

**MEDICAL CARE**

**KSARNG MEDICAL CARE FOR M-DAY SOLDIERS**

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THIS SOP OUTLINES THE REQUIREMENTS ASSOCIATED WITH THE MISSIONS OF DET 5, HQ STARC - MANDATED BY TITLE 10 TO INCLUDE: PHYSICAL EXAMINATIONS, ANNUAL MEDICAL/DENTAL SCREENINGS, IMMUNIZATIONS, HIV TESTING AND COUNSELING, MEDICAL COVERAGE FOR IDT/AT, FITNESS FOR DUTY DETERMINATIONS.

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**This is a new standard operating procedure.**

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## CHAPTER I

### INTRODUCTION

1-1 GENERAL: The mission of Detachment Five (Det 5), HQ STARC (Medical/Dental Detachment) is to plan, program, coordinate, and perform health care examinations and preventive health care/training (medical/dental) to meet peacetime requirements for mobilization readiness to the Kansas Army National Guard Units and soldiers with appropriate operational support to Federal, State, and Community Missions.

1-2 PURPOSE: The purpose of this regulation is to:

- a. Implement U. S. Title 10 & U.S. Title 11, and NGB supplemental guidance.
- b. To describe the methods by which Det 5 will provide support.
- c. To identify command and staff responsibilities consistent with guidance from NGB.
- d. Establish internal policies and procedures for the conduct of medical readiness activities of the KSARNG.
- e. To provide specific guidance to KSARNG units on how to obtain medical support for their unit(s).

1-3 APPLICABILITY: This regulation applies to all KSARNG units.

CHAPTER 2  
POLICIES AND STAFF RESPONSIBILITIES

2-1 REFERENCES:

- a. AR 40-501, Standards of Medical Fitness,
- b. AR 40-66, Medical Records Administration
- c. AR 40-3, Medical, Dental, and Veterinary Care
- d. AR 40-5, Preventive Medicine
- f. AR 40-562, Immunizations,
- e. AR 385-10, Army Safety Program
- f. NGR 40-3, Medical care for ARNG members,
- g. NGR 40-501, Standards of Medical Fitness - ARNG,
- h. NGR 385-10, Safety Program - ARNG
- i. KSSOP 40-3, Medical Care For KSARNG Members
- j. KSSOP 40-501, Physical Exams & Fitness For Duty Protocols
- k. KSSOP 40-562, KSARNG Immunization Program
- l. KSSOP 385-40-5, KSARNG Occupational Health & Industrial Hygiene Program

2-2 OBJECTIVES:

- a. Ensure all KSARNG units are medically deployable via an aggressive program of physical examinations, HIV screening, Immunizations and annual medical and dental screening.
- b. Ensure Det 5 provides medical support for IDT/AT and perform duty as the State Medical/Duty Review Board, Fitness for Duty Board, Incapacitation Review Committee, and Credentials and Privileges Committee.

2-3 POLICIES:

a. To achieve the medical deployability objectives of the KSARNG the Adjutant General of Kansas has established the following policies:

1. Det 5 will provide proactive and flexible support to ensure the needs of the units of the KSARNG are met.

2. Det 5 programs and actions will be planned, initiated, and carried out in such a way as to minimize the impact on unit training schedules while still accomplishing the medical mission.

b. Material and budgetary resources will be used in a manner to prevent fraud, waste, or abuse.

2-4 RESPONSIBILITIES:

a. The Assistant Adjutant General will ensure Commanders and Staff support medical regulatory requirements.

b. The Chief of Staff will ensure KSSTARC Headquarters staff, KSARNG Commanders and staff; KSARNG Training Site Managers and staff comply with this KSSOP.

c. The State Surgeon will keep the Adjutant General, the Assistant Adjutant General, and the Chief of Staff informed on all matters pertaining to the medical readiness of the KSARNG as impacted by Det 5.

d. Cdr, Det 5 will:

1. provide a consolidated, quarterly update on the activities of his unit to the State Surgeon, and provide a written after action reports to the State Surgeon and Assistant Adjutant General after each physical examination mission is completed.

2. publish an annual list of locations where physical exams will be conducted each fiscal year.

e. All KSARNG units will monitor the physical examination status of each of their unit members and ensure that they are not overdue a physical.

f. SIDPers will provide a by unit roster of individuals requiring physical examinations in the next year. This list will include those already overdue plus those who will become overdue in the next twelve months.

g. All KSARNG units will ensure all assigned soldiers have the appropriate immunizations and no immunization is overdue.

h. All KSARNG units will ensure annual medical/dental screenings are conducted within their unit.

i. Units of the KSARNG will ensure requests for medical support from Det 5 are submitted in a timely manner (no less than 90 days out) to ensure and assist in the optimal utilization of the limited assets of Det 5.

j. Time requirements are provided in each specific chapter of this SOP.

k. Company & Battery level Units will put their requests together and plan for medical support while conducting their Training Year annual planning conference.

l. These request will be submitted through the units' chain-of-command to ensure approval by their higher HQ's.

2-5 EDUCATION AND TRAINING: Commander, Det 5 will develop programs for all KSARNG medics and soldiers, to provide education and training in the areas of Preventive Medicine, Field Sanitation, Occupational Health, 91B Sustainment Training and Combat Lifesaver instruction.

## CHAPTER 3

### PHYSICAL EXAMINATIONS

#### 3-1 SCOPE:

- a. This chapter implements KSSOP 40-501, Standards of Medical Fitness.
- b. This chapter identifies requirements and responsibilities which apply to Det 5 and any KSARNG personnel requiring periodic physical examinations.

3-2 OBJECTIVES: The Adjutant General's primary objective is to have no overdue physical examinations in the KSARNG.

#### 3-3 POLICIES:

- a. DET 5, will provide support to the units of the KSARNG in a coordinated and user friendly manner.
- b. DET 5, will ensure commanders know the medical deployability status of the members of a command once a physical examination has been completed.

#### 3-4. RESPONSIBILITIES.

- a. Commander or designated representative of DET 5, HQ STARC will:
  1. Publish an annual list of locations and dates for physical examinations on a regional basis.
  2. Ensure each region of the state has make-up dates published.
  3. Contract with local medical facilities in a geographic area of Kansas for use of examination space, for all required lab work and use of EKG for the physical examinations.
  4. Provide adequate numbers of physicians, nurses, audiologists, and other ancillary staff as required (medics if a supported unit has none) to support the forecasted numbers of examinations.

5. Ensure all lab work , SF 93s , SF 88s and DA Form 5675 are reviewed, and soldiers and commanders get an accurate assessment of the service members current health.

6. Provide a consultation sheet (SF 513) for medical situations requiring follow-up examination by a military Medical Corps officer, and inform the commander of additional evaluation requirements.

7. Provide guidance on any special requirements for the physical examination process i.e. 12 hour fasting is required before drawing a blood sample (example).

8. Provide a hardcopy of lab results ,SF 88 ,SF 93 and DA FORM 5675 to the unit for unit and SIDPers processing.

9. Obtain orders authorizing IDT/per diem and arrange accommodations for DET 5, personnel in support of physical examinations.

b. Unit commanders will:

1. Continually review and revise SIDPers database to identify unit physical examination requirements.

2. Coordinate with Det 5 in a timely manner (NLT 90 days out) for physical examination support, based on the annual memo from Det 5 notifying units of the locations and dates of the fiscal years planned physical examinations.

3. Ensure soldiers identified as needing physicals are where they need to be at the appropriate time.

4. Provide medical records, SF88s, SF 93s, HRA forms, SF 601, on site at the location of the physical examinations.

5. Soldiers must complete SF 93s (prior medical history) and HRA booklet before they can be seen by a physician. (This administrative action will be supported assisted by Det 5 medical records personnel)

6. Provide a unit clerk to assist in maintaining the records.

7. Provide a senior NCO to maintain control and accountability over unit members.

8. Provide a roster of individuals to be given physicals broken down into three groups - under 40, over 40, and females (females have some additional requirements on physical examination). This roster is provided to Det 5 NLT 90 days prior to the physical exams.

9. Have NCOIC of unit make telephonic contact with the Det 5, Readiness NCO the week prior to the conduct of the physical examinations to coordinate/prepare for any potential problems and get answers to any additional questions.

10. Ensure the maximum number of soldiers possible make it to the physical examinations - no shows will be reported to the State Surgeon in the Det 5 - After Action Report

11. Unit members must report to the facility on time the morning of the physical exams so lab can be drawn. Failure to get lab work drawn in the morning will force the soldiers fasting for 12 hours to skip lunch in order to have accurate lab results. Take care of the troops and get them to the medical facility on time.

c. Cdr Det 5 and Unit Commanders will work together to complete the physical exam on those individuals requiring additional medical evaluation. Phase II of the over forty physicals (Treadmill test), consultations to specialists (made on SF 513's) an additional laboratory evaluations need to be completed as rapidly as possible.

1. Phase II cardiovascular screening.

(a) Det 5 will inform the unit commander when over 40 phase II evaluations will be conducted, and will provide the unit commanders and their personnel with date, time and location.

(b) The Unit commander will ensure his personnel requiring the Over 40 Phase II evaluation or a specialty consult make it to the appointment.

(c) If the service member fails to show for the appointment the commander will reply by endorsement as to why the service member did not make the appointment.

2. Consultations for medical conditions requiring military determination of fitness will be prepared by Det 5 and submitted by the unit to the nearest medical treatment facility for evaluation.

3. Det 5 will notify unit commanders of soldiers conditions which do not impact on medical readiness/retention (e.g. bladder infection, high blood pressure etc.) but, require evaluation/treatment by the soldier's personal physician.

## CHAPTER 4

### MEDICAL/DENTAL SCREENINGS

4-1 SCOPE: This chapter implements: NGR 40-501, Standards of Medical Fitness-Army National Guard.

#### 4-2 OBJECTIVES:

- a. An annual medical/dental screening provides regular assessment of the physical condition of the soldiers of KSARNG before attending AT.
- b. Because an individual's health can change rapidly, it is important to have an accurate assessment without waiting for a periodic physical, to minimize preventable LODs and to preclude any preexisting medical conditions from impacting on a soldier's ability to perform his mission during AT.

#### 4-3 RESPONSIBILITIES:

- a. Unit commanders will:
  1. Have certified medics assigned to do the initial medical screenings. If the unit has no medics then request them from higher headquarters NLT 90 days out.
  2. Once the initial medical screenings have been completed, the medic will forward any screenings which require further evaluation to Det 5 through the higher headquarters.
  3. If a physician needs to see a patient, a memorandum will be forwarded to the unit to arrange a date and time.
  4. Contact Det 5, in order to request a dentist to perform annual dental examinations (NLT 90 days prior and no sooner than the first quarter of the training year).
  5. Have an NCO available to provide the Dental Officer from Det 5 with assistance in getting unit members examined.
  6. Have the unit Dental records & Panographs on hand and available for the Dental officer to review while examining the soldier's teeth.

b. Cdr, Det 5 will:

1. Prioritize the yearly training schedule based on unit AT dates.
2. Provide medics to perform the annual medical screening for any unit which does not own any medics.
3. Have Det 5 physicians review any medical screenings forwarded to Det 5 from KSARNG units, if upon review of the medical screenings a physician requires the soldiers physical presence to adequately assess the soldiers condition than a memo will go to the unit in order to schedule an appointment.
4. Provide a dental team to go to a unit's location to perform dental examinations.  
Ensure the dental officer provides a copy of his dental findings to the unit commander.

## CHAPTER 5

### IMMUNIZATIONS

5-1 SCOPE: This chapter implements AR 40-562, NGR 40-562, and KSSOP 40-562, concerning Immunizations.

5-2 PURPOSE: The purpose of this chapter is to establish an outline for completion of immunizations for the KSARNG.

5-3 OBJECTIVES:

- a. To immunize the KSARNG as stated in AR 40-562 and NGR 40-562 with minimal disruption in unit training.
- b. Prepare selected Units for ODT deployment.

5-4 OVERSEAS DEPLOYMENTS:

- a. Due to the large number of soldiers deploying on ODTs, soldiers who miss receiving immunizations at their local armory may complete immunizations at any scheduled site (soldiers will bring their medical records).
- b. To minimize soldiers' inconvenience with making up missed shots, commanders need to emphasize the importance of being present on the day the unit is scheduled for immunizations.
- c. Soldiers failing to complete the required immunizations for their ODT assignment will not be considered mobilization assets, and will not be allowed to attend their ODT.
  1. The risk of acquiring a preventable disease is significant and will not be tolerated.
  2. LODs filed as a result of a preventable disease may be decided against the soldier.

5-5 VACCINATION REQUIREMENTS: KSSOP 40-562 directs all immunization requirements.

5-6 RESPONSIBILITIES:

a. The KSARNG is divided into geographic regions. Each region will have a POC/OIC responsible for completion of immunizations in that region.

b. Det 5 will publish an annual immunization site schedule based upon unit requests and prioritized IAW ODT assignments.

1. Units requesting changes to the immunization schedule need to direct concerns to Det 5 NLT 90 days before requested support.

2. Specifics related to each unit such as dates scheduled for immunizations will be provided via an MOI as needed.

5-7 IMMUNIZATION LOGISTICS:

a. Det 5, will order all vaccines and provide all Class VIII supplies in support of the immunization mission and:

1. Provide any required medical equipment to support allergic reactions.

2. Coordinate with any medic traveling with the immunization team.

3. Coordinate with any units, verifying schedule and availability of assistance from medics organic to units being immunized.

4. Arrange transportation for the immunization teams via either GSA vehicles or request travel orders for use of POVs'. These orders are requested through Det 5, Readiness NCO.

5. Upon request from units will provide immunization requirements for specific ODT assignments to assist units with planning.

b. Arrive at immunization site, meet with unit medics

1. Review medical skill level.

2. Review records screening and documentation needs.

3. Review SF 600, SF 601 and PHS 731 and SIDPers database.

4. Review contraindication checklist.

(a) Refer all females needing live virus vaccines to the registered nurse.

(b) All females will sign full payroll signature on the checklist where it indicates the individual is not known to be pregnant.

c. Soldiers Briefing:

1. Presented by the Immunization Officer to all service members who will be receiving immunizations.

2. Briefing will be on the vaccines which apply to the unit being immunized, what to do and who to call if there is an allergic reaction to the vaccine.

d. Medical Threat Briefing: Will be accomplished to inform soldiers the reasons for specific immunizations, especially units being immunized before particular ODT assignments.

e. Records and Contraindication Checklist/Screening

1. Refer all yes answers to the Immunization Officer for determination if any immunization will be given.

2. All females receiving live virus vaccines will confirm in writing she does not believe she is pregnant and she has been advised to avoid becoming pregnant for three months after receiving live vaccine.

f. Immunization Administration: Immunization and biological waste disposal procedures as stated in KSSOP 40-562 will be followed.

g. Treat and document any allergic reaction as medically indicated.

h. Complete After Action Report (AAR). Provide one copy of AAR and updated immunization tallysheet to the unit's commander, the Det 5 commander and the Immunization Officer.

i. Return all immunization supplies to Det 5 NCOIC at the Lenexa Armory.

j. Units with organic medics will provide medics to assist with the immunization of their unit.

k. Units will provide a current by name list (3.5" diskette and hard copy) of personnel to receive immunizations to include the type of vaccines needed by each individual from the units SIDPers download.

l. Prior to the arrival of the Immunization Team the unit will process a complete immunization tallysheet with soldiers' name and SSN.

m. If it is not completed prior to the Immunization Teams' arrival, the unit will provide an appropriately trained soldier to complete the tallysheets on site.

n. Units will have soldiers' original SF-601 and PHS 731 forms and complete medical records available at each immunization site.

o. Copies for POM packets will be made after the last immunizations are given prior to deployment.

p. Appropriately trained unit member will be available on site to pull the appropriate records. These records need to be pulled prior to the arrival of the Immunization Team.

q. Unit's will screen all records of soldiers added to ODT rosters after the first scheduled shot dates to insure all identified soldiers are current on all required immunizations.

r. If the soldier is not current on all required immunizations coordinate with Det 5 to obtain the necessary immunizations.

s. Immunization Record Administration:

1. Upon request Det 5 will assist any unit with immunization planning to ensure timely completion of required immunizations for ODT assignments.

2. All soldiers must have their individual immunization records annotated immediately after each immunization.

## CHAPTER 6

### HIV/DNA

6-1 SCOPE: This chapter implements AR 40-501, NGR 40-501, standards for physical exam.

6-2 PURPOSE: The purpose of this chapter is to establish an outline for completion of HIV testing for members of the KSARNG.

#### 6-3 OBJECTIVES:

a. To provide HIV antibody testing for members of the KSARNG during periodic physicals and to alleviate the necessity for HIV testing outside of the physical exam period, thus maximizing the training time soldiers will have with their unit.

b. To complete DNA testing to ensure any KSARNG soldier will be identifiable.

6-4 RESPONSIBILITIES: Administrative procedures as directed in Chapter 3 will ensure correct and complete records for HIV and DNA samples.

## CHAPTER 7

### MEDICAL COVERAGE FOR IDT/AT

7-1 SCOPE: This chapter provides additional guidance on State medical coverage in an AT or IDT status.

7-2 OBJECTIVES: Ensure qualified personnel maintain adequate medical coverage of KSARNG units.

7-3 POLICIES:

a. General medical care for the KSARNG soldier when in an IDT or AT status is provided IAW NGR and KSSOP 40-3.

b. Specific site support may be provided by Det 5 to requesting units when all other avenues of support have been exhausted.

c. Det 5 will provide guidance to units to assist with obtaining required support.

7-4 UNIT RESPONSIBILITIES:

a. Ensure M-day soldiers have access to qualified medical care during IDT/AT

b. Units will forecast their needs one year in advance.

1. All requests for medical support will be actioned by the Commander, Det 5 no later than 180 days before IDT or AT date.

2. Requests with less than 180 days may be considered if the unit requesting the support provides documentation regarding their attempts to receive this support through other channels as directed by Det 5.

3. Requests for medical support will identify the number of soldiers, type of training environment and level of care needed.

4. Requesting unit will provide coordinating instructions for meals, housing and point of contact for medical teams supporting their unit.

## CHAPTER 8

### FITNESS FOR DUTY DETERMINATIONS

8-1 SCOPE: This chapter covers the procedures for Fitness For Duty Determination as directed by KSSOP 40-501.

8-2 OBJECTIVES: Provide guidance for units with soldiers scheduled for a Fitness For Duty Determination.

8-3 POLICIES: All soldiers identified as needing a Fitness For Duty Determination based on current medical reports will be reviewed by the next available board following notification of the unit and soldier.

8-4 RESPONSIBILITIES:

a. Unit Responsibilities:

1. Unit will ensure all documentation is provided to the Fitness for Duty board. Following is a list of the basic forms and documents which are needed for a determination. Depending on the circumstances, additional records may be requested by the Board.

(a) Most current SIDPers processed Periodic Physical to include SF 88, SF 93 and HRA report.

(b) Any consultations or physician reports specific to the health concern.

2. Consultations and laboratory results will be accomplished prior to the board meeting and results will be provided to the board.

b. Det 5 Responsibilities:

1. Units will be notified in writing within 30 days of the results of the board.

2. Fitness for duty boards will be held monthly.

## CHAPTER 9

### INCAPACITATION REVIEW COMMITTEE

9-1 SCOPE: This chapter outlines the responsibility of Det 5 accomplishing an Incapacitation Review.

9-2 OBJECTIVES: Provide professional support to the STARC Incapacitation Review committee on an ongoing basis.

9-3 POLICIES:

a. To adhere to KSSOP 40-501 requirements, Det 5 will support the Incapacitation Review Committee by providing a Medical Corps officer to review case files on an as needed basis.

b. This support will be provided in an AT or IDT status.

9-4 RESPONSIBILITIES: The HQ STARC Health Systems Specialist or designee will be responsible for scheduling the monthly review, notifying the units, and follow up with the reviewed soldiers unit following the monthly review of the soldiers' records.

## CHAPTER 10

### CREDENTIALS AND PRIVILEGES COMMITTEE

#### 10-1 SCOPE:

a. This chapter implements NGR 40-66, Credentialing Requirements of AMEDD Personnel.

b. This chapter covers issues essential to ensure compliance with Military Active Duty Medical Facility Credentialing Board requirements for KSARNG M-Day soldiers so they may hold credentials during AT status.

c. This chapter identifies requirements and responsibilities which apply to all Medical Corps and Advanced Nurse Practitioners who are members of Det 5, ensuring they are properly credentialed to provide medical care to the soldiers of the KSARNG while performing:

1. Physical examinations,
2. Providing immunizations,
3. Performing duty as health care providers at Annual Training or,
4. Serving as a committee member reviewing medical issues.

#### 10-2 OBJECTIVES:

a. To provide documentation of the credentials of professional staff working at an Active Duty Medical Activity.

1. The credentials committee will oversee:
  - (a) diplomas,
  - (b) certificates,
  - (c) training,

(d) and quality control of all medical personnel in the Kansas Army National Guard.

b. Det 5's objective ensures all members of DET 5 who require Credentialing Packets in order to perform their appointed duties are quickly evaluated to determine their qualifications to act as a physician, registered nurse, LPN, audiologist, etc.

c. Further, Det 5, will ensure the credentialed members of the unit maintain their Credentialing packets at the unit totally up-to-date so short notice mission requirements can be conducted at military medical facilities.

#### 10-3 POLICIES:

a. The committee will establish rules and procedures IAW AR 40-66 to insure standards are met.

b. These will include:

1. Review of all records and credentials of medical personnel.
2. Establish training programs where necessary.
3. Encourage continuing education.
4. Maintain current documentation of certificates and credentials.

c. Det 5 personnel requiring credentialing packets will be identified as soon as they join the unit.

d. The Training Officer and NCO will scrub the list of individuals requiring packets annually.

e. Non-credentialed personnel will not act in any medical capacity until fully credentialed.

#### 10-4 RESPONSIBILITIES:

a. The unit commander ensures non-credentialed personnel will not act in any medical capacity until fully credentialed.

b. All personnel requiring credentials will ensure their individual credential packet is completed within thirty days of notification of packet deficiencies.

## Chapter 11

### PREVENTIVE MEDICINE TRAINING

#### 11-1 SCOPE:

a. The Preventive Medicine Program is a comprehensive program, ranging from simple field sanitation procedures to extensive monitoring techniques necessary to protect the health and environment of Army personnel.

b. The program is designed to promote and maintain the fighting force at maximum effective strength and to maintain the physical well-being of all personnel in the KSARNG.

#### 11-2 OBJECTIVES:

a. To educate the soldiers of the KSARNG in the following areas:

1. Disease and climatic injury prevention and control.
2. Occupational Health.
3. Health Promotion and Wellness Information and education IAW NGR 600-63.
4. Field Sanitation.

#### 11-3 POLICIES:

a. The Preventive Medicine Section will provide timely instruction and assistance in all areas of field sanitation.

b. The Preventive Medicine Section will inspect Field Kitchens and Water trailers during field training exercises and will certify the trailers before use in annual training.

#### 11-4 RESPONSIBILITIES:

a. Preventive Medicine Section Responsibilities include:

1. Identify potential disease and environmental threats and/or conditions of epidemic potential, based on epidemiological information, medical intelligence, and knowledge of military activities.

2. Recommend individual protective measures and environmental control measures to the command, based on the health threat.

3. Conduct medical surveillance of individuals and units in high risk situations where the potential for acquiring occupational illness or injury is significant.

4. Conduct epidemiological investigations of suspected disease outbreaks or disease occurrences capable of reducing unit readiness.

5. Report unusual occurrences of diseases or environmental health problems to commanders so corrective action can be taken immediately.

b. Unit Commander Responsibilities include:

1. Direct the institution and implementation of required disease prevention and control measures.

2. Ensure compliance of all eligible personnel with prescribed individual protective measures.

3. Enforce compliance with immunization requirements under AR 600-20 and AR 40-562.

4. Provide protective clothing, equipment, supplies, and facilities when required.

5. Provide orientation to their units regarding the prevention of preventable injuries or illnesses.

6. Ensure their unit has a school trained field sanitation team to include one E-4 and below and one E-5.

1 August 1999

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