

Dietitian Section

Dietitian Deployment

I. Mission

(Reference FM 8-505)

The primary mission of the Dietitian (65C) and the Hospital Food Service Specialist (91M) is to provide safe wholesome meals to patients and personnel authorized to subsist in the nutrition care dining facility; coordinate special diets, nutritional supplements, and nutrition intervention; and provide consultation to the commander on nutrition related health and performance issues.

Soldiers need to understand the importance of being flexible in the field environment. Each situation will dictate different circumstances and responsibilities. Regardless of the situation, patients will require nutritious foods during evacuation in both peacetime and combat operations. Past deployments such as to Bosnia and Somalia have presented incredible circumstances to the mission of medical field feeding and their constituents. Hospital Dietitians and Food Service Specialists have demonstrated their potential in adapting to the environment while deployed on these missions.

It is very important for leaders involved in the planning process to understand the focus of the mission prior to deployment. This will help in determining the resources needed to accomplish specified goals. Perhaps the mission will require special equipment or changes in the amount of personnel originally planned.

II. Duties and Responsibilities

(Reference FM 8-505)

Soldiers involved in medical field feeding operations must take necessary measures to become familiar with the mission, personnel, and resources prior to deployment. This will allow key personnel to conduct necessary training to reinforce mission requirements and enable personnel to fulfill their responsibilities to the deployed unit.

The following are key areas of responsibility while deployed:

1. Administration
2. Clinical
3. Consultation
4. Education & Training

These responsibilities do not differ greatly from that of a TDA hospital. The senior dietitian is responsible to the commander and ensures that the coordination of therapeutic

and administrative nutrition care activities is maintained. Especially important is the role of the dietitian as consultant to the commander and his staff on a variety of nutrition related topics.

Management of both officer and enlisted personnel is vital to the success of the operation. Monitoring and executing personnel actions can both improve morale and establish mutual respect throughout the organization. The NCOIC of the nutrition care operations has a key responsibility in preparing work schedules in conjunction with the commander's policy and guidance. Appropriate attention should be given as to the anticipated length of tours of duty. Effective utilization of other personnel to include dining facility attendants, kitchen police (KPs), host nation personnel, civilians, and special details can enhance operations significantly.

III. Kitchen Layout and Design

(Reference FM 8-505)

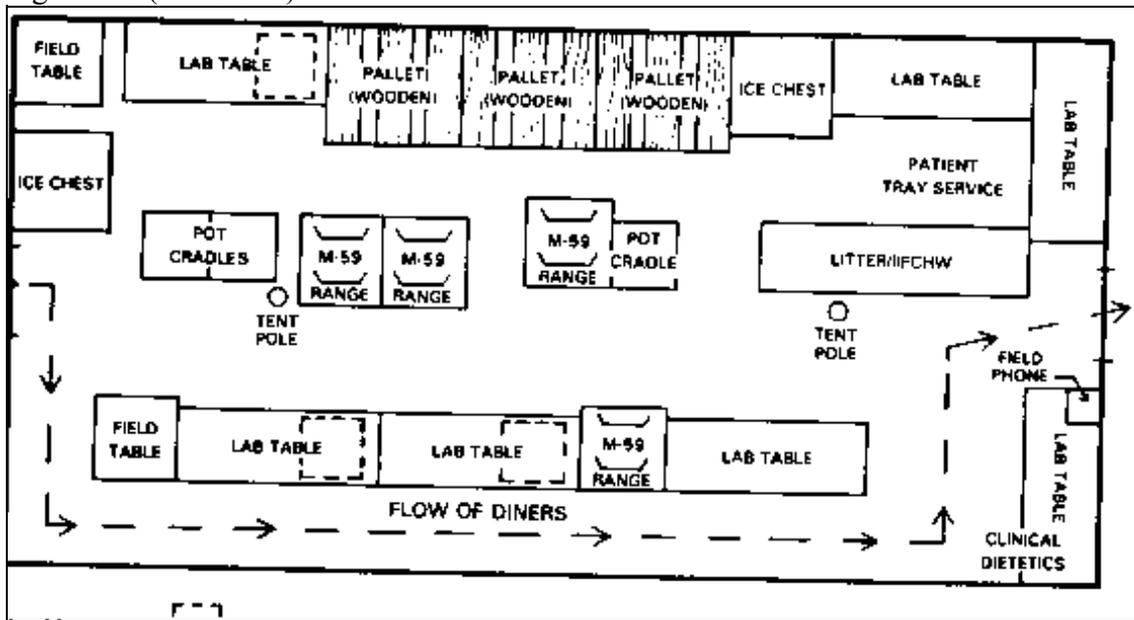
The location of the hospital kitchen is critical in ensuring successful medical field feeding operations. The site should be adjacent to the hospital and practical to the needs of the unit. Optimal placement will allow soldiers to work smarter to meet mission requirements.

The following are some considerations in selecting the kitchen site:

- Tactical situation
- Use of disposables/solid waste disposal
- Hospital configuration/accessibility to hospital wards
- Location away from sources of contamination
- Water source(s)

Leaders responsible for the site selection of the hospital field kitchen should be familiar with DEPMEDS equipment and the components of the kitchen site layout. Effective space management should be employed and communicated as early as possible in the planning phase of the mission.

Figure 2-8 (FM 8-505)



IV. Equipment & Supplies

(Reference FM 8-505)

It is essential that prior to deployment, a review of all TOE equipment necessary for deployment be conducted. The preferred method is a physical inventory. This will help planners visualize equipment and determine the necessity by analyzing the mission. Here are some issues to consider:

1. Types of rations to be used
2. Special dietary food preparation requirements
3. Patient meal delivery system
4. Type of number of vehicles available
5. Electrical requirements
6. Serving procedures
7. Fuel consumption
8. Water requirements
9. Expected workload
10. Load-plan preparation

Assessment of spare parts and maintenance is also part of the pre-deployment planning phase. The age of your equipment will dictate the amount of spare parts you may require. Lack of attention to these issues may leave the medical field feeding operation crippled early on during deployment.

Dietitians and Senior Hospital Food Service Specialists should be aware of the special demands of the operation. Often, pre-deployment training does not mirror that of the actual operation. For this reason, safety should always be emphasized. Training and educating soldiers on possible dangers and stressing the importance of following standard operating procedures under stressful conditions can conserve personnel and equipment.

Medical field feeding operations often require significant storage and transportation requirements. Coordination with logistics personnel needs to be initiated early. Re-supply points and amounts can be established once storage space and the expected duration are determined.

Finally, there may be other specific requirements to anticipate. Dietitians who have special consultant requirements should be prepared to provide nutrition education to a variety of populations. This may place a demand for specific educational materials, handouts, and instructional aids. The availability of a computer may allow for the use of the Nutrition Management Information System (NMIS).

V. Rations and Diets

Food plays a very important part in providing nourishment for our bodies and serves a social role as well. This does not change despite deployment to various areas around the world. Food serves as a morale booster for soldiers. Whether it is a birthday celebration or a special meal, this can assist in reminding soldiers of home or something familiar in a strange land.

In general, as much information as possible should be gathered prior to deployment. A few of the questions you may want to ask include: Who will be fed? What types of rations are available (MREs, AGR-A, UGR-Heat and Serve [unitized group ration])? Does the host nation have a contract food service? Is the Hospital or area you are going to already established? Additional detailed information can be found in FM 8-505, Army Medical Field Feeding Operations.

Another concern will be the types of diets that will be provided to patients. Generally special diets will be limited. The MRE will only be used for patient feeding in emergency situations. If only AGR-A or UGR-T is available, it may be possible and necessary to modify these to meet the individual patient needs. Types of diets will include Regular, High Calorie, High Protein, Dental Soft, Dental Liquid, Full liquid, or Clear Liquid. In some instances weight control or diabetic diets will be needed. The UGR-medical supplement is available to augment rations with modified consistency products and a variety of liquids.

VI. Personnel Training

Training is an important part of completing a mission. Therefore it is encouraged that PROFIS personnel receive training prior to deployment. Training should be realistic and must consider the following:

1. Train with the unit prior to deployment by participating in FTXs,
2. Rotate assignments - provide opportunities for cross training for Food Service Specialists. Proficiency in all areas is important. An effective training program is vital to developing teamwork.
3. Consider your time and resources available for training. Ask the following questions:
What types of rations are available?
What is the knowledge, proficiency capabilities, education level, and amount of field experience of the personnel?
4. Table 3-1 in FM 8-505 lists training topics that can be used to develop a training program.

Professional Officer Filler Dietitian (PROFIS)

Direct responsibility between the PROFIS and the gaining unit is strongly encouraged. As early as possible, the gaining unit should include the dietitian in the planning phase prior to deployment to provide expertise and to become more actively involved in the management of the Nutrition Care Operation. Additionally, it is necessary to clarify with the Commander the scope of responsibility and authority for administrative, clinical and consultative duties. This will facilitate the effectiveness of the PROFIS and provide a smooth transition in responsibilities. Many times personnel may need education regarding their role in the TO&E environment.

For the Senior Hospital Food Service NCO (91M), he/she serves as the NCOIC of Nutrition Care Operations. He/she manages the junior 91Ms and other personnel assigned to Nutrition Care Operations and reports to the Chief Dietitian.

VII. After Action Reports

After any FTX or deployment, an After Action Report (AAR) is essential. This is your opportunity to share what you have learned with others who may follow or to make improvements for a future deployment. This also serves as an evaluation tool, a historical record and a reference.

Generally an AAR is completed by the deployed unit. Each section provides information on their activities during the deployment. A copy is provided to the AMSC (Chief, Dietitian), Medical Group Dietitian, dietitians in the region, units to be deployed and others deemed appropriate. See After Action Report Appendix O for a sample format. Remember, each deployment will be unique in its experiences. Some sections may not be applicable.