

PHYSICAL THERAPY DEPARTMENT

STANDARD OPERATING PROCEDURE

500 BED FLEET HOSPITAL

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500 BED COMBAT ZONE HOSPITAL
STANDARD OPERATING PROCEDURES
PHYSICAL THERAPY DEPARTMENT

A. **MISSION:** To provide physical therapy services to combat casualties.

B. **FUNCTIONS:**

1. Perform neuromusculoskeletal evaluations on patients upon referral.
2. Develop and provide physical therapy treatment programs designed to promote the rapid recovery and return to full duty of injured service member or minimize the disability suffered by the severely injured service member.
3. Incorporate the use of physical treatment programs and modalities into the rehabilitation of injured service members.

C. **PHYSICAL DESCRIPTION OF FUNCTIONAL AREA:**

1. Location within the complex: Specialty Treatment Area
2. Sheltering:
Type: Temper Tents.
Quantity: Three to four temper tent sections.
Material: IOL: 0041.

D. **SPECIAL CONSIDERATIONS/HAZARDS:**

1. Equipment will be limited in the field environment. The therapist will have to rely on basic treatment and exercise programs.
2. For involved, severely injured patients, treatment will be short-term, with the overall goal to get the patient to a greater echelon of care.

E. DEPARTMENT ORGANIZATIONAL CHART:

1. Responsibility. The Head, Physical Therapy Department, reports to the Director of Surgical Services, and is assigned overall management responsibility.
2. Organizational Chart.

Director,
Surgical Services

Head, Physical
Therapy Department
(1)

Physical Therapists
(1)

Senior Physical Therapy
Technician
(1)

Physical Therapy
Technicians
(5)

F. JOB DESCRIPTION:

Physical Therapist: The Physical Therapist assigned to the 500 bed Fleet Hospital will provide and direct physical therapy services as pertinent to the Fleet Hospital's mission. The Head of Physical Therapy is responsible to the Director of Clinical Services for the proper administrative and clinical management of the Physical Therapy Department.

Duties and Responsibilities:

1. Perform neuromusculoskeletal evaluations upon referral. These evaluations may include muscle strength testing, evaluation of neurological function, measurement of joint mobility, soft tissue examination, testing of circulatory system, postural assessment, gait evaluation, respiratory evaluation, and brace/orthotic production/evaluation.

2. Develop a treatment program based on evaluation utilizing physical agents or exercise programs as indicated and available.
3. Perform the debridement of wounds and burns upon referral.
4. Assist in pulmonary hygiene to include bedside care.
5. Perform gait training utilizing assistive devices available.
6. Provide timely re-evaluations for those patients remaining at the Fleet Hospital level.
7. Institute patient education programs and prevention programs for patients and staff.
8. Assist with patient triage during times of mass casualty in accordance with the functional areas responsibilities.
9. Plan and implement a departmental inservice educational program.
10. Responsible for fiscal planning and supply matters.
11. Responsible for Quality Assurance Program and Performance Improvement.
12. Carry out all other duties as assigned by the Director, Clinical Services.

Leading Petty Officer: The Leading Petty Officer (LPO) of the Physical Therapy Department is responsible to the Head of the Physical Therapy Department. The LPO will assist in the administration, organization and supervision of the Physical Therapy Department

Duties and Responsibilities:

1. Establish working schedules for the physical therapy technician staff.
2. Assist in coordinating the functioning of the physical therapy department with other areas of the Fleet Hospital.
3. Supervise and conduct ongoing training to subordinates.
4. Maintain enlisted professional development files, counsel enlisted personnel and prepare enlisted midterm evaluations and annual evaluations.

5. Responsible for maintaining working supply levels, current equipment inventory and MSDS's.
6. Provide direct patient care as required by patient load and staffing levels.
7. Carry out all other assigned duties as assigned by the Department Head.

Physical Therapy Technician: The Physical Therapy Technician, under the direction of a physical therapist or staff physician, will provide direct patient care to patients requiring physical therapy intervention.

Duties and Responsibilities:

1. Receives and follows physical therapy treatment orders from the physical therapist or staff physician.
2. Executes treatments to patients to include: therapeutic use of physical modalities, exercise programs, and gait training.
3. Provide burn or wound care as ordered.
4. Fabrication of functional and protective orthotics and splints as needed for patients.
5. Provide patient education regarding treatment goals, self care, and therapeutic exercise programs.
6. Takes measurements of strength, joint range of motion, respiratory function, blood pressure and heart rate to use inpatient documentation.
7. Provides pulmonary therapy as ordered.
8. Maintains informative documentation of patient progress with current physical therapy program.
9. Carry out all other duties as assigned by the Physical Therapist or Leading Petty Officer.

G. WORKLOAD:

- a. Steady State: 80 admissions/day; 54 surgical; 26 medical

b. Peak State: 120 admissions/day; 80 surgical; 40 medical

Over a 30-day period, approximately 37 percent of all admissions will require Orthopedic care. Most Orthopedic cases will require Physical Therapy post-operative care.

In addition, Physical Therapy may be involved in rehabilitation of General Surgery patients.

H. TASKS UNIQUE TO THE FIELD ENVIRONMENT:

In the field environment, Physical Therapy may become more involved in the sick call process. It is within the therapist's scope of care to evaluate and treat musculoskeletal patients. With the unfamiliar environment and unique demands placed on staff members, a possible high incidence of musculoskeletal injuries may be seen.

I. RESPONSE TO DEPLOYMENT HAZARDS:

1. FIRE PROCEEDURES

- **Initially, attempt to extinguish a fire with a portable fire extinguisher ONLY IF THE FIRE IS CONTAINED.**
- Simultaneously, the Functional Area (FA) needs to **IMMEDIATELY** contact ADMIN either by phone or runner/messenger. **ADMIN WILL SOUND THE ALARM FOR FIRE.**
- Smoke boundaries need to be set by the FA staff by dropping the TEMPER liner flaps leading to the FA and vestibules(s). All flaps throughout the hospital need to be dropped to control the possible flow of smoke.
- The FA Leader will decide to evacuate the space if the fire is determined to be out of control.
- All O2 cylinders (on a cart) positioned in each appropriate FA need to be removed when the space is evacuated.
- A FA staff member should be assigned in each area to secure the electrical (C-panel) and HVAC units.

- A muster of all staff and patients within the affected FA needs to be taken immediately and sent to ADMIN by runner.
- The FA Leader needs to wait at the FA access point for the Fire Marshall and Fire Team to arrive in order to report: type of fire, volatile items in the space (O2 cylinders, HAZMAT) and any casualties known to be in the space.
- When assessing the intensity of the fire, the Fire Marshall WILL DECIDE WHETHER OR NOT THE ADJACENT FUNCTIONAL AREA(S) WILL EVACUATE. Therefore, **the FA on either side of the area of fire will wait for the word from the Fire Marshall before evacuating.**
- Once the fire is out, there will be an inspection of the damaged area by the Fire Marshall, FA Leader and other key personnel.
- The Fire Marshall will give an assessment report to the Commanding Officer describing damages sustained by the FA. Depending on the outcome of the fire, the FA may need to relocate somewhere else until it is fully functional again. The FA Leader needs to await orders from the Command Staff before reentering the FA and returning to duty.

2. CHEMICAL/ BIOLOGICAL ATTACK

- The hospital ADMIN department will notify the hospital compound, via 1MC, if there is a possibility of a biological/chemical attack.
- **All areas of the compound must respond appropriately**
- Once the alarm has been sounded for biological/chemical attack, **THE INITIAL ACTION TAKEN IS TO DON AND CLEAR YOUR GAS MASK.** Since the fleet hospital is operational, sleeves should always be down. The donning and clearing of the gas mask should be accomplished in a total of **8 seconds**.
- If a MOPP level is required, the ADMIN department will announce that accordingly and everyone will proceed to MOPP Level 4. This task must be accomplished within **8 minutes**.
- Once Personal MOPP gear is on, place gas masks on your patients.
- One person from each FA should be assigned to secure the HVAC unit (to prevent gas from entering FA). **DO NOT DROP THE FLAPS IN THE HOSPITAL!** The designated person should NOT reenter the hospital but should proceed to the EOD/Decontamination bunker.

- **A muster of all FA staff and patients needs to be taken immediately and sent to ADMIN.**
- **Drink water!! Hydration, hydration, hydration.**
- The **ALL CLEAR** will be announced by ADMIN over the 1MC.

3. AIR RAID PROCEDURES

- Once the alarm has been sounded for air attack, **THE INITIAL ACTION TAKEN IS TO EVACUATE ALL FA STAFF AND PATIENTS TO THE BUNKERS.** The entire compound must evacuate to appropriate bunkers including living spaces/GPL's and the COMMZ
- **Conduct an accurate muster of all staff personnel and patients immediately and submit it to the ADMIN bunker.**
- Be sure to bring all gear including canteens since mustering may require everyone to be standing outside for long periods of time.
- It's not necessary to secure C-panel or HVAC during an air raid drill. **Evacuate to bunkers ASAP.**
- When announced over the 1MC, each FA must send in two junior personnel to search and sweep high, medium and low on both sides of the FA to check for bombs. All other personnel will stay outside in bunkers until area is cleared. **The All Clear will be announced over the 1MC.**

• MISCELLANEOUS ITEMS

- Each FA should denote a supply petty officer who is responsible for equipment inventory/high-tech gear checkout. If supplies are needed, submit a request to the student SK's/supply department for issue. The student SK's will request supplies from FHOTC supply if NIS.
- If trouble arises with HVAC or C-panel (electrical power), submit a work request to the student Public Works department. Both the HVAC and C-panel operations remain off-limits to students other than Seabees.
- Rear doors to FA are to be used only as evacuation routes or for patient flow during peak flow ONLY. There are only two ways to enter the hospital...either on foot by the ADMIN temper or through CAS REC via litter.

- Each FA needs to have a logbook or similar system in order to keep track of all staff and patients within the compound. Each time a staff member or patient leaves the FA, he/she must be logged out (time, location) and then logged back in when he/she returns. This will assist with accuracy when conducting musters.

J. PATIENT PROCEDURES FOR HANDLING ENEMY PRISONERS OF WAR

A. **PURPOSE:** To detail patient handling procedures for enemy prisoners of war within the fleet hospital.

B. **DEFINITION:**

Enemy prisoners of war (EPW) – those who require treatment who are prisoners of U.S. or allied combat forces.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED:**

1. Restraints (theater command military police or hospital issue).
2. Others as specified in admission procedures (all forms will be marked with the words “Prisoner of War” or “EPW”).

D. **STEPS:**

1. Upon presentation of EPW to functional area, notify the Security Department and Patient Admin.
2. Upon admission to Casualty Receiving, Security will be responsible for the following notifications:
 - (a) Theater command military police (MP) headquarters.
 - (b) Executive Officer.
 - (c) Director of Nursing.
 - (d) Director of Administration.
3. Inform MP that hospital staff will not assume custody of patient, and that MP will retain custody of EPW until relieved by appropriate MP

headquarters staff or patient is transferred to EPW holding center (external to hospital).

4. After treatment, have corpsman or litter bearer escort MP and EPW to next functional area charge nurse. A correctly annotated admissions packet will be delivered by hand to the charge nurse.
5. During course of treatment, patient will be guarded by MP and/or restrained until treatment is terminated.
6. Movement to another functional area will be reported to Security.
7. EPW's will be fed either on the ward or in the general mess. If allowed to eat in the general mess, EPW's will be accompanied by MP guards.

E. RESONSIBILITY:

CMAA/Security.