

13 June 2012

Medical Services

Aid Station Healthcare Operations

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\*This regulation supersedes AE Regulation 40-20, 5 May 2005.

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For the Commander:

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**Summary.** This regulation prescribes policy, procedures, and standards for battalion aid stations (BASs), brigade-level (or higher) consolidated aid stations, and aviation BASs operating within the USAREUR area of responsibility (AOR).

**Summary of Change.** This regulation has been completely rewritten.

**Applicability.** This regulation applies to USAREUR senior commanders; unit commanders with assigned modification table of organization and equipment (MTOE) healthcare providers; MTOE physicians and physician assistants; the Commander, United States Army Europe Regional Medical Command (ERMC); and ERMC military treatment facility and Army health clinic commanders supporting Soldier healthcare within the USAREUR AOR.

**Supplementation.** Organizations will not supplement this regulation without USAREUR Command Surgeon (CSURG) (AEMD) approval.

**Suggested Improvements.** The proponent of this regulation is the USAREUR Command Surgeon (AEMD, DSN 370-5670/5687). Users may suggest improvements to this regulation by sending DA Form 2028 through the USAREUR CSURG (AEMD), CMR 420, APO AE 09063, to the United States Army Europe Regional Medical Command (MCEU-XO), CMR 442, APO AE 09042.

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### Glossary

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## 1. PURPOSE

a. This regulation prescribes policy, procedures, and standards for scope of care, scope of practice, healthcare quality-of-care peer review, and military treatment facility (MTF) and Army health clinic (AHC) healthcare operations supporting nontactical battalion aid stations (BASs), consolidated aid stations (CASs), and aviation BASs operating within the USAREUR area of responsibility (AOR). The healthcare quality-of-care peer review includes review of healthcare access, modification table of organization and equipment (MTOE) healthcare-provider privileging, performance-improvement activities, and risk-management procedures. For the purpose of this regulation, BASs, CASs, and aviation BASs will be referred to as “aid stations.”

b. This regulation does not prescribe policy, procedures, or standards for Soldier healthcare delivered in troop medical clinics as these facilities are owned, operated, and governed by installation MTFs or AHCs.

## 2. REFERENCES

Appendix A lists references.

## 3. EXPLANATION OF ABBREVIATIONS AND TERMS

The glossary defines abbreviations and terms.

#### 4. POLICY

MTOE providers (physicians and physician assistants (PAs)) report to MTOE commanders for field training exercises, deployments, deployment-related activities (preparing for deployment), weapons-qualification requirements, legal actions, leave (including mandatory block leave), and duty-performance evaluations. MTOE providers serve, and continue to serve if working in MTFs or AHCs, as the primary care managers for the Soldiers assigned to their units. MTOE providers will support the local MTF or AHC when the support relates to the medical needs of the Soldiers assigned to their commands or subordinate commands or to the Soldiers' Family members, provided the support does not detract from their primary care manager responsibilities or unit mission requirements.

#### 5. RESPONSIBILITIES

The delivery of consistent, high-quality Soldier healthcare requires continuous communication and collaboration among senior, unit, and MTF or AHC commanders and MTOE medical providers.

**a. CG, USAREUR.** The CG, USAREUR, will—

(1) Exercise oversight of USAREUR aid station healthcare operations through the USAREUR Senior Medical Council (SMC) and the Office of the Command Surgeon, HQ USAREUR (OCSURG).

(2) Provide guidance to senior, unit, MTF, and AHC commanders on healthcare operations, the scope of practice, and the management of healthcare assets at USAREUR aid stations through the USAREUR SMC; the Commander, United States Army Europe Regional Medical Command (ERMC); or the OCSURG.

**b. OCSURG.** The OCSURG will—

(1) Conduct staff assistance visits (SAVs) and inspections of aid station facilities and healthcare operations annually and on request to ensure the adequacy of MTF and AHC clinical support for MTOE providers, healthcare-delivery systems, and the healthcare environment. The intent of these SAVs and inspections is to—

(a) Enable installation senior commanders and MTF and AHC commanders to better understand the provisions of this regulation and the USAREUR Senior Medical Council's Health Services Plan (HSP).

(b) Inspect memorandums of agreement (MOAs) and local support agreements to ensure the consistency of healthcare oversight and management across the USAREUR AOR.

(c) Serve as a liaison between MTF and AHC commanders, senior and unit commanders, and MTOE providers to help reconcile oversight, support, and resource issues interfering with the delivery of high-quality healthcare for Soldiers.

(2) Assist senior, unit, MTF, and AHC commanders and MTOE physicians and PAs in developing an MOA that addresses the MTOE unit's scope of care and practice and the professional oversight, training, support, and backup to be provided by the servicing MTF or AHC.

**c. Senior Commanders.** A senior commander's mission is the care of Soldiers, Families, and civilians, and to enable unit readiness (AR 600-20). Senior commanders direct healthcare operations on their installations and in their communities and maintain the aid station buildings where Soldier healthcare takes place. Senior commanders will—

(1) Coordinate with MTF or AHC commanders, unit commanders, and MTOE physicians and PAs to establish an MOA that addresses the MTOE unit's scope of care and practice and the professional training, support, and backup to be provided by the servicing MTF or AHC. The MOA should further address clinical oversight and facility and infrastructure support in detail to ensure aid stations are capable of providing high-quality healthcare to Soldiers.

(2) Promote collaboration between installation directorates of information management (DOIMs), MTFs, and AHCs with the goal of optimizing healthcare-encounter documentation in the Armed Forces Health Longitudinal Technology Application (AHLTA) from aid station and Soldier readiness processing (SRP) locations.

**d. MTOE Unit Commanders.** Commanders of MTOE units rely on a healthy and fit force to accomplish their mission. They will—

(1) Direct where Soldier healthcare will be provided.

(2) Have control over the MTOE unit medical providers and medics responsible for providing most Soldier primary care.

(3) Coordinate with senior and MTF or AHC commanders and MTOE physicians and PAs to establish an MOA that addresses the MTOE unit's scope of care and practice and the professional training, support, and backup to be provided by the servicing MTF or AHC. The MOA should further address clinical oversight and support and facility and infrastructure support in detail to ensure aid stations are capable of providing high-quality healthcare to Soldiers.

**e. Commander, ERMIC.** The Commander, ERMIC, will—

(1) Ensure MTF and AHC commanders provide clinical oversight and implement necessary quality-of-care improvements for healthcare operations at aid station locations within their respective AORs.

(2) Support MTF and AHC commanders' requests for assistance in correcting aid station quality-of-care deficiencies either independently or through the USAREUR SMC.

**f. MTF and AHC Commanders.** The MTF or AHC commander serves as the installation DHS. MTF and AHC commanders are responsible for the quality of healthcare delivered to all categories of beneficiaries within their AORs, including the healthcare delivered to Soldiers by MTOE providers working in aid stations. MTF and AHC commanders will—

(1) Ensure the quality of Soldier healthcare delivered in garrison aid stations is equal to that delivered to other beneficiaries within their AOR.

(2) Refer installation and community Soldier healthcare issues that cannot be resolved locally through their installation or community SMC to the USAREUR SMC or directly to the Commander, ERMIC.

(3) Coordinate with senior or unit commanders, or both, and MTOE physicians and PAs to establish an MOA that addresses the MTOE unit's scope of care and practice and the professional training, support, and backup to be provided by the servicing MTF or AHC. The MOA should further address clinical oversight and facility and infrastructure support in detail to ensure aid stations are capable of providing high-quality healthcare to Soldiers.

(4) Collaborate with installation DOIMs as required to optimize healthcare-encounter documentation in AHLTA from aid station and SRP locations.

(5) Provide quality-of-care oversight and initiate quality-of-care improvements as required to maintain healthcare operations at aid-station locations within their respective AORs.

(6) Communicate aid-station quality-of-care or life and safety concerns to the Commander, ERMC; OCSURG; and supported senior and unit commanders.

(7) Request assistance correcting aid-station quality-of-care deficiencies either through the medical chain of command or through the USAREUR SMC.

(8) Provide logistic support for class-VIII consumable supplies for garrison medical operations (app F).

**g. MTOE Unit Physicians and PAs.** MTOE unit physicians and PAs will—

(1) Meet conditions established in governing MTF and AHC medical staff bylaws, including compliance with required training and peer review necessary to maintain clinical privileges.

(2) Coordinate with senior, unit, and MTF or AHC commanders to establish an MOA that addresses the MTOE unit's scope of care and practice and the professional training, support, and backup to be provided by the servicing MTF or AHC. The MOA should further address clinical oversight and facility and infrastructure support in detail to ensure aid stations are capable of providing high-quality healthcare to Soldiers.

(3) Develop and maintain plans for competent medical supervision of subordinates.

(4) Document all healthcare encounters and activities in AHLTA.

(5) Ensure that all medics and supporting staff are trained and certified and document all healthcare information in AHLTA as part of an integrated healthcare team.

(6) Ensure that medical equipment and supplies are serviced and secured in accordance with AR 40-61.

## **6. PROCEDURES**

### **a. Annual OCSURG SAV and Inspection.**

(1) The OCSURG will conduct an annual SAV and inspection of installation and community aid stations (app B). The SAV and inspection will be coordinated with the installation MTF or AHC to allow the MTF or AHC to participate and to minimize disruption of aid-station healthcare operations.

(2) Findings will be reported to installation and community senior, unit, and MTF or AHC commanders and to the USAREUR SMC to ensure continuance of high-quality Soldier healthcare within the USAREUR AOR.

## **b. MTF and AHC Inspections.**

(1) MTF and AHC commanders will participate in OCSURG annual SAVs and conduct additional quality-of-care oversight inspections sufficient to ensure aid stations remain capable of providing high-quality Soldier healthcare (app B).

(2) Findings will be reported to installation and community senior and unit commanders and the installation and community SMCs to ensure continuance of high-quality Soldier healthcare within the USAREUR AOR.

**c. Installation and Community Healthcare MOA.** MTF and AHC commanders will coordinate with senior and unit commanders and MTOE unit physicians and PAs to develop an installation and community healthcare MOA addressing the elements in appendix C. The MOA will include a pharmacy support plan (d below). MTF and AHC commanders will send the MOA, including the pharmacy support plan, to the ERMC SMC for approval before execution.

## **d. Pharmacy Support.**

(1) The MTF or AHC will support garrison pharmacy operations and resupply in accordance with the MEDCOM Operations Management Bulletin (OMB) number 12-03 (app F) and subsequent MOAs between the brigade-level commander, the local MTF or AHC commander, and the senior MTOE unit physician for the local BCT.

(2) In coordination with MTOE unit physicians and PAs, MTF and AHC commanders will develop a pharmacy support plan (app D) to be incorporated in the installation and community healthcare MOA.

(3) Authorization to maintain and dispense medications at an aid station requires aid-station supervision by a physician or PA.

(4) All medications issued by the aid station must be reviewed by the physician or the PA before being dispensed to the patient. The USAREUR formulary is authorized to be used as a guide for the basic medications required to operate a garrison-based aid station (app E). Any additional medications must be approved by the local MTF or AHC commander.

(5) Resupplies will be ordered through the local MTF or AHC in accordance with that MTF's or AHC's ordering requirements.

## **e. Scope of Care and Scope of Practice.**

**(1) Aid Stations With Healthcare Providers.** MTOE unit physicians and PAs will—

(a) Practice in accordance with the following scope-of-care and -practice guidelines:

1. The scope-of-care and -practice policy for each supported aid station will be consistent with MTF- or AHC-granted healthcare provider privileges.

2. The senior assigned physician or PA is responsible for the medical care and clinical supervision of all healthcare activities and staff operating within that aid station.

3. The scope of care and practices provided at aid stations will be limited to primary care, health maintenance, preventive healthcare, minor non-life-threatening procedures, and emergency stabilization.

4. Providers may perform the following treatments and services at an aid station: application of splints, basic lab evaluations (with MTF or AHC support as required for ancillary service support and an assigned lab technician on site, unless completed by the physician or PA), burn and wound care, ear irrigation, electrocardiogram, eye staining and irrigation, incision and drainage of abscesses and boils, inhalation therapy, intravenous therapy, outpatient records maintenance, pap smears, physical exams, suturing, toenail extractions, and wart removal.

**NOTE:** Providers may perform pap smears and tissue biopsies with the approval and support from the local MTF or AHC in their aid station's footprint.

5. Major or complex repairs of wounds and biopsy procedures requiring additional lab studies and specimen couriers are not authorized. Any procedure or medical treatment that could possibly jeopardize life, limb, or eyesight is strictly prohibited.

6. Aid-station personnel may perform basic lab tests on site: occult blood (stool) card specimen, dip urinalysis (UA), and gluco-stix readings with an approved glucometer. The results of all such on-site labs must be recorded in the Soldier's health record. Other blood and stool specimens may be drawn or obtained, and other lab studies may be conducted on site only with the proper MTF or AHC coordination, support, and documentation of the lab specimen in the Soldier's health record.

7. Immunizations may be administered only under the supervision of an MTOE provider.

8. Aid stations operating entirely within the confines of the supporting MTF have enhanced access to their ancillary and emergency services. If approved by and coordinated with the MTF or AHC, their scope of care and practices may be identical to that of the MTF or AHC.

9. Subject to the scope-of-care and -practice policies in place at the supporting MTF or AHC, individual MTOE providers who deliver healthcare services at the supporting MTF or AHC may exercise the full scope of their MTF- or AHC-approved privileges.

(b) Participate in process-improvement, continuing-quality-management, and risk-management programs and quality-of-care peer review as required by the MTF or AHC medical staff bylaws as conditions of clinical privileging.

(c) Work with supporting MTF or AHC commanders to develop the scope-of-care and -practice policy and healthcare MOAs specific to their aid stations and abide by the policy established.

(d) Document all aid station healthcare encounters in AHLTA. If AHLTA is not available, the healthcare encounter will be documented on a paper copy of SF 600 and later scanned into the electronic health record in a timely manner (not to exceed 5 workdays).

(e) Aid station personnel will use the Medical Protection System (MEDPROS) to document all immunizations and other medical readiness requirements (for example, results from hearing tests, pap smears, periodic health assessments).

(f) Aid station personnel will use eProfile to document all permanent physical profiles and all temporary physical profiles in excess of 30 days. Short-duration physical profiles and sick-in-quarters periods may be documented on DD Form 689, Individual Sick Slip, unless otherwise stipulated by the supporting MTF or AHC and documented in the installation or community healthcare MOA.

**(2) Aid Stations Without Healthcare Providers.**

(a) Soldiers will not receive advanced medical treatment, physical profiles, or duty restrictions at an aid station if a physician or PA is not present to provide onsite supervision.

(b) Medics operating at an aid station without a physician or PA may only—

1. Store and issue records.

2. Provide screenings of vital signs.

3. Screen Soldiers in accordance with MEDCOM Pamphlet 40-7-21 and dispense over-the-counter (OTC) medications if trained, certified, and authorized by their supervising PA to do so. All OTC medications dispensed in this manner must be accounted for and logged in accordance with MTF or AHC pharmacy protocols.

4. Refer Soldiers requiring diagnosis or treatment to the nearest provider-staffed clinic, MTF, or AHC.

## **APPENDIX A REFERENCES**

### **SECTION I PUBLICATIONS**

DOD Instruction 6025.13, Medical Quality Assurance (MQA) in the Military Health System (MHS)

DOD 6025.18-R, DOD Health Information Privacy Regulation

AR 1-201, Army Inspection Policy

AR 40-1, Composition, Mission, and Functions of the Army Medical Department

AR 40-3, Medical, Dental, and Veterinary Care

AR 40-61, Medical Logistics Policies

AR 40-66, Medical Record Administration and Healthcare Documentation

AR 40-68, Clinical Quality Management

AR 40-501, Standards of Medical Fitness

AR 40-562, Immunizations and Chemoprophylaxis

AR 600-20, Army Command Policy

HQDA Executive Order 015-10, Centralized Medical Care (Primary and Behavioral) at U.S. Army Installations

MEDCOM Pamphlet 40-7-21, Algorithm Directed Troop Medical Care

MEDCOM Operation Order 11-03, Soldier Readiness Processing & Medical/Dental RESET

Memorandum, HQ MEDCOM, MCHO-CL, 13 July 2010, subject: Implementation Guidance for EXORD 015-10, Centralized Medical Care (Primary and Behavioral) at U.S. Army Installations

AE Regulation 600-8-101, Army in Europe Soldier Readiness Program

MEDCOM Operations Management Bulletin 12-03, Policy for Funding Class VIII Supplies Used by a Battalion Aid Station (BAS)

Health Affairs Policy 04-002, Waivers of Licensure Requirement for Qualified Military Physician Assistants ([http://www.health.mil/libraries/HA\\_Policies\\_and\\_Guidelines/04-002.pdf](http://www.health.mil/libraries/HA_Policies_and_Guidelines/04-002.pdf))

### **SECTION II FORMS**

SF 600, Chronological Record of Medical Care

DD Form 689, Individual Sick Slip

DA Form 2028, Recommended Changes to Publications and Blank Forms

## **APPENDIX B**

### **ELEMENTS OF AID STATION INSPECTIONS**

As a minimum, the annual inspection by the Office of the Chief Surgeon, HQ USAREUR, in coordination with the supporting military treatment facility (MTF) or Army health clinic (AHCs), will address the following:

- B-1.** Compliance with requirements related to healthcare quality management and quality assurance as delineated in referenced regulations, statutes, accreditation standards, and Department of Defense directives and instructions.
- B-2.** Adherence to stipulations of installation and community healthcare memorandums of agreement.
- B-3.** Compliance with policy and procedures prescribed by this regulation.
- B-4.** Maintenance of a safe and healthy environment of care.
- B-5.** Compliance of quality and standards of care with those found in the supporting MTF or AHC.
- B-6.** Inclusion of modification table of organization and equipment healthcare providers as active members of the MTF or AHC medical staff.
- B-7.** Consistency of the scope of care and practices with provider training and provider privileging.
- B-8.** Availability of active peer-review programs for physicians and physician assistants.
- B-9.** Adequacy of MTF or AHC pharmacy support to the aid station.
- B-10.** Documentation of medical record information, including medications, in the electronic health record in the Armed Forces Health Longitudinal Technology Application (AHLTA).
- B-11.** Adequacy of medical record maintenance (AR 40-66).
- B-12.** Compliance with the Privacy Act, 5 USC 552(a), and the Health Insurance Portability and Accountability Act (PL 104-191) and its various implementing regulations.
- B-13.** Documentation of immunization and medical readiness data in the Medical Protection System.
- B-14.** Management and reporting of physical profiles (AR 40-501).
- B-15.** Adequacy of the support provided by the MTF or AHC, the installation, and community directorates of information management for the electronic health record in AHLTA.
- B-16.** Credentialing and privileging of healthcare providers and nursing staff.
- B-17.** Training and certification of medics.
- B-18.** Maintenance and security of medical equipment and supplies (AR 40-61).

## **APPENDIX C**

### **ELEMENTS OF AN INSTALLATION AND COMMUNITY HEALTHCARE MEMORANDUM OF AGREEMENT (MOA)**

As a minimum, installation and community healthcare MOAs will include the following:

**C-1.** Military treatment facility (MTF) or Army health clinic (AHC) plans and modification table of organization and equipment (MTOE) provider responsibilities to comply with required training, peer review, clinical quality-management, process-improvement, and risk-management programs.

**C-2.** The extent to which the facility will be operational and the hours of operation.

**C-3.** The disposition of Soldiers treated during and after designated sick-call hours.

**C-4.** The proposed MTOE staffing levels while operational.

**C-5.** The appropriateness, clinical necessity, and timeliness of support services to be provided directly by the MTF or AHC or through referral contracts.

**C-6.** The professional support and backup to be provided by the supporting MTF or AHC.

**C-7.** The supervisory chain of command for personnel working in the aid station.

**C-8.** Supply-management procedures for consumable supplies.

**C-9.** The management plan for healthcare records.

**C-10.** The pharmacy support plan (app D).

**C-11.** The ancillary services (radiology and laboratory) support plan.

**C-12.** Specialty-referral and consultative services guidance.

**C-13.** Provisions for the transfer of healthcare between aid stations, MTFs, and host-nation healthcare facilities and providers.

**C-14.** Procedures for obtaining emergency healthcare beyond the capabilities of the aid station.

**C-15.** The MTF- or AHC-supported Armed Forces Health Longitudinal Technology Application (AHLTA) training plan for MTOE physicians, PAs, medics, and ancillary staff to support the DOD requirement for mandatory AHLTA documentation of all healthcare encounters.

**C-16.** MTF or AHC responsibilities for supporting garrison Soldier readiness programs and predeployment and postdeployment processing.

## **APPENDIX D**

### **ELEMENTS OF A PHARMACY SUPPORT PLAN**

**D-1.** As a minimum, a military treatment facility (MTF) or Army health clinic (AHC) pharmacy support plan for supporting daily patient-care operations at aid stations will address the following:

a. MTF or AHC pharmacy oversight.

b. Composite Health Care System (CHCS) access to allow proper documentation of dispensed and prescribed medications.

c. The stock of authorized medications (app E).

d. The monthly inspection plan.

e. Unit-dose packaging support as required.

f. Guidelines for dispensing medications at aid station locations:

(1) Only physicians, physician assistants (PAs), pharmacy specialists, and medics trained and certified by the supporting MTF or AHC may dispense approved United States Army Europe Regional Medical Command (ERMC) or MTF- or AHC-formulary medications. Only those medications provided by ERMC or the supporting MTF or AHC for aid station use will be dispensed at those locations.

(2) Aid stations will have a dedicated formulary (app E) from which providers will be able to order medications. Medication stocks will be maintained under controlled conditions at the aid station to support daily operations.

(3) Medications used in aid stations will be secured by two locks when unattended, maintained in accordance with supporting MTF or AHC policy, and inspected monthly by a representative of the supporting MTF or AHC.

(4) Medications must be properly secured and be under the control of a physician, PA, or pharmacy specialist at all times.

(5) Medications will be dispensed only by unit dose.

(6) All dispensed medications must be documented in the CHCS.

(7) Prepackaging of medications is a shared responsibility between the aid station and the supporting MTF or AHC pharmacy and is contingent on the availability of pharmacy support.

(8) Dispensed medications will be appropriately labeled with the drug name, dosage instructions, date issued, and the name of the healthcare provider prescribing the medication.

(9) Immunizations must be stored in accordance with temperature-sensitive medical product guidelines.

**D-2.** Exceptions to these elements of a pharmacy support plan that are required to meet unit mission requirements must be approved by the local MTF or AHC and addressed as an exception to policy in the pharmacy support plan.

**APPENDIX E**

**USAREUR AID STATION AUTHORIZED MEDICATION FORMULARY (ISSUE AND REQUISITION FORM)**

USAREUR Aid Station Authorized Medication Formulary (Issue and Requisition Form)				
ITEM	TYPE	SIZE	QUANTITY ALLOWED	QUANTITY ON HAND
ACETAMINOPHEN PO 325 MG TAB #100	BULK	1 BT		
ACTIFED TABLET #24	BULK	1 BX		
ACYCLOVIR 200 MG CAP #42	BULK	1 BT		
AFRIN 0.05% NASAL SPRAY #3 ML	BULK	1 PK		
ALBUTEROL NEBULIZER SOLUTION 2.5 MG / 3 ML #1	BULK	1 BT		
ALBUTEROL SOLUTION 0.083% #1	BULK	1 EA		
ALBUTEROL MDI #1	BULK	1 EA		
ALUMINUM CHLORIDE SOLUTION #60 ML	BULK	1 BT		
ANUSOL (OR EQUIVALENT) 25 MG RECT SUPP #12	BULK	1 BX		
AMOXICILLIN 500 MG #20	BULK	1 BT		
AUGMENTIN 875 MG #20	BULK	1 BT		
BACITRACIN OINTMENT 15 MG	BULK	1 TU		
BENZONATATE (TESSALON) 100 MG CAP #15	BULK	1 BT		
BICILLIN 1.2 MILLION SOLUTION INJECT #1	BULK	1 AMP		
BISACODYL (DUCOLAX) 10 MG RECT SUPP #3	BULK	1 PK		
CEPACOL LOZENGES #18	BULK	1 BX		
CHLORPHENIRAMINE 4 MG #24	BULK	1 BX		
CLINDAMYOCIN #40	BULK	1 BT		
CLOTRIMAZOLE (LOTRIMIN) 1% VAG CREAM 45 G	BULK	1 BX		
CLOTRIMAZOLE 1% TOPICAL CREAM 30 G	BULK	1 TU		
CORTISPORIN (OR EQUIVALENT) OTIC SUSP 10 ML	BULK	1 BT		
CYCLOBENZAPRINE 10 MG TAB #12	BULK	1 BT		
DEBROL (OR EQUIVALENT) OTIC SUSP 10 ML	BULK	1 BT		
DIBUCAINE 1% OINTMENT 30 G	BULK	1 TU		
DIPHENHYDRAMINE 25 MG #24	BULK	1 BX		
DIPHENHYDRAMINE 50 MG / 1 ML #1	BULK	6 AMP		
DONNATAL SUSPENSION	BULK	1 BT		
DOXYCYCLINE 100 MG #20	BULK	1BT		
EPINEPHRINE 0.3 MG (1:1000) SOLUTION	BULK	1 VIAL		
EPIPEN #1	BULK	5 EA		
ERYTHROMYCIN OPTH OINT	BULK	1 BT		
GUAFENESIN DM 120 ML	BULK	1 BT		
GUAFENESIN 120 ML	BULK	1 BT		
HYDROCORTISONE 25 MG SUPP #12	BULK	1 BX		
HYDROCORTISONE 1% TOP CREAM 30 MG	BULK	1 TU		
HYDROXYSINE 25 MG TAB #12	BULK	1 BT		
IBUPROFEN 800 MG TAB #30	BULK	1 BT		
INDOCIN CAPSULES 25 MG #30	BULK	1 BT		
KEFLEX 500 MG #40	BULK	1 BT		
KENALOG 40 MG / ML #1	BULK	1 BT		
LAMISIL CREAM 30 G / TUBE	BULK	5 TU		
LEVAQUIN TABLETS 500 MG #10	BULK	1 BT		
LIDOCAINE 1% WITH EPI #1 (MULTI-USE)	BULK	1 BT		
LIDOCAINE 2% WITHOUT EPI #1 (MULTI-USE)	BULK	1 BT		
LOPERAMIDE 2 MG TABLETS #8	BULK	1 BT		
MAALOX PLUS SUSP 473 ML	BULK	1 BT		
MARCAINE 0.05% SOLUTION #1	BULK	1 BT		
MINOCIN 50 MG #20	BULK	1BT		
MUCINEX - D #18	BULK	1 BT		
NAPHCON OPHTHALMIC SOLUTION	BULK	1 BT		
NAPROXEN 250 MG #30	BULK	1 BT		
NAPROXEN 500 MG #30	BULK	1BT		
NEXIUM 20 MG #30	BULK	1 BT		
NIX SHAMPOO	BULK	1 BT		
NYSTATIN FOOT POWDER 30 G	BULK	1 BT		
PENICILLIN V 250 MG #30	BULK	1 BT		
PERMETHRIN (ACTICIN) 5% TOP CREAM 60 G	BULK	1 TU		

**USAREUR Aid Station Authorized Medication Formulary (Issue and Requisition Form)**

ITEM	TYPE	SIZE	QUANTITY ALLOWED	QUANTITY ON HAND
PHENERGAN 25 MG / ML INJECTABLE #1	BULK	1 AMP		
POLYVINYL ALCOHOL 1.4% 15 ML	BULK	1 BT		
PRAMOXINE RECTAL FOAM 20 G	BULK	1 BT		
PREDNISONE 20 MG #15	BULK	1 BT		
PRILOSEC 20 MG #15	BULK	1 BT		
PROMETHAZINE 25 MG TAB #20	BULK	1 BT		
PSEUDOPHEDRINE 30 MG TAB #24	BULK	1 BX		
ROBAXIN TABLETS 500 MG #40	BULK	1 BT		
ROCEPHIN 250 MG INJECT #1	BULK	1 BT		
ROCEPHIN 1 G INJECT #1	BULK	1 BT		
SALINE NASAL SPRAY	BULK	1 BT		
SALINE INHALATION SOLUTION #1	BULK	1 AMP		
SALINE (NS) IV INJECTION 500 ML	BULK	40 EA		
SALINE (NS) IV INJECTION 1 LT	BULK	40 EA		
SALINE FOR IRRIGATION 1 LT	BULK	6 EA		
SEPTRA DS #20	BULK	1 BT		
SILVER SULFADIAZINE CREAM 1%	BULK	1 JAR		
SOLUMEDROL 125-250 MG for IV/IM use #1	BULK	5 EA		
TERBINAFINE 1% CREAM	BULK	1 TU		
TETRACYCLINE 250 MG #20	BULK	1 BT		
TETRACAINE OPTH SOLUTION #1	BULK	1 BT		
TOLNAFTATE 1% SOLUTION	BULK	1 BT		
TORADOL SOLUTION 30 MG	BULK	1 SYR		
TORADOL SOLUTION 60 MG	BULK	1 SYR		
TRAMODOL TABLETS 50 MG #40	BULK	1 BT		
TRIAMCINOLONE OINTMENT 0.1% 15 G TUBE	BULK	5 EA		
VISCOUS LIDOCAINE	BULK	3 BT		
WATER (STERILE FOR IRRIGATION) 1 LT	BULK	6 EA		
WITCH HAZEL PADS	BULK	1 BX		
UNDECYCLenic ACID POWDER	BULK	1 BT		
ZANTAC 150 MG (#30)	BULK	1 BT		
ZITHROMAX 250 MG #6	BULK	1 PK		
ZITHROMAX 1 G POWDER #1	BULK	1 PK		
XOPENEX MDI #1	BULK	1 EA		
<b>IMMUNIZATIONS -</b>	BULK	10 EA		
Hepatitis A (IM)	BULK	10 EA		
Hepatitis B(IM)	BULK	10 EA		
TwinRix (Hep A & Hep B) (IM)	BULK	10 EA		
TdAP (Tetanus & Pertussis) (IM)	BULK	10 EA		
Typhoid (IM)	BULK	10 EA		
Anthrax (IM)	BULK	10 EA		
Smallpox (Intraderm)	BULK	10 EA		
Apisol PPD (Intraderm)	BULK	10 EA		
Meningococcal MGC (IM)	BULK	10 EA		
Guardisil (HPV) (IM)	BULK	10 EA		
<b>PROVIDER NAME STAMP</b>				
<b>SIGNATURE</b>	<b>DATE</b>			

**Abbreviations:**

AMP = ampule	BT = bottle	BX = box	EA = each	CAP = capsule
G = gram	IM = intramuscular	IV = intravenous	LT = liter	MG = milligram
PK = package	SUPP = suppository	SUSP = suspension	SYR = syringe	TAB = tablet
TU = tube				

# APPENDIX F

## POLICY FOR FUNDING CLASS-VIII SUPPLIES USED BY A BATTALION AID STATION

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DEPARTMENT OF THE ARMY  
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND  
2050 WORTH ROAD  
FORT SAM HOUSTON, TEXAS 78234-6000

REPLY TO  
ATTENTION OF

Operations Management Bulletin  
No. 12-03 REVISED

FEB 11 2005

We prepare and distribute materiel management policy and guidance information to staff elements and units throughout the command. These bulletins provide management policy or guidance of current interest to Commanders, Directors of Logistics/Chiefs of Logistics Divisions, and Chiefs of Materiel Management. We authorize local reproduction.

Army Medical Department (AMEDD) Logistics  
**Policy for Funding Class VIII Supplies Used by a Battalion Aid Station (BAS)**  
Valid Until Rescinded

1. This bulletin was coordinated with the Office of the Assistant Chief of Staff for Resource Management. It provides general policy for funding Class VIII consumable medical supplies to include over-the-counter medications and pharmaceuticals used to conduct sick call in garrison. This policy is applicable to a medical treatment facility (MTF)/health care activity (HCA) supporting a Division Medical Supply Office (DMSO), Battalion Aid Station (BAS), or an equivalent training unit medical support entity (e.g. Ranger Training Brigade).
2. The medical MTOE unit operating a Troop Medical Clinic (TMC) or dispensary as an element of the garrison or installation level health services will obtain Class VIII consumable supplies from the supporting HCA in accordance with AR 40-4, section 1, Para 8, Army Medical Facilities and Activities; and AR 40-61, Chapter 5-23, Para I, Medical Logistics Policies. Class VIII consumables supplies used to conduct garrison sick call will be paid for by the supporting MTF/HCA based on workload data submitted by the activity operating the TMC/dispensary as specified in the memorandum of understanding between the supporting HCA and the medical MTOE unit.
3. The DMSO/BAS or equivalent conducting garrison sick call will have an established funding account or will be reimbursed for medical supplies by the supporting MTF. If a DMSO/BAS or equivalent receives medical supplies from the TMC that were originally purchased by the TMC, there will not be a reimbursement.
4. The supporting MTF/HCA Commander will establish local funding and accounting procedures between the MTF's Resource Management (RM) Office and the DMSO/BAS or equivalent. The RM office will provide funds oversight and management of these accounts.
5. The cost of medical supplies to treat patients in a field environment, such as a field training exercise, is classified as training related. This cost along with the sick call workload is funded by and belongs to the field unit. Medical supplies used for sick call in garrison, paid for with Defense Health Program (DHP) appropriation funds, are for use in garrison only. Medical items or replacement items for medical equipment sets, kits, and outfits or other field-related

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**Figure F-1. MEDCOM Operations Management Bulletin Number 12-03  
(Policy for Funding Class-VIII Supplies Used by a Battalion Aid Station)**

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Operations Management Bulletin  
No. 12-03 REVISED

requirements cannot be purchased with DHP funds. Training and field-related requirements are funded from the appropriation supporting the unit's Training and Readiness requirements.

6. Point of contact is LTC Earle Smith, Office of the Assistant Chief of Staff for Logistics, DSN 471-8527; or LTC Marcus Cronk, Office of the Assistant Chief of Staff for Resource Management, DSN 71-7864.

FOR THE COMMANDER:



MICHAEL G. JOHNSON  
Colonel, MS  
Assistant Chief of Staff  
for Logistics

**APPENDIX G**  
**MEMORANDUM OF AGREEMENT—RESPONSIBILITIES OF THE MODIFICATION**  
**TABLE OF ORGANIZATION AND EQUIPMENT (MTOE) UNIT AND THE MILITARY**  
**TREATMENT FACILITY (MTF) OR ARMY HEALTH CLINIC (AHC) IN SUPPORT OF**  
**SOLDIER HEALTHCARE**

---

**Letterhead of the Senior Command Responsible for this Agreement**

MEMORANDUM OF AGREEMENT  
BETWEEN  
*(NAME OF THE MODIFICATION TABLE OF ORGANIZATION AND EQUIPMENT (MTOE)*  
*UNIT WITH OWNERSHIP OF THE BATTALION AID STATION (BAS) OR CONSOLIDATED*  
*AID STATION (CAS))*  
AND  
*(NAME OF THE MILITARY TREATMENT FACILITY (MTF) OR ARMY HEALTH CLINIC*  
*(AHC))*

SUBJECT: Responsibilities of the *(MTOE Unit)* and the *(MTF or AHC)* in Support of Soldier Healthcare

**1. References.**

- a. AR 40-4, Army Medical Department Facilities Activities.
- b. AE Regulation 40-20, Aid Station Healthcare Operations.
- c. AE Regulation 600-8-101, Army in Europe Soldier Readiness Program.

*(NOTE: Additional subparagraphs will be used to list any other references that pertain to the work environment or this agreement.)*

**2. Purpose.** To define the responsibilities of the *(name of the MTOE unit)* and the *(name of the MTF or AHC)* in support of Soldier healthcare. This is a mutual support relationship with the intent of providing Soldiers timely access to the best possible healthcare system, thus improving operational readiness.

**3. Background.** The United States Army Europe (USAREUR) and the United States Army Medical Command (MEDCOM) share the responsibility for providing medical support at military care clinics, military medical treatment facilities, and brigade and battalion aid stations (BASs) in Europe. The commander of the *(name of the MTF or AHC)* serves as the director of health services (DHS) for the *(name of the community supported)*. The *(name of the MTOE unit)* operates a BAS in support of the Soldiers assigned to the unit. The *(name of MTOE unit)* BAS will provide primary care to all Soldiers assigned within its scope of practice.

**4. Responsibilities.** *(This paragraph will define MTF or AHC and MTOE unit responsibilities in support of Soldier healthcare, describing the support provided for BAS daily operations in each of the areas below.)*

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**Figure G-1. Sample Memorandum of Agreement Between the Modification Table of Organization and Equipment (MTOE) Unit and the Military Treatment Facility (MTF) or Army Health Clinic (AHC)**

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SUBJECT: Responsibilities of the (MTOE Unit) and the (MTF or AHC) in Support of Soldier Healthcare

**a. MTF Unit.** The Commander, (*name of the MTF or AHC*), and his or her designee assume responsibility for—

(1) Providing medical oversight for Soldier healthcare in the community they serve.

*(a) Description of the continuing quality-management (CQM), risk-management (RM), and performance-improvement (PI) procedures as they apply to BAS operations.*

*(b) Description of the medical supervisory chain.*

*(c) Description of the peer-review process.*

(2) Information management (IM).

*(a) List of training provided (for example, AHLTA training).*

*(b) Description of IM and information technology (IT) systems support provided.*

(3) Appointment system support (if using a centralized appointment system).

(4) Establishing an after-hours and nonavailable-hours support plan for Soldier care.

(5) Logistical support.

*(a) Description of the CLASS VIII ordering process and quality assurance procedures.*

*(b) Description of medical equipment maintenance procedures.*

(6) Health records.

*(a) Location of medical records.*

*(b) Description of records maintenance and accountability procedures.*

*(c) Description of MTOE unit access to records.*

(7) MTF or AHC provider support to the MTOE clinic.

*(a) List of medics and support staff for daily operations.*

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**Figure G-1. Sample Memorandum of Agreement Between the Modification Table of Organization and Equipment (MTOE) Unit and the Military Treatment Facility (MTF) or Army Health Clinic (AHC)—Continued**

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SUBJECT: Responsibilities of the (MTOE Unit) and the (MTF or AHC) in Support of Soldier Healthcare

(b) *Description of the support provided during deployments and scheduled training periods.*

(c) *Description of the medic backup support provided for contingencies.*

(8) Referral support and specialty care.

(a) *Description of the process and procedures.*

(b) *Description of the referral management and tracking process.*

(9) Deployment processing support.

(a) *Description of pre- and postdeployment processing procedures.*

(b) *Description of the type of support provided.*

(10) Training.

(a) *List of provider training provided (per MTF or AHC bylaws).*

(b) *Description of provider access to MTF or AHC continuing medical education.*

(c) *List of medic proficiency training provided including low-density military occupational specialties (MOSs).*

(d) *Description of training-records management procedures.*

(e) *Description of the medical proficiency training program if applicable.*

(11) Ancillary services support.

(a) *Description of services provided by the MTF (lab, pharmacy, radiology, etc.).*

(b) *Description of access procedures.*

(c) *Description of QA procedures for followup.*

(12) Establishing a pharmacy support plan (MTF or AHC part).

(a) *List of approved medications.*

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**Figure G-1. Sample Memorandum of Agreement Between the Modification Table of Organization and Equipment (MTOE) Unit and the Military Treatment Facility (MTF) or Army Health Clinic (AHC)—Continued**

---

SUBJECT: Responsibilities of the *(MTOE Unit)* and the *(MTF or AHC)* in Support of Soldier Healthcare

*(b) Description of controlled medication ordering and usage procedures.*

**b. MTOE Unit.** The Commander, *(name of the MTOE unit)*, and his or her designee are responsible for—

**(1) Medical oversight of BAS operations.**

*(a) Description of the medical chain of command.*

*(b) Description of minimal staffing requirements for daily operations.*

*(c) Description of services provided in the absence of a provider.*

**(2) Establishing hours of operation and procedures on how to obtain care after normal operating hours.**

**(3) Providing training.**

*(a) Description of medic training provided, including MOS-required training, and tracking procedures.*

*(b) Low-density MOS proficiency training plan.*

*(c) Description of information systems training requirements for MTOE staff.*

**(4) Outlining the BAS scope of practice.** *(NOTE: The scope of practice should be outlined either in this paragraph or in a separate referenced document. The description of the scope of practice could be lengthy; therefore, a separate appendix is likely more appropriate. A separate document describing the scope of practice must be created in concert with and supported by the MTF or AHC.)*

*(a) Outline of the clinical practice at the BAS, which should be consistent with the privileges granted to the providers working in the BAS.*

*(b) Description of treatments and procedures performed at the BAS.*

*(c) List of treatments and procedures that will NOT be performed at the BAS.*

*(d) Description of ancillary (lab) services supported at the BAS.*

*(e) Description of specimen-handling and documentation procedures.*

*(f) Description of specialty-care referral procedures including tracking of patients.*

*(g) Pharmacy support plan (MTOE responsibility).*

**Figure G-1. Sample Memorandum of Agreement Between the Modification Table of Organization and Equipment (MTOE) Unit and the Military Treatment Facility (MTF) or Army Health Clinic (AHC)—Continued**

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SUBJECT: Responsibilities of the (MTOE Unit) and the (MTF or AHC) in Support of Soldier Healthcare

(h) Description of immunization procedures and documentation responsibility (MEDPROS).

(5) The maintenance of facility and medical equipment. This paragraph must include technical inspection requirements for durable medical equipment.

(6) Medical documentation.

(a) Description of AHLTA requirements.

(b) Description of MEDPROS documentation requirements including read and write access.

(7) Establishing Class VIII procurement procedures and a supply management plan.

(8) Credentialing requirements outlined in accordance with MTF policy.

**5. Effective Date/Termination, Modification, or Revision Date.** This agreement will become effective/will be terminated/was last modified/revised on (date).

(NOTE: A review for correctness is recommended within 90-120 days after the date signed.)

**6. POCs.** (List the names, position titles, and DSN telephone numbers for the POCs at the MTOE unit and the MTF.)

(NOTE: The signatures should be those of the MTOE unit commander and the MTF or AHC commander. This will ensure the agreement is supported and binding.)

\_\_\_\_\_  
MTOE Unit Commander  
Signature Block

\_\_\_\_\_  
MTF or AHC Commander  
Signature Block

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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**Figure G-1. Sample Memorandum of Agreement Between the Modification Table of Organization and Equipment (MTOE) Unit and the Military Treatment Facility (MTF) or Army Health Clinic (AHC)—Continued**

## GLOSSARY

### SECTION I ABBREVIATIONS

AE	Army in Europe
AHC	Army health clinic
AHLTA	Armed Forces Health Longitudinal Technology Application
AOR	area of responsibility
AR	Army regulation
BAS	battalion aid station
CAF	competency assessment folder
CAS	consolidated aid station
CG, USAREUR	Commanding General, United States Army Europe
CHCS	Composite Health Care System
DA	Department of the Army
DCCS	deputy commander of clinical services
DHS	director of health services
DOD	Department of Defense
DODI	Department of Defense Instruction
DODD	Department of Defense directive
DOIM	directorate of information management
<i>DRK</i>	<i>Deutsches Rotes Kreuz</i> (German Red Cross)
DSN	Defense Switched Network
ERA	Enterprise Remote Access
ERMC	United States Army Europe Regional Medical Command
EXORD	execution order
HIPAA	Health Insurance Portability and Accountability Act
HQDA	Headquarters, Department of the Army
HREC	health record
HSP	health services plan
MEDCEN	medical center
MEDCOM	United States Army Medical Command
MEDDAC	Medical Department Activity
MOA	memorandum of agreement
MOS	military occupational specialty
MTF	military treatment facility
MTOE	modification table of organization and equipment
NCOIC	noncommissioned officer in charge
NP	nurse practitioner
OCSURG	Office of the Command Surgeon, HQ USAREUR
OIC	officer in charge
OMB	Operations Management Bulletin
OTC	over the counter
PA	physician assistant
RAS	regimental aid station
RCAS	regimental consolidated aid station
QA	quality assurance
SAV	staff assistance visit

SF	standard form
SMC	Senior Medical Council
SOAP	Subjective Objective Assessment Plan
SOP	standing operating procedure
SRP	Soldier readiness processing
TDA	table of distribution and allowances
TMC	troop medical clinic
USAHC	United States Army health clinic
USAREUR	United States Army Europe

## **SECTION II**

### **TERMS**

#### **battalion aid station (BAS)**

A location designated by a senior commander where assigned modification table of organization and equipment (MTOE) medical providers deliver primary healthcare to assigned Soldiers. The scope of a BAS is negotiated among senior commanders, unit commanders, assigned MTOE healthcare providers, and the supporting military treatment facility (MTF), with the supporting MTF providing clinical oversight. Free-standing BASs are controlled by senior commanders. Some BASs are collocated with supporting MTFs to augment clinical or technical support for healthcare operations.

#### **consolidated aid station (CAS)**

Two or more collocated battalion aid stations that provide consolidated administrative and clinical support for healthcare operations.

#### **health services plan**

An installation or community plan published by the Senior Medical Council, which addresses the utilization of medical assets on that installation or in that community. The health services plan incorporates all providers, including dental, veterinary, and public health providers, as well as support staff. The intent of a health services plan is to enhance communication between senior commanders, unit commanders, military treatment facility commanders, and modification table of organization and equipment providers and to make best use of scarce medical resources.

#### **peer review**

Procedures for supervisors of battalion aid stations to monitor the quality of healthcare, access, and privileging processes for healthcare providers, performance-improvement initiatives, and risk management.

#### **point-of-care testing**

Laboratory-testing completed in the clinic of the battalion aid station at the point of medical care instead of testing at a centralized, larger laboratory.

#### **privileging**

A documentation process through a credentials committee that grants medical personnel the authority and responsibility to make independent decisions to diagnose, initiate, alter or terminate a regimen of medical care.

**process improvement**

Actions taken by a healthcare professional's staff to improve the quality and efficiency of care, enhance patient satisfaction, or improve patient outcomes. Actions often follow a specific methodology or strategy to create successful results.

**risk management**

The identification, assessment, and prioritization of risks, followed by an application of resources to minimize, monitor, and control the probability and the effects of unfortunate events.

**scope of care**

A description of the healthcare services available at a specific location for the different groups of patients served by the medical facility at that location.

**scope of practice**

Procedures that specify the extent to which a medical facility operates, including required personnel, clinic credentials granted, types of drugs to be used, the healthcare to be provided, and patient-evaluation procedures.

**Senior Medical Council (SMC)**

A board comprising the military treatment facility commander, a senior United States Army Dental Command representative, a senior United States Army Veterinary Command or Public Health Command representative, a senior modification table of organization and equipment medical provider, and a senior commander representative. The SMC meets monthly to discuss, address, and correct installation and community healthcare issues that interfere with the delivery of healthcare, regardless of the beneficiary category or the provider type. The members exercise their authority through the installation and community health services plan, which is approved by the Commander, United States Army Europe Regional Medical Command, and the installation or community senior commander.

**troop medical clinic (TMC)**

Multiple battalion-level aid stations operating out of a healthcare facility that is owned by the United States Army Medical Command and managed by a military treatment facility (MTF). TMCs provide a higher scope of care than battalion aid stations and consolidated aid stations because they are staffed by MTF personnel and are subject to the same quality and clinical oversight requirements as those found in the MTF. They are considered MTF outpatient clinics.