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NATO LETTER OF PROMULGATION

6 September 2018

1. The enclosed Allied Medical Publication AMedP-1.6, Edition A, Version 2, MEDICAL EVALUATION MANUAL, which has been approved by the nations in the Military Committee Medical Standardization Board, is promulgated herewith. The agreement of nations to use this publication is recorded in STANAG 2560.

2. AMedP-1.6, Edition A, Version 2 is effective upon receipt and supersedes AMedP-1.6, Edition A, Version 1 which shall be destroyed in accordance with the local procedure for the destruction of documents.

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4. This publication shall be handled in accordance with C-M(2002)60.

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RECORD OF RESERVATIONS

CHAPTER	RECORD OF RESERVATION BY NATIONS

Note: The reservations listed on this page include only those that were recorded at time of promulgation and may not be complete. Refer to the NATO Standardization Document Database for the complete list of existing reservations.

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RECORD OF SPECIFIC RESERVATIONS

[nation]	[detail of reservation]
ESP	Capabilities on the control of drinking water in the MTFs deployed by Spain will be included and evaluated within the module " Medical Supply" and will be executed as specified in the STANAG 2136 " REQUIREMENTS FOR WATER POTABILITY DURING FIELD OPERATIONS AND IN EMERGENCY SITUATIONS - AMedP-4.9 Edition A"
HRV	This document will be used in the Croatian Armed Forces for evaluating medical capabilities up to a Role 2 level.
LVA	LVA applies this standard only for Role 1 medical unit evaluation, with the exception of CBRN capacity.
Note: The reservations listed on this page include only those that were recorded at time of promulgation and may not be complete. Refer to the NATO Standardization Document Database for the complete list of existing reservations.	

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CHAPTER 1 INTRODUCTION

1.1. Background

1. General. Medical support to NATO forces must meet standards acceptable to all participating nations, as opposed to national support to national contingents, which requires purely national acceptance. Even in crisis or conflict situations, the aim is to provide an acceptable standard of medical care to achieve outcomes of treatment equating to best medical practice. NATO military operations are conducted as an international effort. This allows more nations to participate and use national medical assets more efficiently. However, international medical cooperation poses challenges due to differences between nations' medical standards and due to legal constraints.

2. Multinational Medical Support. The medical standards and criteria must be clear to all the interested parties: Lead Nation (LN), NATO Commander and Troop Contributing Nations (TCN). The LN and each TCN are therefore responsible for the quality of medical care according to the agreed standards. In order to ensure transparency and accountability, the NATO Commander will order an evaluation to identify any risks to the medical support system not meeting the agreed standards; identify how to mitigate such risks before or during deployment. After the process of evaluation, all involved parties will be able to form a view on the probability that the medical unit can meet the agreed standards. References refer to a capability-based approach. Using this approach the Evaluation of NATO Medical Treatment Facilities does not focus on professions, but on requirements to be met by certain medical modules. The Evaluation of NATO Medical Treatment Facilities encompasses the AMedP 1.6 (Medical Evaluation Manual)1, the AMedP 1.7 (Capability Matrix) and the AMedP 1.8 (Skills Matrix). The capabilities of the Medical Support will be tailored to the mission and based on the medical modular approach.

3. The multinational medical evaluation procedure. The responsibility for the health of the troops is shared among the NATO Commander and the nations. Due to financial, technical and medical specialist shortages across the NATO nations, multinational support options have become a reality. Many nations prefer to contribute modules or individuals to a multinational medical capability. In most cases the LN will integrate these modules into a multinational medical support system. The evaluation procedure has to confirm the quality of care delivered by integrated medical support system, but also to reveal shortfalls in order to provide the Commander with a risk assessment concerning medical support to his troops. The evaluation prior to deployment¨ will be performed by a multinational medical evaluation team (further described in Chapter 4). Upon Transfer of Authority (TOA) the Commander can validate the quality of care of the medical forces. An overview of this procedure is depicted in Fig. 1. The delineated procedure allows the evaluation of medical capabilities that will deploy either as part of a Combined Joint Task Force (CJTF) or under command and control of a Deployable Joint Task Force (DJTF) in a NATO Response Force (NRF) operation. In both cases the NATO Commander at the

[1] In this document AMedP-1.6, (Medical Evaluation Manual) is referred to as MEM

strategic level will set the requirements for supporting medical capabilities in the Combined Joint Statement of Requirements (CJSOR). Therefore the evaluation procedure focuses on the performance of medical forces in comparison to the requirements.

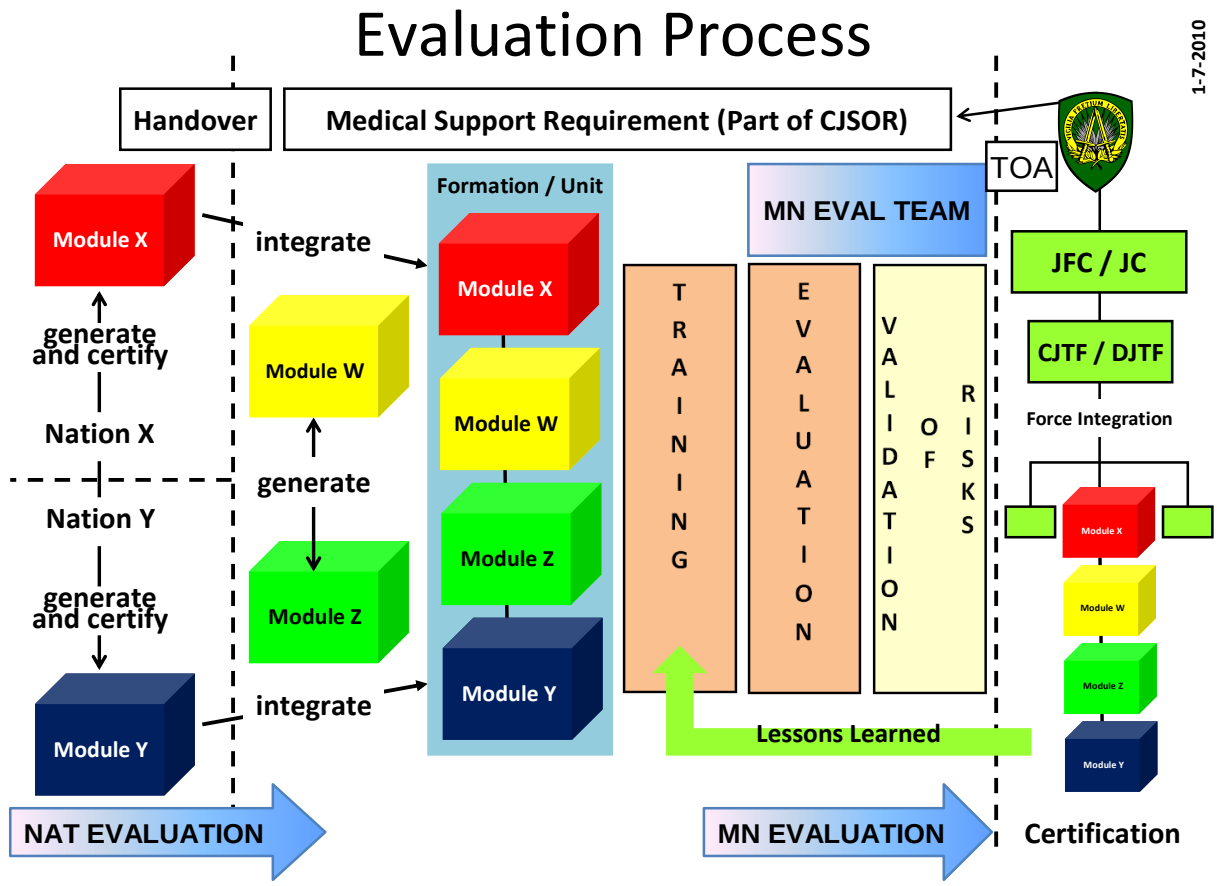

Fig. 1 - NATO Medical Evaluation Procedure

1.2. Aim

The aim of the STANAG 2560 Evaluation of NATO Medical Treatment Facilities is to provide the structure for evaluation of multinational medical capabilities. This document provides the framework for nations to certify their own medical capabilities. Based on the medical evaluation, the subsequent certification is the official recognition that a staff, module, unit or force component can provide the defined capability agreed by nations or, if it cannot, documents the residual risk and required mitigation.

Scope

1. Usage. The STANAG 2560 Evaluation of NATO Medical Treatment Facilities should be utilized as the tool to provide the structure for the evaluation of multinational medical capabilities. The STANAG 2560 Evaluation of NATO Medical Treatment Facilities can be applied to multinational medical forces either prior or after deployment. This document can also be used as a validation tool. The tool will serve as a reference for common standards, procedures and terminology. It supports the overarching goal of achieving best medical practice. The structure of the document allows the user to select only the relevant sections from the key questionnaire, capability matrix and skills matrix.

2. Application. The STANAG 2560 Evaluation of NATO Medical Treatment Facilities is the toolbox developed for personnel involved in evaluating a Multinational Medical Unit (MMU) assigned to a NATO Command. However, anyone involved with medical education, training and evaluation may find the STANAG 2560 Evaluation of NATO Medical Treatment Facilities an useful reference. It can be applied either as a whole or for the evaluation and certification of single capabilities. Nations are encouraged to use the information provided within AMedP 1.8 for the evaluation and certification of capabilities.

3. Principles. The STANAG 2560 Evaluation of NATO Medical Treatment Facilities reinforces the principles that effective multinational medical support can only be achieved through effective training. It builds upon the responsibility of individual medical knowledge and skills based on agreed standards enabling the individual to be part of a medical capability working in a national or multinational medical environment (Module or Unit).

4. Considerations for evaluation requests. The MEM is designed to evaluate multinational medical units or systems. Multiple medical systems taking part in the same mission or deployed in the same region can be evaluated subsequently by a single team or simultaneously by different teams. This depends on geographical, logistical and operation constraints and is to be decided in coordination with the intended Lead Evaluator.

5. Lessons learned process. As an evaluation tool, the STANAG 2560 Evaluation of NATO Medical Treatment Facilities must remain current and applicable to the forces to be evaluated. This means that the tool will be dynamic by nature and content and that the evaluation issues will be contextual with circumstances, operational experiences and doctrinal developments. The method for achieving effective currency with changes in medical practice within NATO is the lessons learned process. The evaluation of operational developments by the Joint Analysis and Lessons Learned Centre (JALLC) serves as the formal route to ensure that NATO gains maximum advantage from the recorded events of note. It is therefore imperative that the STANAG 2560 Evaluation of NATO Medical Treatment Facilities review process incorporates a formal methodology for incorporating lessons learned into the text of the document.

1.3. Evaluation

1. Levels. By using the STANAG 2560 Evaluation of NATO Medical Treatment Facilities, evaluation of multinational medical forces takes place at four different levels (individual, module, unit, medical support system). Definitions of these levels are provided in Chapter 2-2 (page 2-1).

2. Multinational Evaluation Team (MET). The evaluation of units and the medical support system requires the input from a range of Subject Matter Experts (SMEs). Prior to deployment the LN, or after TOA, the Commander will set up a team of SMEs in order to conduct the evaluation. This team will consist of a Lead Evaluator (LE) and SMEs from the NATO Command Structure (NCS), LN and TCNs[2]. Depending on the purpose of the evaluation, the parties represented in the team will take part either as members who actually conduct the evaluation or as observers who do not contribute to the generation of the evaluation results.

3. Evaluation procedure. The evaluation procedure is based on a system of key questions and supporting questions. Some of the supporting questions address mission essential issues. All types of questions are either related to personnel, material or procedures. Each module will be evaluated by posing a key question aiming the overall capability of that module. Supporting questions focus at sub capabilities and performances that altogether describes the capability. The SME should ask additional specific function related questions to clarify possible limitations or uncertainties that could impact the final outcome of the evaluation of the module. AMedP 1.7 and AMedP 1.8 are the key documents to develop the specific function related questions. The questions should be answered in such a way that the identified risks can be fully articulated and recommendations can be made for mitigating capability gaps. The same systematic approach to questions can also be used for the evaluation of medical units and the medical system as a whole. Following the evaluation a report will be raised summarizing findings.
This will take the form of a risk assessment that will describe the capability in terms of:

- Fully Capable/no risks identified
- Capable/minor risks identified
- Capable with Limitations/major risks identified'[3]

These classifications are detailed in Chapter 5 (page 5-1). The MET may use any suitable description system they choose (i.e. colour code/traffic light system) in order to achieve the summarized findings.

[2] On request of the LE, SMEs from other nations can be invited to form the MET. Also NATO MILMEDCOE as the center of expertise for multinational medical evaluation can provide MET members in any position.

[3] This description will regularly not occur if national preparation has successfully followed the self-assessment process depicted in Chapter 3 (page 8) of this manual.

CHAPTER 2 DEFINITIONS

2.1. General definitions

1. In the context of military forces, the hierarchical relationship in logical sequence is: assessment, analysis, evaluation, validation and certification (AAP-6).

Assessment: The process of estimating the capabilities and performance of organizations, individuals, material or systems.
Analysis: The study of a whole by examining its parts and their interactions.
Evaluation: The structured process of examining activities, capabilities and performance against defined standards of criteria.
Validation: The confirmation of the capabilities and performance of organizations, individuals, materiel or systems to meet defined standards or criteria, through the provision of objective evidence.
Certification: The process of officially recognizing that organizations, individuals, materiel or systems meet defined standards or criteria and the areas in which these standards are met, as well as the degree to which they are met.

2. Further definitions used in this document are the following;

Capability: The ability of an item to meet a service demand of given quantitative characteristics under given internal conditions.
Military Medical Module: A separable medical component, interchangeable with others, for assembly into medical units of different size, complexity, or function.
Unit: A military element whose structure is prescribed by a competent military authority (AAP-6).
Military Medical Unit: A military medical element whose structure is prescribed by a competent military authority.

2.2. Evaluation levels

The evaluation of multinational medical forces takes place at four different levels:

Level I: The individual level of evaluation deals with the representation of skill sets among medical personnel. It is a national responsibility prior to handover to a multinational medical force.
Level II: The module level of evaluation deals with the evaluation of modules as a contribution to a multinational medical force. As for Level I evaluation, it is a national responsibility.
Level III: The unit level of evaluation deals with the evaluation of MMUs. The evaluation will be performed by a MET under the responsibility of the LN.
Level IV: The medical support system as a whole may be evaluated and validated during a combined joint exercise under the responsibility of the Joint

Force Commander or upon receipt of the Level III evaluation reports from the deploying MMUs.

2.3. Evaluation outcome

Fully Capable/no risks identified:
The combination of personnel, material and procedures deliver the required capabilities. No risks could be identified.

Capable/minor risks identified:
The combination of personnel, material and procedures deliver the required capabilities in general. Recognized risks are not mission essential. They are minor in nature or unlikely to affect capability in most circumstances. Capability gaps should be resolved.

Capable with Limitations/major risks identified:
The combination of personnel, material and procedures deliver the required capabilities with limitations. Recognized risks are mission essential. They are major in nature and likely to affect capability in most circumstances. Capability gaps must be resolved prior to deployment or the receiving Commander must certify that he can address the residual risk by using other in theatre resources.

CHAPTER 3 APPLICATION OF THE TOOL

3.1 Introduction

1. The STANAG 2560 Evaluation of NATO Medical Treatment Facilities can be applied for the evaluation and certification of multinational medical forces prior to deployment or for the evaluation and validation during deployment. It has been specifically designed to allow interpretation and usage over all levels of medical capabilities (medical personnel, medical modules, military medical units and the medical system as a whole). STANAG 2560 Evaluation of NATO Medical Treatment Facilities has been developed as a TOOLBOX for evaluating capabilities.

2. This toolbox has not been designed to define the minimum requirements of a module and therefore should NOT be viewed as a checklist. It should be utilized in conjunction with AMedP 1.7 and AMedP 1.8. This chapter details the recommended usage of the tool, but does not aim to be prescriptive; usage of the manual should be determined by the LN in conjunction with the MET.

3.2. Responsibilities

The LN and all TCNs have a national responsibility to prepare their contingents for deployment to meet the medical care capabilities required for the specific mission. AMedP 1.8 provides detailed information about skills as guide for evaluation. The LN and each TCN have shared responsibilities for the quality of medical care according to the agreed standards and in accordance with NATO governance policy.

3.3. Evaluation / Validation / Certification Authority

The LN is authorized to assess and evaluate the MMU prior to deployment. To assist this process, the STANAG 2560 Evaluation of NATO Medical Treatment Facilities has been developed to be used as a guide for evaluation. Each MMU in preparation for operational duty has to undertake validation and certification before deployment. Based on the recommendations of the MET, the LN will provide the Commander with a risk assessment regarding the MMU to validate the units against operational requirements. Certification will be the responsibility of either the operational commander or the lead Joint Force Command (JFC).

3.4. Evaluation process

1. A MMU needs a set of agreed standards to function as an integrated unit. These standards must be included in the Memorandum of Understanding (MOU) or Technical Arrangement (TA) between the participating nations. Integrating national procedures and training policies within a multinational working environment requires time. Therefore, certification should be a two-step approach. The first step is national certification of the personnel or elements that will form a part of the MMU. The second

step is the integration and certification of national elements within the MMU. Within this second step it must be assured that capabilities provided by a module do not overlap capabilities provided by another module in the same MMU.

2. National Level. The evaluation process starts at national level. Individual nations are responsible for the training of their own medical personnel and modules prior to transfer to a LN. Besides training, TCNs are also responsible for the national evaluation and certification at level I (individuals) and at level II (module).

3. The main focus of the evaluation is the validation and certification of the capability. Nations are encouraged to use this STANAG 2560 Evaluation of NATO Medical Treatment Facilities for their national evaluation and certification.

4. Nations who are unable to contribute a complete module can also contribute individual medical personnel. These individuals will be trained, evaluated and certified by the nation hosting those individuals. This certification will mainly focus on level II.

5. LN Level. On an agreed date, the LN will receive the contributions of all TCNs and commence the integration of the MMU. After the integration, a period of training will start. This training is focused on level III (unit). After the training period the unit will be evaluated by a multinational evaluation team using the STANAG 2560 Evaluation of NATO Medical Treatment Facilities. All TCNs are invited to contribute to the MET. The outcome of the evaluation will be detailed in an evaluation report. This report will assess the MMU and will identify the capability deficiencies to be resolved prior to or during deployment.

6. Formation Level. At formation level (level IV – medical support system) the MMUs will be integrated into the NATO force. The Force Commander will use the Final Evaluation Report (FER) for level IV validation.

7. JFC Level. In the pre deployment phase the final certification will be done by operational commander or JFC; after deployment JFC is responsible for the certification.

3.5. Application of STANAG 2560 Evaluation of NATO Medical Treatment Facilities

1. Following the decision to commence a NATO operation, ACO medical staff will clearly articulate the medical capability requirements. A LN will be identified and will be tasked with identifying and coordinating the required medical modules from TCNs. Subsequently the MET will be formed (details of composition and training are contained in Chapter 4 (page 4-1)). Whilst nations are generating and evaluating the required medical modules, the MET will tailor the STANAG 2560 Evaluation of NATO Medical Treatment Facilities to meet the specific requirements.

2. When the LN has selected the various modules to form the MMU, the MET will forward the tailored STANAG 2560 Evaluation of NATO Medical Treatment Facilities for use as a self-assessment tool. Once completed by the modules, these self-assessments will be sent to the LN. Then LN will start the System Self-Assessment

(SSA) to determine the interoperability of the complete medical support system (Annex A page **Error! Bookmark not defined.**) and will send the SSA and individual module assessments to the MET for analysis and review. It will include the outline organization, manning and equipment tables, SOPs and job descriptions.

3. To assist the unit in the preparation for the evaluation the LN can request an evaluation pre-visit. During this visit a select team of qualified evaluators will assess the unit to ensure that it is able to meet the requirements in time for evaluation IAW STANAG 2560.

4. When the SSA is completed a formal evaluation visit will be arranged. In preparation for this visit the MET will carefully consider the capabilities to be evaluated. It should be noted that the physical evaluation should be conducted during a pre deployment exercise; however, if this is not practicable, it may be undertaken via an appropriate staff check although this will significantly affect the degree of assurance that can be provided.

5. When the results of the evaluation do not meet the required standard, the evaluated unit will be reorganized or the responsible commander deems it necessary, a re-evaluation can be requested. The evaluation procedure will be applied from the start for all applicable modules.

6. The evaluation of a MMU is summarized at Fig. 2.

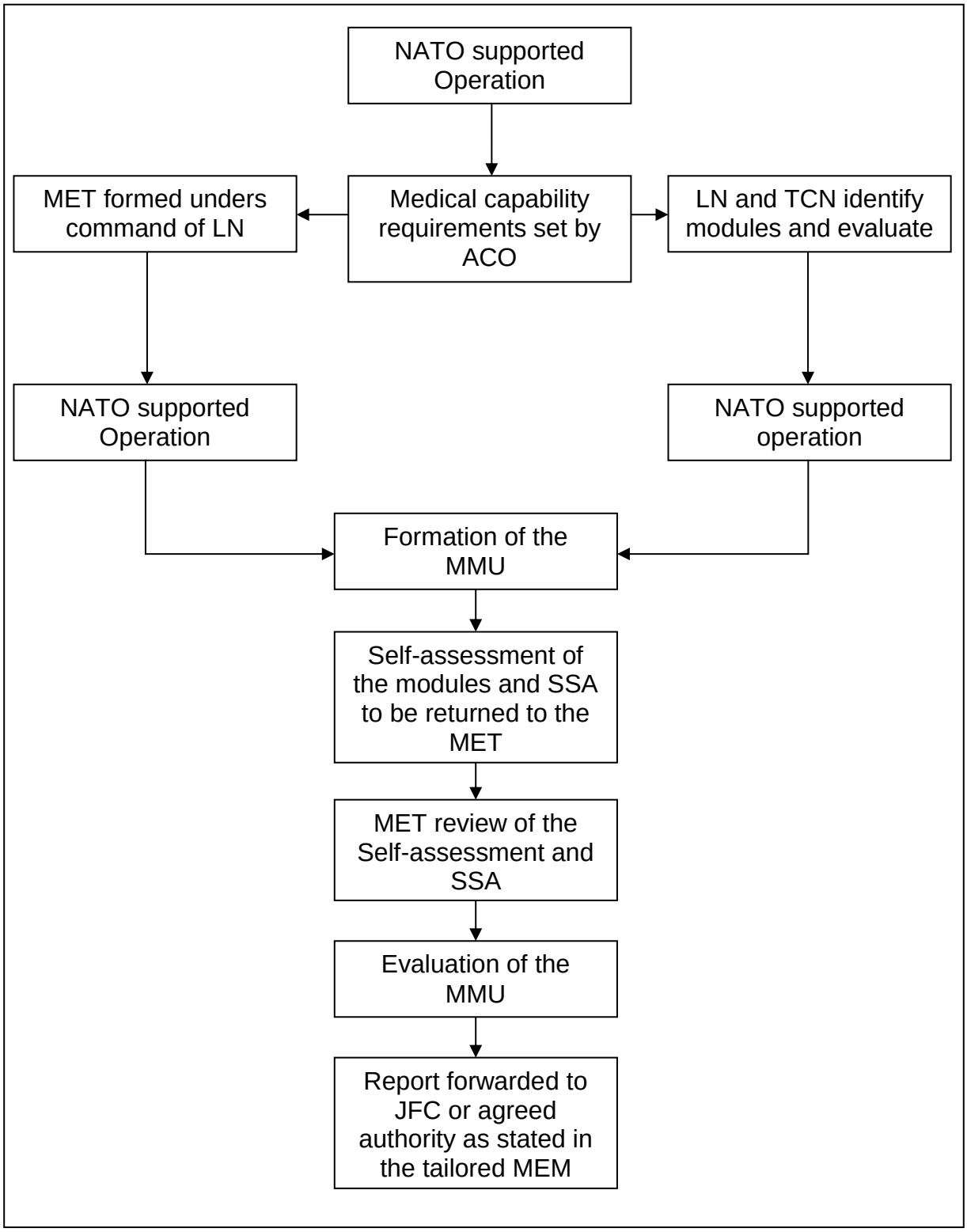

Fig 2 - Evaluation of a MMU

CHAPTER 4 EVALUATION TEAM

4.1. Introduction

In order to conduct the evaluation the LN will set up a MET prior to deployment. After TOA the Commander may establish a MET for further evaluation. This team will consist of a Lead Evaluator (LE), supported by an Evaluation Executive Officer (EXO)(optional) and Subject Matter Experts (SMEs) from the NATO Command Structure (NCS), LN and TCNs[4]. The composition of the multinational evaluation team is shown in Table 1. The MET will use the STANAG 2560 Evaluation of NATO Medical Treatment Facilities (AMedP 1.6, AMedP 1.7 and AMedP 1.8) for evaluating capabilities (modules, MMU's or a medical system as a whole). Nations are encouraged to use the STANAG 2560 Evaluation of NATO Medical Treatment Facilities for evaluating capabilities.

4.2. Responsibilities

The following describes the evaluation responsibilities at each Level:

Levels I and II (individuals and medical modules) – TCNs
Level III (unit) – LNs
Level IV (medical support system) – Formation Commander

4.3. Composition

1. As a guide, the MET size should be no less than 6 evaluators. The LE will additionally appoint executive and administrative support.

2. The team members are to be selected based on their experience and area of expertise to ensure an optimal and objective evaluation of the respective modules.

3. The MET will be under the direction of the LN appointed LE. Ideally, he/she should be of a higher or at least the same rank as the commander of the evaluated unit.

[4] On request of the LE, SMEs from other nations can be invited to form the MET. Also NATO MILMEDCOE as the center of expertise for multinational medical evaluation can provide MET members in any position.

The recommended composition of the MET is as follows:

		LN	TCN	ACO Medical	ACT Medical	JFC Medical	CJTF/DJHQ Cdr
Pre-deployment evaluation	Lead	X					
	EXO		X				
	Member	X	X	X		X	
	Observer				X		X
Deployed evaluation	Lead						X
	EXO		X				
	Member	X	X				
	Observer			X	X	X	

Table 1: Composition of a MET.

4. The table shows the key representative bodies that share responsibility for the delivery of effective medical capability and ideally the teams should consist of representatives from all areas. However, in consideration of the competing pressures on time and resources, this aspiration may not always be achievable. Therefore, as a minimum, the MET should comprise of LN and TCN representatives for the Level III and Level IV evaluations.

4.4. Team roles

1. The MET has the role to provide:
   a. Clarification and outlining the medical capability requirements in detail.
   b. Evaluation of overall capability.
   c. Identification of capability deficiencies and assessment of impact (degree of risk).
   d. Advice and direction to achieve compliance (risk mitigation).

2. The intent is to identify differences or lack of understanding and to obtain guidance and advice, aimed at progressing the unit towards certification. This is seen as a helpful and confidence-building process between multinational contributors, where shared appreciation and cooperation can reach the proposed MMU or medical capability.

3. The MET at the Level IV evaluation, is responsible for building upon the Level III evaluation phase by transferring the unit confidence in capability of the whole medical support system to the operational commander. The MET at this stage holds the responsibility to provide:
   1. Reiteration of the medical capability requirements.
   2. Resolution of capability deficiencies.
   3. Assessment reporting of medical capabilities for the Commanders validation.

4.5. Evaluators' roles

1. Lead. The LE will be appointed by the LN and is to provide the focus for initiation of the pre-evaluation process. This role includes coordinating with contributing nations on the evaluation and establishing the support of ACO/JFC medical staff for completion. The LE will also act as the focus for informing ACT medical and the Commander about the evaluation.

2. Execution: The LN can appoint an EXO when required. The EXO assists the LE to arrange and coordinate the MET formation, evaluation preparation and conduct the evaluation.

3. Members. The members of the MET will be drawn from the TCNs and NCS5. They are SMEs who will be responsible for conducting the evaluation under the direction of the LE and IAW the STANAG 2560 Evaluation of NATO Medical Treatment Facilities. The SMEs ensures the highest quality of the evaluation by exploring the modules capability in depth.

4. Observers. The participation of observers from different NCS bodies must be encouraged in order to ensure transparency and compare methods and procedures within the overall framework of the medical capability evaluation. The attendance of observers depends on the approval of the LN.

4.6. Evaluators' Qualifications

1. All members of the MET must be appropriately qualified. This requirement ensures that the capability will be examined by personnel with in depth knowledge the medical standards that apply to the unit. STANAG 2560 Evaluation of NATO Medical Treatment Facilities and the evaluation process should be understood by all national military medical staff and in outline by the military commander.

2. Potential evaluation team members are to undertake and successfully complete NATO Medical Evaluation Course, aimed at ensuring validity, credibility and consistency in application of the STANAG 2560 Evaluation of NATO Medical Treatment Facilities tool. Qualification is valid until three years after successful completion of the course or until three years after participating in a NATO Medical Evaluations as qualified medical evaluator. As a caveat, it is accepted that this requirement is neither valid nor practical for the CJTF/DJHQ Commander.

4.7. Tasks

[5] On request of the LE, SMEs from other nations can be invited to form the MET. Also NATO MILMEDCOE as the center of expertise for multinational medical evaluation can provide MET members in any position

The evaluation of a medical unit will take place at the end or after the mission orientated training. The effectiveness aspect of the performance is reflected in a ‘key question’ for the execution of an ‘operational evaluation’. These key questions (Annex E – AQ) can be explored further by asking supporting questions in ‘evaluation guidance’ to each key question. The supporting questions are divided into three areas, personnel, material and procedures. Each question must be answered with supporting documentary evidence or observational reports where appropriate. Questions for modules or capabilities not described in AMedP 1.6, 1.7 and/or 1.8 will be developed by Subject Matter Experts (SME) using professional guidelines and applicable NATO publications. On completion of the evaluation the LE will be responsible for the formal reporting (details in Chapter 5).

CHAPTER 5 REPORTING

5.1. Introduction

1. The aim of reporting is to provide the commander with a risk assessment and recommendations.

2. The reporting described in this chapter is designed for level III and IV Medical Evaluation. It may also serve as template for level I and II.

3. The reporting is based on the outcome of key questions (Annex E – AQ mission essential and supporting questions and Annex B (page **Error! Bookmark not defined.Error! Bookmark not defined.**) main questions). All types of questions are related to personnel, material or procedures.

4. The results should be collectively analysed by the MET using all available data to develop an evaluation of the units' ability to provide the defined capability. The MET will identify to the MMU commander deficiencies or risks to provide the required capability and allow the MMU commander the opportunity to address, or indicate how the identified deficiencies will be addressed. The MET will then provide a written evaluation on the defined capability of the MMU. It is the responsibility of the MET to formulate and complete the evaluation report.

5.2. Types of reports

1. The LE will report the results of the evaluation in two different reports.

2. First Impression Report (FIR). The FIR has to be written on site and serves as immediate feedback to the Commander of the evaluated MMU. It should comprise observations, major findings and recommendations (Reporting format at Annex C page **Error! Bookmark not defined.**). The MMU commander has the opportunity to respond to the MET within two weeks how he will address any deficiencies / shortfalls or how he will mitigate the identified risks. This comment can be inserted in the Final Evaluation Report (FER) or even appended to it. The FIR is written in the present tense.

3. Final Evaluation Report (FER). The FER has to be finished and transmitted to the agreed authority[6] as soon as possible but not later than eight weeks after the evaluation. The agreed authority will be stated in the tailored STANAG 2560 Evaluation of NATO Medical Treatment Facilities. It serves as feedback to the authority and should comprise an executive summary, introduction, pre-evaluation information, methodology, findings, conclusion and recommendations (Reporting format at Annex D (page D-1). The FER is written in the past tense.

[6] The authority can be the nation which requested the evaluation, the LN Commander or NCS

5.3. Timelines

1. After the decision is made to evaluate a MMU or a Medical System it is the LE's responsibility to ensure that timelines are respected and/or adapted to the actual situation of the MMU or Medical System. Agreed timelines will be stated in tailored STANAG 2560 Evaluation of NATO Medical Treatment Facilities. No later than:

a. Twelve weeks prior to evaluation

(1) LN appoints LE
(2) LE invites and appoints MET members
(3) Tailored STANAG 2560 Evaluation of NATO Medical Treatment Facilities to be send to MMU Commander

b. Eight weeks prior to evaluation

(1) Self-assessment completed by individual modules and forwarded to LN POC
(2) System Self-Assessment and Modular Self-Assessment forms returned to MET
(3) Start analysis of the self-assessments by MET
(4) Information exchange between MET members
(5) Preliminary time table agreed with LN
(6) Additional logistic support coordinated with LN
(7) Notification of evaluation to the CJTF/DJHQ Commander of the MMU

c. Four weeks prior to evaluation

(1) Finalization of the analysis of self-assessments by MET
(2) Preliminary evaluation schedule ready

d. Evaluation

(1) Team briefing for MET
(2) Commander's briefing for MET
(3) Synchronize MMU visit time schedule for evaluation
(4) Conduct evaluation
(5) Ad hoc feedback during the evaluation is to be encouraged

e. Post evaluation activities

(1) Present First Impression Report (FIR) on site to MMU Commander
(2) Start preparation of Final Evaluation Report (FER)

f. Two weeks after evaluation

(1) LE receives comments on FIR from the MMU Commander
(2) Start preparation draft FER

g. Six weeks after evaluation

Delivery of draft FER to LN Commander for comments using silence procedure of one week

h. Eight weeks after evaluation

Delivery of the final FER to the agreed authority as stated in the tailored MEM

i. Twelve weeks after evaluation

(1) Request for re-evaluation of the MMU or
(2) FER forwarded to JFC or agreed authority as stated in the tailored MEM.

j. Twenty-four weeks after evaluation

Re-evaluation completed no later than twelve weeks after the request for re-evaluation

k. Thirty weeks after evaluation

Delivery of amended FER after re-evaluation

5.4. Distribution

1. The FIR will be delivered on site to the MMU Commander within one day after completion of the evaluation. The Lead Evaluator or the EXO will present the findings to the MMU commander and appointed module representatives.

2. The FER will be formally forwarded to the agreed authority as stated in the tailored MEM. On request/order of the agreed authority the FER will be forwarded to ACO for onward transmission to the CJTF/DJHQ Commander (if applicable), a copy will be sent to the Commander of the MMU directly.

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CHAPTER 6 GLOSSARY OF ABBREVIATIONS

This Glossary contains abbreviations used in this document.
Definitions used in this document as well needed in the evaluation process are depicted in Chapter 2.

AAP	Allied Administrative Publication
ACO	Allied Command Operations
ACT	Allied Command Transformation
AE	Aeromedical Evacuation
AJP	Allied Joint Publication
AJMedP	Allied Joint Medical Publication
AMedP	Allied Medical Publication
AOR	Area of Responsibility
C4I	Command Control Communications Computers and Information
CBRN	Chemical, Biological, Radiological and Nuclear
CCAST	Critical Care Aero medical Surgical Team
CJTF	Combined Joint Task Force
CJSOR	Combined Joint Statement of Requirement
COE	Centre of Excellence
CT	Computed Tomography
DJHQ	Deployed Joint Headquarters
DJTF	Deployed Joint Task Force
EXO	Evaluation Executive Officer
FAE	Forward Aeromedical Evacuation
FER	Final Evaluation Report
FIR	First Impression Report
HDU	High Dependency Unit
IATA	International Air Transport Association
ICU	Intensive Care Unit
JALLC	Joint Analysis Lessons Learned Centre
JFC / JC	Joint Force Command / Joint Command
LE	Lead Evaluator
LL	Lessons Learned
LN	Lead Nation
LOC	Lines of Communication
LOP	Local Operation Procedures
MASCAL	Mass Casualties
MC	Military Committee
MD	Medical Doctor
MEDASSESSREP	Medical Assessment Report
MEDOPS	Medical Operations
MEDPLANS	Medical Plans
MEDSITREP	Medical Situation Report
MEM	Medical Evaluation Manual
MERT	Medical Emergency Response Team
MET	Medical Evaluation Team
WGMMU	Multinational Medical Unit

MSS	Medical Support System
MN	Multi National
MQDE	Main Questions During Evaluation
MSO	Medical Support Officer / Medical Service Corps Officer
MTF	Medical Treatment Facility
NATO	North Atlantic Treaty Organization
NCS	NATO Command Structure
MOU	Memorandum of Understanding
NRF	NATO Response Force
PAD	Patient Administration Desk
PECC	Patient Evacuation Coordination Centre
RDOIT	Rapidly Deployable Outbreak Response team
SAE	Strategic Aeromedical Evacuation
SME	Subject Matter Expert
SOI	Sector of Interest
SOP	Standard Operational Procedure
SSA	System Self-Assessment
STANAG	Standard NATO Agreement
TA	Technical Agreement
TAE	Tactical Aeromedical Evacuation
TCN	Troop Contributing Nation
TOA	Transfer of Authority
WHO	World Health Organization

REFERENCE PUBLICATIONS

MC 326/3 NATO Principles and Policies of Operational Medical Support

MC 458/1 The NATO Education, Training, Exercise and Evaluation Policy

AAP-6(20017) NATO Glossary of Terms and Definitions

AJP-4.10 Allied Joint Medical Support Doctrine

ACT Directive 75-2 Medical Joint Functional Area Training Guide

MC-551 Medical Support Concept for NATO Response Force Operations

ATrainP-1 Education and Training for Peace Support Operations

AAP-31(2005) NATO Glossary of Communication and Information systems terms and definitions

ANNEX A SYSTEM SELF-ASSESSMENT

No.	Supporting Question	Mission essential?	FC/C/CL	Risks Identified	Recommendations
1.	**Personnel**				
1.a	Provide the MET with the manning table of all medical units that will be part of the medical system.	Yes			
1.b	Provide the MET with all relevant job descriptions.	Yes			
1.c	Provide the MET with the training program of all medical personnel that will be part of the medical system	Yes			
2.	**Material**				
2.a	Provide the MET with the list of medical unit material that will be part of the medical system.	Yes			
3.	**Procedures**				
3.a	Provide the MET with the SOP's, SOI's, LOP's and/or all other relevant documents as requested by the MET of all medical units that will be part of the medical system.	Yes			
3.b	Provide the MET with the MASCAL plan.	Yes			
3.c	Provide the MET with the Command and Control structure.	Yes			

Summary:	□	FC:	Fully Capable/no risks identified
	□	C:	Capable/minor risks identified
	□	CL:	Capable with Limitations/major risks identified

ANNEX B MAIN QUESTIONS DURING EVALUATION

No.	Supporting Question	Mission essential?	FC/C/CL	Risks Identified	Recommendations
1.	**Personnel**				
1.a	Is the medical mission clearly understood?				
1.b	Are personnel working according to the SOPs, SOIs, LOPs, MASCAL plan and/or other relevant documents?				
1.c	Are personnel aware of their tasks and responsibilities? (e.g. job descriptions)				
1.d	Are personnel aware of CBRN plan and procedures and their responsibilities on its executions?	Yes			
2.	**Material**				
2.a	Are the required equipment and materials available to support the designated task?	Yes			
2.b	Is available equipment and materials IAW the equipment table?				
2.c	Does the infrastructure meet the needs of the unit?				
2.d	Are sufficient power and/or backup power equipment available to support the module?				
3.	**Procedures**				
3.a	Is the medical mission clearly defined?				
3.b	Do the medical units comply with the Geneva Convention?	Yes			
3.c	Does the medical system provide care within given timelines?	Yes			
3.d	Are all required and appropriate SOPs, SOIs, LOPs, MASCAL plan and/or other relevant documents readily available to all personnel?	Yes			
3.e	Are procedures IAW NATO standards, policy, doctrine and directives?				
3.f	Is there an appropriate replacement and rotation policy?	Yes			
3.g	Is there and effective (re)supply plan?	Yes			

3.h	Is an energy plan for MTF in place (including heating, cooling and backup)?				

Summary:
- ☐ FC: Fully Capable/no risks identified
- ☐ C: Capable/minor risks identified
- ☐ CL: Capable with Limitations/major risks identified

The Main Questions During Evaluation are always to be used in combination with each and every Module Questionnaire!

ANNEX C FIRST IMPRESSION REPORT

MMU	
LEAD EVALUATOR	
DATE OF EVALUATION	

№	Area	Observations	Explanation	Recommendations
1	Personnel	1. 2. 3.	1. 2. 3.	1. 2. 3.
2	Material	1. 2. 3.	1. 2. 3.	1. 2. 3.
3	Procedures	1. 2. 3.	1. 2. 3.	1. 2. 3.

Location, date	Signature

ANNEX D FINAL EVALUATION REPORT

TO: Agreed authority as stated in the tailored NATO MEM
COPY MMU Commander
SUBJECT: Final Evaluation Report of [name MMU]
DATE:
REFERENCE: STANAG 2560 Evaluation of NATO Medical Treatment Facilities AMedP 1.6, AMedP 1.7, AMedP 1.8

1. Executive Summary
2. Introduction
3. Pre-evaluation information
4. Methodology
5. Findings
6. Conclusion
7. Recommendations

Signature Block for:
Lead Evaluator

FINAL EVALUATION REPORT (FER) explanatory notes

1. EXECUTIVE SUMMARY. Unit-description, evaluation team details, summary of findings and recommendations. (Maximum one page)

2. INTRODUCTION. The introduction provides a brief background of the requirement to include at which level of training and preparation of the MMU the evaluation has been conducted. It may also provide the context under which the evaluation has been conducted such as unit-description; mission needed capabilities, major stakeholders, level of urgency, political environment, etc.

3. PRE-EVALUATION ASSESSMENT. What stage of pre-operational preparations the units were in? Summary of the pre-evaluation self-assessment. What limitations were identified including their potential effects on the evaluation outcome?

4. METHODOLOGY. How was the evaluation conducted? Each method used should be briefly described, although the main instrument is the assessment of capabilities. Examples include composition of the MET, documentation review, questionnaires, interviews, group discussions/brainstorming, etc. Where there any limitations identified during the evaluation?

5. FINDINGS. Findings for an evaluation are normally described in terms of the need or deficiency within three main categories. These categories are personnel, material and procedures. The findings should be presented in a concise form supported by data in annexes.

6. CONCLUSION. Conclusion must state the overall assessment grading for the MMU/Medical System. The assessment grading is to be justified by reference to the appropriate findings. The grading used is as stated in Chapter 1 pt. 0104.

7. RECOMMENDATIONS. The recommendations must be linked to the findings of the evaluation and should be supported by appropriate data and analysis. No new information should be included.

8. ANNEXES.

a. First impression report: a copy of the FIR submitted to the MMU Commander is to be included.
b. Module Capability Assessment: a summary table detailing individual module capability assessment by personnel, equipment and procedures supported by appendices containing completed module questionnaires.

MODULE CAPABILITY ASSESSMENT FORM

Module capability assessment					
MEDICAL MODULES		Assessment Of Capability			Overall module OUTCOME
Serial	Module Title	Personnel	Equipment / Material	Procedures	
1					
2					
3					
4					
5					
6					
7					

ANNEX E COMMAND, CONTROL COMMUNICATION, COMPUTERS AND INFORMATION (C4I) MODULE

Module	C4I
Capability	Provide Command Provide Control Provide Communication Provide Computers (IT support) Provide Information Arrange contingencies for MASCAL
Key Question	Is the module able to provide the capability?

No.	Supporting Question	Mission essential?	FC/C/CL	Risks Identified	Recommendations
1.	**Personnel**				
1.a	How is the module staffed?				
1.b	How is the staffing of the module organized?				
1.c	Are personnel properly trained to operate the module equipment?	Yes			
2.	**Material**				
2.a	What equipment is available to support the module?				

2.b	Is the equipment fit for purpose?	Yes			
3.	**Procedures**				
3.a	Are the C2 arrangements published?				
3.b	Is a list of all medical assets in theatre and their capabilities available?				
3.c	Is a communication list available of all C2 assets in theatre including civilian?				
3.d	Are there adequate and functional reporting systems in place? (Trauma registry, MEDEAASESSREP, EPINATO2, etc)				
3.e	Is (medical) Host Nation Support (HNS) listed, adequate, accessible and available?				

Summary:	□	FC:	Fully Capable/no risks identified
	□	C:	Capable/minor risks identified
	□	CL:	Capable with Limitations/major risks identified

Reference standards (promulgated version):

STANAG 2060 Identification of Medical Materiel for Field Medical Installations – AMedP-1.5
STANAG 2128 Medical and Dental Supply Procedures – AMedP-1.12
STANAG 2132 Documentation Relative to Initial Medical Treatment and Evacuation - AMedP-8.1
STANAG 2179 Minimum Requirements for medical care of Women in joint/combined operations - AMedP-8.9
STANAG 2228 Allied Joint Medical Support Doctrine - AJP-4.10
STANAG 2481 Medical Information Collection and Reporting – AMedP-3.2
STANAG 2542 Allied Joint Medical Planning Doctrine – AJMedP-1
STANAG 2546 Allied Joint Medical Doctrine for Medical Evacuation – AJMedP-2
STANAG 2547 Allied Joint Medical Doctrine for Medical Intelligence – AJMedP-3
STANAG 2553 NATO Planning Guide for the Estimate of CBRN Casualties – AMedP-7.5
STANAG 2873 Commander's guide on medical support to chemical, biological, radiological, and nuclear defensive operations– AMedP-7.6
STANAG 2879 Principles of Medical Policy in the Management of a Mass Casualty Situation – AMedP-1.10
STANAG 2931 Orders for the Camouflage of the Protective Medical Emblems on Land in Tactical Operations – ATP-79

ANNEX F HOSPITAL MANAGEMENT INCLUDING PATIENT ADMINISTRATION DESK MODULE

Module	Hospital management (including Patient Administration Desk)
Capability	Provide hospital management Provide patient administration support Respond to MASCAL
Key Question	Is the module able to provide hospital management and adequate administration support to the unit?

No.	Supporting Question	Mission essential?	FC/C/CL	Risks Identified	Recommendations
1.	**Personnel**				
1.a	How is the module staffed?				
1.b	How is the staffing of the module organized?				
1.c	Are personnel properly trained to operate the module equipment?	Yes			
1.d	Are personnel aware of the unit procedures in case of an emergency (e.g. patient, call)?				
2.	**Material**				
2.a	What equipment is available to support the module?				

2.b	Is the equipment fit for purpose?	Yes			
3.	**Procedures**				
3.a	Are the arrangements for the module published?	Yes			
3.b	Are In-hospital patient movement procedures available?				

Summary:	□	FC:	Fully Capable/no risks identified
	□	C:	Capable/minor risks identified
	□	CL:	Capable with Limitations/major risks identified

Reference standards (promulgated version):
STANAG 2060 Identification of Medical Materiel for Field Medical Installations – AMedP-1.5
STANAG 2128 Medical and Dental Supply Procedures – AMedP-1.12
STANAG 2132 Documentation Relative to Initial Medical Treatment and Evacuation - AMedP-8.1
STANAG 2179 Minimum Requirements for medical care of Women in joint/combined operations - AMedP-8.9
STANAG 2228 Allied Joint Medical Support Doctrine - AJP-4.10
STANAG 2481 Medical Information Collection and Reporting – AMedP-3.2
STANAG 2542 Allied Joint Medical Planning Doctrine – AJMedP-1
STANAG 2546 Allied Joint Medical Doctrine for Medical Evacuation – AJMedP-2
STANAG 2547 Allied Joint Medical Doctrine for Medical Intelligence – AJMedP-3
STANAG 2553 NATO Planning Guide for the Estimate of CBRN Casualties – AMedP-7.5
STANAG 2873 Commander's guide on medical support to chemical, biological, radiological, and nuclear defensive operations– AMedP-7.6
STANAG 2879 Principles of Medical Policy in the Management of a Mass Casualty Situation – AMedP-1.10
STANAG 2931 Orders for the Camouflage of the Protective Medical Emblems on Land in Tactical Operations – ATP-79

ANNEX G PATIENT EVACUATION COORDINATION CELL MODULE

Module	PATIENT EVACUATION COORDINATION CELL
Capability	Provide situational awareness Provide regulation and coordination of patient transfer Provide communication Respond to MASCAL
Key Question:	Is the module able to provide the capability?

No.	Supporting Question	Mission essential?	FC/C/CL	Risks Identified	Recommendations
1.	**Personnel**				
1.a	How is the module staffed?				
1.b	How is the staffing of the module organized?				
1.c	Are the individuals certified at level 1 to perform the required medical skills and can it been proved?	Yes			
1.d	Are personnel properly trained to operate the module communication equipment?	Yes			
1.e	Are personnel aware of NATO operational command structure?				

2.	**Material**				
2.a	What communication equipment is available to support the module?				
2.b	Is the equipment fit for purpose?	Yes			
2.c	Is communications equipment sufficient to communicate with troops supported, with other medical elements and with command level?	Yes			
3.	**Procedures**				
3.a	Is the module located in the JOC?	Yes			
3.b	Are the C2 arrangements for the module published?	Yes			
3.c	Is there a CBRN medical plan available?	Yes			
3.d	Are procedures in place to ensure communication with supported troops, with other medical elements and with higher formations? (e.g. radio procedures, backup communication plans).				
3.e	Are processes in place for personnel to maintain situational awareness (available assets in theatre)?	Yes			
3.f	Are contingency plans in place?				

Summary:	□	FC:	Fully Capable/no risks identified
	□	C:	Capable/minor risks identified
	□	CL:	Capable with Limitations/major risks identified

Reference standards (promulgated version):
STANAG 2060 Identification of Medical Materiel for Field Medical Installations – AMedP-1.5
STANAG 2128 Medical and Dental Supply Procedures – AMedP-1.12
STANAG 2132 Documentation Relative to Initial Medical Treatment and Evacuation - AMedP-8.1
STANAG 2179 Minimum Requirements for medical care of Women in joint/combined operations - AMedP-8.9
STANAG 2228 Allied Joint Medical Support Doctrine - AJP-4.10
STANAG 2481 Medical Information Collection and Reporting – AMedP-3.2
STANAG 2542 Allied Joint Medical Planning Doctrine – AJMedP-1
STANAG 2546 Allied Joint Medical Doctrine for Medical Evacuation – AJMedP-2
STANAG 2547 Allied Joint Medical Doctrine for Medical Intelligence – AJMedP-3
STANAG 2553 NATO Planning Guide for the Estimate of CBRN Casualties – AMedP-7.5
STANAG 2873 Commander's guide on medical support to chemical, biological, radiological, and nuclear defensive operations– AMedP-7.6
STANAG 2879 Principles of Medical Policy in the Management of a Mass Casualty Situation – AMedP-1.10
STANAG 2931 Orders for the Camouflage of the Protective Medical Emblems on Land in Tactical Operations – ATP-79

ANNEX H MEDICAL PLANS MODULE

Module	Medical Plans
Capability	Be able to plan medical support to operations Provide Information handling Prepare and plan for MASCAL Respond to MASCAL
Key Question	Is the module able to provide the capability?

No.	Supporting Question	Mission essential?	FC/C/CL	Risks Identified	Recommendations
1.	**Personnel**				
1.a	How is the module staffed?				
1.b	How is the staffing of the module organized?				
1.c	Are the individuals certified at level 1 to perform the required medical skills and can it been proved?	Yes			
1.d	Are personnel properly trained to operate the module communications equipment?	Yes			

1.d	Are personnel aware of the NATO operational command structure?				
2.	**Material**				
2.a	What equipment is available to support the module?				
2.b	Is the equipment fit for purpose?	Yes			
2.c	Is a Casualty Rate Estimate tool available?	Yes			
3.	**Procedures**				
3.a	Can the Plans module meet the demands based on the mission medical estimate?				
3.b	Are the C2 arrangements for the module published?				
3.c	Is there a MASCAL plan and is it promulgated?	Yes			
3.d	Is there a CBRN medical plan available?				
3.e	Are procedures in place to ensure communication with supported troops, with other medical elements and with higher formations? (e.g. radio procedures, backup communication plans).	Yes			
3.f	Are processes in place for personnel to maintain situational awareness (available assets in theatre)?				
3.g	Are contingency plans in place (e.g. exit strategy)?				
3.h	Are any MOU/TA in place and available?				
3.i	Are adequate reporting procedures available (MEDASSESSREP, MEDSITREP, EPINATO)?				

3.j	Are plans for HNS available?				

Summary:
- □ FC: Fully Capable/no risks identified
- □ C: Capable/minor risks identified
- □ CL: Capable with Limitations/major risks identified

Reference standards (promulgated version):
STANAG 2060 Identification of Medical Materiel for Field Medical Installations – AMedP-1.5
STANAG 2128 Medical and Dental Supply Procedures – AMedP-1.12
STANAG 2132 Documentation Relative to Initial Medical Treatment and Evacuation - AMedP-8.1
STANAG 2179 Minimum Requirements for medical care of Women in joint/combined operations - AMedP-8.9
STANAG 2228 Allied Joint Medical Support Doctrine - AJP-4.10
STANAG 2481 Medical Information Collection and Reporting – AMedP-3.2
STANAG 2542 Allied Joint Medical Planning Doctrine – AJMedP-1
STANAG 2546 Allied Joint Medical Doctrine for Medical Evacuation – AJMedP-2
STANAG 2547 Allied Joint Medical Doctrine for Medical Intelligence – AJMedP-3
STANAG 2553 NATO Planning Guide for the Estimate of CBRN Casualties – AMedP-7.5
STANAG 2873 Commander's guide on medical support to chemical, biological, radiological, and nuclear defensive operations– AMedP-7.6
STANAG 2879 Principles of Medical Policy in the Management of a Mass Casualty Situation – AMedP-1.10
STANAG 2931 Orders for the Camouflage of the Protective Medical Emblems on Land in Tactical Operations – ATP-79

ANNEX I MEDICAL OPERATIONS MODULE

Module	Medical Operations
Capability	Provide control of medical support to operations Provide communication Respond to MASCAL
Key Question	Is the module able to provide the capability?

No.	Supporting Question	Mission essential?	FC/C/CL	Risks Identified	Recommendations
1.	**Personnel**				
1.a	How is the module staffed?				
1.b	How is the staffing of the module organized?				
1.c	Are the individuals certified at level 1 to perform the required medical skills and can it been proved?	Yes			
1.d	Are personnel properly trained to operate the module communications equipment?	Yes			
1.c	Are personnel aware of the NATO operational command structure?				

2.	**Material**				
2.a	What equipment is available to support the module?				
2.b	Is the equipment fit for purpose?	Yes			
2.c	Is communications equipment sufficient to communicate with troops supported, with other medical elements and with command level?	Yes			
2.d	Is the module located in the JOC?				
3.	**Procedures**				
3.a	Can the Ops module meet the demands based on the mission medical estimate?				
3.b	Are the C2 arrangements for the module published?				
3.c	Is there a MASCAL plan and is it promulgated?				
3.d	Is there a CBRN medical plan available?	Yes			
3.e	Are procedures in place to ensure communication with supported troops, with other medical elements and with higher formations? (e.g. radio procedures, backup communication plans).				
3.f	Are processes in place for personnel to maintain situational awareness (available assets in theatre)?	Yes			
3.g	Are any MOU/TA in place and available?				

3.h	Are adequate reporting procedures available (MEDASSESSREP, MEDSITREP, EPINATO)?				
3.i	Are plans for HNS available?				

Summary:	□	FC:	Fully Capable/no risks identified
	□	C:	Capable/minor risks identified
	□	CL:	Capable with Limitations/major risks identified

Reference standards (promulgated version):
STANAG 2060 Identification of Medical Materiel for Field Medical Installations – AMedP-1.5
STANAG 2128 Medical and Dental Supply Procedures – AMedP-1.12
STANAG 2132 Documentation Relative to Initial Medical Treatment and Evacuation - AMedP-8.1
STANAG 2179 Minimum Requirements for medical care of Women in joint/combined operations - AMedP-8.9
STANAG 2228 Allied Joint Medical Support Doctrine - AJP-4.10
STANAG 2481 Medical Information Collection and Reporting – AMedP-3.2
STANAG 2542 Allied Joint Medical Planning Doctrine – AJMedP-1
STANAG 2546 Allied Joint Medical Doctrine for Medical Evacuation – AJMedP-2
STANAG 2547 Allied Joint Medical Doctrine for Medical Intelligence – AJMedP-3
STANAG 2553 NATO Planning Guide for the Estimate of CBRN Casualties – AMedP-7.5
STANAG 2873 Commander's guide on medical support to chemical, biological, radiological, and nuclear defensive operations– AMedP-7.6
STANAG 2879 Principles of Medical Policy in the Management of a Mass Casualty Situation – AMedP-1.10
STANAG 2931 Orders for the Camouflage of the Protective Medical Emblems on Land in Tactical Operations – ATP-79

ANNEX J RESPONSE AND/OR IN TRANSIT AMBULANCE MODULE

Module	Response and /or in-transit ambulance
Capability	Manage pre hospital care and life support Manage severe casualties (trauma and wound injuries) Manage patient tracking and transfer Manage CBRN patients Manage nursing care Ensure transport Supervise stock levels in transport assets and manage stores Respond to MASCAL
Key Question	Is the module able to provide pre-hospital emergency care?

No.	Supporting Question	Mission essential?	FC/C/CL	Risks Identified	Recommendations
1.	**Personnel**				
1.a	How is the module staffed?				
1.b	How is the staffing of the module organized?				
1.c	Are the individuals certified at level 1 to perform the required medical skills and can it been proved?	Yes			

1.d	Are personnel properly trained to operate the module equipment?	Yes			
2.	**Material**				
2.a	What equipment is available to support the module?				
2.b	Is the equipment fit for purpose?	Yes			
2.c	Is there a system in place to ensure medical supplies are maintained to agreed levels?	Yes			
2.d	Are patient transfer specific items available?				
2.e	Can vehicle use NATO standard stretchers?				
2.f	Is communications equipment sufficient to communicate with troops supported, with other medical elements and with command level?	Yes			
3.	**Procedures**				
3.a	Are the C2 arrangements for the module published?				
3.b	Is crew able to communicate with other medical elements and with command level?	Yes			
3.c	Is crew able to orientate and navigate?	Yes			
3.d	Is the crew able to evacuate contaminated patients?				

Summary:

- ☐ FC: Fully Capable/no risks identified
- ☐ C: Capable/minor risks identified
- ☐ CL: Capable with Limitations/major risks identified

Reference standards (promulgated version):
STANAG 2040 Stretchers, Bearing Brackets and Attachment Supports – AMedP-2.1
STANAG 2060 Identification of Medical Material for Field Medical Installations – AMedP-1.5
STANAG 2087 Medical Employment of Air Transport in the Forward Area – AAMedP-1.5
STANAG 2121 Cross-servicing of Medical Gas Cylinders – AMedP-1.19
STANAG 2126 First Aid Kits and Emergency Medical Care Kits – AMedP-8.7
STANAG 2128 Medical and Dental Supply Procedures – AMedP-1.12
STANAG 2132 Documentation Relative to Initial Medical Treatment and Evacuation – AMedP-8.1
STANAG 2347 Medical Warning Tag – AmedP-8.8
STANAG 2872 Medical Design Requirements for Military Motor Ambulances – AmedP-1.14
STANAG 2879 Principles of Medical Policy in the Management of a Mass Casualty Situation – AMedP-1.10
STANAG 2931 Orders for the Camouflage of Protective Medical Emblems on Land in Tactical Operations – ATP-79

ANNEX K AEROMEDICAL CASUALTY STAGING MODULE

Module	Ward
Capability	Manage patient care Manage post-operative patient care Conduct administrative tasks Prepare patient for aeromedical transportation Supervise stock levels Respond to MASCAL
Key Question	Is the module able to provide patient (nursing) care?

No.	Supporting Question	Mission essential?	FC/C/CL	Risks Identified	Recommendations
1.	**Personnel**				
1.a	How is the module staffed?				
1.b	How is the staffing of the module organized?				
1.c	Are the individuals certified at level 1 to perform the required medical skills and can it been proved?	Yes			
1.d	Are personnel properly trained to operate the module equipment?	Yes			
2.	**Material**				
2.a	What equipment is available to support the module?				

2.b	Is the equipment fit for purpose?	Yes			
2.c	Is there a system in place to ensure medical supplies are maintained to agreed levels?	Yes			
3.	**Procedures**				
3.a	Are the C2 arrangements for the module?				
3.b	Is crew able to communicate with other medical elements in the troop contributing nations and with the appropriate command levels?	Yes			
3.c	Is access to aerospace medical expertise ensured				
3.d	Is the crew able to evacuate contaminated patients?				
3.e	Are procedures in place for the evacuation of chemically contaminated patients?				
3.f	Are procedures in place for the evacuation of radionuclide contaminated patients?				
3.g	Are procedures in place for the evacuation of biological warfare agents contaminated patients?				
3.h	Are procedures in place for the evacuation of infectious patients?				

Summary:
- □ FC: Fully Capable/no risks identified
- □ C: Capable/minor risks identified
- □ CL: Capable with Limitations/major risks identified

Reference standards (promulgated version):

ANNEX L FORWARD AEROMEDICAL EVACUATION (FAE) MODULE

Module	Forward Aeromedical Evacuation
Capability	Manage pre hospital care and life support Manage severe casualties (trauma and wound injuries) Manage patient tracking and transfer Manage CBRN patients IAW Annex AE Manage nursing care. Ensure transport Be trained in Survival aircraft (AC) mishap Control stock levels in transport assets and manage stores Respond to MASCAL
Key Question	Is the module able to provide pre-hospital emergency care?

No.	Supporting Question	Mission essential?	FC/C/CL	Risks Identified	Recommendations
1.	**Personnel**				
1.a	How is the module staffed?				
1.b	How is the staffing of the module organized?				
1.c	Are the individuals certified at level 1 to perform the required medical skills and can it been proved?	Yes			

1.d	Are personnel properly trained to operate the module equipment?	Yes			
2.	**Equipment/material**				
2.a	What equipment is available to support the module?				
2.b	Is the equipment fit for purpose?	Yes			
2.c	Is there a system in place to ensure medical supplies are maintained to agreed levels?	Yes			
2.d	Are patient transfer specific items available?				
2.e	Can the AE asset use NATO standard stretchers?				
2.f	Is communications equipment available on board to communicate internally?				
2.g	Is communications equipment sufficient to communicate with troops supported, with other medical elements and with command level?	Yes			
3.	**Procedures**				
3.a	Are the C2 arrangements for the module published?				
3.b	Is crew able to communicate with other medical elements and with command level?	Yes			
3.c	Are procedures in place for the evacuation of chemically contaminated patients?				
3.d	Are procedures in place for the evacuation of radionuclide contaminated patients?				
3.e	Are procedures in place for the evacuation of biological warfare agents contaminated patients?				
3.f	Are procedures in place for the evacuation of infectious patients?				

Summary:	□	FC:	Fully Capable/no risks identified
	□	C:	Capable/minor risks identified
	□	CL:	Capable with Limitations/major risks identified

Reference standards (promulgated version):
STANAG 1412 Transfer Litter Ship-to-Ship or Ship-to-Air – AMedP- 1.4
STANAG 2040 Stretchers, Bearing Brackets and Attachment Supports – AMedP-2.1
STANAG 2060 Identification of Medical Material for Field Medical Installations – AMedP-1.5
STANAG 2087 Medical Employment of Air Transport in the Forward Area – AAMedP-1.5
STANAG 2121 Cross-servicing of Medical Gas Cylinders – AMedP-1.19
STANAG 2126 First Aid Kits and Emergency Medical Care Kits – AMedP-8.7
STANAG 2128 Medical and Dental Supply Procedures – AMedP-1.12
STANAG 2132 Documentation Relative to Initial Medical Treatment and Evacuation – AMedP-8.1
STANAG 2347 Medical Warning Tag – AMedP-8.8
STANAG 2931 Orders for the Camouflage of Protective Medical Emblems on Land in Tactical Operations – ATP-79
STANAG 3114 Aeromedical Training of Flight Personnel - AAMedP-1.2
STANAG 3198 Functional Requirements of Aircraft Oxygen Equipment and Pressure Suits – AAMedP-1.3
STANAG 3204 Aeromedical Evacuation – AAMedP-1.1
STANAG 3526 Interchangeability of NATO Aircrew Medical Categories – AAMedP-1.10
STANAG 3527 Aircrew Fatigue Management
STANAG 3745 Medical Training and Equipment Requirements for Search and Rescue (SAR) and Combat Search and Rescue (CSAR) Missions. – AAMedP-1.12
STANAG 2879 Principles of medical Policy in the management of Mass Casualty Situation – AmedP-1.10

ANNEX M TACTICAL AEROMEDICAL EVACUATION MODULE

Module	Tactical Aeromedical Evacuation
Capability	Manage life support Manage severe casualties (trauma and wound injuries) Manage patient tracking and transfer Manage CBRN patients IAW Annex AE Manage nursing care. Ensure transport Be trained in Survival aircraft (AC) mishap Control stock levels in transport assets and manage stores Respond to MASCAL
Key Question	Is the module able to provide medical care for stabilized patients during air transport between MTFs within the Joint area of operations?

No.	Supporting Question	Mission essential?	FC/C/CL	Risks Identified	Recommendations
1.	**Personnel**				
1.a	How is the module staffed?				
1.b	How is the staffing of the module organized?				
1.c	Are the individuals certified at level 1 to perform the required medical skills and can it been proved?	Yes			

1.d	Are personnel properly trained to operate the module equipment and on board the aircraft?	Yes			
2.	**Material**				
2.a	What equipment is available to support the module?				
2.b	Is the equipment fit for purpose?	Yes			
2.c	How many places are available for lying and for sitting patients?				
2.d	Is there a system in place to ensure medical supplies are maintained to agreed levels?	Yes			
2.e	Are patient transfer specific items available?				
2.f	Can the AE asset use NATO standard stretchers?				
2.g	Is communications equipment available on board to communicate internally?				
2.h	Is communications equipment sufficient to communicate with other medical elements and with command level?	Yes			
3.	**Procedures**				
3.a	Are the C2 arrangements for the module published?				
3.b	Is it easy to bring the patient on board?				
3.c	Is crew able to communicate with other medical elements and with command level?	Yes			
3.d	Are procedures in place for the evacuation of infectious patients				

Summary:	□	FC:	Fully Capable/no risks identified
	□	C:	Capable/minor risks identified
	□	CL:	Capable with Limitations/major risks identified

Reference standards (promulgated version):
STANAG 3527 Aircrew Fatigue Management STANAG 1412 Transfer Litter Ship-to-Ship or Ship-to-Air – AMedP- 1.4
STANAG 2040 Stretchers, Bearing Brackets and Attachment Supports – AMedP-2.1
STANAG 2060 Identification of Medical Material for Field Medical Installations – AMedP-1.5
STANAG 2087 Medical Employment of Air Transport in the Forward Area – AAMedP-1.5
STANAG 2121 Cross-servicing of Medical Gas Cylinders – AMedP-1.19
STANAG 2126 First Aid Kits and Emergency Medical Care Kits – AMedP-8.7
STANAG 2128 Medical and Dental Supply Procedures – AMedP-1.12
STANAG 2132 Documentation Relative to Initial Medical Treatment and Evacuation – AMedP-8.1
STANAG 2347 Medical Warning Tag – AMedP-8.8
STANAG 2931 Orders for the Camouflage of Protective Medical Emblems on Land in Tactical Operations – ATP-79
STANAG 3114 Aeromedical Training of Flight Personnel - AAMedP-1.2
STANAG 3198 Functional Requirements of Aircraft Oxygen Equipment and Pressure Suits – AAMedP-1.3
STANAG 3204 Aeromedical Evacuation – AAMedP-1.1
STANAG 3526 Interchangeability of NATO Aircrew Medical Categories – AAMedP-1.10

ANNEX N STRATEGIC AEROMEDICAL EVACUATION MODULE

Module	Strategic Aeromedical Evacuation
Capability	Manage life support Manage severe casualties (trauma and wound injuries) Manage patient tracking and transfer Manage CBRN patients IAW Annex AE Manage nursing care. Ensure transport Be trained in Survival aircraft (AC) mishap Control stock levels in transport assets and manage stores Respond to MASCAL
Key Question	Is the module able to provide emergency care

No.	Supporting Question	Mission essential?	FC/C/CL	Risks Identified	Recommendations
1.	**Personnel**				
1.a	How is the module staffed?				
1.b	How is the staffing of the module organized?				
1.c	Are the individuals certified at level 1 to perform the required medical skills and can it been proved?	Yes			
1.d	Are personnel properly trained to operate the module equipment and on board the aircraft?	Yes			

2.	**Material**				
2.a	What equipment is available to support the module?				
2.b	Is the equipment fit for purpose?	Yes			
2.c	How many places are available for lying and for sitting patients?				
2.d	Is there a system in place to ensure medical supplies are maintained to agreed levels?	Yes			
2.e	Are patient transfer specific items available?				
2.f	Can the AE asset use NATO standard stretchers?				
2.g	Is communications equipment available on board to communicate internally?				
2.h	Is communications equipment sufficient to communicate with other medical elements and with command level?	Yes			
3.	**Procedures**				
3.a	Is it easy to bring the patient on board?				
3.b	Are the C2 arrangements for the module published?				
3.c	Is crew able to communicate with other medical elements and with command level?	Yes			
3.d	Are procedures in place for the evacuation of infectious patients				

Summary:	□	FC:	Fully Capable/no risks identified
	□	C:	Capable/minor risks identified
	□	CL:	Capable with Limitations/major risks identified

Reference standards (promulgated version):
STANAG 1412 Transfer Litter Ship-to-Ship or Ship-to-Air – AMedP- 1.4
STANAG 2040 Stretchers, Bearing Brackets and Attachment Supports – AMedP-2.1
STANAG 2060 Identification of Medical Material for Field Medical Installations – AMedP-1.5
STANAG 2121 Cross-servicing of Medical Gas Cylinders – AMedP-1.19
STANAG 2126 First Aid Kits and Emergency Medical Care Kits – AMedP-8.7
STANAG 2128 Medical and Dental Supply Procedures – AMedP-1.12
STANAG 2132 Documentation Relative to Initial Medical Treatment and Evacuation – AMedP-8.1
STANAG 2347 Medical Warning Tag – AMedP-8.8
STANAG 2931 Orders for the Camouflage of Protective Medical Emblems on Land in Tactical Operations – ATP-79
STANAG 3114 Aeromedical Training of Flight Personnel - AAMedP-1.2
STANAG 3198 Functional Requirements of Aircraft Oxygen Equipment and Pressure Suits – AAMedP-1.3
STANAG 3204 Aeromedical Evacuation – AAMedP-1.1
STANAG 3526 Interchangeability of NATO Aircrew Medical Categories – AAMedP-1.10
STANAG 3527 Aircrew Fatigue Management

ANNEX O MEDICAL EMERGENCY RESPONSE TEAM MODULE

Module	Medical Emergency Response Team
Capability	Manage pre hospital care and life support Manage severe casualties (trauma and wound injuries) Manage patient tracking and transfer Manage CBRN patients IAW Annex AE Survival aircraft (AC) mishap Control stock levels in transport assets and manage stores Respond to MASCAL
Key Question	Is the module able to provide pre-hospital emergency care?

No.	Supporting Question	Mission essential?	FC/C/CL	Risks Identified	Recommendations
1.	**Personnel**				
1.a	How is the module staffed?				
1.b	How is the staffing of the module organized?				
1.c	Are the individuals certified at level 1 to perform the required medical skills and can it been proved?	Yes			
1.d	Are personnel properly trained to operate the module equipment?	Yes			
2.	**Material**				
2.a	What equipment is available to support the module?				

2.b	Is the equipment fit for purpose?	Yes			
2.c	Is there a system in place to ensure medical supplies are maintained to agreed levels?	Yes			
2.d	Are patient transfer specific items available?				
2.e	Can the AE asset use NATO standard stretchers?				
2.f	Is communications equipment available on board to communicate internally?				
2.g	Is communications equipment sufficient to communicate with troops supported, with other medical elements and with command level?	Yes			
3.	**Procedures**				
3.a	Are the C2 arrangements for the module published?				
3.b	Is crew able to communicate with troops supported, with other medical elements and with command level?	Yes			

Summary:	□	FC:	Fully Capable/no risks identified
	□	C:	Capable/minor risks identified
	□	CL:	Capable with Limitations/major risks identified

Reference standards (promulgated version):
STANAG 1412 Transfer Litter Ship-to-Ship or Ship-to-Air – AMedP- 1.4
STANAG 2040 Stretchers, Bearing Brackets and Attachment Supports – AMedP-2.1
STANAG 2060 Identification of Medical Material for Field Medical Installations – AMedP-1.5
STANAG 2121 Cross-servicing of Medical Gas Cylinders – AMedP-1.19
STANAG 2126 First Aid Kits and Emergency Medical Care Kits – AMedP-8.7
STANAG 2128 Medical and Dental Supply Procedures – AMedP-1.12
STANAG 2132 Documentation Relative to Initial Medical Treatment and Evacuation – AMedP-8.1
STANAG 2347 Medical Warning Tag – AMedP-8.8
STANAG 2931 Orders for the Camouflage of Protective Medical Emblems on Land in Tactical Operations – ATP-79
STANAG 3114 Aeromedical Training of Flight Personnel - AAMedP-1.2
STANAG 3198 Functional Requirements of Aircraft Oxygen Equipment and Pressure Suits – AAMedP-1.3
STANAG 3204 Aeromedical Evacuation – AAMedP-1.1
STANAG 3526 Interchangeability of NATO Aircrew Medical Categories – AAMedP-1.10
STANAG 3527 Aircrew Fatigue Management

ANNEX P CRITICAL CARE AIR SUPPORT TEAM (CCAST) MODULE

Module	Critical care air support team
Capability	Manage pre hospital care and life support Manage severe casualties (trauma and wound injuries) Manage patient tracking and transfer Manage CBRN patients IAW Annex AE Manage nursing care. Ensure transport Be trained in Survival aircraft (AC) mishap Control stock levels in transport assets and manage stores Respond to MASCAL
Key Question	Is the module able to provide medical care for critical care patients during air transport to MTFs outside the Joint area of operations?

No.	Supporting Question	Mission essential?	FC/C/CL	Risks Identified	Recommendations
1.	**Personnel**				
1.a	How is the module staffed?				
1.b	How is the staffing of the module organized?				
1.c	Are the individuals certified at level 1 to perform the required medical skills and can it been proved?	Yes			

1.d	Are personnel properly trained to operate the module equipment and on board the aircraft?	Yes			
2.	**Material**				
2.a	What equipment is available to support the module?				
2.b	Is the equipment fit for purpose?	Yes			
2.c	How many places are available for critical patients?				
2.d	Is there a system in place to ensure medical supplies are maintained to agreed levels?	Yes			
2.e	Are patient transfer specific items available?				
2.f	Can the AE asset use NATO standard stretchers?				
2.g	Is communications equipment available on board to communicate internally?				
2.h	Is communications equipment sufficient to communicate with other medical elements and with command level?	Yes			
3.	**Procedures**				
3.a	Is it easy to bring the patient on board?				
3.b	Is there good access all around the patient?				
3.c	Are the C2 arrangements for the module published?				
3.d	Is crew able to communicate with other medical elements and with command level?	Yes			

Summary:	□	FC:	Fully Capable/no risks identified
	□	C:	Capable/minor risks identified
	□	CL:	with Limitations/major risks identified

Reference standards (promulgated version):
STANAG 1412 Transfer Litter Ship-to-Ship or Ship-to-Air – AMedP- 1.4
STANAG 2040 Stretchers, Bearing Brackets and Attachment Supports – AMedP-2.1
STANAG 2060 Identification of Medical Material for Field Medical Installations – AMedP-1.5
STANAG 2121 Cross-servicing of Medical Gas Cylinders – AMedP-1.19
STANAG 2126 First Aid Kits and Emergency Medical Care Kits – AMedP-8.7
STANAG 2128 Medical and Dental Supply Procedures – AMedP-1.12
STANAG 2132 Documentation Relative to Initial Medical Treatment and Evacuation – AMedP-8.1
STANAG 2347 Medical Warning Tag – AMedP-8.8
STANAG 2931 Orders for the Camouflage of Protective Medical Emblems on Land in Tactical Operations – ATP-79
STANAG 3114 Aeromedical Training of Flight Personnel - AAMedP-1.2
STANAG 3198 Functional Requirements of Aircraft Oxygen Equipment and Pressure Suits – AAMedP-1.3
STANAG 3204 Aeromedical Evacuation – AAMedP-1.1
STANAG 3526 Interchangeability of NATO Aircrew Medical Categories – AAMedP-1.10
STANAG 3527 Aircrew Fatigue Management

ANNEX Q PRIMARY HEALTHCARE MODULE

Module	Primary Healthcare
Capability	Provision of general medical practice including basic occupational medical advice Assist in pre hospital care and life support Manage severe casualties (trauma and wound injuries) Manage patient transfer Manage nursing care. Manage infectious and CBRN patients Manage field sterilization services and manage storage of sterile equipment Conduct administrative tasks Control stock levels in transport assets (if applicable) and manage stores Respond to MASCAL
Key Question	Is the module able to provide the required capability?

No.	Supporting Question	Mission essential?	FC/C/CL	Risks Identified	Recommendations
1.	**Personnel**				
1.a	How is the module staffed?				
1.b	How is the staffing of the module organized?				

1.c	Are the individuals certified at level 1 to perform the required medical skills and can it been proved?	Yes			
1.d	Are personnel properly trained to operate the module equipment?	Yes			
2.	**Material**				
2.a	What equipment is available to support the module?				
2.b	Is the equipment fit for purpose?	Yes			
2.c	Is there a system in place to ensure medical supplies are maintained to agreed levels?	Yes			
2.d	Is the module able to transport itself by its own transportation means? (only at role 1)	Yes			
2.e	Are patient transfer specific items available?				
3.	**Procedures**				
3.a	Are the C2 arrangements for the module published?				

Summary:	□	FC:	Fully Capable/no risks identified
	□	C:	Capable/minor risks identified
	□	CL:	Capable with Limitations/major risks identified

Reference standards (promulgated version):
STANAG 1208 Minimum Requirements of Emergency Medical Supplies on Board Ships – AmedP-1.19
STANAG 2060 Identification of Medical Materiel for Field Medical Installations – AMedP-1.5
STANAG 2121 Cross-servicing of Medical Gas Cylinders – AMedP-1.19
STANAG 2128 Medical and Dental Supply Procedures – AMedP- 1.12
STANAG 2132 Documentation Relative to Medical Evacuation, treatment, and evacuation AMedP 8.1
STANAG 2179 Minimum Requirements for medical care of Women in joint/combined operations - AMedP-8.9
STANAG 2347 Medical Warning Tag – AMedP-8.8
STANAG 2481 Medical Information Collection and Reporting – AMedP-3.2
STANAG 2879 Principles of Medical Policy in the Management of a Mass Casualty Situation – AMedP-1.10
STANAG 2510 Joint NATO Waste Management Requirements during NATO Led Military Activities AJEPP-5
STANAG 2549 Emergency care in the Operational Environment – AMedP-1.16
STANAG 2931 Orders for the Camouflage Of Protective Medical Emblems on Land in Tactical Operations ATP-79

ANNEX R EMERGENCY AREA MODULE

Module	Emergency area
Capability	Assess and manage critically ill or trauma patients Prepare patient for transfer Manage infectious and CBRN contaminated patients Conduct administrative tasks Supervise stock levels Respond to MASCAL
Key Question	Is the module able to provide resuscitation?

No.	Supporting Question	Mission essential?	FC/C/CL	Risks Identified	Recommendations
1.	**Personnel**				
1.a	How is the module staffed?				
1.b	How is the staffing of the module organized?				
1.c	Are the individuals certified at level 1 to perform the required medical skills and can it been proved?	Yes			
1.d	Are personnel properly trained to operate the module equipment?	Yes			
2.	**Material**				
2.a	What equipment is available to support the module?				

2.b	Is the equipment fit for purpose?	Yes			
2.c	Is there a system in place to ensure medical supplies are maintained to agreed levels?	Yes			
2.d	Are patient transfer specific items available?				
3.	**Procedures**				
3.a	Are the C2 arrangements for the module published?				

Summary:	□	FC:	Fully Capable/no risks identified
	□	C:	Capable/minor risks identified
	□	CL:	Capable with Limitations/major risks identified

Reference standards (promulgated version):
STANAG 2121 Cross-servicing of Medical Gas Cylinders – AMedP-1.19
STANAG 2126 First-Aid Kits and Emergency Medical Care Kits – AMedP-8.7
STANAG 2178 Compatibility of Medical Tubing and Connectors in the Field – AmedP-1.15
STANAG 2348 Basic Military Medical Record - AMedP-8.2
STANAG 2453 The Extent of Dental and Maxillofacial Treatment at Roles 1-3 Medical Support – AMedP-8.13
STANAG 2549 Emergency care in the Operational Environment – AMedP-1.16
STANAG 2879 Principles of Medical Policy in the Management of a Mass Casualty Situation – AMedP-1.10
STANAG 2939 Minimum Requirements for Blood, Blood Donors and Associated Equipment – AMedP-1.1

ANNEX S PATIENT HOLDING MODULE

Module	Patient holding
Capability	Manage critically ill patients or critically wounded casualties Manage high care nursing including post-operative nursing care Supervise stock levels Prepare patient for transfer Respond to MASCAL
Key Question	Is the module able to provide temporary care for critically ill or critically wounded (treated) patients?

No.	Supporting Question	Mission essential?	FC/C/CL	Risks identified	Recommendations
1.	**Personnel**				
1.a	How is the module staffed?				
1.b	How is the staffing of the module organized?				
1.c	Are the individuals certified at level 1 to perform the required medical skills and can it been proved?	Yes			

1.d	Are personnel properly trained to operate the module equipment?	Yes			
2.	**Material**				
2.a	What equipment is available to support the module?				
2.b	Is the equipment fit for purpose?	Yes			
2.c	Is there a system in place to ensure medical supplies are maintained to agreed levels?	Yes			
2.d	Are patient transfer specific items available?				
2.e.	What is the capacity of the module?				
3.	**Procedures**				
3.a	Are the C2 arrangements for the module published?				
3.b	Are required reporting procedures in place?				

Summary:	□	FC:	Fully Capable/no risks identified
	□	C:	Capable/minor risks identified
	□	CL:	Capable with Limitations/major risks identified

Reference standards (promulgated version):
STANAG 2132 Documentation Relative to Initial Medical Treatment and Evacuation AMedP 8.1
STANAG 2348 Basic Military Hospital (Clinical) Records – AMedP- 8.2
STANAG 2549 Emergency care in the Operational Environment – – AMedP-1.16
STANAG 2879 Principles of Medical Policy in the Management of a Mass Casualty Situation – AMedP-1.10

ANNEX T SURGICAL MODULE

Module	Surgical
Capability	Manage trauma patients Anaesthetise a patient (including a CBRN contaminated patient) Manage peri-operative care and/or advanced life support Manage operating room Deliver surgical care Prepare patient for transfer Respond to MASCAL
Key Question	Is the module able to provide surgery with pre-/post-operative care?

No.	Supporting Question	Mission essential?	FC/C/CL	Risks Identified	Recommendations
1.	**Personnel**				
1.a	How is the module staffed?				
1.b	How is the staffing of the module organized?				
1.c	Are the individuals certified at level 1 to perform the required medical skills and can it be proved?	Yes			
1.d	Are personnel properly trained to operate the module equipment?	Yes			
2.	**Material**				

2.a	What equipment is available to support the module?				
2.b	Is the equipment fit for purpose?	Yes			
2.c	Is there a system in place to ensure medical supplies are maintained to agreed levels?	Yes			
3.	**Procedures**				
3.a	Are the C2 arrangements for the module published?				

Summary:	□	FC:	Fully Capable/no risks identified
	□	C:	Capable/minor risks identified
	□	CL:	Capable with Limitations/major risks identified

Reference standards (promulgated version):
STANAG 1208 Minimum Requirements of Emergency Medical Supplies on Board Ships – AMedP-1.19
STANAG 2121 Cross-Servicing of Medical Gas Cylinders – AMedP-1.19
STANAG 2132 Documentation Relative to Initial Medical, treatment, and evacuation AMedP 8.1
STANAG 2348 Basic Military Hospital (Clinical) Records – AMedP-8.2
STANAG 2453 The Extent of Dental and Maxillofacial Treatment at Roles 1-3 Medical Support – AMedP-8.13
STANAG 2549 Emergency care in the Operational Environment – AMedP-1.16
STANAG 2879 Principles of Medical Policy in the Management of a Mass Casualty Situation – AMedP-1.10
STANAG 2939 Minimum Requirements for Blood, Blood Donors and Associated Equipment – AmedP-1.1

ANNEX U INTENSIVE CARE UNIT MODULE

Module	Intensive Care Unit
Capability	Manage trauma patient Manage critically ill patient. Provide sedative care Manage patient transfer Manage CBRN contaminated patients Assist in AEROMEDEVAC (if applicable) Supervise stock levels. Respond to MASCAL
Key Question	Is the module able to provide intensive care?

No.	Supporting Question	Mission essential?	FC/C/CL	Risks Identified	Recommendations
1.	**Personnel**				
1.a	How is the module staffed?				
1.b	How is the staffing of the module organized?				
1.c	Are the individuals certified at level 1 to perform the required medical skills and can it been proved?	Yes			
1.d	Are personnel properly trained to operate the module equipment?	Yes			
2.	**Material**				

2.a	What equipment is available to support the module?				
2.b	Is the equipment fit for purpose?	Yes			
2.c	Is there a system in place to ensure medical supplies are maintained to agreed levels?	Yes			
3.	**Procedures**				
3.a	Are the C2 arrangements for the module published?				
3.b	What is the capacity of the module?				

Summary:	□	FC:	Fully Capable/no risks identified
	□	C:	Capable/minor risks identified
	□	CL:	Capable with Limitations/major risks identified

Reference standards (promulgated version):
STANAG 1208 Minimum Requirements of Emergency Medical Supplies on Board Ships – AMedP-1.19
STANAG 2121 Cross-Servicing of Medical Gas Cylinders – AMedP-1.19
STANAG 2132 Documentation Relative to Initial Medical, treatment, and evacuation AMedP 8.1
STANAG 2348 Basic Military Hospital (Clinical) Records – AMedP-8.2
STANAG 2453 The Extent of Dental and Maxillofacial Treatment at Roles 1-3 Medical Support – AMedP-8.13
STANAG 2549 Emergency care in the Operational Environment – AMedP-1.16
STANAG 2879 Principles of Medical Policy in the Management of a Mass Casualty Situation – AMedP-1.10
STANAG 2939 Minimum Requirements for Blood, Blood Donors and Associated Equipment – AmedP-1.1

ANNEX V POST OPERATIVE / HIGH DEPENDENCY MODULE

Module	Post OP / High Dependency
Capability	Manage Post Op patient Provide sedative care Manage patient transfer MEDEVAC procedures Supervise stock levels Respond to MASCAL
Key Question	Is the module able to provide care for post OP (highly dependent) patients?

No.	Supporting Question	Mission essential?	FC/C/CL	Risks Identified	Recommendations
1.	**Personnel**				
1.a	How is the module staffed?				
1.b	How is the staffing of the module organized?				
1.c	Are the individuals certified at level 1 to perform the required medical skills and can it been proved?	Yes			
1.d	Are personnel properly trained to operate the module equipment?	Yes			
2.	**Material**				
2.a	What equipment is available to support the module?				
2.b	Is the equipment fit for purpose?	Yes			

2.c	Is there a system in place to ensure medical supplies are maintained to agreed levels?	Yes			
3.	**Procedures**				
3.a	Are the C2 arrangements for the module published?				
3.b	What is the capacity of the module?				

Summary:	□	FC:	Fully Capable/no risks identified
	□	C:	Capable/minor risks identified
	□	CL:	Capable with Limitations/major risks identified

Reference standards (promulgated version):
STANAG 1208 Minimum Requirements of Emergency Medical Supplies on Board Ships – AMedP-1.19
STANAG 2121 Cross-Servicing of Medical Gas Cylinders – AMedP-1.19
STANAG 2132 Documentation Relative to Initial Medical, treatment, and evacuation AMedP 8.1
STANAG 2348 Basic Military Hospital (Clinical) Records – AMedP-8.2
STANAG 2453 The Extent of Dental and Maxillofacial Treatment at Roles 1-3 Medical Support – AMedP-8.13
STANAG 2549 Emergency care in the Operational Environment – AMedP-1.16
STANAG 2879 Principles of Medical Policy in the Management of a Mass Casualty Situation – AMedP-1.10
STANAG 2939 Minimum Requirements for Blood, Blood Donors and Associated Equipment – AmedP-1.1

ANNEX W WARD MODULE

Module	Ward
Capability	Manage patient care Manage post-operative patient care Conduct administrative tasks Prepare patient for in-hospital or inter hospital transportation Supervise stock levels Respond to MASCAL
Key Question	Is the module able to provide patient (nursing) care?

No.	Supporting Question	Mission essential?	FC/C/CL	Risks Identified	Recommendations
1.	**Personnel**				
1.a	How is the module staffed?				
1.b	How is the staffing of the module organized?				
1.c	Are the individuals certified at level 1 to perform the required medical skills and can it been proved?	Yes			
1.d	Are personnel properly trained to operate the module equipment?	Yes			
2.	**Material**				
2.a	What equipment is available to support the module?				
2.b	Is the equipment fit for purpose?	Yes			

2.c	Is there a system in place to ensure medical supplies are maintained to agreed levels?	Yes			
2.d	Are patient transfer specific items available?				
3.	**Procedures**				
3.a	Are the C2 arrangements for the module published?				

Summary:	□	FC:	Fully Capable/no risks identified
	□	C:	Capable/minor risks identified
	□	CL:	Capable with Limitations/major risks identified

Reference standards (promulgated version):
STANAG 2132 Documentation Relative to Initial Medical, treatment, and evacuation AMedP 8.1
STANAG 2348 Basic Military Hospital (Clinical) Records – AMedP-8.2
STANAG 2549 Emergency care in the Operational Environment – AMedP-1.16
STANAG 2879 Principles of Medical Policy in the Management of a Mass Casualty Situation – AMedP-1.10

ANNEX X ISOLATION WARD MODULE

Module	Ward
Capability	Handle an infectious and/or CBRN contaminated patient Treat an infectious and/or CBRN contaminated patient Transfer of an infectious and/or CBRN contaminated patient Handling of contaminated waste Handling isolation ward specific and other materials Respond to MASCAL
Key Question	Is the module able to provide patient (nursing) care?

No.	Supporting Question	Mission essential?	FC/C/CL	Risks Identified	Recommendations
1.	**Personnel**				
1.a	How is the module staffed?				
1.b	How is the staffing of the module organized?				
1.c	Are the individuals certified at level 1 to perform the required medical skills and can it been proved?	Yes			
1.d	Are personnel properly trained to operate the module equipment?	Yes			
2.	**Material**				
2.a	What equipment is available to support the module?				
2.b	Is the equipment fit for purpose?	Yes			

2.c	Is there a system in place to ensure medical supplies are maintained to agreed levels?	Yes			
2.d	Are isolation patient transfer specific items available?	Yes			
3.	**Procedures**				
3.a	Are the C2 arrangements for the module published?				
3.b	Are procedures in place for the treatment of chemically contaminated patients?				
3.c	Are procedures in place for the treatment of radionuclide contaminated patients?				
3.d	Are procedures in place for the treatment of biological warfare agents contaminated patients?				
3.e	Are procedures in place for the treatment of infectious patients?				

Summary:	□	FC:	Fully Capable/no risks identified
	□	C:	Capable/minor risks identified
	□	CL:	Capable with Limitations/major risks identified

Reference standards (promulgated version):
STANAG 2132 Documentation Relative to Initial Medical, treatment, and evacuation AMedP 8.1
STANAG 2348 Basic Military Hospital (Clinical) Records – AMedP-8.2
STANAG 2549 Emergency care in the Operational Environment – AMedP-1.16
STANAG 2879 Principles of Medical Policy in the Management of a Mass Casualty Situation – AMedP-1.10

ANNEX Y CLINICAL SPECIALISM MODULE

Module	Clinical Specialism
Capability	Provide mission tailored clinical expertise
Key Question	Is the module able to provide mission tailored clinical expertise?

No.	Supporting Question	Mission essential?	FC/C/CL	Risks Identified	Recommendations
1.	**Personnel**				
1.a	How is the module staffed?				
1.b	How is the staffing of the module organized?				
1.c	Are the individuals certified at level 1 to perform the required medical skills and can it been proved?	Yes			
1.d	Are personnel properly trained to operate the module equipment?	Yes			
2.	**Material**				
2.a	What equipment is available to support the module?				
2.b	Is the equipment fit for purpose?	Yes			
2.c	Is there a system in place to ensure medical supplies are maintained to agreed levels?	Yes			
3.	**Procedures**				
3.a	Are the C2 arrangements for the module published?				

Summary:	□	FC:	Fully Capable/no risks identified
	□	C:	Capable/minor risks identified
	□	CL:	Capable with Limitations/major risks identified

Reference standards (promulgated version):

STANAG 1208 Minimum Requirements of Emergency Medical Supplies on Board Ships – AMedP-1.19
STANAG 2121 Cross-Servicing of Medical Gas Cylinders – AMedP-1.19
STANAG 2132 Documentation Relative to Initial Medical, treatment, and evacuation AMedP 8.1
STANAG 2348 Basic Military Hospital (Clinical) Records – AMedP-8.2
STANAG 2453 The Extent of Dental and Maxillofacial Treatment at Roles 1-3 Medical Support – AMedP-8.13
STANAG 2549 Emergency care in the Operational Environment – AMedP-1.16
STANAG 2879 Principles of Medical Policy in the Management of a Mass Casualty Situation – AMedP-1.10
STANAG 2939 Minimum Requirements for Blood, Blood Donors and Associated Equipment – AmedP-1.1

ANNEX Z PYSIOTHERAPY MODULE

Module	Physiotherapy
Capability	Manage out-patient clinics Manage rehabilitation Respond to MASCAL
Key Question	Is the module able to provide physiotherapy support

No.	Supporting Question	Mission essential?	FC/C/CL	Risks Identified	Recommendations
1.	**Personnel**				
1.a	How is the module staffed?				
1.b	How is the staffing of the module organized?				
1.c	Are the individuals certified to perform the required skills and can it been proved?	Yes			
1.d	Are personnel properly trained to operate the module equipment?	Yes			
2.	**Material**				
2.a	What equipment is available to support the module?				
2.b	Is the equipment fit for purpose?	Yes			
2.c	Is there a system in place to ensure medical supplies are maintained to agreed levels?	Yes			
3.	**Procedures**				
3.a	Are the C2 arrangements for the module published?				

3.b	Are preventive measures prior to deployment distributed to all units?				
3.c	Are preventive measures during deployment available?				

Summary:	□	FC:	Fully Capable/no risks identified
	□	C:	Capable/minor risks identified
	□	CL:	Capable with Limitations/major risks identified

Reference standards (promulgated version):

ANNEX AA DENTAL MODULE

Module	Dental
Capability	Emergency dental care Pain relief in oro-maxillofacial region Primary dental care Intra oral radiographs Dental-alveolar surgery Secondary dental care Panoramic radiography Oro- and maxillofacial surgery Forensic dentistry Respond to MASCAL
Key Question	Is the module able to provide primary dental care?

No.	Supporting Question	Mission essential?	FC/C/CL	Risks Identified	Recommendations
1.	**Personnel**				
1.a	How is the module staffed?				
1.b	How is the staffing of the module organized?				

1.c	Are the individuals certified at level 1 to perform the required medical skills and can it been proved?	Yes			
1.d	Are personnel properly trained to operate the module equipment?	Yes			
2.	**Material**				
2.a	What equipment is available to support the module?				
2.b	Is the equipment fit for purpose?	Yes			
2.c	Is there a system in place to ensure medical supplies are maintained to agreed levels?	Yes			
3.	**Procedures**				
3.a	Are the C2 arrangements for the module published?				

Summary:	□	FC:	Fully Capable/no risks identified
	□	C:	Capable/minor risks identified
	□	CL:	Capable with Limitations/major risks identified

Reference standards (promulgated version):

STANAG 2132 Documentation Relative to Initial Medical, treatment, and evacuation AMedP 8.1
STANAG 2348 Basic Military Hospital (Clinical) Records – AMedP-8.2
STANAG 2453 The Extent of Dental and Maxillofacial Treatment at Roles 1-3 Medical Support – AMedP-8.13
STANAG 2464 Military Forensic Dental Identification - AMedP-3.1
STANAG 2465 Tasks And Skills For Appropriate Staffing Of Dental Personnel For Operational Deployment - AMedP-1.17
STANAG 2466 Dental Fitness Standards for Military Personnel and a Dental Fitness Classification System – AMedP-4.4
STANAG 2879 Principles of Medical Policy in the Management of a Mass Casualty Situation – – AMedP-1.10
STANAG 2906 Essential Physical Requirements And Performance Characteristics Of Field Type High Pressure Steam Sterilizers - AMedP-1.13

ANNEX AB MENTAL HEALTH MODULE

Module	Mental Health
Capability	Provide mental health surveillance and management
Key Question	Is the module able to provide mental health surveillance and management?

No.	Supporting Question	Mission essential?	FC/C/CL	Risks Identified	Recommendations
1.	**Personnel**				
1.a	How is the module staffed?				
1.b	How is the staffing of the module organized?				
1.c	Are the individuals certified at level 1 to perform the required skills and can it been proved?	Yes			
1.d	Are personnel properly trained to operate the module equipment?	Yes			
2.	**Material**				
2.a	What equipment is available to support the module?				
2.b	Is the equipment fit for purpose?				
2.c	Is there a system in place to ensure medical supplies are maintained to agreed levels?				
3.	**Procedures**				
3.a	Are the C2 arrangements for the module published?				
3.b	Is the module able to operate mobile?				

Summary:	□	FC:	Fully Capable/no risks identified
	□	C:	Capable/minor risks identified
	□	CL:	Capable with Limitations/major risks identified

Reference standards (promulgated version):
STANAG 2132 Documentation Relative to Initial Medical treatment, and Evacuation - AMedP 8.1
STANAG 2348 Basic Military Hospital (Clinical) Records – AMedP- 8.2
STANAG 2879 Principles of Medical Policy in the Management of a Mass Casualty Situation – AMedP-1.10
STANAG 2548 Prevention of Post-deployment somatoform complaints – AMedP-8.14

ANNEX AC CHEMICAL, BIOLOGICAL, RADIATION AND NUCLEAR (CBRN) MEDICAL SUPPORT MODULE

Module	CBRN medical support
Capability	Manage trauma and contaminated under Individual Protective Equipment. Manage contamination or contagious risks Manage the medical aspects of a CBRN incident Manage chemical contaminated patient Manage biological contaminated patient Manage irradiated contaminated patient Supervise stocks level Manage specific equipment and personnel Logistic and administrative functions Respond to MASCAL
Key Question	Is the module able to provide medical support to CBRN contaminated patients?

No.	Supporting Question	Mission essential?	FC/C/CL	Risks Identified	Recommendations
1.	**Personnel**				
1.a	How is the module staffed?				
1.b	How is the staffing of the module organized?				
1.c	Are the individuals certified at level 1 to perform the required (medical) skills and can it been proved?	Yes			

1.d	Are personnel properly trained to operate in a CBRN environment? (basic CBRN training)	Yes			
1.e	Are personnel properly trained to recognize and assess CBRN patients?	Yes			
1.f	Are personnel properly trained to manage patients (including trauma) in a CBRN environment?	Yes			
1.g	Are personnel properly trained for decontaminating patients? (C, B and R contamination)	Yes			
1.h	Are personnel properly trained for decontaminating wounds? (C, B and R contamination)	Yes			
1.i	Are personnel properly trained to manage chemical patients?	Yes			
1.j	Are personnel properly trained to manage biological patients?	Yes			
1.k	Are personnel properly trained to manage irradiated patients?	Yes			
1.l	Are personnel aware of the unit or formation CBRN contingency plans?				
1.m	Are personnel properly trained to operate the module equipment?	Yes			
2.	**Material**				
2.a	What equipment is available to support the module?				
2.b	Is equipment available for a Casualty Decontamination Area?	Yes			
2.c	Is patient protective equipment for transportation of patients in contaminated / vapour hazardous environments?				
2.d	Is equipment available for Collective Protection of MTFs?				
2.e	Are there adequate CBRN pharmaceuticals to treat patients?	Yes			
2.f	Is the equipment fit for purpose?	Yes			
2.g	Is CBRN diagnostic equipment available?				

3.	**Procedures**				
3.a	Is there no crossing of contaminated and non-contaminated patients at the clean / dirty line?				
3.b	Is there no crossing of contaminated and non-contaminated material at the clean / dirty line?				
3.c	Are CBRN contingency plans available?				
3.d	Are procedures in place regarding contaminated waste management?				
3.e	Is there a system in place to ensure (medical) supplies are maintained to agreed levels?	Yes			
3.f	Are quarantine procedures for biological patients established?				

Summary:	□	FC:	Fully Capable/no risks identified
	□	C:	Capable/minor risks identified
	□	CL:	Capable with Limitations/major risks identified

Reference standards (promulgated version):
STANAG 2228 Allied Joint Medical Support Doctrine - AJP-4.10
STANAG 2461 The Medical Management Of CBRN Casualties – AMedP-7.1
STANAG 2478 Medical Support Planning for Nuclear, Biological and Chemical Environments
STANAG 2553 NATO Planning Guide for the Estimate of CBRN Casualties – AMedP-8
STANAG 2871 First Aid Materiel for Chemical Injuries – AMedP-43
STANAG 2873 Concept of Operations of Medical Support in Nuclear, Biological and Chemical Environments – AMedP-7
STANAG 2879 Principles of Medical Policy in the Management of a Mass Casualty Situation – AMedP-38

ANNEX AD SPECIFIED DIAGNOSTIC MODULE

Module	Specified Diagnostic
Capability	Provide basic field laboratory testing Provide basic imaging Respond to MASCAL
Key Question	Is the module able to provide field laboratory testing and basic imaging?

No.	Supporting Question	Mission essential?	FC/C/CL	Risks Identified	Recommendations
1.	**Personnel**				
1.a	How is the module staffed?				
1.b	How is the staffing of the module organized?				
1.c	Are the individuals certified at level 1 to perform the required medical skills and can it been proved?	Yes			
1.d	Are personnel properly trained to operate the module equipment?	Yes			
2.	**Material**				
2.a	What equipment is available to support the module?				
2.b	Is the equipment fit for purpose?	Yes			
2.c	Is protection equipment for imaging in place (including mobile aprons)?	Yes			
2.d	Is there a system in place to ensure medical supplies are maintained to agreed levels?				
3.	**Procedures**				

3.a	Do personnel work according special safety regulations regarding imaging?				
3.b	Are the laboratory methods validated against international laboratory standards?				
3.c	Is the laboratory able to perform testing IAW AMedP 8.5				
3.d	Are contingency plans in place for laboratory and imaging methods?				
3.e	Are the C2 arrangements for the module published?				

Summary:	□	FC:	Fully Capable/no risks identified
	□	C:	Capable/minor risks identified
	□	CL:	Capable with Limitations/major risks identified

Reference standards (promulgated version):
STANAG 2571 Minimum Test Requirements for Laboratory Units of In Theatre Military Medical Treatment Facilities (MTFs) - AMedP-8.5
STANAG 2132 Documentation Relative to Initial Medical Treatment and Evacuation – AMedP-8.1
STANAG 2347 Medical Warning Tag – AMedP-8.8
STANAG 2461 The Medical Management Of CBRN Casualties – AMedP-7.1
STANAG 2481 Medical Information Collection and Reporting – AMedP-3.2
STANAG 2517 Development and Implementation of Tele-consultation System – AMedP-5.3
STANAG 2549 Emergency care in the Operational Environment – AMedP-1.16
STANAG 2551 Regulations for establishment and employment of MRIIT(Medical Radiological Incident Investigation Team) – AMedP-7.4
STANAG 2879 Principles of Medical Policy in the Management of a Mass Casualty Situation – AMedP-1.10
STANAG 2939 Medical Requirements for Blood, Blood Donors and Associated Equipment – AMedP-1.1
STANAG 2228 Allied Joint Medical Support Doctrine - AJP-4.10

ANNEX AE LABORATORY MODULE

Module	Laboratory
Capability	Provide enhanced field laboratory testing Respond MASCAL
Key Question	Is the module able to provide the capability?

No.	Supporting Question	Mission essential?	FC/C/CL	Risks Identified	Recommendations
1.	**Personnel**				
1.a	How is the module staffed?				
1.b	How is the staffing of the module organized?				
1.c	Are the individuals certified at level 1 to perform the required medical skills and can it been proved?	Yes			
1.d	Are personnel properly trained to operate the module equipment?	Yes			
2.	**Material**				
2.a	What equipment is available to support the module?				
2.b	Is the equipment fit for purpose?	Yes			
2.c	Is there a system in place to ensure medical supplies are maintained to agreed levels?	Yes			
2.d	Is protection equipment for imaging in place (including mobile aprons)?				
3.	**Procedures**				
3.a	Is the laboratory able to perform testing IAW AMedP 8.5				

3.b	Do personnel work according special safety regulations regarding imaging?				
3.c	Are procedures in place to ensure access to laboratory specialists for consulting?				
3.d	Are the C2 arrangements for the module published?				

Summary:	□	FC:	Fully Capable/no risks identified
	□	C:	Capable/minor risks identified
	□	CL	Capable with Limitations/major risks identified

Reference standards (promulgated version):
STANAG 2571 Minimum Test Requirements for Laboratory Units of In Theatre Military Medical Treatment Facilities (MTFs) - AMedP-8.5
STANAG 2348 Basic Military Hospital (Clinical) Records – AMedP-46
STANAG 2481 Medical Information Collection and Reporting – AMedP-3.2
STANAG 2549 Emergency care in the Operational Environment – AMedP-1.16
STANAG 2879 Principles of Medical Policy in the Management of a Mass Casualty Situation – AMedP-1.10
MC 326/3 NATO Principles and Policies of Operational Medical Support
STANAG 2939 Medical Requirements for Blood, Blood Donors and Associated Equipment – AMedP-1.1
STANAG 2228 Allied Joint Medical Support Doctrine - AJP-4.10
STANAG 2517 Development And Implementation of Tele-consultation Systems - AMedP-5.3

ANNEX AF IMAGERY MODULE

Module	Imagery
Capability	Provide imagery examination Provide logistic functions for imagery services Manage radiology room Respond to MASCAL
Key Question	Is the module able to provide imagery support?

No.	Supporting Question	Mission essential?	FC/C/CL	Risks Identified	Recommendations
1.	**Personnel**				
1.a	How is the module staffed?				
1.b	How is the staffing of the module organized?				
1.c	Are personnel properly trained to operate the module equipment?	Yes			
2.	**Material**				
2.a	What equipment is available to support the module?				
2.b	Is the equipment fit for purpose?	Yes			
2.c	Are storage facilities available to store temperature related pharmaceuticals?				
2.d	Are direct exchange items available to replace default medical equipment?				

3.	**Procedures**				
3.a	Is there a system in place for re-supply of lower roles?	Yes			
3.b	Are procedures available for the disposal of medical (contaminated) waste?				
3.c	Is a procedure for re-supply of water to lower roles put in place?				

Summary:	□	FC:	Fully Capable/no risks identified
	□	C:	Capable/minor risks identified
	□	CL:	Capable with Limitations/major risks identified

Reference standards (promulgated version):
STANAG 1208 Minimum Requirements of Emergency Medical Supplies on Board Ships – AMedP-1.19
STANAG 2040 Stretchers, Bearing Brackets and Attachment Supports – AMedP- 2.1
STANAG 2060 Identification of Medical Materiel for Field Medical Installations – AMedP-1.5
STANAG 2121 Cross-Servicing of Medical Gas Cylinders – AMedP-1.19
STANAG 2128 Medical and Dental Supply Procedures – AMedP-1.12
STANAG 2136 Minimum Standards of Water Potability During Field Operations and in Emergency Situations – AMedP-4.9
STANAG 2178 Compatibility of Medical Tubing and Connectors in the Field – AMedP-1.15
STANAG 2510 Joint NATO Waste Management Requirements during NATO Led Military Activities AJEPP-5
STANAG 2939 Minimum Requirements for Blood, Blood Donors and Associated Equipment – AMedP-1.1

ANNEX AG COMPUTED TOMOGRAPHY (CT) MODULE

Module	Computed Tomography (CT)
Capability	Imagery examination services Provide logistic functions for radiological services Manage CT room Respond to MASCAL
Key Question	Is the module able to Computed Tomography (CT) services?

No.	Supporting Question	Mission essential?	FC/C/CL	Risks Identified	Recommendations
1.	**Personnel**				
1.a	How is the module staffed?				
1.b	How is the staffing of the module organized?				
1.c	Are personnel properly trained to operate the module equipment?	Yes			
2.	**Material**				
2.a	What equipment is available to support the module?				
2.b	Is the equipment fit for purpose?	Yes			
2.d	Are direct exchange items available to replace default medical equipment?				
3.	**Procedures**				
3.a	Are procedures available for the disposal of medical (contaminated) waste?				

Summary:	□	FC:	Fully Capable/no risks identified
	□	C:	Capable/minor risks identified
	□	CL:	Capable with Limitations/major risks identified

Reference standards (promulgated version):

STANAG 1208 Minimum Requirements of Emergency Medical Supplies on Board Ships – AMedP-1.19
STANAG 2040 Stretchers, Bearing Brackets and Attachment Supports – AMedP- 2.1
STANAG 2060 Identification of Medical Materiel for Field Medical Installations – AMedP-1.5
STANAG 2121 Cross-Servicing of Medical Gas Cylinders – AMedP-1.19
STANAG 2128 Medical and Dental Supply Procedures – AMedP-1.12
STANAG 2136 Minimum Standards of Water Potability During Field Operations and in Emergency Situations – AMedP-4.9
STANAG 2178 Compatibility of Medical Tubing and Connectors in the Field – AMedP-1.15
STANAG 2510 Joint NATO Waste Management Requirements during NATO Led Military Activities AJEPP-5
STANAG 2939 Minimum Requirements for Blood, Blood Donors and Associated Equipment – AMedP-1.1

ANNEX AH STERILIZATION MODULE

Module	Sterilization
Capability	Manage field sterilisation services to the medical and/or surgical modules of the medical system Manage sterile equipment. Respond to MASCAL
Key Question	Is the module able to provide sterile medical and surgical equipment?

No.	Supporting Question	Mission essential?	FC/C/CL	Risks Identified	Recommendations
1.	**Personnel**				
1.a	How is the module staffed?				
1.b	How is the staffing of the module organized?				
1.c	Are the individuals certified at level 1 to perform the required medical skills and can it been proved?	Yes			
1.d	Are personnel properly trained to operate the module equipment?	Yes			
2.	**Material**				
2.a	What equipment is available to support the module?				
2.b	Is the equipment fit for purpose?	Yes			
2.c	Is there a system in place to ensure medical supplies are maintained to agreed levels?	Yes			
3.	**Procedures**				
3.a	Is there no crossing of contaminated and sterilized items?				

Summary:	□	FC:	Fully Capable/no risks identified
	□	C:	Capable/minor risks identified
	□	CL:	Capable with Limitations/major risks identified

Reference standards (promulgated version):

STANAG 2136 Minimum Standards of Water Potability During Field Operations and in Emergency Situations – AMedP-4.9
STANAG 2510 Joint NATO Waste Management Requirements during NATO Led Military Activities AJEPP-5
STANAG 2906 Essential Physical Requirements And Performance Characteristics Of Field Type High Pressure Steam Sterilizers - AMedP-1.13

ANNEX AI MEDICAL SUPPLY MODULE

Module	Medical Supply
Capability	Provide drugs and medical (disposable) supply and supply coordination under supervision of a pharmacist in accordance with Good Distribution Practice. Respond to MASCAL
Key Question	Is the module able to provide medical (re) supply?

No.	Supporting Question	Mission essential?	FC/C/CL	Risks Identified	Recommendations
1.	**Personnel**				
1.a	How is the module staffed?				
1.b	How is the staffing of the module organized?				
1.c	Are personnel properly trained to operate the module equipment?	Yes			
2.	**Material**				
2.a	What equipment is available to support the module?				
2.b	Is the equipment fit for purpose?	Yes			
2.c	Are storage facilities available to store temperature related pharmaceuticals?				
2.d	Are direct exchange items available to replace default medical equipment?				
3.	**Procedures**				
3.a	Is there a system in place for re-supply of lower roles?	Yes			

3.b	Are procedures available for the disposal of medical (contaminated) waste?				
3.c	Is a procedure for re-supply of water to lower roles put in place?				

Summary:	□	FC:	Fully Capable/no risks identified
	□	C:	Capable/minor risks identified
	□	CL:	Capable with Limitations/major risks identified

Reference standards (promulgated version):

STANAG 1208 Minimum Requirements of Emergency Medical Supplies on Board Ships – AMedP-1.19
STANAG 2040 Stretchers, Bearing Brackets and Attachment Supports – AMedP- 2.1
STANAG 2060 Identification of Medical Materiel for Field Medical Installations – AMedP-1.5
STANAG 2121 Cross-Servicing of Medical Gas Cylinders – AMedP-1.19
STANAG 2128 Medical and Dental Supply Procedures – AMedP-1.12
STANAG 2136 Minimum Standards of Water Potability During Field Operations and in Emergency Situations – AMedP-4.9
STANAG 2178 Compatibility of Medical Tubing and Connectors in the Field – AMedP-1.15
STANAG 2510 Joint NATO Waste Management Requirements during NATO Led Military Activities AJEPP-5
STANAG 2939 Minimum Requirements for Blood, Blood Donors and Associated Equipment – AMedP-1.1

ANNEX AJ OXYGEN MODULE

Module	Oxygen
Capability	Provide medical oxygen Manage storage and supply Manage communication and administration Respond to MASCAL
Key Question	Is the module able to provide medical oxygen supply?

No.	Supporting Question	Mission essential?	FC/C/CL	Risks Identified	Recommendations
1.	**Personnel**				
1.a	How is the module staffed?				
1.b	How is the staffing of the module organized?				
1.c	Are personnel properly trained to operate the module equipment?	Yes			
2.	**Material**				
2.a	What equipment is available to support the module?				
2.b	Is the equipment fit for purpose?	Yes			
2.c	Are storage facilities available to store temperature related pharmaceuticals?				
2.d	Are direct exchange items available to replace default medical equipment?				
3.	**Procedures**				

3.a	Is there a system in place for re-supply of lower roles?	Yes			
3.b	Are procedures available for the disposal of medical (contaminated) waste?				

Summary:	□	FC:	Fully Capable/no risks identified
	□	C:	Capable/minor risks identified
	□	CL:	Capable with Limitations/major risks identified

Reference standards (promulgated version):

STANAG 1208 Minimum Requirements of Emergency Medical Supplies on Board Ships – AMedP-1.19
STANAG 2040 Stretchers, Bearing Brackets and Attachment Supports – AMedP- 2.1
STANAG 2060 Identification of Medical Materiel for Field Medical Installations – AMedP-1.5
STANAG 2121 Cross-Servicing of Medical Gas Cylinders – AMedP-1.19
STANAG 2128 Medical and Dental Supply Procedures – AMedP-1.12
STANAG 2136 Minimum Standards of Water Potability During Field Operations and in Emergency Situations – AMedP-4.9
STANAG 2178 Compatibility of Medical Tubing and Connectors in the Field – AMedP-1.15
STANAG 2510 Joint NATO Waste Management Requirements during NATO Led Military Activities AJEPP-5
STANAG 2939 Minimum Requirements for Blood, Blood Donors and Associated Equipment – AMedP-1.1

ANNEX AK BLOODBANK MODULE

Module	Blood bank
Capability	Provide blood products Manage storage and supply Manage communication and administration Respond to MASCAL
Key Question	Is the module able to provide blood products?

No.	Supporting Question	Mission essential?	FC/C/CL	Risks Identified	Recommendations
1.	**Personnel**				
1.a	How is the module staffed?				
1.b	How is the staffing of the module organized?				
1.c	Are personnel properly trained to operate the module equipment?	Yes			
2.	**Material**				
2.a	What equipment is available to support the module?				
2.b	Is the equipment fit for purpose?	Yes			
2.c	Are storage facilities available to store temperature related pharmaceuticals?				
2.d	Are direct exchange items available to replace default medical equipment?				
3.	**Procedures**				

3.c	Is there a system in place for re-supply of lower roles?	Yes			
3.c	Are procedures available for the disposal of medical (contaminated) waste?				

Summary:	□	FC:	Fully Capable/no risks identified
	□	C:	Capable/minor risks identified
	□	CL:	Capable with Limitations/major risks identified

Reference standards (promulgated version):

STANAG 1208 Minimum Requirements of Emergency Medical Supplies on Board Ships – AMedP-1.19
STANAG 2040 Stretchers, Bearing Brackets and Attachment Supports – AMedP- 2.1
STANAG 2060 Identification of Medical Materiel for Field Medical Installations – AMedP-1.5
STANAG 2121 Cross-Servicing of Medical Gas Cylinders – AMedP-1.19
STANAG 2128 Medical and Dental Supply Procedures – AMedP-1.12
STANAG 2136 Minimum Standards of Water Potability During Field Operations and in Emergency Situations – AMedP-4.9
STANAG 2178 Compatibility of Medical Tubing and Connectors in the Field – AMedP-1.15
STANAG 2510 Joint NATO Waste Management Requirements during NATO Led Military Activities AJEPP-5
STANAG 2939 Minimum Requirements for Blood, Blood Donors and Associated Equipment – AMedP-1.1

ANNEX AL PHARMACY MODULE

Module	Pharmacy
Capability	Provide pharmacy services
Key Question	Is the module able to provide pharmacy services

No.	Supporting Question	Mission essential?	FC/C/CL	Risks Identified	Recommendations
1.	**Personnel**				
1.a	How is the module staffed?				
1.b	How is the staffing of the module organized?				
1.c	Are the individuals certified at level 1 to perform the required skills and can it been proved?	Yes			
1.d	Are personnel properly trained to operate the module equipment?	Yes			
2.	**Material**				
2.a	What equipment is available to support the module?				
2.b	Is the equipment fit for purpose?	Yes			
2.c	Are storage facilities available to store temperature related pharmaceuticals?	Yes			If applicable
2.d	Are direct exchange items available to replace default medical equipment?				
2.e	Is all documentation available?				
3.	**Procedures**				
3.a	Is there a system in place to ensure that medical and non-medical equipment are maintained to agreed levels?	Yes			

3.b	Are procedures available regarding blood storage and supply?				
3.c	Are procedures available for the disposal of medical (contaminated) waste?				
3.d	Is a quality program used for the storage and distribution of medical supplies and blood?				
3.e	Is a list of equivalent pharmaceuticals of other nations available?				
3.f	Is the cold chain (including blood supply) put in place?				

Summary:	□	FC:	Fully Capable/no risks identified
	□	C:	Capable/minor risks identified
	□	CL:	Capable with Limitations/major risks identified

Reference standards(promulgated version):
STANAG 1208 Minimum Requirements of Emergency Medical Supplies on Board Ships – AMedP-1.19
STANAG 2040 Stretchers, Bearing Brackets and Attachment Supports – AMedP- 2.1
STANAG 2060 Identification of Medical Materiel for Field Medical Installations – AMedP-1.5
STANAG 2121 Cross-Servicing of Medical Gas Cylinders – AMedP-1.19
STANAG 2128 Medical and Dental Supply Procedures – AMedP-1.12
STANAG 2178 Compatibility of Medical Tubing and Connectors in the Field – AMedP-1.15
STANAG 2510 Joint NATO Waste Management Requirements during NATO Led Military Activities AJEPP-5
STANAG 2939 Minimum Requirements for Blood, Blood Donors and Associated Equipment – AMedP-1.1

ANNEX AM HYPERBARIC MODULE

Module	Hyperbaric
Capability	Manage diving casualties Manage aviation decompression illness Manage hyperbaric chamber emergencies Administrative and logistical functions Respond to MASCAL
Key Question	Is the module able to provide hyperbaric care or treatment?

No.	Supporting Question	Mission essential?	FC/C/CL	Risks Identified	Recommendations
1.	**Personnel**				
1.a	How is the module staffed?				
1.b	How is the staffing of the module organized?				
1.c	Are the individuals certified to perform the required skills and can it been proved?	Yes			
1.d	Are personnel properly trained to operate the module equipment?	Yes			
2.	**Material**				
2.a	What equipment is available to support the module?				
2.b	Is the equipment fit for purpose?	Yes			

2.c	Is there a system in place to ensure medical supplies are maintained to agreed levels?	Yes			
3.	**Procedures**				
3.a	Are the C2 arrangements for the module published?				
3.b	Are emergency surfacing procedures in place?				
3.c	Are procedures in place to guarantee the in date certification of the equipment ?	Yes			

Summary:	□	FC:	Fully Capable/no risks identified
	□	C:	Capable/minor risks identified
	□	CL:	Capable with Limitations/major risks identified

Reference standards (promulgated version):
STANAG 1372 Allied Guide to Diving Operations - ADivP-1

ANNEX AN PREVENTIVE MEDICINE MODULE

Module	Preventive Medicine
Capability	Provide sampling services Perform analysis Provide preventive medicine advise Manage rodent control Manage administrative and logistical functions Respond to MASCAL
Key Question	Is the module able to provide preventive and environmental medicine?

No.	Supporting Question	Mission essential?	FC/C/CL	Risks Identified	Recommendations
1.	**Personnel**				
1.a	How is the module staffed?				
1.b	How is the staffing of the module organized?				
1.c	Are the individuals certified to perform the required skills and can it been proved?	Yes			
1.d	Are personnel properly trained to operate the module equipment?	Yes			
2.	**Material**				
2.a	What equipment is available to support the module?				
2.b	Is the equipment fit for purpose?	Yes			
2.c	Is there a system in place to ensure medical supplies are maintained to agreed levels?	Yes			

3.	**Procedures**				
3.a	Are the C2 arrangements for the module published?				
3.b	Are preventive measures prior to deployment distributed to all units?				
3.c	Are preventive measures during deployment available?				

Summary:	□	FC:	Fully Capable/no risks identified
	□	C:	Capable/minor risks identified
	□	CL:	Capable with Limitations/major risks identified

Reference standards (promulgated version):
STANAG 2122 Requirement for Training in First-Aid, Emergency Care in Combat Situations and Basic Hygiene for all Military Personnel – AMedP -8.15
STANAG 2345 Evaluation and Control of Personnel Exposure to Radio-Frequency Fields – 3 KHz to 300 GHz
STANAG 2358 First Aid and Hygiene Training in a CBRN or TIH environment – AMedP-7.2
STANAG 2461 The Medical Management Of CBRN Casualties – AMedP-7.1
STANAG 2481 Medical Information Collection and Reporting – AMedP-3.2
STANAG 2529 Rapidly Deployable Outbreak Investigation Team (RDIOT) for Suspected use of Biological Warfare Agents – AMedP-7.7
STANAG 2535 Deployment Health Surveillance – AMedP-4.1
STANAG 2548 Prevention of Postdeployment Somatoform Complaints – AMedP-8.14
STANAG 2561 Allied Joint Doctrine For Medical Force Health Protection Doctrine – AJMedP-4
STANAG 2899 Protection of Hearing
STANAG 2906 Essential Physical Requirements and Performance Characteristics of Field Type High Pressure Steam Sterilizers
STANAG 2982 Essential Field Sanitary Requirements

ANNEX AO ANIMAL CARE MODULE

Module	Animal Care
Capability	Manage animal welfare and healthcare Ensure veterinary public health (prevent or manage outbreaks of serious animal diseases and safeguard public health from animal borne diseases or environmental related risks) Ensure the safety and security of food - water supplies of military personnel Provide military veterinary expertise.
Key Question	Is the module able to provide animal care?

No.	Supporting Question	Mission essential?	FC/C/CL	Risks Identified	Recommendations
1.	**Personnel**				
1.a	How is the module staffed?				
1.b	How is the staffing of the module organized?				
1.c	Are the individuals certified at level 1 to perform the required medical skills and can it been proved?	Yes			
1.d	Are personnel properly trained to operate the module equipment?	Yes			
2.	**Material**				
2.a	What equipment is available to support the module?				
2.b	Is the equipment fit for purpose?	Yes			
2.c	Is there a system in place to ensure medical supplies are maintained to agreed levels?	Yes			

3.	**Procedures**				
3.a	Are the C2 arrangements for the module published?				

Summary:	□	FC:	Fully Capable/no risks identified
	□	C:	Capable/minor risks identified
	□	CL:	Capable with Limitations/major risks identified

Reference standards (promulgated version):
STANAG 1185 Minimum Essential Medical and Survival Equipment for Ship Life Rafts Including Guidelines for Survival at Sea - AMedP-1.2
STANAG 1208 Minimum Requirements of Emergency Medical Supplies on Board Ships – AMedP-1.19

ANNEX AP MORTUARY MODULE

Module	Mortuary module
Capability	Manage reception and holding of remains Provide post mortem care Manage communicate and administration Provide autopsy assistance (when applicable) Maintenance and supply Manage storage and processing of medical waste (when applicable) Respond to MASCAL
Key Question:	Is the module able to provide post mortem care?

No.	Supporting Question	Mission essential?	FC/C/CL	Risks Identified	Recommendations
1.	**Personnel**				
1.a	How is the module staffed?				
1.b	How is the staffing of the module organized?				

1.c	Are the individuals certified at level 1 to perform the required skills and can it been proved?	Yes			
1.d	Are personnel properly trained to operate the module equipment?	Yes			
2.	**Equipment/material**				
2.a	What equipment is available to support the module?				
2.b	Is a cooled storage for remains available?				
2.c	Is the equipment fit for purpose?				
2.d	Is protective equipment (i.e. eye protector, protective clothing etc) available?				
2.e	Is a (hand) washing facility in place?				
2.f	Is there a system in place to ensure necessary supplies are maintained to agreed levels?				
2.g	What is the capacity of the module?				
3.	**Procedures**				
3.a	Are procedures in place regarding the different rules and habits in case of post mortem care of all participating countries?				
3.b	Is STANAG 2070 followed in case of emergency burial				
3.c	Are the C2 arrangements for the module published?				

Summary:	□	FC:	Fully Capable/no risks identified
	□	C:	Capable/minor risks identified
	□	CL:	Capable with Limitations/major risks identified

Reference standards (promulgated version): STANAG 2070 Emergency Burial Procedures ATP-92 Compile national regulations of all contributing nations

ANNEX AQ RAPIDLY DEPLOYABLE OUTBREAK INVESTIGATION TEAM

Module	Deployable Outbreak Investigation Team
Capability	Manage identification of the causative agent of the outbreak or incident Perform epidemiological field or desktop investigation Provide information to assist command and medical decisions Advise on prevention and control measures Provide advice to medical authorities Respond to MASCAL
Key Question:	Is the module able to perform field and desktop investigations and identify causative agents?

No.	Supporting Question	Mission essential?	FC/C/CL	Risks Identified	Recommendations
1.	**Personnel**				
1.a	How is the module staffed?				
1.b	How is the staffing of the module organized?				
1.c	Are the individuals certified at level 1 to perform the required skills and can it been proved?	Yes			
1.d	Are personnel properly trained to operate the module equipment?	Yes			
1.e	Are personnel trained at the required BioSafety Level (BSL)	Yes			

2.	**Equipment/material**				
2.a	What equipment is available to support the module?				
2.b	Is the equipment fit for purpose?	Yes			
2.c	Is the unit equipped to for the required BioSafety Level	Yes			
2.d	Is a reach back laboratory available for receiving samples	Yes			
2.c	Are means of transportation available for the team				
2.d	Are material available to transport samples IAW IATA and/or WHO regulations				
2.e	Is there a system in place to ensure necessary supplies are maintained to agreed levels?	Yes			
2.f	What is the capacity of the module?				
3.	**Procedures**				
3.a	Are the C2 arrangements for the module published?				
3.b	Are procedures in place for rapid deployment	Yes			
3.c	Are procedures in place to ensure support in the mission area				
3.d	Are procedures in place to enable transport of samples for analysis				

Summary:	□	FC:	Fully Capable/no risks identified
	□	C:	Capable/minor risks identified
	□	CL:	Capable with Limitations/major risks identified

Reference standards:
STANAG 2529 Rapidly Deployable Outbreak Investigation Team (RDOIT) for suspected Biological warfare agents – AMedP-7.7
STANAG 2461 The Medical Management Of CBRN Casualties – AMedP-7.1
STANAG 2873 Commander's Guide on Medical Support to Chemical, Biological, Radiological, and Nuclear Defensive Operations. -AMedP-7.6.
STANAG 2954 Training of Medical Personnel for NBC Defence Operations - AMedP-7.3
STANAG 4632 Deployable NBC Analytical Laboratory
STANAG 4359 NATO Handbook for Sampling and Identification of Biological and Chemical Agents (AEP-10).
Recommendations on the Transport of Dangerous Goods (ST/SG/AC.10/1/Rev.15), World Health Organisation 2007.
Infectious Substances Shipping Guidelines (9052-07), International Air Transport Association 2006.

AMedP-1.6(A)(2)