

## CHAPTER 14

# ADMINISTRATION

Although most of their duties are performed in a clinical environment, Hospital Corpsmen may be assigned to clerical positions aboard ship, assigned to duty with the Fleet Marine Force, or detailed to staff duty where a knowledge of administrative procedures and reports is a must. Handling, correcting, and using official directives and publications are important administrative duties. The efficiency of your office depends upon the currency of its publications and directives and how well you know them.

As you progress in rate and assume greater responsibilities, you will be required to maintain the activity's Medical Department Journal, and various logs, records, and directives. Additionally, you may be required to draft, type, and file correspondence. You will use Navy directives and publications more and more as you learn your job. You may also be required to maintain computer data for command use.

In this chapter we will cover medical reports, logs, and records commonly used by the Navy Medical Department. We will also discuss the maintenance and disposal of instructions and notices, preparation of correspondence, and filing procedures. Additionally, we will discuss the organization of the Fleet Marine Force and Fleet Hospitals. Finally, we will discuss the steps required for the development of both a command medical readiness plan (to include Mobile Medical Augmentation Readiness Team (MMART) and unit augmentation) and a joint medical operation plan.

### REPORTING REQUIREMENTS

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**LEARNING OBJECTIVE:** *Recognize Medical Department reporting requirements.*

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As a member of the Medical Department, whether in a clinic, on a ship, or working sick call, your duties may include the maintenance of various logs and the preparation of reports required by higher authority. These reports are in the *Manual of the Medical Department* (NAVMED P-117) and in the current version of BUMEDINST 5210.9. BUMED has

distributed numerous forms to facilitate reporting, recordkeeping, and administrative efficiency throughout the Medical Department. Specific instructions for management of reports and forms are covered in the current version of BUMEDINST 5210.9.

### MEDICAL DEPARTMENT JOURNAL

Medical Department activities afloat are required to keep a journal, referred to as the Medical Department Journal. This journal contains a complete, concise, chronological record of events of importance or historical value concerning the Medical Department (other than medical histories of individuals). It lists personnel entered onto or deleted from the binnacle or sick list; reports of personnel casualties, injuries, and deaths; results of inspections of fresh provisions; training given to nonmedical personnel; stretcher bearers assigned; results of inspections of medical equipment, battle dressing stations, gun bags, and stretchers; receipt of medical supplies; and other general information of significance. The journal is signed daily by the senior medical officer, when assigned, or the senior medical department representative (SMDR). The journal is a permanent record and is retired in accordance with the current version of SECNAVINST 5212.5.

### REPORTS TO THE OFFICER OF THE DECK OR DAY (OOD)

In addition to being entered into the Medical Department Journal, any other important occurrences are reported by the senior representative of the medical activity to the OOD (or other proper official) for entry into the duty log or journal of the command. Items such as injuries or death of personnel and damage, destruction, or loss of Medical Department property are reported. The names of patients in serious condition are reported directly to the commanding officer and the OOD, with the information necessary for notification of the patient's next of kin.

## **SICK CALL TREATMENT LOG**

A log referred to as the Sick Call Treatment Log is maintained for each ship or activity. The log contains each patient's reporting date and time, name, rate, social security number, command, division, complaint, diagnosis, treatment, disposition, and departure time from sick call. When full, the log is retired in accordance with SECNAVINST 5212.5.

## **BINNACLE LIST**

The Binnacle List, NAVMED 6320/18, is used to excuse an individual from duty for a period of 24 hours or less. This report is prepared by the senior medical department representative on board and should be submitted to the commanding officer no later than 0930 each day. This form contains a list of individuals recommended to be excused from duty because of illness. The list is approved by the commanding officer, and no names may be added without the CO's permission.

## **MORNING REPORT OF THE SICK**

The Morning Report of the Sick, NAVMED 6320/19, is used to excuse an individual from duty for a period of more than 24 hours. This report contains a list of the sick and injured, including names, diagnoses, and conditions. It is prepared by the senior medical department representative on board and is submitted to the commanding officer by 1000 daily.

When it is necessary to excuse someone from duty after the Morning Report of the Sick is submitted, add the patient's name to the Binnacle List, and submit the appropriate report to the commanding officer. If a patient is still unfit for duty when the next Morning Report of the Sick is submitted, add his name to the NAVMED 6320/19 as of the date on which his name was first entered on the Binnacle List. If a satisfactory diagnosis cannot be established, simply note "Diagnosis undetermined" and indicate the chief complaint. Report suspected cases of malingering to the commanding officer.

## **TRAINING LOG**

All lectures and training periods that are part of the medical training program should be recorded in the Training Log and a notation made in the Medical Department Journal. The entries should include the date, location, type of training (GMT, etc.) or subject

matter, and what department personnel received the training (Engineering, Deck, etc.).

## **IMMUNIZATION LOG**

To aid you in annotating health records and filling out monthly medical reports, develop and maintain an immunizations log. As the minimum, the information should include the date; name; rank; social security number; immunization type; duty station; and, for personnel receiving PPDs, a contact phone number. There should also be space for adverse reactions.

## **WATER TEST LOG**

The purpose of the water test log is to record the readings of daily residual chlorine or bromine levels and the weekly bacteriological examinations required on potable water aboard ship and in the field.

## **APPOINTMENT LOG**

The purpose of the appointment log is to track medical consultations and clinical appointments that are scheduled by the Medical Department. When a patient is unable to keep an appointment, a notation indicating both the cancellation and rescheduling of the appointment should be made in the log. Multiple appointment cancellations by the same member should be brought to the attention of the member's chain of command.

## **DIRECTIVES ISSUANCE SYSTEM**

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**LEARNING OBJECTIVE:** *Recall the policies and procedures for maintaining directives, drafting correspondence, and filing.*

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As a Hospital Corpsman in an administrative billet, you may be responsible for maintaining your command's files and the CD-ROM library of Navy directives. Refer to SECNAVINST 5215.1 for complete details of your responsibilities.

## **TYPES AND PURPOSES OF DIRECTIVES**

A directive may be an instruction (same as a Marine Corps order), a notice (same as a Marine Corps bulletin), or a change transmittal. Directives prescribe or establish policy, organization, conduct, methods, or

procedures; require action; set forth information essential to the effective administration or operation of activities concerned; or contain authority or information that must be promulgated formally.

### **Instruction**

An instruction is a directive containing authority or information having continuing reference value, or requiring continuing action. It remains in effect until superseded or otherwise canceled by the originator or higher authority.

### **Notice**

A notice is a directive of a one-time or brief nature, and it always contains a self-canceling provision. A notice has the same force or effect as an instruction. Notices usually remain in effect for 6 months or less, but never for longer than a year. Any requirement for continuing action contained in a notice (such as submitting a report, using a form, or following a specified procedure) is canceled when the notice is canceled, unless the requirement is incorporated into another document (such as an instruction).

### **Change Transmittal**

A change transmittal is used to transmit changes to manuals, publications, instructions, or, occasionally, notices. Each transmittal describes the nature of the change and gives directions for making it. Changes and corrections are made by inserting new pages, removing obsolete pages, or making pen-and-ink changes in the existing text. When a list of effective pages is included with a change, it is important to check all pages against the checklist. This procedure enables you to determine if your publication is complete and current. In the Marine Corps, comparable changes are made to orders and bulletins.

## **MAINTAINING DIRECTIVES**

Instructions are normally placed in large three-ring binders in numerical sequence according to a standard subject identification code number (SSIC), consecutive number, and issuing authority. At some activities, directives may be maintained in a CD-ROM library. For security purposes, classified directives and documents are generally filed in separate binders and maintained in a safe. Because of their brief duration, notices ordinarily do not need to be filed in the master file (main files of instructions). If it is

necessary to file them temporarily with instructions, tab the notices so that each one may be easily and promptly removed as soon as its cancellation date is reached. Copies may be filed in separate suspense binders when necessary.

### **Locator Sheets**

When directives must be removed from the files, a locator sheet is made up and put in where the directive should be in the binder. This sheet will contain the identity of the issuing authority, the directive's standard subject identification code number, subject title, date removed, and both the location of the directive and the name of the person who has custody of it.

### **Making Changes**

Follow the instructions enclosed in change transmittals to enter changes to directives. Proper notations, such as "CH-1," are entered in the upper right margin of the first page of each directive changed to indicate changes received and incorporated. For publication-type instructions, completed changes are noted on the record of changes sheet in the front of the publication.

### **List of Effective Instructions**

Each year, BUMED conducts a review of all current instructions, then compiles and distributes a consolidated list of effective internal and external instructions via the internet.

## **CORRESPONDENCE**

In addition to maintaining directives and logs and submitting reports, the Hospital Corpsman working in an administrative billet must be able to draft and type correspondence correctly and neatly and be able to file correspondence so that it may be retrieved quickly and efficiently.

Navy official correspondence is usually prepared in the standard naval letter format, referred to as the **standard naval letter**. The standard naval letter is also used when corresponding with certain agencies of the United States Government. Some civilian firms that deal extensively with the Navy also prepare correspondence using the standard naval letter. Instructions for typing standard naval letters are very precise and must be followed to the last detail. All the information to properly prepare naval correspondence

can be found in the current version of the *Department of the Navy Correspondence Manual*, SECNAVINST 5216.5. You should consult this manual when you prepare correspondence. You may use approved computer programs for preparing correspondence.

### **File Number**

The size and complexity of the Navy demands a standard method for filing paperwork. This standardization frees personnel from learning new filing systems when moving from one activity to another. The **SSIC system** of coding correspondence through use of a four- or five-digit number representing its subject matter provides an efficient, consistent method of filing and retrieving documents. SSICs are found in *Department of the Navy Standard Subject Identification Codes*, SECNAVINST 5210.11. They serve as file numbers for and are required on all Navy and Marine Corps letters, messages, directives, forms, and reports. SSICs will be discussed in more detail in the upcoming section on filing.

### **Originator's Code**

An originator's code, formed according to local instructions and serving as a basic identification symbol, appears on all outgoing correspondence. It is usually the office symbol of the drafter, but it may be the hull number of the drafter's ship. For example: **LHA 18-80**. This is office/department 80 of ship LHA-18.

### **Serial Number**

Classified correspondence must contain a serial number. Whether unclassified correspondence is also serialized depends on local policy. A command that produces little correspondence probably does not need to serialize. An activity that uses serial numbers starts a new sequence at the beginning of each calendar year and assigns the numbers consecutively. The serial number, when used, is combined with the originator's code. The following format is used: **Ser LHA18-80/0726**. This represents the 726th piece of correspondence produced by office/department 80 of ship LHA-18 during the current calendar year.

There is no punctuation following the serial number and no space before or after the slash. For classified correspondence, the classification letter precedes the serial number (**C** for Confidential, **S** for Secret, **T** for Top Secret). For example: **Ser LHA18-80/C16**. This is the sixteenth piece of

confidential correspondence originating from office/department 80 of LHA-18 since the beginning of the current calendar year.

### **ELECTRONIC MAIL**

Electronic mail (e-mail) lets individuals and activities exchange information by computer. You could use it for informal communications in place of telephone calls or to transmit formal correspondence within DoD.

### **FACSIMILE TRANSMISSION SERVICE**

Facsimile machines (fax) provide a rapid and reliable alternative to the mail service for transmission of documents. Use of fax machines and other electronic media is discussed in the *Navy Correspondence Manual*.

### **MESSAGES**

A message is a written thought or idea, expressed as briefly and precisely as possible, and prepared for transmission by the most suitable means of telecommunication. Details on format, headings, precedence, and addressal of naval messages are contained in the current version of the *Naval Telecommunications Procedures Manual*, NTP 3.

### **FILING**

In the previous section of this chapter, we said that each piece of correspondence requires a file number, derived from the *Department of the Navy Standard Subject Identification Codes*, SECNAVINST 5210.11, and referred to as the **SSIC**. The extent of your knowledge of this standardization system of subject identification will determine the efficiency with which you will be able to retrieve a piece of correspondence from your files.

#### **Numerical Subjects Grouping**

SSICs are broken down into 13 major groups:

**1000 series**—Military Personnel

**2000 series**—Telecommunications

**3000 series**—Operations and Readiness

**4000 series**—Logistics

**5000 series**—General Administration and Management

- 6000 series**—Medicine and Dentistry
- 7000 series**—Financial Management
- 8000 series**—Ordnance Material
- 9000 series**—Ships Design and Material
- 10000 series**—General Material
- 11000 series**—Facilities and Activities Ashore
- 12000 series**—Civilian Personnel
- 13000 series**—Aeronautical and Astronautical Material

These major groups are subdivided into primary, secondary, and, at times, tertiary (third-level) subdivisions. Primary subjects are designated by the last three digits of the code number, secondary subjects by the last two digits, and tertiary subjects by the last digit. For example: **6224**

- 6000 Medicine and Dentistry
  - 6200 Preventive Medicine
    - 6220 Communicable Diseases
      - 6224 Tuberculosis
  - 6100 Physical Fitness
  - 6600 Dentistry

Detailed subdivisions can be found in SECNAVINST 5210.11.

### Classifying

Classifying, as it is used here, is the process of determining the correct subject group or name-title codes under which correspondence should be filed and any subordinate subjects that should be cross-referenced. Classifying is the most important filing operation because it determines where correspondence is to be filed.

The proper way to subject-classify a document so that it can be readily identified and found when needed is to read it carefully, analyze it, and then select the SSIC that most closely corresponds to the subject.

### Cross-Reference Filing

File most official correspondence, reports, or other material under only one standard subject identification code. There are times when more than one code will apply to the contents of the correspondence. In these cases, a system of cross-referencing is desirable to permit you to locate the correspondence quickly. To

cross-reference, use a Cross-Reference Sheet, DD Form 334 (filling in the required information about the correspondence), or make a copy of the correspondence and place it in the appropriate cross-referenced file. Instances where you need to use a Cross-Reference Sheet are when

- a document has more than one subject;
- the subject may be interpreted in such a way that it lends itself to filing under more than one specific subject group;
- two or more subject identification codes pertain to the names, places, or items appearing in the document;
- enclosures are separated from the basic correspondence; or
- oversize material is filed in an area that is separate from the file for which intended.

### Official Method of Filing

Loose filing of correspondence in standard file folders is the official method because it saves time and material. A label containing identifying data for each folder's contents is generally placed on the tab of the folder. Five-drawer, steel, non-insulated, letter-size cabinets are standard equipment in the Navy for filing correspondence and documents. Material that cannot be folded neatly in the intended file should be filed in a suitable cabinet. Note the location of this material on the basic document of a cross-reference sheet. Files containing classified documents or Privacy Act data are to be properly secured in accordance with the current version of OPNAVINST 5510.1. Use of computers to maintain files is also a quick method for retrieval. However, paper and/or backup disk copies of the computer files must also be available.

### Terminating Files

General correspondence, as well as most other files, are terminated at the end of each **calendar** year, and new files are begun. Budget and accounting records are also terminated annually, but at the end of each **fiscal** year (30 September). Maintain terminated files in the office for 1 year before they are retired to a storage area where they are maintained until they are eligible for destruction or transfer to a Federal Records Center. The current version of the *Disposal of Navy and Marine Corps Records Manual*, SECNAVINST

5212.5, contains detailed information about terminating files.

## DISPOSITION OF RECORDS

The Department of the Navy is producing records with increasing speed and ease. Actions and decisions, both important and unimportant, are being documented at every level of command. Informational papers are being more widely distributed. The records disposal program is designed to identify records for permanent retention or temporary retention and later destruction. One of the goals of the program is to dispose each year of a volume of records at least equal to the volume of records created during that year.

Decisions to save or not save must not be avoided by saving all your files. No matter how firmly you believe that disposing of a file today will mean that someone will need it tomorrow, a decision must be made. If you are in doubt about disposal of certain records, avoid taking it upon yourself either to retain or dispose of them; consult with your superiors to decide what course of action to take. The current version of the *Disposal of Navy and Marine Corps Records Manual*, SECNAVINST 5212.5, discusses the retention period of official files and explains whether they should be destroyed or forwarded to a Federal Records Center for further retention.

## ELECTRONIC RECORDS

An electronic record is any information that is recorded in a digital form that only a computer can process. In practice, there is no difference between managing electronic and paper records. The *Navy Correspondence Manual* is an excellent guide to use for handling electronic records.

## TICKLER FILES

As we discussed earlier in this chapter, the Medical Department is required to submit a number of reports. These required reports are listed in OPNAVNOTE 5214 (which is published annually) and in NAVMED P-117, chapter 23. To ensure that these reports are submitted in a timely manner, a system has been developed to readily identify what report is due and when it is due. This system is known as the **tickler** system. The manner in which a tickler file is made up may vary with each command. Use a computer to save time since there are many approved programs available to create tickler files. Or, you may use 5" x 8" cards with separators marked with the month (i.e.,

January through December), with the tickler card filed in the month in which the report is due. The tickler file may also be used as a reminder of action required on incoming correspondence, or interim reports on a project with a future completion date. Aboard ship, the tickler file is also required for personnel requiring immunizations, physical examinations, or program evaluation. To ensure that departments submit all reports when due, it is advisable to have a tickler system alerting them in sufficient time before the actual due date. This may be accomplished as follows:

- Put out a monthly listing of reports due.
- Provide each department with a copy of the appropriate tickler card.

To be effective, the tickler file requires daily attention and updating.

## MEDICAL DEPARTMENT SUPPORT TO THE FLEET MARINE FORCE (FMF) AND FLEET HOSPITALS

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**LEARNING OBJECTIVE:** *Recognize the medical organization of the Fleet Marine Force and Fleet hospitals.*

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To understand the complexity of medical support to FMF and Fleet hospitals, you must first be familiar with its overall organization. We will first discuss the FMF. Medical and dental personnel are not members of the U.S. Marine Corps. They are detailed from the Navy and assigned to the FMF, which is a balanced force of combined air and ground troops trained, organized, and equipped primarily for offensive deployment. The FMF consists of a headquarters, force troops, a force service support group (FSSG), one or more Marine divisions, brigades, and aircraft wings. Each of these units is assigned a specific number of medical support personnel, providing an interrelated network of medical support.

## FMF MEDICAL SUPPORT

In general, Medical Department personnel serving with FMF may be divided into two groups:

- Combat personnel, who provide medical and initial first aid to prepare the casualty for further evacuation, and

- Support personnel, who provide surgical and medical aid to those who need early definitive care and cannot be further evacuated.

Medical personnel are an integral part of the combat unit to which they are assigned; they train with their units and live with and accompany them at all times.

All of the units comprising an FMF have Medical Department personnel organic to them. However, the majority of medical support comes from the medical battalion of Force Service Support Group (FSSG). The FSSG is a composite grouping of functional units. These functional units provide combat service support beyond the organic capability of all elements of FMF.

The medical battalion provides combat medical support required for independently deployed battalion landing teams, regimental landing teams, Marine expeditionary units, or Marine expeditionary brigades. The primary mission of the medical battalion is to provide

- casualty collection,
- emergency treatment,
- temporary hospitalization,
- specialized surgery, and
- evacuation.

In addition, medical battalions must plan, supervise, and coordinate timely preventive measures for controlling disease.

The basic organization of a typical medical battalion is shown in figure 14-1. A further breakdown

of the organization can be found in chapter 3 of the *Marine Corps Warfighting Publication (MCWP) 4-11.1*.

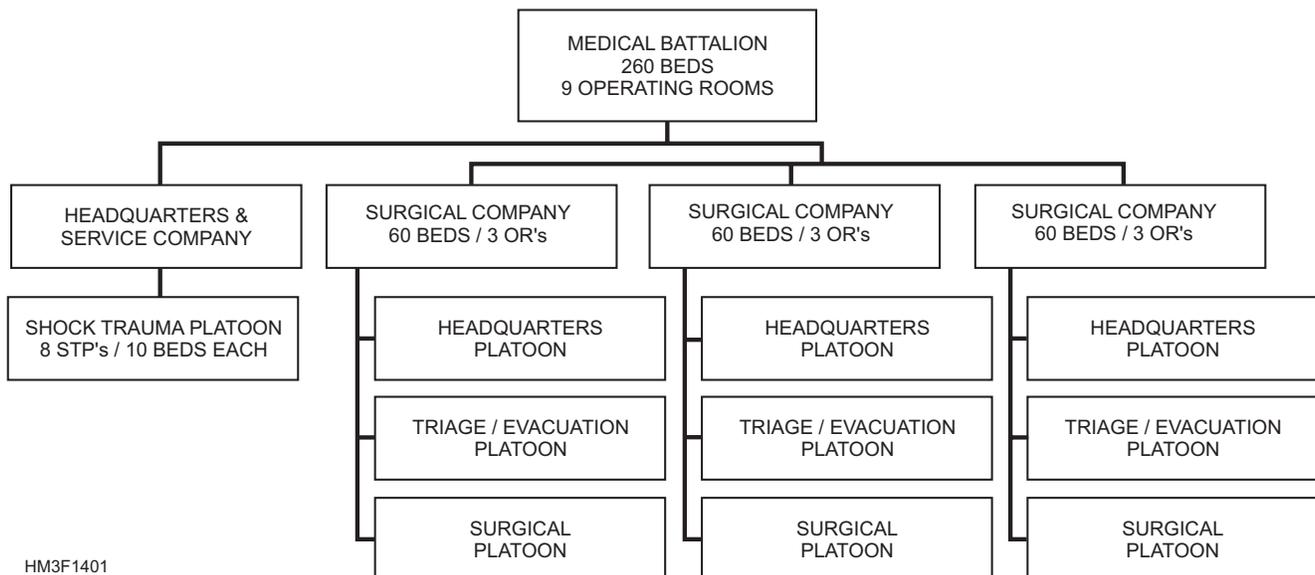
## FMF DENTAL SUPPORT

The mission of FMF dental units is to furnish dental services to a Marine Expeditionary Force. By attaching dental sections and detachments of the task force, battalion personnel maintain dental readiness during exercises, deployments, operations other than war, and combat operations.

In an emergency environment, the dental battalions primary mission is to provide dental health maintenance, with a focus on emergency care. Personnel from these detachments may also provide postoperative, ward, central sterilization, and supply room support, and other medical support as determined to be appropriate by the medical battalion and surgical company commanders.

## FLEET HOSPITALS

Initially conceived and developed as facilities to provide medical support during intense combat operations, fleet hospitals are also used in lengthy low-intensity scenarios. Fleet hospitals are transportable, medically and surgically intensive (capable of performing advanced medical and surgical procedures), and deployable in a variety of operational scenarios. Available in sizes ranging from 100 to 500 beds, these health-care assets can be used by a variety of field commanders. Fleet hospitals are designed to be used in long-term operations (60+ days) involving a



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Figure 14-1.—Organization of a medical battalion.

sizable number of ground forces. Moderately sophisticated care is provided, along with resuscitative medical and surgical care, and selected specialty care. Fleet hospitals are substantially self-supporting and relocatable; however, relocatability varies with the hospital size.

### **Mission**

A fleet hospital's mission depends on its type and the operation in which it will be used. The type is determined by bed size and echelon of care. Fleet hospitals are designed and staffed to provide Echelon III or Echelon IV levels of patient care.

### **Designation**

Fleet hospitals designated as active duty facilities will be manned by active duty personnel, with a command staff assigned from one particular naval hospital using the Medical Augmentation Program (MAP). Naval Reserve fleet hospitals will be staffed by preassigned Naval Reserve personnel. After activation, fleet hospitals are deployed to an operational theater where command and control pass to an operational commander.

### **Organization**

The internal organization of the fleet hospital is similar to a shore-based MTF. It consists of the command staff (commanding officer, executive officer, command master chief, and special assistants) and five directorates (nursing service, medical services, surgical service, ancillary service, and administrative service).

### **Security and Safety**

A deployed fleet hospital must have a security plan that addresses security precautions, threat response, and disaster recovery. The security program covers physical, informational, and classified material aspects normally included in the area of operation (AO) security plan. Physical security for fleet hospitals is both internal and external.

Fleet hospitals will follow the same OPNAV safety program as other operational units. Hospital commanders establish a safety program and an internal organization to address safety issues and appoint a safety officer.

### **Logistics**

Logistics for a fleet hospital include medical supplies, equipment, and services. Logistical requirements can range from acquiring raw material to delivering medical supplies to a field hospital, or returning medical equipment to a theater after a patient evacuation. Tasks of fleet hospital logistics include contracting, host-nation support, equipment management, facilities management, transportation, graves registration, and postal service. All of the fleet hospital supply department operations are conducted in accordance with NAVSUP P-485.

### **Personnel**

Staffing for active duty fleet hospitals comes from several CONUS MTFs, while designated reserve units staff a particular reserve fleet hospital. Each fleet hospital has its own **active manning document** (AMD). Personnel are normally issued TAD orders for less than 180 days. If the operation exceeds 179 days, PCS orders may be issued. Replacements are handled the same way as in any fixed MTF.

### **Training**

BUMED is responsible for monitoring the training of all authorized personnel assigned to fleet hospital mobilization billets. COMNAVSURFRESFOR is responsible for overseeing the training of Naval Reserve personnel assigned to staff Naval Reserve fleet hospitals.

## **COMMAND MEDICAL READINESS PLAN**

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**LEARNING OBJECTIVE:** *Recall the policies and procedures for the drafting of a command medical readiness plan, and recall mobile medical personnel augmentation procedures.*

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As you advance in the Hospital Corps, you may be involved in assisting in the development of a command readiness plan. This is the process by which wartime medical requirements are filled by active duty and reserve personnel to bring units to their full or partial wartime allowance.

## **MEDICAL AUGMENTATION PROGRAM (MAP)**

The Medical Augmentation Program is a computer-supported program that provides medical personnel to the operating forces during situations requiring medical personnel augmentation (additional personnel). Inherent in this system is the ability to monitor wartime manning readiness and determine the impact of future personnel requirements. The program also allows for the planning of training for Medical Department personnel. Other aspects that must be considered are the establishment of training requirements, the development of a readiness reporting system, and the phased deployment of personnel.

### **Augmentation Sources**

Through MAP, the requirements of the operational commanders are combined with the active duty resources of the augmentation source commands. The commands that are to be supported by MAP are functional units, typically manned only at a minimum level during peacetime and requiring manpower augmentation in order to fulfill their missions during contingency situations. Current manpower authorization levels are not a factor in defining unit augmentation requirements. The augmentation sourcing units are CONUS-based medical and dental treatment facilities. These medical and dental facilities provide and train the augmentees. The sourcing units' assets are matched with the augmentation requirements.

### **Program Scope**

The scope of the MAP is based on a worst-case scenario involving total augmentation to meet the early support requirements of the operational forces. This means bringing all operational units to their full allowances. Limited augmentation scenarios are also within the scope of this program. Double tasking is not permitted under the MAP. The MMART system is a subset of the MAP and should not be viewed as a separate entity. The MMART surgical/surgical support teams are incorporated into the system as the core of an LHA/LPH/LHD augment. Individuals may have both MMART and LHA/LPH/LHD mission assignments, but these are identical, not dual tasks. Specific unit platforms and training requirements are discussed in detail in the current version of *Medical Augmentation Program (MAP)*, BUMEDINST 6440.5.

## **MOBILE MEDICAL AUGMENTATION READINESS TEAM (MMART)**

The MMART system is a peacetime subset of the MAP. The mission of an MMART is to serve as a force of trained Medical Department personnel capable of rapidly augmenting operational forces for limited, short-term military operations, disaster relief missions, fleet and FMF exercises, and scheduled deployments. During contingencies requiring medical augmentation, the MMART surgical and surgical support teams become the integral augment core for LHA/LPH/LHDs. Other MMART teams dissolve into other augment units.

The MMART is a composite of separate teams manned by medical and dental specialists. The nucleus of the MMART is the surgical team. When combined, a number of distinct specialty teams comprise a single MMART. A full composite MMART consists of one of each of the following component specialty teams:

- Surgical team
- Surgical support team
- Head and neck trauma team
- Neurosurgical team
- Nursing team
- Medical regulating team
- Special psychiatric rapid intervention team (SPRINT)
- Blood bank team
- Preventive medicine team
- Disaster relief/evacuation team

An MMART may be deployed as a full composite team. However, in most situations, an individual specialty team or a combination of specialty teams is all that is required. The personnel and material organization of the MMART may be modified at BUMED direction to meet the specific operation or disaster mission. MMARTs are generally deployed as intact units to an operational commander. These teams may be augmented or reduced as necessary, but they are deployed to a single unit. The exception to this situation is in medical regulating teams, which are fragmented to various ships to set up a medical regulating communications network. For further information about MMART, see the current version of *Mobile Medical Augmentation Readiness Team (MMART) Manual*, BUMEDINST 6440.6.

## JOINT MEDICAL OPERATIONAL PLAN

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**LEARNING OBJECTIVE:** *Identify the steps in the development of a joint medical operational plan.*

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As a Hospital Corpsman you should be able to assist in the development of a joint medical operational plan. This is a plan that outlines the use of medical assets in support of tactical operations. The tactical mission of the combat forces is the basis for all medical planning. Medical preparation and planning must be initiated early and must be specifically designed to support the tactical operation.

### MEDICAL ESTIMATE

A medical estimate is an estimate of personnel and material needed to supply medical services in support of military operations. The steps that are taken in preparing the medical estimate include consideration of the command mission, consideration of the factors affecting the health services (workload, supplies, etc.), and evaluation of proposed courses of action (i.e., listing comparative advantages and disadvantages of each).

#### Medical Intelligence

The staff surgeon and dental surgeon must be thoroughly informed of all military operations before a proper medical estimate can be made. Some of the items that should be considered are enemy capabilities, friendly capabilities, and environment (terrain, climate, etc.). This information, taken together, becomes **medical intelligence**.

#### Patient Estimate

Based on the medical intelligence, a preliminary patient estimate can be made of the probable number of patients, types of patients, patient distribution, and the areas of greatest patient density. From these preliminary patient estimates, a calculation is made of the number and types of medical units and the amount and kinds of medical material which will be required. Similar estimates, based on the anticipated health situation, will be required for preventive medicine units.

### Evaluation of Course of Action

The staff surgeon must determine the various courses of action that are available and the probable effect of each enemy capability on the success of each course of action, and weigh the advantages and disadvantages of each course of action. The staff surgeon will then decide which course of action promises to be the most successful in accomplishing the mission. A recommendation will be made to the commander for medical requirements, along with where, when, and how medical units should be employed.

### PLANNING FACTORS

Basic planning for medical support in joint operations involves four major considerations:

- Plans pertaining exclusively to each medical service
- Plans of each medical service that require coordination with the other elements of the same armed service
- Plans involving joint action among the services
- Plans involving coordination with allied forces

#### Admission Rates

One of the prerequisites for sound medical planning is an accurate estimate of patients, calculated by applying admission rates to personnel strengths. Admission rates are numerical expressions of the relative frequency with which patients are admitted to hospitals from a specified population over a designated period of time. The particular admission rates used in medical planning represent average rates derived from similar experiences in similar military operations. The three primary categories of patients used in calculating admission rates in an area of military operation are wounded (battle) patients, nonbattle injury patients, and patients who are ill.

#### Evacuation

Patient evacuation policy is established by the Secretary of Defense, with the advice of the Joint Chiefs of Staff and the recommendation of the theater commander. The policy states, in number of days, the maximum period of noneffectiveness (i.e., hospitalization) that patients may be held within the command for treatment. Any patient who is not expected to return to duty within the number of days expressed in the theater evacuation policy is

evacuated. Evacuation plans are greatly influenced by the amount and type of transportation available to medical service.

### **SUMMARY**

In this chapter we discussed medical reports, logs, and records commonly used by the Navy Medical

Department. We also covered maintenance and disposal of instructions and notices, preparation of correspondence, and filing procedures. Additionally, the chapter covered the Fleet Marine Force, development of a command medical readiness plan (to include the Mobile Medical Augmentation Readiness Team (MMART) and unit augmentation), and development of a joint medical operational plan.

