

NATO STANDARD

AMedP-8.3

**TRAINING REQUIREMENTS
FOR HEALTH CARE
PERSONNEL
IN INTERNATIONAL MISSIONS**

Edition B Version 1

JULY 2020



NORTH ATLANTIC TREATY ORGANIZATION

ALLIED MEDICAL PUBLICATION

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NATO LETTER OF PROMULGATION

15 July 2020

1. The enclosed Allied Medical Publication AMedP-8.3, Edition B, Version 1, TRAINING REQUIREMENTS FOR HEALTH CARE PERSONNEL IN INTERNATIONAL MISSIONS, 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 2249.
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RECORD OF SPECIFIC RESERVATIONS

[nation]	[detail of reservation]
GBR	UK Pre Deployment Training is always mission specific. All effort will be made to ensure training objectives are relevant and appropriate to the mission to ensure GBR is compliant.
NLD	<p>For international maritime missions, the basic training should also include a Sea Safety Course. The Netherlands are regarding this as a national responsibility of the Troop Contributing Nation.</p> <p>Familiarization with the ship and crew needs also to be part of the training, this is the responsibility of the Commander of the Navy ship.</p>
USA	<p>1. Reference Paragraph 2.1.b., several key training objectives were removed from A MedP-8.3 Edition B, Version 1. STANAG 2544 – A MedP-8.12 recognizes acute trauma care as a required medical capability for health care personnel in a multinational environment. Therefore, general and tactical trauma training should be maintained as a key training objective in Chapter 2 of A MedP-8.3. Ensuring current proficiency in primary health care issues should also be maintained. The recommended training objectives are critical for ensuring interoperability among health care personnel in international missions.</p> <p>2. Reference Paragraph 3.1.c., use of CBRN weapons remains a persistent threat in the current operational environment. Therefore, training in the treatment of CBRN patients should also be maintained to ensure proficiency and interoperability during international missions.</p>
<p>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.</p>	

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CHAPTER 1 INTRODUCTION

1.1. BACKGROUND

NATO military operations are conducted as a multinational effort. This allows more nations to participate and to use their medical assets, including medical modules and personnel, efficiently. Military medical personnel (i.e. physicians, nurses and medics) at all levels must possess a certain level of individual skill sets.

Standardized training in Casualty Care and Acute Trauma Care are covered in STANAG 2122 and STANAG 2544 enabling the health care personnel to participate in most of the multinational Medical Modules described in STANAG 2560 with AMedP-1.6, 1.7 and 1.8 covering the required medical capabilities.

To increase the interoperability of Health Care Personnel in a multinational medical environment there is also need for standardized individual pre-deployment training enabling them to participate.

1.2. AIM

The aim of this agreement is to standardize the pre-deployment training requirements for Health Care Personnel participating in multinational missions under military command.

The STANAG will ensure that health care personnel acquire a minimum of knowledge and understanding of working in a military setting in order to:

1. Protect themselves and patients in a military setting
2. Perform the work of a health professional in a military setting

1.3. SCOPE AND LIMITATIONS

Health Care Personnel shall at least have knowledge and skills corresponding to module 1 before departure on a multinational mission under military command. Ideally all modules of the training requirements for multinational Health Care Personnel should be completed before deployment.

Modules can be taken consecutively or at different times. If the participant has undergone equivalent training, participation in modules might be waived. Duration of the modules are at the discretion of each nation.

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CHAPTER 2 GENERAL

2.1. GENERAL

The knowledge and skills described in AMedP-8.3 should have been acquired and re-assessed before personnel are deployed abroad.

2.2. PARTICIPANTS

Health Care Personnel participating in multinational missions under military command.

2.3. CONTENT

- a. Required module for personnel without any or inadequate military training:**

Module 1 – Basic training for Health Care Personnel

- b. Additional modules:**

Module 2 – Multinational Relations and Medical Ethics

Module 3 – Environmental Risk, Tropical and Diseases

Module 4 – Stress Management

Module 5 – Disaster Relief

Module 6 – Mission Orientated Training

2.4. DURATION

At national discretion.

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CHAPTER 3 TRAINING MODULES

3.1. MODULE 1 – BASIC TRAINING FOR HEALTH CARE PERSONNEL

Module 1 - Basic training for health care personnel comprises the following:

- a. Purpose:**
To provide the participants with a basic knowledge and understanding of the military environment, so that they will be able to:
 - (1) Protect themselves and patients in a military setting
 - (2) Perform the work of a health professional in a military setting

- b. Recommended duration:**
At national discretion.

- c. Objectives:**
 - (1) The participants should be briefed on:
 - 1) The national military organization and national military services
 - 2) NATO and UN structure
 - 3) Medical structure and procedures in multinational missions
 - 4) Types of mines and mine danger
 - 5) Handling of weapons (if applicable)
 - 6) Introduction to humanitarian law
 - 7) Medical Intelligence

 - (2) The participants should be able to:
 - 1) Protect themselves in a military environment (including CBRN-warfare)
 - 2) Use the personal military equipment

- d. Comments:**
This module is the minimum requirement for civilian Health Care Personnel participating in multinational missions under military command.

3.2. MODULE 2 – MULTINATIONAL RELATIONS AND MEDICAL ETHICS

Module 2 – Multinational relations and medical ethics comprises the following:

- a. **Purpose:**
To provide the participants a basic understanding of multinational politics and foreign affairs. Additionally, the course should give the participants the ability to identify and handle general and medical ethical problems during missions. Pursuant AJMedP-6 (Allied Joint Civil-Military Medical Interface Doctrine).
- b. **Recommended duration:**
At national discretion.
- c. **Objectives:**
The participants should have an overall understanding of:
 - (1) Current geopolitical situation
 - (2) The security policy and foreign affairs of the home country
 - (3) UN, NATO, EU, OSCE – tasks and decision making.
 - (4) International law with a focus on International Humanitarian law and international conventions
 - (5) Relations with to NGOs, IO's
 - (6) Rules of Engagement (ROE)
 - (7) General and medical ethical problems

3.3. MODULE 3 – ENVIRONMENTAL RISKS, TROPICAL AND EPIDEMIC DISEASES

Module 3 – Environmental risks, tropical and epidemic diseases comprises the following:

- a. **Purpose:**
To provide the participants with an overview and practical knowledge of environmental risks and the most common tropical and epidemic diseases.
- b. **Recommended duration:**
At national discretion.
- c. **Objectives:**
The participants should have an overall understanding of:
 - (1) General prevention of environmental risks, tropical and epidemic diseases
 - (2) The minimum medical equipment needed (WHO and NATO)
 - (3) Primary Health Care (PHC) in an austere environment
 - (4) Demography, epidemiology and management of tropical and epidemic diseases.

3.4. MODULE 4 – STRESS MANAGEMENT

Module 4 – Stress management comprises the following:

- a. **Purpose:**
To provide participants with basic knowledge and skills needed to manage psychological reactions to extreme stress/trauma.
- b. **Recommended duration:**
At national discretion.
- c. **Objectives:**
 - (1) The participants should be briefed on:
 - 1) Stress-reactions (somatic and psychological)
 - 2) The differences between psychological stress reactions and psychiatric disease
 - 3) Post-traumatic stress disorder (PTSD)
 - 4) Management of victims of torture and sexual abuse
 - 5) Psychological casualties to Weapons of Mass Destruction
 - (2) The participants should be taught how to minimise stress, to recognize stress reactions and possibly prevent PTSD.

3.5. MODULE 5 – DISASTER RELIEF

Module 5 – Disaster relief comprises the following:

- a. **Purpose:**
To prepare the participants to plan, organize or operate medical support for disaster relief operations.
- b. **Recommended duration:**
At national discretion.
- c. **Objectives:**
The participants should have:
 - (1) An understanding of possible disaster scenarios, natural or man made
 - (2) Knowledge about access to and utilization of medical intelligence
 - (3) An ability to identify important planning factors.
 - (4) An overall understanding of the co-operation with NGOs and local authorities.
 - (5) Knowledge of the organization of medical support in disaster relief operations
 - (6) An understanding of public affairs

3.6. MODULE 6 – MISSION ORIENTATED TRAINING

Module 6 – Mission orientated training comprises the following:

- a. **Purpose:**
To prepare the participants for a specific mission so they can perform Health Care effectively and safely.
- b. **Recommended duration:**
At national discretion.
- c. **Objectives:**
The participants should:
 - (1) Have briefings on all relevant general and medical intelligence data
 - (2) Gain understanding of how topics from module 1 to 5 apply for their specific mission by receiving specific information for the planned mission
 - (3) As a team, be familiar with procedures and equipment
 - (4) Be briefed on command, control and communication (C3) for the specific mission
 - (5) Have information about lessons learned (when applicable)

CHAPTER 4 REFERENCES

4.1. REFERENCE PUBLICATIONS

The following are the principal references used for this document:

- a. MC 0326/3 (NATO Principles and Policies of Medical Support)
- b. MC 0458/3 (NATO Education, Training, Exercise and Evaluation (ETEE) Policy)
- c. MC 0551 (Medical Support Concept for NATO Response Force (NRF) Operations)
- d. ACO Directive (AD) 83-1 (Medical Support to Operations)
- e. ACT Directive 75-2 (Medical Joint Functional Area Training Guide)
- f. AAP-6 (NATO Glossary of Terms and Definitions)
- g. STANAG 2037 (National military strategies for vaccination of NATO forces – AMedP-23)
- h. STANAG 2122 (Requirement for Training In Casualty Care and Basic Hygiene for All Military Personnel - AMedP-8.15)
- i. STANAG 2126 (First-Aid Dressings, First Aid Kits and Emergency Medical Care Kits - AMedP-8.7)
- j. STANAG 2228 (Allied Joint Doctrine for Medical Support - AJP-4.10)
- k. STANAG 2508 (Allied Joint Doctrine For Psychological Operations - AJP-3.10.1)
- l. STANAG 2535 (Deployment Health Surveillance - AMedP-4.1)
- m. STANAG 2544 (Requirements for Military Acute Trauma Care Training – AMedP-8.12)
- n. STANAG 2547 (Allied Joint Medical Doctrine For Medical Intelligence - AJMedP-3)
- o. STANAG 2549 (Emergency Medical Care In The Operational Environment – AMedP-24)
- p. STANAG 2560 (Evaluation of NATO Medical Treatment Facilities – AMedP-1.6, AMedP-1.7, AMedP-1.8)
- q. STANAG 2563 (Allied Joint Civil-Military Medical Interface Doctrine - AJMedP-6)
- r. STANAG 2879 (Medical Aspects in the Management of a Major Incident/Mass Casualty Situation - AMedP-1.10)
- s. STANAG 5064 (NATO Glossary of Communication and Information Systems Terms and Definitions - AAP-31)
- t. STANAG 6023 (Training And Education For Peace Support Operations – ATrainP-1)

AMedP-8.3(B)(1)