

APPENDIX N

CLINICAL STANDING OPERATING PROCEDURE**N-1. General**

a. This appendix provides a sample CSOP for use within a clearing station. It is different than the TSOP as it focuses on the clinical aspects of the unit's operation.

b. Appendix E contains information on the format of the TSOP. This format may also be used when developing the CSOP, if desired.

c. The sample CSOP provided in this appendix is merely an outline and should not be considered as all inclusive. The information contained in this sample is not sufficiently detailed to enable a unit to implement the CSOP as it is written. The addition of treatment protocols, command guidance, clearing station policies, and other pertinent regulations, directives, and procedures is required.

N-2. Purpose of the Clinical Standing Operating Procedure

a. This CSOP prescribes policy and provides guidance on the routine operation of patient treatment and support elements within the clearing station. Each clinical element is required to develop, maintain, and update their CSOP.

b. Once completed, it is reviewed and approved by the commander.

c. The content of the CSOP should not contradict or impede the implementation of the TSOP. Should differences in the two documents occur, they are to be resolved by the approving authority.

N-3. Sample Clinical Standing Operating Procedure

a. *Treatment Platoon.* The following topics should be considered:

(1) *Treatment section.*

- Triage procedures
- Treatment protocols.
- Routine and emergency patient care management.
- Staffing, length of shift, and relief procedures and requirements.
- Controlled substance procedures and records.

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- Coordination requirements with the PAD specialist, to include medical evacuations, release of RTD, and maintenance of the field individual medical records (including disposition of the FMC).
- Coordination for radiology and medical laboratory services, to include blood and blood products.
- Procedures for the collection and safeguarding of weapons and munitions which arrive with the patients.
- Policy on disposition of patient's personal protective gear (such as mask and MOPP overgarments).
- Logistic requirements and procedures for obtaining supply/resupply (both general and medical), to include property exchange (litters and blankets).
 - Notification requirements as directed by the commander.
 - Death procedures.
 - Scope of practice of MOS 91B personnel.
 - Mass casualty operations (see paragraph e below.)
 - Procedures for the disposal of medical waste.
 - Reporting of unusual occurrences.
 - Policy and procedures for the care and treatment of nonmilitary personnel.
 - Policy and procedures for the care and treatment of non-US personnel.
 - Policy and procedures for the care and treatment of EPW.
 - Medical evacuation, to include receiving patients arriving by helicopter and ground assets.
- Establishment of a triage area, to include a patient decontamination station should contaminated casualties be evacuated to the facility.
 - Supervision of nonmedical patient decontamination team.
 - Training and use of litter teams.
 - Procedures for the release of medical information on patients.

- Infection control procedures.
- Coordination requirements for power generation and refrigeration capabilities, if required.
- Procedures for medical activities affected by the Uniformed Code of Military Justice such as treating soldiers with self-inflicted wounds, rape, or other similar situations.
- Procedures for medical equipment maintenance.
- Safety.
- Fire evacuation plan.

(2) *Area support section.*

(a) *Area support treatment squad.* Same as (1) above.

(b) *Area support squad.* The following topics should be considered:

- Procedures for controlled substance inventory, dispensing requirements, registry, destruction procedures, discrepancy reports, and requisitions.
- Key control.
- Requirements for refrigeration support.
- Rotation of medication stocks.
- Preparation of required reports.
- Infection and chemical hazard control procedures.
- Procedures for hematology and urinalysis services.
- Procedures for microbiology and serology services.
- Procedures for obtaining specimens.
- Procedures and requirements for shipping specimens to more sophisticated laboratories.
- Procedures for medical waste disposal.
- Procedures for storing blood and blood products.

- Blood planning factors.
- Establishment of x-ray exposure area.
- Procedures for the operation of the darkroom.
- Film control procedures.
- Security.
- Radiation safety rules.
- Shielding of patients and medical personnel.
- Electrical and mechanical safety rules.
- Procedures for the performance of routine radiographic views.
- Accomplishment of weekly processor tests.
- Establishment of quality control procedures.
- Maintenance of equipment records.
- Procedures for disposition of radiographs.
- Dental protocols and procedures.
- Procedures for personal protection (gloves, masks) measures during dental procedures.

(c) *Patient-holding squad.* The following topics should be reconsidered:

- Scope of nursing practice (MOS 91C).
- Patient accountability.
- Shift change policies and procedures.
- Holding area staffing.
- Establishment of methods and procedures for documentation.
- Establishment of infection control procedures.

- Care for injection sites and IV treatments.
- Maintenance of equipment.
- Establishment of bedpan and urinal washing procedures.
- Procedures for disinfecting facilities.
- Infectious waste disposal.
- Procedures for handwashing.
- Location and access to field sinks and latrines for both patients and staff.
- Controlled substance procedures and reports.
- Death procedures to include notifications, as required.
- Procedures for preparing required reports.
- Procedures for taking hold patients to field feeding site(s).

NOTE

Patients requiring modified diets are evacuated to corps/COMMZ hospitals where both patient rations (Medical B Rations) and personnel trained in modified diets (MOS 91M) are available. Patients held in the holding squad are normally ambulatory and on a regular diet and may require minimal assistance in obtaining rations.

- b. Ambulance Platoon.* The following topics should be considered:
- Procedures for inspecting and maintaining MESs.
 - Procedures for the supply/resupply of medical supplies and equipment.
 - Treatment protocols for the provision of en route medical care.
 - Protocols for the use of military anti-shock trousers (MAST).
 - Procedures for the rotation of medication stocks.

- Procedures for the property exchange (litters and blankets).
- Procedures for mass casualty situations, to include the use of ambulance shuttles.
- Procedures for staffing AXPs, if required.
- Procedures for the evacuation of outpatient treatment to the next echelon of care and for return to duty.

c. *Augmentation.*

(1) *Surgical.*

- Surgical procedures, to include emergency surgeries.
- Operating room (OR) staffing, to include duty rosters and on-call rosters.
- Aseptic technique practices.
- Procedures for preparation of the maintenance register.
- Preparation of the patient for surgery.
- Emergency blood requests.
- Sterile instruments and supplies.
- Treatment protocols for medical emergencies, such as for anaphylaxis reaction.
- Provision of immediate postoperative care (in patient-holding area). (Registered nurses are part of the augmentation).
- Scrub attire and surgical hand-scrub procedures.
- Environmental safety.
- Medical waste disposal procedures.
- Operating room sanitation.
- Procedures for counting sponges and sharps.
- Patient deaths, to include notifications requirements.

- Procedures for performing cardiac arrest procedures.
- Establishment of traffic patterns, to include transportation of patients to and from the OR and transportation of sterile, clean, and dirty equipment.
- Procedures for handling contaminated sharps.
- Preparation of required reports.
- Equipment checklists.
- Procedures for taking patient medical histories if time and the patient's medical condition permits.
- Inventory and maintenance of controlled substances.
- Infection control procedures.
- Combustibles and cleaning products storage.
- Quality control procedures for equipment.
- Procedures for inventorying and maintaining medical gases.
- Procedures for use of steam sterilizer.
- Procedures for monitoring sterilization process.
- Maintenance of stockage levels in the OR.

(2) *Combat stress control.* The following topics should be considered:

- Procedures for segregating BFC from other patients being held.
- Patient accountability procedures.
- Procedures for ensuring sufficient holding capability is available.
- Delineation of responsibilities and actions required of the CSC personnel in the management of their patients.

d. *Temporary Morgue Area.*

- Site selection for this area to ensure adequate shielding from other patients.

- Procedures for the management of this area.

e. *Mass Casualty Situations.* When mass casualty situations occur, all nonessential patient care activities and support services (such as logistic and personnel) are temporarily suspended. The traffic patterns within the MTF are also temporarily changed and marked in order to move patients to holding and treatment areas based on their medical condition and assigned treatment precedence. Other activities include—

- Establishment of a control cell to coordinate hospital activities.
- Establishment of the triage area. (Normally a senior NCO or medical officer performs the triage function.)
- Establishment of a patient decontamination station, if required. (This includes supervising the patient decontamination process performed by nonmedical personnel.)
- Patient triage and assignment of a treatment precedence.
- Establishment of a litter bearer pool comprised of nonmedical personnel. (These teams will move patients from evacuation vehicles to the triage point and within the MTF to the various diagnostic and treatment areas.)
- Execution of internal patient movements to appropriate holding and treatment areas based on their assigned precedence for treatment, monitoring, or observation,
- Establishment of internal traffic pattern to ensure a smooth patient flow without having to overlap and/or retrace traffic patterns.
- Establishment of procedures for limiting access to MTF area by visitors or other nonessential personnel.
- Provision of updates on the medical situation periodically and through a central point.

f. *Patient Support Services.*

(1) *Logistics.* The logistics SOP can be addressed in either the CSOP or the TSOP, or it may be addressed in both with emphasis on the health service logistics portion in the CSOP. Logistics functions include—

- Inventory control procedures and preparation of requisitions.
- Procedures for the maintenance and repair of medical equipment.
- Coordination for repairs that cannot be accomplished by organic capability.

- Pick up and delivery of medical supplies to include controlled substances.
- Property exchange procedures.
- Coordination for waste disposal, to include medical waste.
- Coordination for pest management support.
- Coordination for laundry and bath services.

(2) *Patient administration.*

- Procedures for the maintenance of individual field medical records.
- Compilation of medical statics and preparation of reports.
- Coordination for medical evacuation support.
- Policies regarding the inventorying and safeguarding of patient property and

weapons.