

**Army Regulation 40-538
BUMEDINST 6700.2B
AFR 167-5**

Medical Services

Property Management During Patient Evacuation

**Headquarters
Departments of the Army,
the Navy, and the Air Force
Washington, DC
1 June 1980**

Unclassified

SUMMARY of CHANGE

AR 40-538/BUMEDINST 6700.2B/AFR 167-5
Property Management During Patient Evacuation

This is a transitional reprint of this publication which places it in the new UPDATE format. Any previously published permanent numbered changes have been incorporated into the text.

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1 June 1980

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Effective 1 June 1980

Medical Services

Property Management During Patient Evacuation

By Order of the Secretary of the Army:

E. C. MEYER
General, United States Army
Chief of Staff

Official:

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Major General, United States Army
The Adjutant General

By Order of the Secretary of the Navy:

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Vice Admiral, MC, US Navy
Chief Bureau of Medicine and Surgery

By Order of the Secretary of the Air Force:

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General, USAF
Chief of Staff

Official:

VAN L. CRAWFORD, JR.
Colonel, USAF
Director of Administration

History. This UPDATE issue is a reprint of the original form of this regulation that was published on 1 June 1980. Since that time, no changes have been issued to amend the original.

Summary. This revision updates responsibilities for managing equipment used during patient evacuation and prompt reporting of excess equipment.

Applicability. See paragraph 2.

Proponent and exception authority. Not applicable

Army management control process.

Committee Continuance Approval.

Supplementation. For Army users, local supplementation of this regulation is prohibited, except upon approval of The Surgeon General.

Interim changes. Interim changes to this

regulation are not official unless they are authenticated by The Adjutant General, HQDA. Users will destroy interim changes on their expiration dates unless sooner superseded or rescinded.

Suggested Improvements. The Army office of primary interest in this joint publication is the Office of The Surgeon General. Army users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to HQDA (DASG-HCL), Department of the Army, Washington, DC 20310. Navy and Air Force users may send comments and recommendations through normal channels to the respective Surgeon General (Chief, Bureau of Medicine and Surgery, ATTN: MED 03, Navy Department, Washington, DC 20372, for the Navy; and AFMSC/SGSLP, Brooks AFB, TX 78235, for the Air Force).

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*This regulation supersedes AR 40-538/BUMEDINST 6700.2A/AFR 167-5, 26 August 1970.

RESERVED

1. Purpose

This regulation sets forth procedures for managing medical property used during evacuation of patients in peace and war.

2. Applicability

This regulation applies to all medical activities of the Army, Navy, and Air Force and to the Army Reserve. It does not apply to the Army National Guard.

3. Exceptions

Requests for exception should be forwarded to The Surgeon General, ATTN: DASG-HCL (Army), BUMED-MED 03 (Navy), or AFMSC-SGS-LP (Air Force), as appropriate.

4. Responsibilities

a. Originating (source) medical facility.

(1) Inform the Aeromedical Evacuation Control Center (AECC) servicing the originator's area of the number and types of patients to be evacuated. Include any special equipment that is required. Such items include incubators, respirators, aspirators, or cardiac monitors and defibrillators. Identify items which will be provided by the AECC and by the source facility.

(2) Provide items needed for patient comfort and safety. When deciding on the item, consider climate at areas involved. This property will consist of two sheets, one pillow, one pillowcase, two blankets, one pair pajamas, one litter mattress, one litter, and two litter straps or a litter harness. Ground support, such as aircraft heaters and air conditioners, needed at en route stops and destination will be provided by those locations.

(3) When the patient needs immobilizing, furnish the proper equipment.

b. Aeromedical Evacuation Control Center.

(1) Coordinate requirements for special patient handling equipment peculiar to the mode of travel.

(2) Provide special items of equipment which are available in the aeromedical evacuation inventory. See *a*(1) for a partial list of these items.

(3) Inform the source medical facility of items that it must provide. This will be done when such items are not available from the evacuation squadron.

(4) Ensure that supplies and equipment are compatible with the aircraft's power and configuration.

(5) Maintain custody of special equipment provided by the source facility while the patient is being evacuated.

c. Destination medical facility. Property received with patients will be disposed of as follows:

(1) Turn in excess items to the accountable supply officer.

(2) Return special equipment to the source except when requested otherwise. (Shipping charges will be paid by the medical facility making shipment.)

(3) Return property received from an allied nation to that nation as soon as possible, unless requested otherwise.

5. Stocks, issue, and accountability of property

a. Army, Navy, and Air Force medical units will maintain enough stocks of items needed to accompany patients during evacuation.

b. Stocks of litters, litter mattresses, litter securing straps, and harnesses normally will be issued to the facility medical evacuation coordinating officer. They may also be issued to the ward or section preparing the patient for evacuation.

c. Linen items, including blankets, will be obtained from the ward or linen issue point.

d. Items being used by a patient are not accountable. Excepted are equipment items.

e. Accounting procedures for equipment shipped or received with a patient are prescribed by each Service.

6. Veterans Administration (VA) hospitals

The above method of managing property transferred or received with patients applies to VA hospitals. These hospitals will return

special equipment to the source facility or to the nearest medical facility of the source Service. Shipping charges will be as follows:

a. VA property will be paid by the VA station requesting the return.

b. Military property will be paid by the military medical facility. The VA supply activity will request shipping instructions from the nearest military installation of the Service from which the property was received.

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