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 HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
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MEDCOM Regulation
 No. 40-40

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Medical Services
MEDICAL/DENTAL SUPPORT TO ANNUAL TRAINING

Subordinate commanders will issue supplements to this regulation.
 Supplements will be approved by HQ MEDCOM, ATTN: MCOP-P.

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CHAPTER 1**INTRODUCTION**

- 1-1. HISTORY.** This is the first printing of this publication.
- 1-2. PURPOSE.** This regulation provides U.S. Army Medical Command (MEDCOM) level guidance to MEDCOM Regional Medical Commands (RMCs), U.S. Army Medical Centers (MEDCENS), Medical Department Activities (MEDDACs), Regional Dental Commands (RDCs), and Dental Activities (DENTACs) regarding the provision of medical and dental services to Reserve Component (RC) soldiers performing Annual Training (AT).
- 1-3. REFERENCES.** References are listed in appendix A.
- 1-4. EXPLANATION OF ABBREVIATIONS AND TERMS.** Abbreviations and special terms used in this publication are explained in the glossary.
- 1-5. APPLICABILITY.** This regulation applies to all MEDCOM activities.
- 1-6. SCOPE.** This regulation specifies MEDCOM policies and defines the minimum levels of medical and dental support provided to RC soldiers, Army National Guard (ARNG), and U.S. Army Reserve (USAR) performing AT. The MEDCOM and subordinate activities have responsibility for ensuring health care is available to all soldiers performing AT. This regulation will not address care provided for other categories of eligible personnel (Active Component (AC), family members, retirees, etc.) or when AT is conducted for more than 30 days.
- 1-7. POLICY.**
- a. MEDCOM Medical Treatment Facility (MTF) Commanders and DENTAC Commanders, who have Health Service Area (HSA)/Dental Service Area (DSA) responsibilities, will ensure health and dental care are available to RC members on AT in their HSA/DSA in accordance with (IAW) AR 135-381, para 1-4j, and will develop supporting plans. Other supplements will not restrict the authority and responsibility of the MEDCEN/MEDDAC/DENTAC Commander to make decisions regarding AT site support methods and procedures in order to accomplish the mission. All other supplements to this regulation, generated at major subordinate command level or below, will be submitted to HQ MEDCOM, ATTN: MCOP-P for review and approval prior to publication.
 - b. Traditional travel funds for AT AC augmentees specified by FORSCOM Reg 350-12 is provided by the installation and should be planned for accordingly. If funding is unavailable, MTFs will contact their higher headquarters for additional guidance.
 - c. The funding for AT supplies for non-year round clinics, situated at ARNG sites, will continue through ARNG channels.
 - d. AR 135-381, para 2-6, identifies the medical and dental services authorized.

e. The MEDCEN/MEDDAC/DENTAC Commander, who has HSA/DSA responsibility will ensure appropriate credentialing and privileging of RC providers while in an AT status IAW AR 40-68.

f. Each RMC/MEDCEN/MEDDAC/DENTAC Commander will develop a medical and dental plan that addresses the provisions of medical and dental care identified within their HSA. Plans will be prepared for all locations where AT is being performed regardless of the number of soldiers. At locations where AT troop density is low and the civilian community is the only reasonable option for providing appropriate level of care, planning may be in summary form. The plan for low-density locations will contain, at a minimum, general procedures for obtaining authorized medical/dental care, line of duty (LOD) procedures/ requirements, and a list of telephonic points of contact (POCs) within the appropriate MEDCEN/MEDDAC Patient Administration Division, where additional information may be obtained. The low-troop density generic information and list of telephonic POCs must be provided to the appropriate State Area Commands (STARCs) for the ARNG, and appropriate Regional Support Commands (RSCs) for USAR, for further distribution to their subordinate activities. The major components of the support plan must address proximity, responsiveness, continuity, conformity, and control of health care support.

g. The MEDCEN/MEDDAC/DENTAC Commanders or their designees will serve as primary POCs regarding AT medical site support at an active installation. When an AT site is a semi-active Federal or state operated installation, the MEDCEN/MEDDAC/DENTAC Commander will appoint an MTF/dental treatment facility (DTF) representative. In addition, the representative will serve as the medical/dental staff advisor to that installation commander regarding AT medical and dental support.

h. The ARNG has retained the mission and resources for providing physical exams, HIV screenings, and other readiness related medical and dental care for ARNG soldiers within their budgets/programs. Medical readiness support program requirements are not included in the authorized medical support identified in AR 135-381. Routine medical readiness requirements will not be considered in the planning for medical and dental AT site support.

i. A local MEDCEN/MEDDAC/DENTAC information package will be developed, reproduced, and distributed to all units attending precamp conferences. The intent is to ensure key leaders and subordinates are clear on understanding how they gain access to the medical and dental system for emergencies. This information package can be a local pamphlet titled Medical/Dental Support of Reserve Components during Annual Training.

1-8. RESPONSIBILITIES.

a. MEDCOM.

(1) Ensure that quality medical and dental care is available to Reserve Component soldiers, through subordinate MTFs and DTFs, during AT IAW AR 135-381.

(2) Provide guidance regarding the preparation of AT medical and dental support plans.

(3) Distribute funding associated with AT medical and dental support.

b. RMC.

(1) Establish a Regional AT site support team of AC and RC personnel with a primary responsibility for the coordination of all AT medical/dental support for the region.

(2) Review and approve MEDCEN/MEDDAC/DENTAC AT site medical support plans.

(3) Ensure subordinate MTFs have been provided all AT support requirements (locations and RC AT troop densities) for the AT cycle at sites in their HSA, to include those units performing "Home Station AT."

(4) Provide a report to the MEDCOM, Plans Division POC confirming that specific AT site support plans are in place and approved. Manpower shortfall list must be provided by August 1st each year.

(5) Provide an accountability of funds expended for AT site support to MEDCOM at the conclusion of each fiscal year. Periodic (quarterly) reports will be provided to enable adjustments to be made.

c. MEDCEN/MEDDAC/DENTAC.

(1) Ensure quality health care is available to RC soldiers during their annual training

(2) Develop a medical/dental support package for RC unit performing AT and an AT medical/dental site support plan for all locations where AT is performed regardless of the number of RC soldiers.

(3) Appoint an MTF/DTF representative for each location where AT is performed in the HSA for the duration of the AT cycle.

d. Site/Installation Commander.

(1) Provide a valid profile of RC AT populations throughout the AT cycle to the supporting MEDCEN/MEDDAC/DENTAC.

(2) Make medical and dental facilities available when the MEDCEN/MEDDAC Commander determines it to be necessary for AT site support.

(3) Provide the AC medical/dental staff providing AT medical/dental support with suitable quarters and messing facilities IAW AR 210-50 or provide a nonavailability statement for quarters and or mess.

(4) Provide travel and per diem for AC medical staff providing AT medical/dental site support IAW FORSCOM Reg 350-12. If funding is unavailable, MTFs need to contact their higher headquarters for additional guidance to ensure the appropriate level of medical care/support is available.

CHAPTER 2

ANNUAL TRAINING MEDICAL SUPPORT

2-1. GENERAL. Authorized medical and dental care must be afforded to all RC soldiers during AT regardless of location IAW AR 135-381. The method of providing the medical and dental support is at the discretion of the MEDCEN/MEDDAC/DENTAC Commander having HSA responsibility. Some of the factors that should be considered are indicated in the following paragraphs.

2-2. SIGNIFICANT VARIABLES IN AT SITE SUPPORT.

a. Troop Density. The magnitude of the AT troop density is a major factor in deciding the method of providing the required level of medical support. The RMC having region responsibility will validate and coordinate with the responsible ARNG and USAR headquarters elements (STARCs and RSCs) for the appropriate level of medical support required for all AT support locations within their region.

b. Medical and Dental Facilities. The availability of existing medical and dental facilities and equipment at the training site is another primary factor in selecting the method of providing the medical and dental support.

c. Availability of Other Provider Systems. Civilian hospitals, civilian providers, and emergency response systems (911, etc.) are major factors in determining the method and level of medical support required.

d. Host Installation. The ability and availability of the host installation to provide the AT medical and dental support, facilities and access to other health care resources are significant planning factors and must be IAW established Installation MOAs.

2-3. THE AT SITE ENVIRONMENT. The MEDCEN/MEDDAC/DENTAC Commander will determine health care resource requirements and availability at each site for all RC soldiers performing AT at an active installation, a semi-active installation, a state operated training site, or other location. Each MEDCEN/MEDDAC/DENTAC, having health/dental service area responsibilities, may employ several methods of providing the required level of medical and dental support.

2-4. METHOD OF CHOICE FOR AT MEDICAL AND DENTAL SUPPORT. Active Army Installations will have an existing medical and dental capability (be it military or civilian) that, in most cases, may be easily extended to RC soldiers performing AT. Other installations, owned/operated by other agencies, probably will not have an existing Federal-year-round medical/dental clinic because the installation does not have a sizable AC party to justify a fixed medical facility and staff. The method of providing support at a given location will be based on present medical/dental facilities and equipment available, the density of AT troop population supported, and resources available within the AT units. The final decision regarding what is the best method to provide the proper AT medical and dental support, to include other available resources (contract, civilian 911, VA clinics, hospitals, etc.) is the MEDCEN/MEDDAC/DENTAC Commander having Health/Dental Service Area authority and responsibility.

2-5. LINE OF DUTY (LOD) DETERMINATIONS. LOD will be completed for all AT soldiers receiving treatment IAW AR 600-8-1. When care is received from a military source (emergency or nonemergency) an LOD must be initiated by the soldier's unit commander or the attending medical officer. In situations where civilian contract providers are employed, the individual's unit commander must initiate the LOD Determination. This is especially true during annual training since the statement needed from the medical provider may be difficult to obtain upon returning to home station. The LOD "yes" finding will ensure the RC soldier receives the appropriate follow-up care beyond the AT period.

CHAPTER 3

RESERVE COMPONENT CREDENTIALS AND PRIVILEGING

3-1. RESPONSIBILITIES.

a. MEDCEN/MEDDAC/DENTAC Commanders will privilege medical health care providers in support of AT training IAW AR 40-68. MEDCEN/MEDDAC/DENTAC Commanders will provide specific privilege delineation sheets in each RC Unit Information Packet.

b. RC units providing healthcare providers to fixed troop medical clinics (TMCs) will send an Interfacility Credentials Transfer Brief (ICTB) and a copy of the provider's unit level and/or civilian practice privileges to the MEDCEN/MEDDAC/DENTAC Commanders 45 days prior to the start of duty.

c. Commanders must ensure nonprivileged personnel performing hands-on treatment as having current clinical competence prior to placing them in a patient care situation.

d. RC units conducting sick-call or unit integrity missions in remote field locations will privilege providers IAW AR 40-68 and provide a copy to the RMC with HSA responsibility.

3-2. PROVIDER PERFORMANCE ASSESSMENT (DA FORM 5374-R). Providers at AT sites will undergo an assessment of clinical performance following the completion of the training cycle. MEDCEN/MEDDAC/DENTAC Commanders will be responsible for the assessment of providers performing clinical type duties in fixed facilities. RC Unit Commanders will be responsible for the assessments of providers performing clinical type duties in field settings.

CHAPTER 4**DENTAL CARE**

4-1. PURPOSE. To establish policies regarding the provision of emergency dental care during AT.

4-2. POLICY.

a. In accordance with AR 40-3, the only authorized care for RC soldiers during their annual training is emergency treatment. Emergency dental treatment is defined in para 4-4 (below).

b. Active duty personnel are authorized full dental care; however, all nonemergent dental treatment plans for temporary duty (TDY) personnel serving at locations other than Active Army installations must be approved by the commander of the servicing DENTAC. Typically, at remote locations active duty soldiers will only receive emergency care; any definitive care should be postponed until the soldier returns to their home station.

4-3. PROCEDURES. The dental AT support plan will be integrated into the MTF AT support plan since the dental requirements (AT site locations and troop density) are identical to the medical areas. The health service area and the dental service area are the same. DENTAC Commander, that has Dental Service Area responsibility, will consider all options when planning emergency dental support to AT soldiers, regardless of the AT site. The use of a local civilian dentist to provide emergency treatment may be an appropriate option. Plans will include emergency care after normal duty hours.

4-4. EMERGENCY CARE.

a. The official DoD definition for dental emergency follows:
"Dental emergency care is defined by DoD as care provided for the purpose of relief of oral pain, elimination of acute infection, control of life-hazardous oral conditions (e.g., hemorrhage, cellulitis, or respiratory difficulties) and treatment of trauma to teeth, jaws, and associated facial structures."

b. Normally, minor "chipped" teeth, dental caries, fractured restorations, broken dentures or orthodontic appliances, and loose orthodontic brackets or wires are not dental emergencies unless accompanied by any of the above conditions.

CHAPTER 5

EMERGENCY MEDICAL EVACUATION

5-1. AVAILABILITY. The standard is that Advanced Trauma Life Support (ATLS) services are available 24 hours/day, 7 days/week during the AT period to ensure that emergency medical care and evacuation will be accessible within 60 minutes from the Time Of Injury/Incident (TOI).

5-2. EMERGENCY VEHICLES: CONTROL AND USE. The use of emergency vehicles and the type of vehicle required to evacuate emergent patients will be determined by a designated medical officer or civilian contract equivalent as directed by the MEDCEN/MEDDAC/DENTAC Commander. Emergency medical vehicles (ground or aeromedical evacuation helicopters) will be used for the transport of EMERGENCY patients. Ambulances will not be used to transport personnel to and from sick call.

5-3. PROCEDURES. The MEDCEN/MEDDAC/DENTAC Commander will ensure that emergency evacuation procedures are adequately addressed in the AT Site Support Plan. This will include:

- a. All necessary communication systems required to support the planned emergency procedures.
- b. Adequate military and/or civilian resources to manage emergencies.
- c. Simple and clear written procedures for medical and installation staff involved in the receipt of emergency calls, that will ensure the proper and timely medical response.
- d. Established emergency procedures to ensure medical evacuation coordination (military or contracted civilian) ties in directly with the emergency care providers.

CHAPTER 6

PLANNING MILESTONES

6-1. GENERAL. The RMC will develop AT medical support planning timelines and AT medical/dental support plan format for all elements in their command. MEDCOM will prepare and publish a pamphlet that will describe and provide recommended formats for reporting.

6-2. PREPLANNING EVENTS.

a. CONUSA Site Date Conferences. RMC planners will attend the CONUSA Site Date Conferences for the expressed purpose of providing preliminary dates and locations where RC medical support is needed.

b. Precamp Conferences. MEDCEN/MEDDAC/DENTAC planners will attend the annual training precamp conferences in their HSA. This is the forum at which the AT medical/dental information package is distributed to all RC units in attendance. A review of the principal sections of the information package, in the form of a short briefing, with a question and answer period is desirable.

c. The RMCs will:

(1) Ensure all requirements have been provided to their subordinate commands.

(2) Review and approve the MEDCEN/MEDDAC/DENTAC plans IAW their published guidance.

(3) Provide the MEDCOM a consolidated Regional After Action Report. The frequency and format of the report will be determined by the MEDCOM.

APPENDIX A

REFERENCES

- AR 5-9, Area Support Responsibilities.
- AR 40-2, Army Medical Treatment Facilities: General Administration.
- AR 40-3, Medical, Dental, and Veterinary Care.
- AR 40-68, Quality Assurance Administration.
- AR 135-381, Incapacitation of Reserve Component Soldiers.
- AR 210-50, Housing Management.
- AR 350-1, Army Training.
- AR 600-8-1, Army Casualty Operations/Assistance/Insurance.
- FORSCOM Reg 350-12, Procedures for Tasking and Support from Active Component Installations and Units.
- MEDCOM Reg 40-21, Regional Medical Commands and Regional Dental Commands.

GLOSSARY

Section I
Abbreviations

AC.....	Active Component
ACLS.....	Advanced Cardiac Life Support
ADAPCP.....	Alcohol and Drug Abuse Prevention and Control Program
AMEDD.....	Army Medical Department
AOC.....	Army Operations Center/Area of Concentration
AR.....	Army Regulation
ARNG.....	Army National Guard
AR-PERSCOM.....	Army Reserve Personnel Command
ARRAC.....	Army Readiness Region Area Coordinator
AT.....	Annual Training
ATLS.....	Advanced Trauma Life Support
AUTOS.....	Automated Unit Training On-line System
BCLS.....	Basic Cardiac Life Support
CHPPM.....	Center for Health Promotions and Preventive Medicine
CL.....	Combat Lifesaver
CME.....	Continuing Medical Education
CONUS.....	Continental United States
CONUSA.....	The Numbered Armies in the Continental United States
CPR.....	Cardiopulmonary Resuscitation
CQ.....	Charge of Quarters
CS.....	Combat Support
CSS.....	Combat Service Support
CTD.....	Central Tasking Division (FORSCOM, G3)
DA.....	Department of the Army
DCA.....	Deputy Commander for Administration
DCSLOG.....	Deputy Chief of Staff, Logistics
DDS.....	Director of Dental Services
DENCOM.....	U.S. Army Dental Command
DENTAC.....	Dental Activity
DHS.....	Director of Health Services
DOD.....	Department of Defense
DOT.....	Department of Transportation
DSA.....	Dental Support Area
DTF.....	Dental Treatment Facility
EDRE.....	Emergency Deployment Readiness Exercise
EMT.....	Emergency Medical Treatment
FORSCOM.....	Forces Command
FTX.....	Field Training Exercise
FY.....	Fiscal Year
GME.....	Graduate Medical Education
HSA.....	Health Service Area
HQ.....	Headquarters
IAW.....	In Accordance With
ICTB.....	Interfacility Credentials Transfer Brief
IDT.....	Inactive Duty for Training
IMA.....	Individual Mobilization Augmentee
IMSA.....	Installation Medical Supply Activity
IRR.....	Individual Ready Reserve
MACOM.....	Major Army Command
MEDCEN.....	U.S. Army Medical Center
MEDCOM.....	U.S. Army Medical Command

MEDDAC.....Medical Department Activity
 MEDEVAC.....Medical Evacuation
 MES.....Medical Equipment Set
 METL.....Mission Essential Task List
 MOA.....Memorandum of Agreement
 MOS.....Military Occupational Specialty
 MOU.....Memorandum of Understanding
 MP.....Military Police
 MPMC.....U.S. Army Medical Research and Materiel Command
 MTF.....Medical Treatment Facility
 MTOE.....Modification Table of Organization and Equipment (TOE)
 NAAD.....National AMEDD Augmentation Detachment
 NCO.....Noncommissioned Officer
 NCOIC.....Noncommissioned Officer In Charge
 NG.....National Guard
 NPBQ.....National Practitioner Bank Query
 NVG.....Night Vision Goggles
 O & M.....Operations & Maintenance
 IC.....Officer In Charge
 & A.....Pay & Allowances
 PA.....Physician's Assistant
 PAD.....Patient Administration Division
 PCF.....Practitioner Credentials File
 PEBLO.....Physical Evaluation Board Liaison Officer
 PM.....Preventive Medicine
 POC.....Point of Contact
 POI.....Point Of Injury/Incident
 POTO.....Plans, Operations, and Training Office
 PPM.....Parts Per Million
 PROFIS.....Professional Filler System
 QA.....Quality Assurance
 QI.....Quality Improvement
 RAMS.....Readiness Army Mobilization System
 RC.....Reserve Component
 RCS.....Reports Control Symbol
 RDC.....Regional Dental Command
 RMC.....Regional Medical Command
 RSC.....Regional Support Command
 SDO.....Staff Duty Officer
 SIR.....Serious Incident Report
 SMA.....Senior Medical Advisor
 SOP.....Standing Operating Procedures
 STARC.....State Area Command
 TAG.....The Adjutant General
 TASS.....Total Army Support System
 TDY.....Temporary Duty
 TOI.....Time of Injury/Incident
 TMC.....Troop Medical Clinic
 Tng Cntr.....Training Center
 TNG.....Training
 TRADOC.....U.S. Army Training and Doctrine Command
 UH.....Utility Helicopter
 USAR.....U.S. Army Reserve
 USARC.....U.S. Army Reserve Command
 USPF&O.....U.S. Property & Fiscal Officer
 VETCOM.....U.S. Army Veterinary Command

WBGT.....Wet Bulb Globe Temperature Index
XO.....Executive Officer

Section II

Terms

Dental emergency care (DOD definition). Care provided for the purpose of relief of oral pain, elimination of acute infection, control of life-hazardous oral condition (e.g., hemorrhage, cellulitis, or respiratory difficulties) and treatment of trauma to teeth, jaws, and associated facial structures.

The proponent of this publication is the Office of the Assistant Chief of Staff for Operations. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, U.S. Army Medical Command, ATTN: MCOP-P, 2050 Worth Road, Fort Sam Houston, TX 78234-6007.

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