer plans, organizes, supervises, and directs nursing care practices and activities of the hospital. This officer is also responsible for the orientation and professional development programs for the nursing staff.

(4) *Chief, medicine services (61F00)*. This officer is responsible for the examination, diagnoses, and treatment, or recommended course of management for patients with

medical illnesses. He controls the length of patient stay through continuous patient evaluation, early determination of disposition, or evacuation to the next echelon of care.

(5) *Executive officer (67A00)*. The hospital XO advises the commander on matters pertaining to health care delivery. He plans, directs, and coordinates administrative activities for the hospital. He provides guidance to the tactical operations center (TOC) staff in planning for future operations. He also functions as the Chief, Administrative Service.

(6) *Hospital chaplain (56A00)*. The chaplain functions as the staff officer for all matters in which religion impacts on command programs, personnel, policy, and procedures. He provides for the spiritual well-being and morale of patients and hospital personnel. He also provides religious services and pastoral counseling to soldiers in the AO.

(7) *Command sergeant major (00Z50)*. The CSM is the principal enlisted representative to the commander. He advises the commander and staff on all matters pertaining to welfare and morale of enlisted personnel in terms of assignment, reassignment, promotion, and discipline. He provides counsel and guidance to NCOs and other enlisted personnel of the hospital. He is also responsible for the reception of newly assigned enlisted personnel into the unit. The CSM evaluates the implementation of individual soldier training on common soldier tasks and supervises the hospital's NCO professional development.

(8) *Administrative specialist (71L20)*. The administrative specialist performs typing, clerical, and administrative duties for the hospital headquarters. He proofreads correspondence for proper spelling, grammar, punctuation, format, and content accuracy. He establishes and maintains files, logs, and other statistical information for the command. He is the light-vehicle driver and radio operator for the command section.

b. *Hospital Operations Section*. This section is responsible for communications (internal and external), security, plans and operations, deployment, and relocation of the hospital. The staff is composed of a medical operations officer, a field medical assistant, an operations NCO, a nuclear, biological, and chemical (NBC) NCO, an administrative specialist, and appropriate communications personnel (Table 2-2). The authorization for the field medical assistant is counted in the HUS.

Table 2-2. *Hospital Operations Section Organization*

HOSPITAL OPERATIONS SECTION			
MEDICAL OPERATIONS OFFICER	MAJ	70H67	MS
FIELD MEDICAL ASSISTANT	CPT	70B67	MS
OPERATIONS SERGEANT	SFC	91B40	NC
SECTION CHIEF	SFC	31U40	NC
NUCLEAR, BIOLOGICAL, AND CHEMICAL NCO	SFC	54B40	NC
ELECTRONIC SWITCH SYSTEMS OPERATOR	SGT	31F20	NC
ELECTRONIC SWITCH SYSTEMS OPERATOR	SPC	31F10	
SIGNAL INFORMATION SERVICE SPECIALIST	SPC	31U10	
ADMINISTRATIVE SPECIALIST	SPC	71L10	
ELECTRONIC SWITCH SYSTEMS OPERATOR	PFC	31F10	
SIGNAL SUPPORT SYSTEMS SPECIALIST	PFC	31U10	

(1) *Medical operations officer (70H67)*. This officer is responsible to the XO for the Intelligence Officer/Operations and Training Officer (S2/S3) functions of the hospital. He supervises all tactical operations conducted by the hospital to include planning and relocation. He is responsible for the formulation of the tactical standing operating procedures (TSOP) and hospital planning factors (refer to Appendix A for an example of a TSOP format and Appendix B for an estimate of hospital planning factors).

(2) *Field Medical Assistant (70B67)*. This officer is responsible to the medical operations officer for planning and coordinating site selection and convoy operations during hospital deployment and relocation. He also functions as the operations security (OPSEC) and communications security (COMSEC) officer for the hospital. The requirement for this position is counted in the unit headquarters section (HUS). When the HUB and HUS form a CSH, the field medical assistant, HUS becomes the field medical assistant in this section.

(3) *Operations sergeant (91B40)*. The operations sergeant is responsible to the medical operations officer for physical security, to include the hospital defense plan; preparation of unit plans, operation orders (OPORDs) and map overlays; and intelligence information and records. He also supervises subordinate staff.

(4) *Section chief (31U40)*. This NCO serves as the principal signal advisor to the hospital commander and medical operations officer on all communications matters. He is responsible to the medical operation and plans officers for the planning, supervising, coordinating, and technical assistance in the installation, operation, management, and operator-level maintenance of radio, field wire, and switchboard communications systems. He supervises all subordinate communications personnel.

(5) *Nuclear, biological, and chemical noncommissioned officer (54B40)*. This NCO is the technical advisor to the hospital commander and medical operations officer on matters pertaining to NBC operations. He is responsible to the medical operations officer for the planning, training, NBC decontamination (less patient), and other aspects of hospital NBC defensive operations.

(6) *Electronic switch systems operator (31F20)*. This operator is responsible to the section chief for the installation, operation, and operator-level maintenance of switchboards and switching systems.

(7) *Electronic switch systems operator (31F10)*. These operators are responsible to the section chief for the installation, operation, and unit-level maintenance on switchboards, switching assemblages, and associated communications equipment.

(8) *Signal information service specialist (31UI0)*. This individual is responsible to

the section chief for installation and operation of unit wire systems, associated equipment, and frequency modulated (FM) radios.

(9) *Administrative specialist (7L10)*. This individual is responsible to the operations sergeant for general typing and administrative functions for the section.

(10) *Signal support systems specialist (31UI0)*. This individual is responsible to the section chief for installing wire for field telephones and assisting in the operation of the hospital FM radios.

c. *Company Headquarters*. This section is responsible for company-level command, duty rosters, weapons control, and mandatory training. Staffing includes the company headquarters commander, the first sergeant, a decontamination specialist, an administrative clerk, and an armorer (Table 2-3).

Table 2-3. *Company Headquarters Organization*

COMPANY HEADQUARTERS			
COMPANY COMMANDER	CPT	70B67	MS
FIRST SERGEANT	MSG	91B5M	NC
DECONTAMINATION SPECIALIST	SPC	54B10	
ADMINISTRATIVE CLERK	SPC	71L10	
ARMORER	SPC	92Y10	

(1) *Company commander (70B67)*. The company commander is responsible to the XO for all activities in the company headquarters. He administers Uniform Code of Military Justice (UCMJ) actions for enlisted personnel; plans and conducts common task training; and functions as the commander of the medical holding detachment, when assigned. When the HUB and HUS are employed to form the CSH, the medical holding detachment is assigned as dictated by the medical mission.

(2) *First sergeant (91B5M)*. The first sergeant is responsible to the company commander for enlisted matters. He also assists in supervising company administration and training activities. He provides guidance to the enlisted members of the company and represents them to the company commander. He also functions as the reenlistment NCO.

(3) *Decontamination specialist (54B10)*. This specialist is responsible to the first sergeant for training the company's NBC teams on the operation of NBC detection and decontamination equipment and for the operator maintenance on this equipment. He assists the NBC NCO in the establishment, administration, training, and application of NBC defense measures. He also performs NBC reconnaissance and is designated as a light-vehicle operator.

(4) *Administrative clerk (71L10)*. The clerk-typist is responsible to the first sergeant for providing the personnel and unit administration support for the company headquarters. His duties consist of general administration and personnel actions.

(5) *Armorer (92Y10)*. The armorer's primary duty is that of maintaining the weapons storage area, small arms, and ammunition and performing small arms unit maintenance. He is designated as the light-vehicle operator for the section.

d. *Administrative Division*. This division provides overall administrative services for the hospital to include personnel administration, mail distribution, awards and decorations, leaves, and typing support. The staff is composed of the hospital adjutant, personnel sergeant, personnel administrative sergeant, an administrative specialist, mail delivery clerks, and an administrative clerk (Table 2-4). This section coordinates with elements of corps support command (COSCOM) for finance, personnel, and administrative services.

Table 2-4. *Administrative Division Organization*

ADMINISTRATIVE DIVISION			
HOSPITAL ADJUTANT	CPT	70F67	MS
PERSONNEL SERGEANT	SFC	75Z40	NC
PERSONNEL ADMINISTRATIVE SERGEANT	SGT	75B20	NC
ADMINISTRATIVE SPECIALIST	SPC	71L10	
MAIL DELIVERY CLERK	PFC	71L10	(3)
ADMINISTRATIVE CLERK	PFC	71L10	

(1) *Hospital adjutant (70F67)*. This officer is responsible to the hospital XO for the adjutant functions within the hospital. He also advises the commander and staff in the area of personnel management for patients and staff.

(2) *Personnel sergeant (75240)*. The personnel sergeant is responsible to the adjutant for specific personnel functions which include personnel management, records, actions, and preparation of Standard Installation/Division Personnel System (SIDPERS) changes. He ensures coordination between the medical brigade and/or medical group Personnel and Administration Center (PAC) and the hospital. He advises the hospital commander, adjutant, and other staff members on personnel administrative matters. He also supervises the activities of subordinate personnel.

(3) *Personnel administrative sergeant (75B20)*. This individual is responsible to the personnel sergeant for personnel and administrative functions for the hospital.

(4) *Administrative specialists (71L10)*. These specialists are responsible to the personnel sergeant for general typing and administrative functions for the division.

(5) *Mail delivery clerks (71L10)*. These administrative specialists are responsible



to the personnel staff NCO for establishing and operating the unit mail room. They also assist the personnel staff NCO with personnel and clerical duties. They are the designated light-vehicle operators for the division.

*e. Patient Administration Division (PAD).* This division is responsible for the admission and disposition of patients, maintenance of patient records, security of patient valuables, and preparation of patient statistical reports for the hospital. The staff is composed of the patient administration officers, NCOs, and specialists (Table 2-5).

Table 2-5. Patient Administration Division Organization

PATIENT ADMINISTRATION DIVISION			
PATIENT ADMINISTRATION			
OFFICER	MAJ	70E67	MS
OFFICER	CPT	70E67	MS
NCO	SSG	71G30	NC
NCO	SGT	71G20	NC (3)
SPECIALIST	SPC	71G10	(4)
SPECIALIST	PFC	71G10	(4)

(1) *Patient administration officer (70E67).* As chief of the PAD, this officer is responsible to the hospital XO for planning, organizing, directing, and controlling the patient administration aspects of the hospital. He advises the commander on patient administration matters. He maintains close liaison with the chiefs of services, attending physicians, and chiefs of administrative sections and offices to ensure timely decisions on patient administration matters.

(2) *Patient administration officer (70E67).* This officer assists the chief, PAD in developing plans and procedures for patient administration support, to include patient statistical reports and medical regulation of patient dispositions (refer to FM 8-10-6).

(3) *Patient administration non-commissioned officer (71G30).* This NCO is responsible to the patient administration officer for patient administration and disposition procedures, inpatient records, and security of patients' personal effects. He works in concert with the supply sergeant (company headquarters) on re-equipping the RTD soldier. He also supervises the application of the Theater Army Medical Management Information System (TAMMIS) for the Medical Patient Accounting and Reporting (MEDPAR) System and for the Medical Regulating (MEDREG) System.

(1) *Patient administration non-commissioned officers (71G20).* These NCOs are responsible to the principal patient administration NCO for implementing the TAMMIS for the hospital. They process correspondence received for medical information. They also assist in supervising subordinate specialists.

(5) *Patient administration specialists (71G10).* These specialists are responsible to the patient administration NCOs for preparing, consolidating, and maintaining medical records and statistics pertaining to patient data. They also implement the TAMMIS for the division.

*f. Nutrition Care Division.* This division is responsible for providing hospital nutrition services, meal preparation and distribution to patients and staff; dietetic planning; and supervision and control of overall operations. Hospital staff will be fed in accordance with the theater ration policy. The field medical feeding standard for hospitals is to prepare three hot meals per day plus nourishments and forced fluids using Medical B (or A) Rations. Meals, ready to eat (MRE) are not authorized for patient use. Rations will be obtained from the supporting COSCOM. Patient meals, nourishments, and forced fluids will be distributed to the wards three times per day; tube feedings are provided intermittently as patient's nutritional needs require.

(Refer to FM 8-505, Technical Manual [TM] 8-500, and Appendix B of this manual.) The staff is composed of dietitians, hospital food service NCO, and hospital food service specialists (Table 2-6).

Table 2-6. Nutrition Care Division Organization

NUTRITION CARE DIVISION			
CHIEF, NUTRITION CARE DIVISION	MAJ	65C00	SP
DIETITIAN	CPT	65C00	SP
HOSPITAL FOOD SERVICE			
NCO	SFC	91M40	NC
NCO	SSG	91M30	NC
NCO	SGT	91M20	NC (6)
SPECIALIST	SPC	91M10	(10)
SPECIALIST	PFC	91M10	(9)

(1) *Chief nutrition care division (65C00)*. This officer is responsible to the Chief, Administrative Services for the operation of this division. He directs and supervises the operation of nutrition care services.

(2) *Dietitian (65C00)*. This officer is responsible to the Chief, Nutrition Care for formulating policies, developing procedures, and assisting in supervising the operation of nutrition care. This officer also assists physicians in dietary management of patients.

(3) *Hospital food service noncommissioned officer (91M40)*. This NCO serves as the principal NCO for the nutrition care division. He is responsible to the Chief, Nutrition Care for the implementation of policies and procedures and for supervision of subordinate personnel.

(4) *Hospital food service noncommissioned officer (91M30)*. This NCO is responsible to and serves as an assistant to the principal NCO in nutrition care operations. He implements and directs contingency and combat feeding plans.

(5) *Hospital food service sergeants (91M20)*. These sergeants are responsible to the principal NCO and assist with the clinical and administrative management of nutritional care programs.

(6) *Hospital food service specialists (91M10)*. These hospital food service specialists are responsible to the hospital food service sergeants for performing basic clinical dietetic functions in the dietary management and treatment of patients. They prepare, cook, and serve regular and modified food. They also perform light-vehicle operator/driver duties for the division, to include operator maintenance.

g. *Supply and Service Division*. This division provides logistics functions throughout the hospital, to include laundry, general and medical supplies, and maintenance; blood management (see Appendix B [paragraph B-4k]); utilities such as water distribution, waste disposal, and environmental control of patient treatment areas; power and vehicle maintenance; equipment records and repair parts; fuel distribution; and transportation to include ground/air movement operations. The logistics division requests resupply from the supporting medical logistics (MEDLOG) battalion (forward) and COSCOM elements using whatever communication links are available and compatible with the Theater Army Medical Management Information System-Medical Logistics (TAMMIS-MEDLOG). Medical logistics and medical maintenance (MEDMNT) will be managed utilizing TAMMIS-MEDLOG and TAMMIS-MEDMNT. This division coordinates with COSCOM elements for materials handling equipment (MHE) capable of moving DEPMEDS equipment, environmental control units, and power distribution equipment for the hospital. This division is also responsible for maintaining the unit property book and for establishing a temporary morgue for handling remains until transported to supporting mortuary affairs organization. This section coordinates

with elements of the corps and COSCOMs for movement control, nonmedical supplies and equipment, and field services. This section will provide one basic uniform to RTD soldiers and

will also coordinate with the COSCOM for the transportation of these soldiers to the replacement companies. Table 2-7 lists the staffing for this division.

*Table 2-7. Supply and Service Division Organization*

SUPPLY AND SERVICE DIVISION			
HEALTH SERVICE MATERIEL OFFICER	MAJ	70K67	MS
HEALTH SERVICE MATERIEL OFFICER	CPT	70K67	MS
POWER SYSTEMS TECHNICIAN	W2	210A5	WO
HEALTH SERVICE MAINTENANCE TECHNICIAN	W2	670A0	WO
MEDICAL SUPPLY NCO	SFC	76J40	NC
MOTOR SERGEANT	SFC	63B40	NC
MEDICAL EQUIPMENT REPAIRER/SUPERVISOR	SSG	91A30	NC
SENIOR UTILITIES EQUIPMENT REPAIRER	SSG	52C30	NC
SHOWER NCO	SSG	57E30	NC
SENIOR MECHANIC	SSG	63B30	NC
MEDICAL STORAGE SUPERVISOR	SSG	76J30	NC
SUPPLY SERGEANT	SSG	92Y30	NC
MEDICAL EQUIPMENT REPAIRER	SGT	91A20	NC
UTILITIES EQUIPMENT REPAIRER	SGT	52C20	NC (2)
POWER-GENERATOR EQUIPMENT REPAIRER	SGT	52D20	NC
TEAM CHIEF	SGT	57E20	NC (4)
LIGHT-WHEELED VEHICLE MECHANIC	SGT	63B20	NC
QUARTERMASTER AND CHEMICAL EQUIPMENT REPAIRER	SGT	63J20	NC
MEDICAL SUPPLY SERGEANT	SGT	76J20	NC (2)
EQUIPMENT RECEIVER/PARTS SPECIALIST	SGT	92A20	NC
SIGNAL SUPPORT SYSTEMS MAINTAINER	SPC	31U10	
MEDICAL EQUIPMENT REPAIRER	SPC	91A10	(2)
UTILITIES EQUIPMENT REPAIRER	SPC	52C10	(2)
POWER-GENERATOR EQUIPMENT REPAIRER	SPC	52D10	
LAUNDRY SPECIALIST	SPC	57E10	(4)
LIGHT-WHEELED VEHICLE MECHANIC	SPC	63B10	
RECOVER VEHICLE OPERATOR	SPC	63B10	
MEDICAL SUPPLY SPECIALIST	SPC	76J10	(4)
PETROLEUM LIGHT-VEHICLE OPERATOR	SPC	77F10	
SUPPLY SPECIALIST	SPC	92Y10	
UTILITIES EQUIPMENT REPAIRER	PFC	52C10	(2)
POWER-GENERATOR EQUIPMENT REPAIRER	PFC	52D10	
LAUNDRY SPECIALIST	PFC	57E10	(4)
LIGHT-WHEELED VEHICLE MECHANIC	PFC	63B10	(2)
QUARTERMASTER AND CHEMICAL EQUIPMENT REPAIRER	PFC	63J10	
MEDICAL SUPPLY SPECIALIST	PFC	76J10	(4)
PETROLEUM LIGHT VEHICLE OPERATOR	PFC	77F10	(2)
EQUIPMENT RECEIVER/PARTS SPECIALIST	PFC	92A10	
SUPPLY SPECIALIST	PFC	92Y10	

(1) *Health service materiel officer (70K67)*. This officer is responsible to the Chief, Administrative Services. He plans, coordinates, and manages the entire logistics system for the hospital. Additionally, he controls and manages the budget for the hospital commander. He is also responsible for hospital field waste and safety procedures (refer to Appendixes C and D for examples of these programs).

(2) *Health service materiel officer (70K67)*. This officer is responsible to the Chief, Supply and Services Division. He has primary responsibility for the medical supply area and functions as the supply officer for the hospital. This officer is also responsible for managing the controlled substances stored by the medical supply section.

(3) *Power systems technician (210A5)*. This warrant officer is responsible to the Chief, Supply and Services Division. He advises the command on the status, maintenance, and repairs of general support (GS) equipment. He supervises organizational maintenance of wheeled vehicles, associated support equipment, and power support equipment. He is responsible for the preparation of log books, maintenance records, and associated reports.

(4) *Health service maintenance technician (670A0)*. This warrant officer is responsible to the Chief, Supply and Services Division. He supervises and assists in the installation and maintenance of hospital equipment. He serves as the technical consultant to all members of the hospital staff on medical maintenance matters. He also supervises scheduled (preventive maintenance) and unscheduled (repair) services on medical and related equipment within his scope of responsibility.

(5) *Medical supply noncommissioned officer (76J40)*. This NCO assists the division chief in the supervision of the logistics

division, to include medical supply operations, stock control, and medical assemblage management. He is responsible for the development and preparation of plans, maps, overlays, sketches, and other administrative procedures related to employment of the supply and service division.

(6) *Motor sergeant (63B40)*. This NCO is responsible to the power systems technician for unit maintenance on wheeled vehicles and MHE and the upkeep of hand and power tools. He supervises, trains, advises, and inspects subordinate personnel in the use of the Army Maintenance Management System (TAMMS), prescribed load list (PLL), and automated systems output. He is also responsible for supervising the training and licensing of vehicle and equipment operators and ensuring their skills qualification.

(7) *Medical equipment repairer/supervisor (91A30)*. This NCO is responsible to the health service maintenance technician for performing and supervising hospital medical maintenance operations. He is responsible for interpreting technical publications that apply to inspection, troubleshooting, maintenance, repair, calibration, and testing of medical equipment. He also supervises the operation of TAMMIS-MEDMNT.

(8) *Senior utilities equipment repairer (52C30)*. This NCO is responsible to the power systems technician for supervising and performing unit maintenance of utilities quartermaster equipment. He inspects the installation and condition of power generation and distribution equipment systems.

(9) *Shower noncommissioned officer (57E30)*. This NCO is responsible to the medical supply sergeant for the supervision of laundry and bath operations for the hospital. He supervises the subordinate laundry specialists. He coordinates with the supporting engineer unit

and quartermaster unit for water support and wastewater disposal.

(10) *Senior mechanic (63B30)*. This NCO assists the motor sergeant in the performance of his duties. He instructs and supervises subordinate personnel in proper unit maintenance practices and procedures.

(11) *Medical storage supervisor (76J30)*. This NCO is responsible to the medical supply sergeant for supervising and planning hospital storage activities. He operates the TAMMIS-MEDLOG for the hospital.

(12) *Supply sergeant (92Y30)*. The supply sergeant is responsible to the medical supply NCO for the requisitioning, accountability, and issuing of general supplies and equipment for the hospital. He keeps the property book for the hospital on the Tactical Army Combat Service Support (CSS) Computer System (TACCS), using the standard property book supply revised (SPBS-R) system. He works in concert with the PAD and requests, from the supporting direct support (DS) supply company, those minimum Class II supply items authorized for issue to RTD soldiers (to include mission-oriented protective posture [MOPPI gear, if required]). He ensures that RTD soldiers are provided transportation to the replacement company. The supply sergeant supervises the activities of the supply specialists.

(13) *Medical equipment repairer (91A20)*. This NCO assists the medical equipment repairer/supervisor in the performance of his duties. He advises and assists equipment operators in the assembly and disassembly of field medical equipment.

(14) *Utilities equipment repairers (52C20)*. These NCOs are responsible to the senior utilities equipment repairer for repair and maintenance of utilities-type equipment. They install heating, refrigeration, and air-conditioning

equipment. They are also light-vehicle operators for the section.

(15) *Power-generator equipment repairer (52D20)*. This NCO is responsible to the power systems technician for performing unit-level maintenance functions on power generation equipment and associated items. He also supervises the subordinate power-generator equipment repairer.

(16) *Team chiefs (57E20)*. These NCOs assist the shower NCO in performing his duties. They also conduct laundry site reconnaissance to determine the best site based on drainage, water supply, hospital layout, cover, and concealment.

(17) *Light-wheeled vehicle mechanic (63B20)*. This mechanic is responsible to the motor sergeant for those mechanical duties within his scope of responsibility. He also performs driver operator duties.

(18) *Quartermaster and chemical equipment repairer (63J20)*. This NCO is responsible to the senior utilities equipment repairer for troubleshooting and repairing quartermaster and chemical equipment malfunctions.

(19) *Medical supply sergeants (76J20)*. These NCOs are responsible to the medical supply NCO in performing medical supply duties. They supervise the medical supply specialists.

(20) *Equipment receiver/parts specialist (92A20)*. This soldier is responsible to the motor sergeant for maintaining equipment records and repair parts list and performing maintenance control duties. He also performs driver operator duties.

(21) *Signal support systems maintainer (31U10)*. This individual is responsible to the medical supply sergeant for removing,

installing, and providing unit-level maintenance of tactical radio communications systems, field wire equipment, and other electronic items of equipment. He works in coordination with the Chief, Hospital Operations Section.

(22) *Medical equipment repairers (91A10)*. These repairers are responsible to the medical equipment repairer/supervisor for performing unit-level maintenance on assigned medical equipment. They also assist in training equipment operators in the performance of operator-level preventive maintenance checks and services (PMCS).

(23) *Utilities equipment repairers (52C10)*. These repairers are responsible to the senior equipment repairer for unit maintenance of refrigeration equipment, air-conditioning units, and gasoline engines used as prime movers of refrigeration units. They are also vehicle operators for their section.

(24) *Power generator equipment repairers (52D10)*. These equipment repairers are responsible to the power generator equipment repairer NCO for operator and unit maintenance of tactical utility and power generation equipment and associated items.

(25) *Laundry specialists (57E10)*. These specialists are responsible to the shower NCO for performing their designated duties.

(26) *Light-wheeled vehicle mechanics (63B10)*. These specialists are responsible to the light-wheeled vehicle mechanic NCO for performing their designated duties. They are vehicle operators for the division.

(27) *Recovery vehicle operator (63B10)*. This specialist is responsible to the senior mechanic for unit-level maintenance and recovery operations on light- and heavy-wheeled vehicles, MHE, and associated items.

(28) *Medical supply specialists (76J10)*. These specialists are responsible to the medical supply sergeants for performing designated medical supply and equipment functions. They are designated light-vehicle operators for their section.

(29) *Petroleum light-vehicle operators (77F10)*. These petroleum light-vehicle operators are responsible to the motor sergeant. They receive, store, account and care for, dispense, issue, and ship bulk and packaged petroleum, oil, and lubricant (POL) supplies. They also operate and maintain the petroleum vehicles.

(30) *Supply specialists (92Y10)*. These supply specialists assist the supply sergeant in the accomplishment of his duties.

(31) *Quartermaster and chemical equipment repairer (63J10)*. This equipment repairer is responsible to the quartermaster and chemical equipment repairer NCO for unit maintenance on quartermaster and chemical equipment.

(32) *Equipment receiver/parts specialist (92A10)*. This specialist is responsible to the motor sergeant for maintaining equipment records and repair parts lists and performing maintenance control duties.

*h. Nursing Service Control Team*. This team is responsible to the Chief, Nursing Service for supervision of all nursing service personnel regardless of organizational placement. This team also provides daily patient reports to the chief nurse and PAD and is responsible for the standards of nursing practice and nursing care throughout the facility. The staff to provide this control are the assistant chief nurse, chief and assistant chief wardmasters, and a respiratory NCO (Table 2-8).

Table 2-8. Nursing Service Control Team Organization

NURSING SERVICE CONTROL TEAM			
ASSISTANT CHIEF NURSE	LTC	66A00	AN
CHIEF WARDMASTER	MSG	91C50	NC
ASSISTANT CHIEF WARDMASTER	SFC	91C40	NC
RESPIRATORY NCO	SFC	91V40	NC

(1) *Assistant chief nurse (66A00).* The assistant chief nurse works in concert with the Chief, Nursing Service. This nurse plans, organizes, executes, and directs nursing care practices for the hospital. This officer holds the additional skill identifier (ASI) 8J as an infection control officer.

(2) *Chief wardmaster (91C50).* This master sergeant manages and supervises enlisted personnel and assists in the planning and operation of nursing service. He coordinates with the operations section in planning the hospital layout. He is responsible to the chief nurse for the erection of the hospital clinical facilities.

(3) *Assistant chief wardmaster (91C40).* This NCO assists the chief wardmaster in supervision of enlisted personnel and operation of nursing service.

(4) *Respiratory noncommissioned officer (91V40).* Under the technical guidance of a physician or nurse anesthetist, this NCO supervises the respiratory activities within nursing service.

i. *Triage/Preoperative/Emergency Medical Treatment.* This section provides for the receiving, triaging, and stabilizing of incoming patients. The staff will receive patients, assess their medical condition, provide EMT, and transfer them to the appropriate areas of the

hospital. The staff will be trained in both advanced cardiac life support (ACLS) and ATM. The staff monitors patient conditions and prepares those requiring immediate surgery for the OR. Sick call for organic staff is conducted by this section. Table 2-9 lists the staffing for this section.

Table 2-9. Triage/Preoperative/Emergency Medical Treatment Section Organization

TRIAGE/PREOPERATIVE/EMERGENCY MEDICAL TREATMENT			
EMERGENCY PHYSICIAN	MAJ	62A00	MC
HEAD NURSE	MAJ	66H00	AN
PRIMARY CARE PHYSICIAN	CPT	61H00	MC
EMERGENCY PHYSICIAN	CPT	62A00	MC
MEDICAL-SURGICAL NURSE	CPT	66H00	AN (2)
MEDICAL-SURGICAL NURSE	LT	66H00	AN
EMERGENCY TREATMENT NCO	SFC	91B40	NC
NCO	SSG	91B30	NC (2)
NCO	SGT	91B20	NC (3)
MEDICAL SPECIALIST	SGT	91B20	NC
SPECIALIST	SPC	91B10	(2)
SPECIALIST	PFC	91B10	(3)

(1) *Emergency physician (62A00).* This physician is responsible to the Chief, Professional Services (or the designated chief of emergency medical services) for management and operations of this section. He examines, diagnoses, and treats or prescribes courses of treatment for the initial phase of diseases and injuries. This officer is the physician primarily responsible for triage.

(2) *Head nurse (66H00).* This nurse manages the operations of the EMT section, to include staffing and supervising nursing personnel and developing nursing policies and procedures. He is also responsible for the standard of nursing care provided and assists in providing patient care.

(3) *Primary care physician (61H00)*. This physician provides care to patients in the areas of general medicine, obstetrics/gynecology (OB/GYN), psychiatry, PVNTMED, pediatrics, and orthopedics. When the EMT/surgical patient load is heavy, this officer can assume the duties of triage and preoperative evaluation/care.

(4) *Emergency physician (62A00)*. This physician examines, diagnoses, and treats or prescribes course of treatment for the initial phase of disease and injuries.

(5) *Medical-surgical nurses (66H00)*. These nurses plan and implement nursing care under the supervision of the head nurse. They provide direct supervision to subordinate nursing service personnel.

(6) *Emergency treatment noncommissioned officer (91B40)*. This NCO is responsible to the senior nurse. He manages and supervises the enlisted nursing staff. He is also responsible for supplies and equipment.

(7) *Emergency treatment non-commissioned officers (91B30/91B20)*. These NCOs are supervised by the principal NCO. They perform direct patient care within their scope of practice and under professional supervision. They supervise subordinate nursing staff.

(8) *Medical specialists (91B10)*. Under professional supervision, these specialists are responsible for providing nursing care within their scope of practice.

j. *Litter Bearer Section*. This section is responsible to the triage/preoperative/EMT section for the transportation of patients within the hospital on a 24-hour basis. The staffing is identified in Table 2-10.

Table 2-10. *Litter Bearer Section Organization*

LITTER BEARER SECTION			
SENIOR LITTER BEARER	SGT	91B20	(2)
LITTER BEARER	SPC	91B10	(2)
LITTER BEARER	PFC	91B10	(8)

(1) *Senior litter bearers (91B20)*. These NCOs are responsible to the emergency treatment NCO (triage/preoperative/EMT section). They supervise and coordinate the activities of the subordinate litter bearers.

(2) *Litter bearers (91B10)*. These litter bearers are responsible for transporting patients internally in the hospital. They are also responsible for loading and off-loading air and ground ambulances.

k. *Operating Room/Central Materiel Service (CMS) Control Team*. This team provides supervision of the OR and CMS. It is responsible for the scheduling of nursing staff, preparing and maintaining the OR and CMS, and the maintaining of surgical, anesthetic, and nursing standards within these areas. The OR/CMS control team is composed of an anesthesiologist, a clinical head nurse, an OR NCO, and a CMS NCO (Table 2-11).

Table 2-11. *Operating Room/Central Materiel Service Control Team Organization*

OPERATING ROOM/CENTRAL MATERIEL SERVICE CONTROL TEAM			
ANESTHESIOLOGIST	LTC	60N00	MC
OPERATING ROOM CLINICAL HEAD NURSE, CENTRAL MATERIEL SERVICE NCO	LTC	66E00	AN
OPERATING ROOM NCO	SFC	91D40	
	SFC	91D40	



(1) *Anesthesiologist (60N00)*. This physician supervises team members and is responsible to the Chief, Surgical Services. He establishes the hospital's anesthesiology program. He administers or supervises administration of anesthetics to patients in the ORs.

(2) *Operating room clinical head nurse (66E00)*. This officer is responsible to the chief nurse for the management of daily operations of the OR and CMS to include scheduling and supervision of nursing staff. He coordinates with the Chief, Surgical Services in the scheduling of patient cases. He is responsible for the quality of nursing care provided.

(3) *Central materiel service non-commissioned officer (91D40)*. This NCO is responsible to the clinical head nurse for supplies, equipment maintenance, and supervision of enlisted CMS nursing staff.

(4) *Operating room noncommissioned officer (91D40)*. This NCO is responsible to the clinical head nurse for the supervision and management of the enlisted OR nursing staff. He also manages supplies and equipment.

*l. Operating Room A*. This section provides general surgical services with two OR tables for a total of 36 hours of table time per day. The staff is composed of general surgeons, OR nurses, nurse anesthetists, and OR specialists (Table 2-12).

Table 2-12. *Operating Room A Organization*

OPERATING ROOM A			
GENERAL SURGEON	MAJ	61J00	MC (2)
OPERATING ROOM NURSE	MAJ	66E00	AN
OPERATING ROOM NURSE	CPT	66E00	AN
CLINICAL NURSE, ANESTHETIST	CPT	66F00	AN (2)
OPERATING ROOM NCO	SSG	91D30	NC
SPECIALIST	SGT	91D20	NC
SPECIALIST	SPC	91D10	
SPECIALIST	PFC	91D10	

(1) *General surgeon (61J00)*. The senior physician is responsible to the Chief, Surgical Service for the operations of the surgery team. These physicians examine, diagnose, and treat or prescribe courses of treatment and surgery for patients having injuries or disorders with surgical conditions.

(2) *Operating room nurse (66E00)*. This nurse is responsible to the OR clinical head nurse for all nursing activities of this section. He supervises the OR enlisted staff. This officer performs nursing duties in any phase of the operative process for patients undergoing surgery; he ensures that safe supplies and equipment are available for operative services.

(3) *Operating room nurse (66E00)*. This nurse performs nursing duties in any phase of the operative process for patients undergoing surgery; he also ensures that safe supplies and equipment are available for operative services. He supervises the OR enlisted nursing staff. He is responsible to the chief OR nurse.

(4) *Clinical nurse, anesthetists (66F00)*. These two anesthetists perform nursing duties of a specialized nature in the care of patients requiring general or regional anesthesia, respiratory care, cardiopulmonary resuscitation, and/or fluid therapy. Under the supervision of the anesthesiologist (OR/CMS control team), they administer general and regional anesthesia for surgical patients.

(5) *Operating room noncommissioned officer (91D30)*. This NCO is responsible to the chief OR nurse for supplies, equipment maintenance, and supervision of enlisted nursing staff.

(6) *Operating room specialists (91D20/91D10)*. Under professional supervision, these specialists provide patient care within their scope of practice.

*m. Operating Room B.* This section provides orthopedic surgical services with two OR tables for a total of 36 hours of table time per day. The staff is composed of orthopedic surgeons, OR nurses, nurse anesthetists, OR NCO, and OR specialists (Table 2-13). This OR may be used by the oral surgeon in performing oral and maxillo-facial surgery.

Table 2-13. Operating Room B Organization

OPERATING ROOM B			
ORTHOPEDIC SURGEON	MAJ	61M00	MC (2)
OPERATING ROOM NURSE	CPT	66E00	AN (2)
CLINICAL NURSE, ANESTHETIST	CPT	66F00	AN (2)
OPERATING ROOM NCO	SSG	91D30	
SPECIALIST	SGT	91D20	
SPECIALIST	SPC	91D10	
SPECIALIST	PFC	91D10	

(1) *Orthopedic surgeons (61M00).* The senior physician is responsible to the Chief, Surgical Service for operations of the OR. These physicians examine, diagnose, and treat or prescribe courses of treatment and surgery for patients having disorders, malfunctions, diseases, and/or injuries of the musculoskeletal system.

(2) *Remaining staff.* The duties and responsibilities of the remaining OR B staff are the same as the corresponding staff identified in paragraph *l*. The OR specialist (91D10) is the designated vehicle operator for this section.

*n. Orthopedic Cast Clinic.* This clinic is responsible to the senior orthopedic surgeon for casting, splinting, and traction services for the hospital. The staff is composed of an orthopedic NCO and orthopedic specialists (Table 2-14).

Table 2-14. Orthopedic Cast Clinic Organization

ORTHOPEDIC CAST CLINIC		
ORTHOPEDIC NCO	SGT	91B20
SPECIALIST	SPC	91B10
SPECIALIST	PFC	91B10

(1) *Orthopedic noncommissioned officer (91B20, ASI P1).* This NCO is responsible to the senior orthopedic surgeon for the operation of this clinic. He supervises the other specialists.

(2) *Orthopedic specialists (91B10, ASI P1).* Under professional supervision, these specialists provide patient care within their scope of practice.

*o. Central Materiel Service.* This section operates two CMS units which provide sterilization of OR equipment, surgical instruments, and supplies, as well as sterile supplies for other patient care areas. The staff is composed of two CMS sergeants and six CMS specialists (Table 2-15).

Table 2-15. Central Materiel Service Organization

CENTRAL MATERIEL SERVICE (2)			
CENTRAL MATERIEL SERVICE SPECIALIST	SGT	91D20	NC (2)
SPECIALIST	SPC	91D10	(2)
SPECIALIST	PFC	91D10	(4)

(1) *Central materiel service specialists (91D20).* These NCOs work under the supervision of the CMS NCO of the OR/CMS control team. They supervise the activities of the CMS specialists. They ensure that sterilization techniques and procedures are applied and further ensure that safe sterile supplies are provided

to users on a timely basis. They also supervise operator-level maintenance on CMS equipment.

(2) *Central materiel service specialists (91D10)*. These CMS specialists are responsible to the CMS section sergeants. They perform CMS functions within their scope of responsibility.

*P. Dental Services.* This section provides dental services and consultation for patients and staff. During mass casualty situations, the dentists assist in the delivery of ATM. The oral surgeon uses the ORB or the dental operatory to perform oral and maxillofacial surgery. The staff is composed of an oral surgeon, a comprehensive dental officer, a preventive dental NCO, and a dental specialist (Table 2-16).

Table 2-16. *Dental Services Organization*

DENTAL SERVICES			
ORAL AND MAXILLOFACIAL SURGEON	MAJ	63N00	DC
COMPREHENSIVE DENTAL OFFICER	CPT	63B00	DC
PREVENTIVE DENTAL NCO	SGT	91E20	NC
DENTAL SPECIALIST	SPC	91E10	

(1) *Oral and maxillofacial surgeon (63N00)*. This officer examines, diagnoses, and treats or prescribes courses of treatment for conditions which involve oral surgical procedures, including oral and maxillofacial injuries, wounds, and infections. Additionally, treatment is provided to patients referred by other dental and medical facilities when required oral and maxillofacial care is beyond the capability of the referring facility. This officer is responsible to the Chief, Professional Services for the technical and administrative management of the section.

(2) *Comprehensive dental officer (63B00)*. This officer provides emergency care to

staff and in-patients. When work load permits, this officer provides maintaining-level dental care to the same population and to patients referred from other dental and medical facilities when the required dental treatment is beyond the capability of the referring facility. In addition, he provides OR assistance and support to the oral and maxillofacial surgeon, when requested. He also augments the ATM capability of the hospital, particularly during mass casualty situations.

(3) *Preventive dental noncommissioned officer (91E20)*. This NCO assists the dental officers in prevention, examination, and treatment of diseases of teeth and oral region. He also performs those administrative tasks as directed by the oral surgeon. He supervises operator-level maintenance of the dental equipment. This NCO holds the ASI X2, designating formal dental hygiene training.

(4) *Dental specialist (91E10)*. This specialist is responsible to the preventive dental NCO. He assists in the prevention, examination, and treatment of diseases of teeth and oral region. He performs operator-level maintenance of dental equipment.

*q. Inpatient Medicine A.* This section provides medical services such as consultations, as requested; evaluation and treatment of infectious disease and internal medicine disorders; evaluation and treatment of skin disorders; and treatment of patients with gynecological disease, injury, or disorders. Staffing includes internists, primary care physicians, and an obstetrician and gynecologist (Table 2-17).

Table 2-17. *Inpatient Medicine A Organization*

INPATIENT MEDICINE A			
OBSTETRICIAN AND GYNECOLOGIST	MAJ	60J00	MC
INTERNIST	MAJ	61F00	MC (2)
PRIMARY CARE PHYSICIAN	CPT	61H00	MC (2)

(1) *Obstetrician/gynecologist (60J00)*. This physician provides medical care during pregnancy, performs obstetric deliveries, and examines, diagnoses, and treats or prescribes courses of treatment for patients who have gynecological disease, injury, or disorders. He is responsible to the Chief, Professional Services for the technical and administrative management of this section.

(2) *Internists (61F00)*. These internists examine, diagnose, and treat patients with medical illnesses and recommend courses of management for those illnesses.

(3) *Primary care physicians (61H00)*. These physicians provide comprehensive health care to patients in the areas of general medicine, OB/GYN, psychiatry, PVNTMED, pediatrics, and orthopedics in both inpatient and outpatient care. They may be used to augment surgical specialties in triage and preoperative care.

r. *Intensive Care Unit Wards*. These three 12-bed intensive care units (ICUs) provide for critically injured or ill patients. As ICU nurses, the clinical nurses hold an ASI of 8A. This section is under the supervision of the nursing service control team. Nursing care is performed for those patients who require close observation and vital sign monitoring, complex nursing care, and mechanical respiratory assistance. The ICU is also used as a postanesthesia recovery area for patients after surgery. Intensive care is provided by a staff of a clinical head nurse, clinical nurses, a wardmaster, practical nurses, and medical and respiratory specialists (Table 2-18).

(1) *Clinical head nurses, intensive care unit (66H00)*. These officers are responsible to the nursing service control team for managing the operations of the ICU to include the development of nursing policies and procedures and the

scheduling and supervision of nursing staff. They are responsible for the quality of nursing care. They supervise all other ICU nursing personnel.

Table 2-18. *Intensive Care Unit Ward Organization*

INTENSIVE CARE UNIT WARD (3)			
INTENSIVE CARE UNIT			
CLINICAL HEAD NURSE	MAJ	66H00	AN (3)
CLINICAL NURSE	CPT	66H00	AN (9)
CLINICAL NURSE	LT	66H00	AN (6)
WARDMASTER	SFC	91C40	NC (3)
PRACTICAL NURSE	SSG	91C30	NC (9)
RESPIRATORY NCO	SSG	91V30	NC (3)
PRACTICAL NURSE	SGT	91C20	NC (9)
RESPIRATORY SERGEANT	SGT	91V20	NC (3)
MEDICAL SPECIALIST	SPC	91B10	(6)

(2) *Clinical nurses, intensive care unit (66H00)*. These clinical nurses are responsible to the clinical head nurse for planning and providing nursing care of a specialized and technical nature for the care and treatment of critically injured or ill and postanesthesia patients. They supervise enlisted nursing personnel.

(3) *Wardmasters (91C40)*. These NCOs work under the supervision of the ICU head nurses. They also work in concert with the chief wardmaster of the nursing control team. They manage and supervise enlisted personnel and assist in the planning and operation of the ICU.

(4) *Practical nurses (91C30)*. These practical nurses are responsible to the wardmaster. They provide direct patient care under professional supervision within their scope of practice. They also assist in supervising the subordinate enlisted nursing staff.

(5) *Respiratory noncommissioned officers (91V30)*. These NCOs provide technical guidance and training of subordinate personnel.

They manage the respiratory care functions under the supervision of a physician or nurse anesthetist.

(6) *Practical nurses (91C20)*. These practical nurses perform preventive, therapeutic, and emergency nursing care procedures under professional supervision within their scope of practice.

(7) *Respiratory sergeants (91V20)*. These respiratory sergeants provide treatment for patients with cardiopulmonary problems under the supervision of a physician or nurse anesthetist. Included is emergency care in cases of heart failure, shock, treatment of acute respiratory symptoms in cases of head injuries, and respiratory complications in patients having thoracic or abdominal surgery.

(8) *Medical specialists (91B10)*. These specialists provide direct patient care within their scope of practice under the supervision of a clinical or practical nurse.

s. *Intermediate Care Wards*. These seven intermediate care wards (ICWs) with 20 beds per ward are identical in personnel and equipment. They are under the supervision of the nursing service control team. These wards provide care for patients whose conditions vary from acute to moderate. The nursing care staff consists of a clinical head nurse, clinical nurses, a wardmaster, practical nurses, and medical specialists (Table 2-19). The responsibilities and functions of the clinical head nurses, clinical nurses (66H00), wardmasters, practical nurses, and medical specialists are the same as those identified in paragraph r above. The clinical nurses (66J00) assist the clinical head nurse in their duty performance. They perform first-level nursing care duties within their scope of clinical nursing activities. The lowest-grade medical specialist is the designated vehicle operator for the section.

Table 2-19. *Intermediate Care Ward Organization*

INTERMEDIATE CARE WARD (7)			
CLINICAL			
HEAD NURSE	MAJ	66H00	AN (3)
NURSE	CPT	66H00	AN (7)
NURSE	LT	66H00	AN (7)
NURSE	LT	66J00	AN (7)
WARDMASTER	SFC	91C40	NC (7)
PRACTICAL NURSE	SSG	91C30	NC (14)
PRACTICAL NURSE	SGT	91C20	NC (35)
MEDICAL SPECIALISTS	SPC	91B10	(7)
MEDICAL SPECIALISTS	PFC	91B10	(7)

t. *Neuropsychiatric Ward and Consultation Service*. This section provides NP diagnosis and consultation to all areas of the hospital; it staffs a 20-bed ward for inpatient stabilization of NP patients. The staff for this section consists of a psychiatrist, psychiatric nurses, clinical nurses, a social worker, a behavioral science NCO, an occupational therapy NCO, and psychiatric specialists (Table 2-20). Medical group and brigade headquarters integrate the CSH NP section's operations with those of the division and ASMB mental health sections, and with the CSC units in the area. To the extent possible, the CSH NP ward should receive only those NP and/or stress casualties who are too disturbed to receive restoration treatment at Echelon II MTFs or CSC fatigue centers. These casualties include—

- Cases of psychosis, paranoia, mania, and suicidal depression.
- Substance overdose or withdrawal requiring detoxification.
- Mental or bodily symptoms which require CSH laboratory and x-ray capability to rule out life- or limb-threatening organic causes.

The mission of the NP ward is to provide brief (2 to 4 days) stabilization. The patients are then reevaluated to determine if they should be—

- Evacuated to a GH in the COMMZ (or to CONUS) for further stabilization and evacuation, definitive treatment, or administrative discharge.
- Evacuated to a FH or CSC company in the COMMZ for RTD after 14 to 28 days of further reconditioning (depending on the theater evacuation policy).
- Returned to duty in the CZ, usually after transfer to a CSC unit's reconditioning center for 4 to 10 days further treatment.

The CSC reconditioning center may be collocated with the CSH. The CSC center will maintain its separate, nonhospital identity, but coordinates closely with the CSHs NP service. The CSC reconditioning center, if attached to the CSH, will require administrative and logistical support. The NP section's consultation mission provides—

- Diagnosis and recommendations for treatment for medical/surgical patients with organic mental disorders on all other CSH wards and in-patient admissions (emergency room).
- Assistance, including stress debriefings, to all RTD and NRTD patients with stress issues.
- Assistance, including routine and special stress debriefings, to all CSH staff, in close cooperation with leadership and the chaplains.

Stress casualties (battle fatigue and misconduct stress behaviors) may be brought to the hospital who do not require in-patient admission. Those cases must be triaged by the NP service and

treated and released to their units for duty, administrative action, or rest and outpatient follow-up.

Table 2-20. Neuropsychiatric Ward and Consultation Service Organization

NEUROPSYCHIATRIC WARD AND CONSULTATION SERVICE			
PSYCHIATRIST	MAJ	60W00	MC
PSYCHIATRIC/MENTAL HEALTH NURSE	MAJ	66C00	AN
NURSE	CPT	66C00	AN (2)
SOCIAL WORK OFFICER	CPT	73A6	MS
CLINICAL NURSE	LT	66H00	AN
PSYCHIATRIC NCO	SSG	91F30	NC
WARDMASTER	SSG	91F30	NC
NCO	SGT	91F20	NC (3)
BEHAVIORAL SCIENCE NCO	SGT	91G20	NC
OCCUPATIONAL THERAPY NCO	SGT	91B20	NC
PSYCHIATRIC SPECIALIST	SPC	91F10	(2)
SPECIALIST	PFC	91F10	

(1) *Psychiatrist (60W00)*. This officer is responsible to the Chief, Professional Services for the technical and administrative management of this section. He supervises the NP service staff, advises the CSH commander, and provides technical supervision of NP/mental health activities throughout the CSH. He examines, diagnoses, treats and or prescribes treatment, and recommends disposition for patients and staff with NP and stress disorders.

(2) *Psychiatric/mental health nurse (66C00)*. This officer is responsible for the technical and professional management of the NP ward nursing staff. He provides psychiatric nursing consultation to all other wards of the CSH. He provides specialized nursing services for patients with psychiatric and emotional problems and promotes mental health within the hospital and support area. This nurse performs liaison,

consultative, and training functions throughout the CSH to enhance the continuity and quality of patient care.

(3) *Psychiatric/mental health nurses (66C00)*. These officers are responsible to the psychiatrist and head nurse in the operation of the ward and consultation throughout the hospital. They develop and carry out nursing care plans for each NP ward patient. These nurses also assist in the training, supervising, and technical management of subordinate NP ward staff, including the nonpsychiatrically trained nurses and augmenting technicians.

(4) *Social work officer (73A67)*. This officer is responsible to the psychiatrist. He provides stress control prevention and treatment throughout the hospital, and especially to the minimum care (RTD-oriented) wards. He supports the NP ward by evaluating the RTD potential of patients, based on interviews with the soldier, plus data from the soldier's unit. He coordinates RTD, administrative disposition, or transfer to the CSC reconditioning center. The social work officer also assures effective use of social service support agencies for patients and CSH staff members.

(5) *Clinical nurse (66H00)*. This clinical nurse is responsible to the head nurse for direct and surgical nursing care to patients on the ward. He is cross-trained in stress control techniques and procedures.

(6) *Psychiatric noncommissioned officer (91F30)*. This NCO assists the wardmaster in the performance of his duties. He provides psychiatric nursing care duties within his scope of practice under professional supervision.

(7) *Psychiatric wardmaster (91F30)*. This NCO assists the psychiatrist and nursing staff with the management and administrative

functions of the ward. He provides psychiatric nursing care duties within his scope of practice under professional supervision.

(8) *Psychiatric noncommissioned officers (91F20)*. Under professional supervision, these NCOs provide psychiatric nursing care within their scope of practice.

(9) *Behavioral science noncommissioned officer (91G20)*. Under professional supervision, this NCO provides mental health assessment and care within his scope of practice.

(10) *Occupational therapy noncommissioned officer (91B20, ASI N3)*. This NCO is responsible to the head nurse for establishing and conducting the work therapy and recreational programs throughout the CSH, and especially the minimal care wards. Under professional supervision, he provides occupational therapy within his scope of practice. If additional clinical guidance is required for planning and implementing occupational therapy programs, occupational therapists (65A) are assigned to CSC companies and detachments, FHs, and GHs.

(11) *Psychiatric specialists (91F10)*. These specialists are responsible to the psychiatric NCOs. Under professional supervision, they provide care and treatment for psychiatric, drug, and alcohol patients within their scope of practice.

*u. Minimal Care Wards.* These two minimal care wards of 20 beds each provide care for patients whose conditions vary from moderate to minimal. These are convalescent patients with minimal requirements for nursing and medical treatment. Staffing is composed of clinical nurses, a wardmaster, practical nurses, and medical specialists (Table 2-21). Resupply of consumables is similar to that described for the ICU.

Table 2-21. Minimal Care Ward Organization

MINIMAL CARE WARD (2)			
CLINICAL NURSE	LT	66H00	AN (2)
WARDMASTER	SSG	91C30	NC
PRACTICAL NURSE	SGT	91C20	NC
MEDICAL SPECIALISTS	SPC	91B10	(2)
MEDICAL SPECIALISTS	PFC	91B10	(2)

(1) *Clinical nurses (66H00)*. These nurses are responsible to the nursing service control team for management and operations of the ward. They supervise the enlisted nursing staff and perform appropriate nursing duties.

(2) *Wardmaster (91C30)*. This NCO assists the clinical nurses in ward management. He provides nursing care leadership and supervises subordinate staff. This NCO also works in concert with the chief wardmaster of the nursing service control team.

(3) *Practical nurse (91C20)*. This practical nurse is responsible to the wardmaster and, under professional supervision, performs nursing care duties within his scope of practice.

(4) *Medical specialists (91B10)*. Under professional supervision, these specialists provide medical treatment to patients within their scope of practice.

*u. Pharmacy Services.* The pharmacy is responsible for quality control of pharmaceuticals, distribution of bulk drugs, maintenance and publication of the hospital formulary, and the intravenous (IV)-additive program. This section maintains a registry for controlled drugs. The pharmacy provides discharge medications for the required number of days to complete therapy and/or a 5-day supply of medications required for air evacuation out of theater. The pharmacy requisitions required supplies through the logistics section to the supporting MEDLOG battalion

(forward). The staff is composed of pharmacy officers, NCOs, and specialists (Table 2-22). Three of the enlisted staff hold the ASI Y7 (sterile pharmacy specialty) for the IV-additive program.

Table 2-22. Pharmacy Services Organization

PHARMACY SERVICES			
CHIEF, PHARMACY SERVICES	MAJ	67E00	MS
PHARMACY OFFICER	CPT	67E00	MS
NCO	SFC	91Q40	NC
NCO	SSG	91Q30	NC
STERILE PHARMACY NCO	SSG	91Q30	NC
PHARMACY SPECIALIST	SPC	91Q10	
STERILE PHARMACY SPECIALIST	SPC	91Q10	
PHARMACY SPECIALISTS	PFC	91Q10	
STERILE PHARMACY SPECIALIST	PFC	91Q10	

(1) *Chief, pharmacy services (67E00)*. This officer is responsible to the Chief, Professional Services (or the designated chief of ancillary service). He directs, plans, and participates in all hospital pharmaceutical activities. He is responsible for and maintains security within the pharmacy area and monitors the storage, security, and control to include inventories and audit trails of controlled substances. He also acts as a liaison between the professional staff and the logistics office for requisition of pharmaceutical items.

(2) *Pharmacy-officer (67E00)*. This officer assists the Chief, Pharmacy Services in the performance of his duties. He supervises other pharmaceutical staff and collects data for required reports.

(3) *Pharmacy noncommissioned officer (91Q40)*. This NCO serves as the non-commissioned officer in charge (NCOIC), pharmacy services. He is responsible for the work schedule of subordinate specialists; he is also responsible for ensuring adequate training for all



subordinate specialists. He prepares, controls, and issues pharmaceutical products under the supervision of a pharmacist. He also assists with the supervision of the section, providing technical guidance to subordinate personnel.

(4) *Pharmacy and sterile pharmacy noncommissioned officers (91Q30)*. These NCOs assist the pharmacy officer and NCO in their duty performance. They prepare, control, and issue pharmaceutical products, ensuring compliance with Army and Federal rules, laws, and regulations relative to pharmacy operations. One of these specialists holds the Y7 ASI. This specialist serves as the NCOIC of the sterile products service. He performs sterile technique procedures in the preparation of items such as IV-additives which are used to combat infection and to restore and maintain electrolyte and nutritional balance.

(5) *Pharmacy/sterile pharmacy specialists (91Q10)*. Under professional supervision, these specialists perform pharmaceutical duties within their scope of duties. Two of these specialists will hold the Y7 ASI. Their duties as sterile pharmacy specialists will be the same as those identified in paragraph (4) above.

w. *Laboratory Services*. This section performs a limited array of analytical procedures in hematology, urinalysis, chemistry, microbiology, and blood bank. The staff is composed of a clinical laboratory officer, laboratory NCOs, and medical laboratory specialists (Table 2-23). The 91K10 specialists hold the M4 ASI in blood banking procedures in order to provide back up capability for the blood bank section.

(1) *Clinical laboratory officer (71E67)*. This officer is responsible to the Chief, Professional Services (or the designated chief of ancillary services) for management and operation of the laboratory section. He directs the performance of laboratory procedures used in the

detection, diagnosis, treatment, and prevention of disease. He establishes and supervises an appropriate laboratory quality control program. He also supervises the blood bank activities.

Table 2-23. *Laboratory Services Organization*

LABORATORY SERVICES			
CLINICAL LABORATORY OFFICER	CPT	71E67	MS
MEDICAL LABORATORY			
NCO	SFC	91K40	NC
SPECIALIST	SSG	91K30	NC (3)
SPECIALIST	SGT	91K20	NC
SPECIALIST	SPC	91K10	(2)
SPECIALIST	PFC	91K10	(4)

(2) *Medical laboratory noncommissioned officer (91K40)*. This NCO advises and assists the laboratory officer in laboratory operations, supply economy and inventory management, advanced technical procedures, and administrative requirements. He provides technical guidance and supervision to the subordinate staff.

(3) *Medical laboratory specialists (91K30)*. These specialists Perform elementary and advanced examinations of patient-derived specimens (including suspect biological warfare specimens) to aid in the diagnosis, treatment, and prevention of disease.

(4) *Medical laboratory specialist (91K20)*. This laboratory specialist performs clinical laboratory procedures in hematology, biochemistry, serology, bacteriology, parasitology, and urinalysis. He collects and processes specimens for shipment to supporting laboratories and stores and issues blood.

(5) *Medical laboratory specialists (91K10) (ASI M4)*. These specialists perform elementary clinical laboratory and blood banking procedures under the supervision of the laboratory NCO.

x. *Blood Bank.* This section provides all routine blood grouping and typing, abbreviated cross-matching procedures, emergency blood collection, and blood inventory management. It has the capacity to store and issue liquid blood components and fresh frozen plasma. Staffing for this section includes a medical laboratory NCO and medical laboratory specialists (Table 2-24). All blood bank personnel hold the M4 ASI.

Table 2-24. Blood Bank Organization

BLOOD BANK			
MEDICAL LABORATORY			
NCO	SSG	91K30	NC
SPECIALIST	SGT	91K20	NC
SPECIALIST	SPC	91K10	(3)
SPECIALIST	PFC	91K10	
SPECIALIST	PFC	91K10	(3)

(1) *Medical laboratory noncommissioned officer (91K30).* This NCO is responsible to the Chief, Laboratory Services for the management and operation of this section. He performs advanced procedures in all phases of blood banking. He supervises subordinate specialists in the performance of their duties.

(2) *Medical laboratory specialists (91K20/91K10).* The duties and functions of the remaining staff are the same as the corresponding staff in paragraphs w(4) and (5).

y. *Radiology Service.* This section provides radiological services to all areas of the hospital and operates on a 24-hour basis. Staffing includes a radiologist, x-ray NCOs, and x-ray specialists (Table 2-25).

(1) *Diagnostic radiologist (61R00).* This officer is responsible to the Chief, Professional Services (or the designated chief of ancillary service) for the management and operation

of this section. He performs and interprets all diagnostic radiological and fluoroscopic procedures, including special vascular studies and imaging, on patients referred by other physicians.

Table 2-25. Radiology Service Organization

RADIOLOGY SERVICE			
DIAGNOSTIC RADIOLOGIST	MAJ	61R00	MC
RADIOLOGY			
SPECIALIST	SSG	91P30	NC
SERGEANT	SGT	91P20	NC
SPECIALIST	SPC	91P10	(2)
SPECIALIST	PFC	91P10	(2)

(2) *Radiology specialist (91P30).* This specialist assists the radiologist in the performance of his duties, to include technical guidance to subordinate personnel. He assists in the technical and administrative management of this section.

(3) *Radiology sergeant (91P20).* This NCO performs duties within his scope of training under the supervision of the radiology specialist.

(4) *Radiology specialists (91P10).* These specialists perform duties within their scope of training under the supervision of the x-ray NCOs. They also perform vehicle operator duties for the section.

z. *Physical Therapy Service.* This section provides inpatient physical therapy services and consultation for patients. The primary wartime role of this section is evaluating and treating neuromusculoskeletal conditions and providing burn/wound care to patients with potential for RTD within the corps evacuation policy. During mass casualty situations, physical therapy personnel may be utilized in managing minimal or delayed patients, or augmenting the

orthopedic staff. The staff is composed of a physical therapist and physical therapy sergeants (Table 2-26).

*Table 2-26. Physical Therapy Service Organization*

PHYSICAL THERAPY SERVICE			
PHYSICAL THERAPIST	CPT	65B00	SP
PHYSICAL THERAPY SERGEANT	SGT	91B20	(2)

(1) *Physical therapist (65B00)*. This officer is responsible to the Chief, Professional Services (or the designated chief of ancillary service) for the management and supervision of physical therapy services. The physical therapist plans and supervises physical therapy programs upon referral from medical officers. This officer also provides guidance in the areas of physical fitness, physical training, and injury prevention.

(2) *Physical therapy sergeants (91B20, ASI N9)*. These physical therapy sergeants are responsible to the physical therapist. They provide physical therapy treatment to patients within their scope of practice.

*aa. Hospital Ministry Team*. This section is composed of a chaplain, a senior chaplain's assistant, and a chaplain's assistant to provide religious support and pastoral care ministry for assigned staff and patients (Table 2-27).

*Table 2-27. Hospital Ministry Team Organization*

HOSPITAL MINISTRY TEAM			
HOSPITAL CHAPLAIN	CPT	56A00	CH
SENIOR CHAPLAIN'S ASSISTANT	SGT	71M20	NC
CHAPLAIN'S ASSISTANT	PFC	71M10	

(1) *Hospital chaplain (56A00)*. This chaplain, supervised by the hospital headquarters chaplain, coordinates the program of religious ministries, including workshops, pastoral counseling, and religious education for the hospital. He supervises the activities of the other ministry team staff.

(2) *Senior chaplain's assistant (71M20)*. This senior chaplain's assistant is responsible to the hospital chaplain and assists him in his duties. He also supervises the activities of the chaplain's assistant.

(3) *Chaplain's assistant (71M10)*. This assistant is responsible to the senior chaplain's assistant. He prepares the chapel for worship and prepares sacraments of Protestant, Catholic, Orthodox, and Jewish faiths.

## 2-6. The Hospital Unit, Surgical

The HUS augments the HUB to form the CSH. The HUS is composed of the following sections:

*a. Unit Headquarters*. This section provides augmentation to the HUB to assist in nursing supervision, hospital operation, and company headquarters operation. The staff is composed of the HUS commander, an assistant chief nurse, a field medical assistant, a detachment NCO, and a patient administration specialist (Table 2-28).

*Table 2-28. Hospital Unit, Surgical Headquarters Organization*

UNIT HEADQUARTERS			
COMMANDER	LTC	61J00	MC
ASSISTANT CHIEF			
NURSING SERVICE	LTC	66A00	AN
FIELD MEDICAL ASSISTANT	CPT	70B67	MS
DETACHMENT NCO	SFC	91B40	NC
PATIENT ADMINISTRATION SPECIALIST	SPC	71G10	

(1) *Hospital commander (61J00)*. This officer, in his capacity as the HUS commander, ensures a smooth and functional integration of unity of the HUS with the HUB. Once the two units are combined to form a CSH, this officer performs the duties of a surgeon in OR C.

(2) *Assistant chief nursing service (66A00)*. This officer functions in unison with the chief nurse of the HUB in providing the necessary planning, execution, and direction for the HUS.

(3) *Field medical assistant (70B67)*. This officer assists the HUS commander in the areas of organizational administration, supply, training, operation, transportation, and patient evacuation. When collocated with the HUB, this officer will perform duties as the hospital plans officer.

(4) *Detachment noncommissioned officer (91B40)*. The detachment NCO is the principal enlisted assistant to the HUS commander. He maintains liaison between the HUS commander and assigned NCOs, provides guidance to enlisted members of the HUS, and represents them to the commander. When the HUB and HUS unite to form a CSH, he also functions as the first sergeant of the medical holding detachment. As such, he is supervised by the HUB company headquarters commander who functions as the commander, medical holding detachment.

(5) *Patient administration specialist (71G10)*. This specialist works in concert with the PAD of the HUB in preparing and maintaining patient records, to include statistical data for required reports.

b. *Supply and Service Division (Augmentation)*. Because of the increased work load associated with the HUS, this section augments the supply and service division of the HUB.

Staffing includes a medical supply sergeant, a supply sergeant, medical supply specialists, and supply specialists (Table 2-29).

Table 2-29. *Supply and Service Division Organization*

SUPPLY AND SERVICE DIVISION			
MEDICAL SUPPLY SERGEANT	SGT	76J20	NC
SUPPLY SERGEANT	SGT	92Y20	NC
MEDICAL SUPPLY SPECIALIST	SPC	76J10	
SUPPLY SPECIALIST	SPC	92Y10	
MEDICAL SUPPLY SPECIALIST	PFC	76J10	
SUPPLY SPECIALIST	PFC	92Y10	

(1) *Medical supply sergeant (76J20)*. This NCO is responsible to the medical supply NCO (HUB) for medical supply operations, stock control, and medical assemblage management. He is responsible for the development and preparation of plans, maps, overlays, sketches, and other administrative procedures related to employment of the HUS supply and service division.

(2) *Supply sergeant (92Y20)*. This NCO is responsible for general supply operations, to include supervision of the supply specialists. He maintains accountability for all equipment organic to the HUS.

(3) *Medical supply specialists (76J10)*. These specialists are responsible to the medical supply sergeant for performing designated medical supply and equipment functions.

(4) *Supply specialists (92Y10)*. These supply specialists assist the supply sergeant in his duty performance. They request, receive, inspect, load, unload, segregate, store, issue, and turn in organizational supplies and equipment. One of the specialists will function as the armorer. The armorer maintains the weapons storage area, issues and receives small

arms and ammunitions, and performs small arms unit maintenance.

c. *Operating Room/Central Materiel Service Control Team.* This team provides augmentation to the HUB to assist in supervising and scheduling the nursing staff and in preparing and maintaining the OR/CMS. The ranks and titles of the personnel (Table 2-30) are designed to interface with the HUB OR/CMS control team (Table 2-11) to provide support without duplicating duties and responsibilities.

Table 2-30. *Operating Room/Central Materiel Service Control Team Organization*

OPERATING ROOM/CENTRAL MATERIEL SERVICE CONTROL TEAM			
ANESTHESIOLOGIST	LTC	60N00	MC
CLINICAL HEAD NURSE, ANESTHETIST	LTC	66F00	AN
ANESTHESIOLOGIST	MAJ	60N00	MC
ASSISTANT CLINICAL HEAD NURSE, OPERATING ROOM	MAJ	66E00	AN

(1) *Anesthesiologists (60N00).* This physician administers or supervises administration of anesthetics to patients.

(2) *Clinical head nurse, anesthesiologist (66F00).* This officer performs nursing duties in the care of patients requiring general or regional anesthesia, respiratory care, cardiopulmonary resuscitation, and/or fluid therapy. Under the supervision of an anesthesiologist, he administers general and regional anesthesia for surgical patients as required.

(3) *Assistant head nurse, operating room (66E00).* This assistant head nurse performs nursing duties in any phase of the operative process for patients undergoing all types of surgery and provides safe supplies and equipment for operative services.

d. *Triage/Preoperative/Emergency Medical Treatment Section.* This section provides for the receiving, triaging, and stabilizing of incoming patients. The staff receives patients, assesses their medical condition, provides EMT, and triages them to the appropriate nursing unit or health service. The staff will be trained in both advanced ACLS and ATM. The staff monitors patient conditions and prepares those requiring immediate surgery for the OR. This section works in conjunction with the triage/preoperative/EMT section, located in the HUB, to handle the overall work load for the hospital. This section gives the hospital commander several options:

- Personnel can be used to supplement HUB EMT with its equipment remaining loaded for use as a jump or movement echelon.

- Part of the equipment and staff can be used to have a sick call or minor injury area with all major trauma sent to the main EMT.

- The hospital can have two fully operational EMTs. This would require the headquarters to carefully monitor and evaluate the admissions and OR requirements of these two sections if both were treating major trauma patients.

The staffing of this section is identical to that of the HUB (Table 2-9). The duties and responsibilities are the same for the corresponding positions as identified in paragraphs 2-5i (1)-(8).

e. *Operating Room C.* This section provides general and ear, nose, and throat (ENT) surgical services with two OR tables for a total of 36 hours of table time per day. The staff for this section includes general surgeons, clinical and OR nurses, an OR NCO, and OR specialists (Table 2-31).

Table 2-31. Operating Room C Organization

OPERATING ROOM C			
GENERAL SURGEON	LTC	61J00	MC*
GENERAL SURGEON	MAJ	61J00	MC (3)
OPERATING ROOM NURSE	CPT	66E00	AN (5)
CLINICAL NURSE, ANESTHETIST	CPT	66F00	AN (5)
OPERATING ROOM NCO	SSG	91D30	NC
SPECIALIST	SGT	91D20	NC
SPECIALIST	SPC	91D10	
SPECIALIST	PFC	91D10	(3)

\* THE HUS COMMANDER ALSO FUNCTIONS AS GENERAL SURGEON IN OR C.

(1) *General surgeons (61J00)*. These surgeons examine, diagnose, treat or prescribe courses of treatment and surgery for patients having injuries or disorders with surgical conditions, and perform required surgery. As noted in Table 2-31, the commander, HUS also functions as a general surgeon in OR C. This requirement is accounted for in the unit headquarters and is not included in the total authorizations for the OR.

(2) *Other assigned personnel*. The duties and responsibilities of the OR nurse, clinical nurse (anesthetist), OR NCO, and OR specialists are the same as identified in paragraphs 2-51 (3) through (6).

f. *Operating Room D*. This section provides primarily orthopedic, thoracic, and urological surgical services with two OR tables for a total of 36 hours of table time per day. Staffing for this section includes a thoracic surgeon, a urologist, an orthopedic surgeon, a clinical nurse (anesthetist), an OR nurse, an OR NCO, and OR specialists (Table 2-32).

(1) *Urologist (60K00)*. The urologist examines, diagnoses, and treats or prescribes courses of treatment or surgery for patients

having diseases, injuries, or disorders of the genitourinary tract. He performs required surgery.

Table 2-32. Operating Room D Organization

OPERATING ROOM D			
UROLOGIST	MAJ	60K00	MC
THORACIC SURGEON	MAJ	61K00	MC
ORTHOPEDIC SURGEON	MAJ	61M00	MC (3)
CLINICAL NURSE, ANESTHETIST	MAJ	66F00	AN
OPERATING ROOM NURSE	CPT	66E00	AN (5)
CLINICAL NURSE, ANESTHETIST	CPT	66F00	AN (4)
OPERATING ROOM NCO	SSG	91D30	NC
SPECIALIST	SGT	91D20	NC
SPECIALIST	SPC	91D10	(2)
SPECIALIST	PFC	91D10	(3)

(2) *Thoracic surgeon (61K00)*. This physician examines, diagnoses, and treats or prescribes courses of treatment and surgery for patients having surgical diseases or injuries of the thorax and vascular system. He performs required surgery.

(3) *Orthopedic surgeons (61M00)*. These surgeons examine, diagnose, and treat or prescribe courses of treatment and surgery for patients having disorders, malformations, diseases, or injuries of the musculoskeletal systems. They perform surgical operations as required.

(4) *Clinical nurse, anesthetists (66F00)*. These anesthetists perform nursing duties in the care of patients requiring general or regional anesthesia, respiratory care, cardiopulmonary resuscitation, and/or fluid therapy. Under the supervision of an anesthesiologist, they administer general and regional anesthesia for surgical patients, as required.

(5) *Operating room nurses (66E00)*. These nurses perform nursing duties in any phase of the operative process for patients undergoing surgery. They also provide safe supplies and equipment for operative services.

(6) *Other assigned personnel.* The duties and responsibilities of the remaining OR D staff will be the same as the corresponding staff in paragraph 2-5l, with one exception. The OR specialist, 91D10, is the designated vehicle operator for this section.

g. *Orthopedic Cast Clinic.* This section augments the orthopedic cast clinic of the HUB to provide casting, splinting, and traction services throughout the hospital. As with the multiple triage, preoperative, and EMT sections, this second orthopedic and cast clinic gives the hospital commander various employment options. The staffing consists of orthopedic NCOs and an orthopedic specialist (Table 2-33).

Table 2-33. *Orthopedic Cast Clinic Organization*

ORTHOPEDIC CAST CLINIC			
ORTHOPEDIC			
NCO	SSG	91B30	NC
NCO	SGT	91B20	NC
SPECIALIST	PFC	91B10	

(1) Orthopedic noncommissioned officer (91B30, ASI P1). This NCO supervises the orthopedic personnel in both the HUB and HUS and performs technical and administrative duties as directed by the orthopedic surgeon.

(2) *Orthopedic noncommissioned officer (91B20, ASI P1).* This NCO helps in the treatment of orthopedic patients and supervision of subordinate orthopedic specialists. He organizes work schedules, assigns duties, counsels personnel, and prepares evaluation reports under the supervision of the orthopedic NCO.

(3) *Orthopedic specialist (91B10, ASI P1).* The duties and responsibilities of this

specialist are identical to those listed in paragraph 2-5n.

h. *Central Materiel Service.* This section operates two CMS units which provide for the sterilization of OR equipment, surgical instruments, and supplies, as well as for sterile supplies for other patient care areas. This section operates in conjunction with the CMS section of the HUB under the control of the OR/CMS control team. Normally, each CMS would function primarily to support the activities of its associated OR and wards. The staffing, duties, and responsibilities are identical to those identified in Table 2-15 and paragraphs 2-5o (1) and (2).

i. *Intensive Care Ward.* These nursing units provide five ICUs of 12 beds each for critically injured or ill patients. The clinical nurses hold an ASI (8A) as ICU nurses. When functioning as a CSH, this section is under the supervision of the Nursing Service Control Team (HUB). The staff performs recovery room nursing care for those patients who require close observation, vital sign monitoring, IV fluid replacement, and respiratory assistance. The staff consist of a clinical head nurse, clinical nurses, a wardmaster, practical nurses, and medical and respiratory specialists (Table 2-34). The duties and responsibilities are the same as the corresponding positions identified in paragraphs 2-5r (1) through (8).

Table 2-34. *Intensive Care Ward Organization*

INTENSIVE CARE WARD (5)			
CLINICAL HEAD NURSE, ICU	MAJ	66H00	AN (5)
CLINICAL NURSE, ICU	CPT	66H00	AN (15)
CLINICAL NURSE, ICU	LT	66H00	AN (10)
WARDMASTER	SFC	91C40	NC (5)
PRACTICAL NURSE	SSG	91C30	NC (15)
RESPIRATORY NCO	SSG	91V30	NC (5)
PRACTICAL NURSE	SGT	91C20	NC (15)
RESPIRATORY SERGEANT	SGT	91V20	NC (5)
MEDICAL SPECIALIST	SPC	91B10	(10)

J. *Radiology Service.* This section provides augmentation to the radiology section of the HUB. Staffing consists of a radiologist, x-ray NCOs, and x-ray specialists (Table 2-35).

(1) *Diagnostic radiologist (61R00).* This officer conducts, interprets, and directs x-ray and fluoroscope examinations to include administration of ionizing radiation and patient care. He assists the radiologist, radiology service, HUB with the management of the section. He also provides technical supervision to the subordinate staff.

Table 2-35. *Radiology Service Organization*

RADIOLOGY SERVICE			
DIAGNOSTIC RADIOLOGIST	MAJ	61R00	MC
RADIOLOGY NCO	SSG	91P30	NC (2)
SERGEANT	SGT	91P20	NC
SPECIALIST	SPC	91P10	(2)
SPECIALIST	PFC	91P10	

(2) *Other assigned personnel.* The duties and responsibilities of the remaining staff are the same as those identified in paragraphs 2-5y (2), (3), and (4).