

NATO STANDARD

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**MEDICAL INFORMATION COLLECTION
AND REPORTING**

Edition A Version 1

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NORTH ATLANTIC TREATY ORGANIZATION

ALLIED MEDICAL PUBLICATION

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NATO LETTER OF PROMULGATION

9 January 2017

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Major General, LTUAF
Director, NATO Standardization Office

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CHAPTER 1 INTRODUCTION

1.1. PRELIMINARY

Participating nations agree to:

- Use the General Medical Information Report and Hospital Data Sheet for medical information gathering.
- Submit copies of completed reports as detailed below.

1.2. DEFINITIONS

Medical Information (MEDINFO): Any information on medical or environmental threats or medical care facilities or capabilities which has been gathered through non-intelligence channels and which has not been analysed for intelligence content. Such information is an essential component of operational medical planning and should be shared freely among members of the Alliance.

Medical Intelligence (MED INTEL)¹: Medical intelligence is the product of the processing of medical, bio-scientific, epidemiological, environmental and other information related to human or animal health. This intelligence, being of a specific technical nature, requires informed medical expertise during its direction and processing within the intelligence cycle.

Intelligence (INT or INTEL)²: The product resulting from the directed collection and processing of information regarding the environment and the capabilities and intentions of actors, in order to identify threats and offer opportunities for exploitation by decision-makers.

¹ AJMedP-3 Edition A Version 1 "Allied Joint Doctrine for Medical Intelligence" / STANAG 2547 based on AAP-06 Edition 2015 "NATO Glossary of Medical Terms and Definitions" / STANAG 3680

² AAP-06 Edition 2015 "NATO Glossary of Terms and Definitions" / STANAG 3680

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CHAPTER 2 BACKGROUND

2.1 There are many examples in history of personnel losses due to diseases that have affected the conduct and outcome of military operations. Many of these losses were preventable and outcomes might have been different if the impact of health on military operations had received complete consideration. Maintaining the health of military personnel is crucial, during and outside operations. The situation now is more complicated, with many nations reorganising and reducing their military forces and increasing their interdependence in multinational formations. There is also often a greater reliance today on the use of resources that may be available in the area of operations. These include host nation support (HNS) provided by a government or resources that are obtained through direct purchase or contracting. The generic term for all these types of resource is “In Country Resources” (ICR). Personal expectations of health care in the field are also higher than previously and the expectations of governments, public opinion and media are lower casualty rates forever. Factors such as environmental contamination, endemic diseases and industrial hazards in theatre constitute significant threats; medical preparation will therefore be a critical factor in the success or failure of any military operation.

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CHAPTER 3 MEDICAL INFORMATION COLLECTION AND REPORTING
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3.1 Health appreciation is an essential element of the medical planning estimate required to support all kinds of military operations. The estimate depends on the provision of medical information (MEDINFO) and medical intelligence (MED INTEL) in a timely, reliable, and easily accessible manner. In multinational operations, interoperability will be maximised and burden sharing facilitated if all TCNs are sharing the same MEDINFO and MED INTEL.

The following categories of general background information are required when planning the medical support to operations:

- a. Environmental factors including topography and climate, socio-economic factors, public health, animal and plant hazards,
- b. Health services and support infrastructure including organizational structure, capabilities of hospitals and treatment facilities, casualty evacuation and emergency health services and capabilities, specialist health support, medical material, blood banking, and clinical laboratory capabilities. This should include information on civilian and military facilities in the area of operations whatever the sources of information (national, international, civilian or military).
- c. Epidemiological data including incidence, distribution and control of communicable diseases (particularly gastrointestinal and respiratory diseases, vector-borne diseases and sexually transmitted diseases).

3.2 Collection of relevant medical information is the responsibility of all personnel, but particularly health services personnel. All opportunities, both operational and non-operational, should be used (i.e. recesses, exercises, port visits). MEDINFO can also be obtained from open sources such as governmental or supra governmental publications of the various countries, scientific and medical literature, media, embassies and consultants, aid agencies and other Non-Governmental Organisations (NGO), patients, and visitors to the particular area. The General MEDINFO Report form (Annex A) and the Hospital data sheet (Annex B) are standardised documents guiding medical information's collection. The objective of these forms is to facilitate submission of an after-action or trip report by providing an agreed template encompassing the areas of interest. Depending on situations, it may not be possible to complete every section of these forms or, inversely, it may be necessary to add information in some sections. Once completed, the report forms should be classified appropriately depending on the information contained therein.

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CHAPTER 4 DETAILS OF THE AGREEMENT
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4.1 General MEDINFO Report forms and Hospital data sheets should be used to gather information. Completed forms should be submitted to the office dedicated to the management of such information and designed to coordinate data collection and distribution. This coordinating office can be the Allied Command Operation (ACO) Medical Advisor (Force Health Protection and/or Medical Intelligence officers), or any other NATO Headquarter or NATO Centre of Excellence, according to dedicated ACO's delegation of task.

Collected information should be transmitted as follows:

- a. Within the context of a NATO operation or exercise: submission through the theatre chain of command for subsequent release to the National Authority and to the coordinating office.
- b. During mission under National Command: submission to the National Authority for release and for subsequent forwarding to the coordinating office.

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ANNEX A GENERAL MEDINFO REPORT FORM (precise synopsis)
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A.1 MEDICAL SYNTHESIS (2 pages with maps)

General information
Summary table of risks, dangers and threats
Hygiene in civilian environment (e.g. general, water, food)
Preliminary recommendations for armed forces

A.2 GENERAL INFORMATION (4 pages with maps)

Presentation

Country Key Data Table
Landform and hydrography
Climate
Natural resources

Population

Demography
Languages and religions
Administrative units and main cities
Education and cultural life

Political & economic situation (of which presence of foreign NGO and companies)

Maps (*UN or Others from open sources*)

A.3 HEALTH RISKS/ THREATS³ (of interest for Armed forces)

Synthesis of the Risks (table): Viral, Bacterial, Parasitic, Animal, Environment natural, Environment artificial (Chemical & Industrial) (NATO List)

Detailed viral risks (e.g.: Arboviruses, Influenza Viruses, Rabies)

Detailed bacterial risks (e.g.: Leptospirosis, Meningitis, Sexual transmitted infections)

Detailed parasitic risks (e.g.: Filariosis, Leishmanioses, Malaria)

Detailed animal risks (e.g.: Zoonotic situation, anti-rabies vaccine and immunoglobulin availability, Animal diseases, envenomation, antivenom availability)

Environment Natural risks (e.g.: transportation accidents, climate and natural disasters, poisonous plants, food borne hazards, mountains sickness)

³ “*Threat*” involves an actor or a doctrinal prescribed utilization. Depending on the nature of the deployment, this term should not be used interchangeably with the term “*risk*”.

Artificial Environmental risks: Toxic, Industrial and chemical (e.g.: water and hydroelectricity, dams, poisonings and/or terrorism, mines and energy, abandoned ammunitions)

A.4 TRANSPORT Ground / Air/ Sea

A.5 LOCAL HEALTH CARE SYSTEM

Civilian health care system

- **General information**
- **Human resources**
- **Primary care facilities**
- **Pharmacies and pharmaceutical sector** (i.e.: drugs accessibility, Availability of antimalarial and vaccines, Lists of reliable and functional pharmacies)
- **Reliable and functional medical laboratories** (i.e.: contact details, level of equipment and analyses, relevance and quality of results, quality control)
- **Anti-rabid centres** (availability, reliability and details)
- **Blood transfusion centres** (availability, reliability and details)
- **Poison control centres** (availability, reliability and details)
- **Hospitals**
For each "role2-like" facility : Name, status(private/public), contact details, number of beds, level of effective comfort, level of care, spoken language(s), cost of hospitalization and money provision, dedicated wards, permanence and permanence doctor, anaesthetist, reanimation, real acute care unit (ACU), pre evacuation capacity, effective availability of endoscopy, echography/scanner/MRI, blood access, blood control, dialysis

Military health care system

Same as above

Emergencies

- Action(s) to be taken in the event of emergency, road accident, sudden internal crisis
- Ambulances (reliability and availability)
- Local medical organizations to manage emergencies (reliability and availability)
- Preferential dedicated departments/wards (reliability and availability): Traumatology, Surgery, Cardiology
- Departments allowing a pre medical evacuation
- Specialized departments fulfilling the NATO role 3 standards (reliability and availability) for neurosurgery, severe burns care, hyperbaric box

Medical evacuations

- Transportation means available (Long distance ambulances / Medical helicopters or planes)
- Medical attendance
- Standard operating procedure
- Nearby medical facility best suited to take care of medico-surgical emergency and available means
- Expected delay to obtain authorizations
- Nearest international airport and international regular connections

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ANNEX B HOSPITAL DATA SHEET

HOSPITAL DATA SHEET					
Hospital name		Country		City	
Name and nation of the evaluator				Date	
GENERAL INFORMATION					
Kind of hospital			Status	Military <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/>	
Point of contact Name and contact details		Director Name and contact details		Geographical address	
Phone number		Fax		email address	
CAPACITY DESCRIPTION					
Number of beds		Specialties:			
Spoken languages	Physicians English <input type="checkbox"/> French <input type="checkbox"/> Other : Other healthcare workers English <input type="checkbox"/> French <input type="checkbox"/> Other :		Actual condition of the facility	Very good <input type="checkbox"/> Good <input type="checkbox"/> Bad <input type="checkbox"/> Year of building :	
Reception	Very good <input type="checkbox"/> Good <input type="checkbox"/> Bad <input type="checkbox"/> None <input type="checkbox"/>	Permanent attendant need	Yes <input type="checkbox"/> No <input type="checkbox"/>	Physician(s) authorized by embassy or consulate	Yes <input type="checkbox"/> No <input type="checkbox"/> Name(s) :
Access	Ground <input type="checkbox"/> Air <input type="checkbox"/> Other <input type="checkbox"/>	Emergency Phone number	Daytime : Night time : Mobile phone :		
Helicopter Drop Zone (HDZ) nearby	Yes <input type="checkbox"/> No <input type="checkbox"/> On-site <input type="checkbox"/>	Distance :	Aeronautics characteristics	Night landing <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Aerodrome	Yes <input type="checkbox"/> No <input type="checkbox"/>	Distance :	Aeronautics characteristics	Night landing <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Transport of wounded patients between HDZ and emergency department	Yes <input type="checkbox"/> No <input type="checkbox"/>		Payment terms for all services		
Casualty decontamination facilities (CBRN)	Yes <input type="checkbox"/> No <input type="checkbox"/> Number of trained staff :		Isolation facilities	Yes <input type="checkbox"/> No <input type="checkbox"/> Level of isolation : Number of isolation beds : Number of trained staff :	

EMERGENCY DEPARTMENT					
Name of the department head		Organization	Very good <input type="checkbox"/> Good <input type="checkbox"/> Bad <input type="checkbox"/>	Reception of patients night and day	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of beds		Shock treatment room	Yes <input type="checkbox"/> No <input type="checkbox"/>	Minor surgical procedures box	Very good <input type="checkbox"/> Good <input type="checkbox"/> Bad <input type="checkbox"/> None <input type="checkbox"/>
Country of training for physicians	Emergency physicians : General practitioners :		Physicians nationality	Emergency physicians : General practitioners :	
Medical management	Very good <input type="checkbox"/> Good <input type="checkbox"/> Bad <input type="checkbox"/> None <input type="checkbox"/>	Paramedical management	Very good <input type="checkbox"/> Good <input type="checkbox"/> Bad <input type="checkbox"/> None <input type="checkbox"/>	Availability of material	Very good <input type="checkbox"/> Good <input type="checkbox"/> Bad <input type="checkbox"/> None <input type="checkbox"/>
Number of nurses	Day time : Night time :		Presence of physicians	Emergency physicians / General practitioners : Day time : Night time :	Resuscitator : Day time : Night time :
Quality of care	Very good <input type="checkbox"/> Good <input type="checkbox"/> Bad <input type="checkbox"/>	Single use devices	Yes <input type="checkbox"/> No <input type="checkbox"/>	Direct phone number	
General assessment					
CRITICAL CARE / RESUSCITATION DEPARTMENT					
Name of the unit head		Organization	No <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Bad <input type="checkbox"/>	Reception of patients night and day	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of beds		Shock treatment room	Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of nurse(s)	Daytime : Night time :
Country of training for physicians		Physicians' nationalities		Number of physicians	Daytime : Night time :
Specialized care beds	Hemodialysis <input type="checkbox"/> Burns <input type="checkbox"/> Other, specify <input type="checkbox"/> -----	Single use devices	Yes <input type="checkbox"/> No <input type="checkbox"/>	Devices disinfection	Yes <input type="checkbox"/> No <input type="checkbox"/> Method :
Air intake	Yes <input type="checkbox"/> No <input type="checkbox"/>	Oxygen supply	Yes <input type="checkbox"/>	Quantity of respirators	
Sterilization	Sterilizer <input type="checkbox"/> Autoclave <input type="checkbox"/>		Direct phone number		
General assessment					

SURGERY DEPARTMENT					
Name of the department head		Organization	Very good <input type="checkbox"/> Good <input type="checkbox"/> Bad <input type="checkbox"/>	Reception of patients night and day	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of beds		Number of surgeons	Daytime : Night time :	Number of nurse(s)	Daytime : Night time :
Country of training for surgeons	Orthopaedics: Visceral: Neurosurgery: Maxillofacial: ENT: Ophthalmology: Obstetrics:		Surgeons' nationalities	Orthopaedics: Visceral: Neurosurgery: Maxillofacial: ENT: Ophthalmology: Obstetrics:	
Total number of operating rooms (OR)		Total number of specialized OR	Orthopaedics: Visceral: Others :	Availability of material	Very good <input type="checkbox"/> Good <input type="checkbox"/> Bad <input type="checkbox"/> None <input type="checkbox"/>
Single use devices	Yes <input type="checkbox"/> No <input type="checkbox"/>	OR equipment	Brilliance amplifier <input type="checkbox"/> Streamline flow <input type="checkbox"/> Ultraviolet disinfection <input type="checkbox"/> Per-operating X-ray <input type="checkbox"/>	Surgical material disinfection	Yes <input type="checkbox"/> No <input type="checkbox"/> Method :
Sterilization	Sterilizer <input type="checkbox"/> Autoclave <input type="checkbox"/>	Paramedical management	Very good <input type="checkbox"/> Good <input type="checkbox"/> Bad <input type="checkbox"/> None <input type="checkbox"/>	Quality of care	Very good <input type="checkbox"/> Good <input type="checkbox"/> Bad <input type="checkbox"/>
General assessment				Direct phone number	
MEDICINE DEPARTMENT					
Name of the departments head	Internal medicine : Cardiology : Pneumology : Gastroenterology : Infectious diseases : Neurology: Other :			Reception of patients night and day	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of beds		Number of physicians	Daytime : Night time :	Number of nurse(s)	Daytime : Night time :
Country of training for physicians	Internal medicine : Cardiology : Pneumology : Gastroenterology : Infectious diseases : Neurology: Other :		Physicians' nationalities	Internal medicine : Cardiology : Pneumology : Gastroenterology : Infectious diseases : Neurology: Other :	
Availability of material	Very good <input type="checkbox"/> Good <input type="checkbox"/> Bad <input type="checkbox"/>	Single-use Yes <input type="checkbox"/> No <input type="checkbox"/>	Disinfection of medical scanning devices	Yes <input type="checkbox"/> No <input type="checkbox"/> Method :	
Sterilization	Sterilizer <input type="checkbox"/> Autoclave <input type="checkbox"/>		Direct phone number		
General assessment					

COMMON SERVICES				
Name of the departments head			Reception of patients night and day	Yes <input type="checkbox"/> No <input type="checkbox"/>
Radiology	No of radiology tables		Kind of equipment	
			Digital images	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Scanner	Yes <input type="checkbox"/> No <input type="checkbox"/>
			MRI	Yes <input type="checkbox"/> No <input type="checkbox"/>
Technical equipment	Endoscopy <input type="checkbox"/> Hyperbaric chamber <input type="checkbox"/> Medical analysis laboratory <input type="checkbox"/> Other:	Blood bank	Capacity : Control : HBV <input type="checkbox"/> HCV <input type="checkbox"/> HIV <input type="checkbox"/> Malaria <input type="checkbox"/> Other : ----- Manufacturer :	
Country of training for physicians		Physicians' nationalities	Number of physicians	Daytime : Night time :
Laboratory capacity	Malaria diagnosis : Yes <input type="checkbox"/> No <input type="checkbox"/>		Single-use devices available at hospital pharmacy	Yes <input type="checkbox"/> No <input type="checkbox"/>
Healthcare products	Drugs delivery : Yes <input type="checkbox"/> No <input type="checkbox"/>		Stock size	
Noninvasive tests	ECG <input type="checkbox"/> Urine dip <input type="checkbox"/> Respiratory function test <input type="checkbox"/> Other, specify <input type="checkbox"/> -----		Ambulance	Emergency ambulance : Yes <input type="checkbox"/> No <input type="checkbox"/> Quantity :
Power supply	City network Yes <input type="checkbox"/> No <input type="checkbox"/> Rescue power pack Yes <input type="checkbox"/> No <input type="checkbox"/>		Medical gas	Cylinder Yes <input type="checkbox"/> No <input type="checkbox"/> Central distribution Yes <input type="checkbox"/> No <input type="checkbox"/>
General assessment			Direct phone number	

Risks identified?

Remarks:

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