

ARMY REGULATIONS

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MEDICAL SERVICE

GENERAL ADMINISTRATION OF MEDICAL TREATMENT FACILITIES

	Paragraph
Purpose and scope.....	1
Application.....	2
Duties of commander.....	3
Patients.....	4
Enlisted duty personnel.....	5
Uniform requirements for duty personnel.....	6
Use of medical treatment facility buildings.....	7
Standards for medicinal agents.....	8
Patients' effects, hospital clothing, and medical property and appliances.....	9
Laundry and dry-cleaning service.....	10
Questionnaires and other forms.....	11
Identification of newborn infants.....	12
Death and preparation of remains.....	13

1. Purpose and scope. These regulations establish policies and set forth general administrative provisions governing the operation of Army medical treatment facilities. The term "commander" as used in these regulations pertains to the commander of the medical treatment facility unless otherwise indicated.

2. Application. These regulations are applicable so far as practicable to all types of medical treatment facilities inside and outside the continental United States.

3. Duties of commander. The commander's responsibility includes, but is not limited to, the following:

- a. Command of the medical treatment facility.
- b. Insuring that the provisions of directives from higher authority are strictly observed, that the spirit and intent of such directives are reflected in local regulations and instructions, and that local regulations and instructions are posted in appropriate places to be read by those persons to whom they are applicable.
- c. Performance of all duties assigned to him by the various echelons of higher command.
- d. Devoting all available and required resources in an efficient and economical manner toward the primary mission of providing the highest quality of patient care.
- e. Insuring that medical records are properly safeguarded and that the release of information from such records concerning the condi-

*These regulations supersede AR 40-200, 23 June 1955, including C 1, 27 June 1956.

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tion of sick and injured patients is in accordance with AR 345-20, AR 345-230 and AR 380-1.

f. Discharging the responsibilities prescribed for installation commanders in AR 210-10, as applicable.

4. Patients. *a. General.* The commander will be responsible for determining which persons will receive treatment in, which will be admitted to, and which will be discharged from the medical treatment facility. He will be responsible for supervising their care and treatment, including the employment of recognized professional procedures, and for providing each patient, whether military or nonmilitary, with the highest possible type of medical care in keeping with accepted standards of the medical profession without distinction for race, color or creed, and in accordance with the rules of land warfare. See FM 27-10.

b. Patient control. The commander has authority administratively to restrict the freedom of action of a patient under his command or even to restrain him, provided such restriction or restraint is not imposed as punishment for an offense or for disciplinary reasons, but is a reasonable and necessary incident of the proper medical care and treatment of such patient (see Bul. JAG, Feb. 1944, p. 84).

c. Nonmilitary patients.

(1) *Consent for performance of certain medical procedures.*

Written consent for the performance of therapeutic and diagnostic procedures will be obtained from nonmilitary patients in accordance with the usual policies and procedures followed by civilian medical and dental practitioners. When consent cannot be obtained from the patient because he is unable to respond, it will be obtained from the sponsor or from the next of kin. The consent will be recorded on SF 522 (Authorization for Administration of Anesthesia and Performance of Operations and Other Procedures). The patient will be counseled to the extent necessary as to the nature, expected results of, and risks involved in procedures for which written consent is required. If a record of such counseling is desired by the physician, it will be recorded in the clinical record (see AR 40-424). The provisions of this paragraph may be waived in acute emergencies of any nature which are a threat to the life, health, and well being of the patient.

(2) *Compliance with regulations.* Nonmilitary patients admitted to Army medical treatment facilities must conform to the rules and regulations governing the operation of such facilities. In the event of failure or refusal to comply therewith, the patient at once becomes liable to discharge from the

facility at the discretion of the facility commander. A patient discharged from a facility for disregard or disobedience of rules and regulations will be refused admission thereto or to any other Army medical treatment facility within 90 days after such discharge, except under emergency circumstances when earlier admission is necessary to save life or prevent undue suffering. Whenever beneficiaries of the Veterans Administration are discharged from the medical treatment facility under the preceding conditions, the commander will forward to the Administrator of Veterans Affairs through the regional office, where appropriate, a report giving the patient's full name and address, the reasons for his early discharge, his condition at the time of discharge, and any other information which may be pertinent to the case (exempt report, par. 17i, AR 335-15). Similar action will be taken in cases of patients who are beneficiaries of other Governmental agencies and the report required above will be sent to the agency concerned.

- (3) *Passes.* Normally, patients who are well enough to be absent from the medical treatment facility are physically fit to the extent that a discharge is indicated. However, in unusual circumstances when the commander determines it to be in the best interest of the individual, he may grant passes to nonmilitary patients for periods not to exceed 72 hours.

5. Enlisted duty personnel. Enlisted personnel assigned to the medical treatment facility will be organized into a detachment or detachments and will normally be commanded by a Medical Service Corps officer(s) detailed by the commander. For WAC enlisted personnel on duty at the medical treatment facility, see AR 625-5.

6. Uniform requirements for duty personnel. Military personnel when on duty will wear the appropriate uniform, as prescribed by the commander, for the duty to be performed. Civilian employees, male and female, while performing their official duties in positions included under the following designated civilian occupational series titles are required to wear the protective clothing furnished in accordance with TA 20-11:

Ambulance Driver.	Dental Technician.
Animal Caretaker.	Dietitian.
Baker.	Dispensary and Hospital Workers.
Cook.	EKG Technician.
Custodial employees in clinics, wards, and similar patient treatment areas.	Electro-encephalograph Technician.
Dental Assistant.	Exercise Therapist Aid.
Dental Hygienist.	Histopathology Technician.
	Meat Cutter.

Medical Aid.	Optometrist Aid.
Medical Technician (all options).	Orthopedic Technician.
Medical X-Ray Technician.	Pharmacist.
Mess Attendant.	Pharmacist Helper.
Nursing Assistant.	Physical Therapy Aid.
Occupational Therapy Aid.	Physical Therapy Technician.
Occupational Therapy Technician.	Prosthetic Technician.
Optometrist.	Ward Attendant.

7. Use of medical treatment facility buildings. *a.* No portion of any medical treatment facility will be used for non-medical purposes except for the following:

- (1) When deemed necessary, the commander may designate certain rooms or buildings of the medical treatment facility as chapels, recreation areas, or bachelor-type quarters for officers and enlisted personnel on duty thereat.
- (2) The maintenance of messes at Army medical treatment facilities operated for the benefit of patients and of other persons subsisted therein pursuant to AR 40-333.

b. Buildings initially constructed or subsequently converted to house medical treatment facilities or Army Medical Service personnel will not, except as hereinafter qualified, be altered, modified, or diverted from their intended use without prior authority of The Surgeon General, Department of the Army. Authority for conversion to other purposes without any provision for reclaim in the event of a requirement will be granted by The Surgeon General, Department of the Army, where no medical requirement for the facility exists presently or in the future. Medical treatment facilities include hospitals, dispensaries, laboratories, dental and other clinics, and quarters specifically constructed for Army Medical Service personnel, including attached civilian personnel.

c. Authority of The Surgeon General, Department of the Army, will also be obtained for changes in the functional arrangement or layout of any part or portion of a medical treatment facility as defined in *b* above.

8. Standards for medicinal agents. No medicinal agent which has not first met one or more of the following conditions will be administered to patients under the care of the Army Medical Service:

a. Inclusion in the Department of the Army Supply Manuals 8-1 and 5-series.

b. Inclusion in the United States Pharmacopoeia.

c. Inclusion in the National Formulary.

d. Acceptance by the Council on Pharmacy and Chemistry of the American Medical Association (inclusion in "New and Nonofficial Remedies" or its interim supplements).

e. Acceptance by the Council on Dental Therapeutics of the American Dental Association.

f. Specific approval of The Surgeon General, Department of the Army.

9. Patients' effects, hospital clothing, and medical property and appliances. *a. Government property.* A military patient being sent to a medical treatment facility normally will leave his individual weapons, accouterments, and organizational equipment with his organization. In unusual circumstances when Government property is brought to a medical treatment facility, it will be properly safeguarded. A patient's effects will be inventoried immediately and individual weapons, accouterments, or organizational equipment brought with him will, if practicable, be returned to his organization and a receipt obtained for file with the patient's records. If it is impracticable to return the property to the patient's organization, the commanding officer of the medical holding detachment will place such property promptly in the custody of the appropriate supply officer.

b. Personal effects other than money and valuables.

- (1) Upon admission of a patient to a medical treatment facility, his personal effects, clothing and equipment, other than money and valuables, will be inventoried, listed in duplicate on DA Form 8-111 (Patient's Personal Effects and Clothing Record), placed in a clothing bag, sealed, tagged for identification using DA Form 8-112 (Patient's Property Tag) and properly and securely stored. Identifying data will be entered in the name block of DA Form 8-111 at the Admission and Disposition Office. Both copies of the form will accompany the patient to the clothing room where personal clothing and effects will be turned in and hospital items issued unless the patient is authorized to wear his own clothing as provided in *d* below. Inventoried items will be entered in ink in the first column of DA Form 8-111. Unused spaces in the column will be ruled out in ink. The column will then be dated and initialed by the patient and by the custodian of the patients' clothing room. The contents of bags, trunks, boxes, etc., included in the patient's effects need not be inventoried but any such containers not already locked or sealed will be sealed in the presence of the patient. All containers will be tagged with DA Form 8-112 and listed on DA Form 8-111. In the case of unconscious, psychotic, or other patients physically or mentally unable to witness the inventory, the commissioned officer in charge of the Admission and Disposition activity will witness and sign for the patient.

- (2) Hospital clothing and other items issued to the patient will be entered in the appropriate block at the top of DA Form 8-111 and the patient will initial the block in the appropriate space.
- (3) The duplicate copy of DA Form 8-111 will be completed in the same manner as the original and given to the patient as his receipt.
- (4) When a patient presents evidence of proper authorization for withdrawing his clothing or personal effects, the seal on the clothing bag will be removed in his presence and the patient will withdraw as much of his clothing and personal effects as he desires. If there is a balance, the clothing bag will be resealed in the patient's presence, the proper column red-lined on both copies of DA Form 8-111 and the remaining balance entered in the next numbered column. The patient will indicate his verification of the new balance in the proper numbered column by initialing in the space provided. The patients' clothing room custodian will also place his initials in the proper column. If the patient withdraws all items at the time of departure on an authorized temporary absence, he will surrender his copy of DA Form 8-111. The last completed column will be red-lined on both copies and the forms held in suspense pending his return. Upon the patient's return, a new column will be completed to show items turned in for safekeeping.
- (5) When a patient is discharged from the medical treatment facility, he will return the hospital clothing in his possession and reclaim his personal effects and clothing. The patient and the custodian of the patients' clothing room will then date and sign the appropriate blocks on the reverse of the original copy of DA Form 8-111. The original of the form will be filed with the records of the medical treatment facility and disposed of in accordance with AR 345-270. The patient's copy of DA Form 8-111 will be destroyed.
- (6) In the event the patient loses his copy of DA Form 8-111, a duplicate will be prepared, marked "Copy," and an appropriate remark made on the original copy on file in the patients' clothing room.
- (7) When a patient dies, absents himself without leave, or deserts, his effects will be disposed of as outlined in AR 630-10, SR 32-20-1, AR 643-50 and AR 643-55.

(8) When a patient is transferred to another medical treatment facility, his effects will accompany him or be forwarded in compliance with SR 32-20-1. See AR 735-2.

c. A commander of a medical treatment facility may exempt any patient under his jurisdiction from the procedure outlined in paragraph b above.

d. *Wearing of hospital clothing.* Hospital clothing ordinarily will be worn by patients during their stay in medical treatment facilities. Commanders may, at their discretion, authorize patients to wear personally owned robes, pajamas, etc., depending upon the circumstances and category of the patient concerned.

e. *Medical property and other appliances.*

(1) Upon separation or retirement from the service of a patient who is permanently disabled, such patient may be permitted to retain such medical property or appliances then in his use as are necessary for his physical comfort and safety. The appropriate responsible officer will drop this property from his property book and submit an issue slip explaining the circumstances as a voucher for so doing, to which will be appended the patient's receipt for the property. Issue of supplies and equipment from the Stock Fund Property Account is not authorized. Issue will be made from stocks procured by application of M & O funds.

(2) In those instances when a paraplegic patient desires any of the following nonexpendable equipment, authority is granted for issue of the same, without reimbursement by the patient, upon discharge.

PSY	Item identification
6530-299-6699	Bed, adjustable, hospital.
6530-700-6900	Frame, overhead, adjustable bed, cadmium-plated.
6530-704-3030	Wheel chair, folding, large wheel in rear.
	or
6530-704-3025	Wheel chair, folding, large wheel in front.
7105-716-0706	Mattress, bed, innerspring, hospital bed, 152 coil springs.

(3) In those instances when a paraplegic patient desires expendable supplies which are required for his physical comfort and safety, authority is granted for issue of same, without reimbursement by the patient, upon discharge.

(4) Transportation will be accomplished on Government bill of lading, payment for shipment to be accomplished from funds applicable to shipment of medical property.

10. Laundry and dry-cleaning service. a. *General.* Laundry

and dry-cleaning service of the items enumerated below will be furnished at Government expense:

- (1) Linen, clothing, and bedding belonging to the Army Medical Service.
- (2) Government-owned uniforms, coats, trousers, and dresses.
- (3) Bulk linen and bedding of enlisted personnel assigned or attached to, or on duty at, the medical treatment facility.
- (4) Diapers and other linens of infant patients.
- (5) Initial laundering or dry-cleaning of clothing worn by enlisted personnel at the time of admission to the medical treatment facility as patients.
- (6) Initial laundering of clothing and other personal items which are in the possession of individual patients upon admission to a medical treatment facility when such clothing or items constitute a menace to health and sanitation due to the possibility of contamination.

b. Uniforms of civilian employees furnished in kind or provided for by monetary allowance under the authority of the Federal Employees Uniform Allowance Act will not be laundered or dry-cleaned at Government expense. See AR 670-340-1.

c. Personal laundry and dry-cleaning service. Laundry and dry-cleaning service will be furnished within the limits of available Government laundry facilities for the staff and related medical organizations, detachments at the medical treatment facility, and medical personnel at nearby stations, including staffs and detachments of numbered medical units when attached for administration or training. Charges for this service will be at rates prescribed by The Quartermaster General.

11. Questionnaires and other forms. Requests received by Army medical treatment facilities to fill out questionnaires and other forms for various professional or nonprofessional associations or individuals will be completed and forwarded through command channels to The Surgeon General, Department of the Army, Washington 25, D. C., ATTN: MEDDD-HO, for review and clearance prior to release of requested data.

12. Identification of newborn infants. *a. Principles of identification.* Immediately subsequent to the birth of an infant in an Army medical treatment facility and prior to the removal of the infant and mother from the delivery room, proper identification as indicated in *b* below will be accomplished.

b. Procedures. Two identical items of identification will be placed on either the wrists or ankles of the infant and will be clearly visible for use by medical officers, nurses and the mother each time the infant

is moved. A third identical item will be placed on the wrist of the mother. Identification items will include the mother's full name, register number, sex of infant, and date and time of birth. To insure positive correlation between the mother and infant, the fingerprints of the mother and both right and left footprints of the infant will be entered on Standard Form 507 (Clinical Record—Report On or Continuation of SF) and witnessed by a third person. Identification items on the infant should be acknowledged by the mother or other person removing the infant from the medical treatment facility. One of the two identical items of identification will be removed from the infant and placed in the clinical record of the newborn infant immediately prior to the release of the infant; the other identical item will remain attached to the infant until the infant is taken from the premises of the medical treatment facility.

13. Death and preparation of remains. *a. Notification.* Whenever the death of a person occurs at an Army medical treatment facility, or upon receipt of the remains of an individual who is dead upon arrival, the commander will make official reports, in writing, as indicated in SR 600-400-5 or SR 600-400-10 and insure that a certificate of death is prepared in each case of death.

b. Autopsies.

- (1) *Deceased military personnel.* An autopsy will be performed on the remains of any person who dies in the military service while serving on active duty or active duty for training when the commander or the surgeon of an installation or command deems such procedure necessary in order to determine the true cause of death, and to secure information for the completion of military records.
- (2) *Deceased retired personnel and nonmilitary persons.* When an autopsy is deemed necessary in the case of retired personnel or nonmilitary persons who die in a medical treatment facility or on a military installation, written permission from the next of kin will be obtained before the autopsy is performed. An opinion should be obtained from the local judge advocate defining "next of kin" for the jurisdiction in which the installation is located. When authorization for an autopsy is required, such authorization will be obtained on SF 523 (Clinical Record—Authorization for Post-Mortem Examination). If permission is unobtainable, and an autopsy is required to complete records of death in compliance with local, state or Federal law, reports will be made to civil authorities for necessary action.

(3) *Prompt performance.* Autopsies normally will be completed without delay and the body immediately made available to the mortician. Where possible, the autopsy surgeon will be available on call at all times to expedite performance of the examination. Technique employed will insure minimum interference with the embalming function, particularly disturbance of the circulatory system. Embalming may be performed prior to the autopsy provided the autopsy surgeon is agreeable.

(4) *Records.* Complete records of autopsies performed will be filed in the medical treatment facility. Copies of autopsy protocols will be furnished in accordance with AR 40-31.

c. Care and disposition of remains. Preparation and disposition of remains will be effected in accordance with AR 633-45. In cases of fetal mortality, care and disposition of remains will be in accordance with the appropriate laws of the state in which the installation is located.

[AG 322 (18 Aug 57) MEDDD]

By Order of *Wilber M. Brucker*, Secretary of the Army:

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Chief of Staff.

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