

On approval of the rules for military-medical (medical) support in the Armed Forces of the Republic of Kazakhstan

Unofficial translation

Order of the Minister of Defence of the Republic of Kazakhstan dated December 22, 2020 No . 723. Registered in the Ministry of Justice of the Republic of Kazakhstan on December 22, 2020 No. 21873.

Unofficial translation

In accordance with subparagraph 4) of paragraph 1 of Article 11 of the Code of the Republic of Kazakhstan dated July 7, 2020 "On Public Health and Healthcare System" **I HEREBY ORDER:**

1. To approve the attached rules for military-medical (medical) support in the Armed Forces of the Republic of Kazakhstan.

2. To recognize as invalid the order of the Minister of Defence of the Republic of Kazakhstan dated November 29, 2019 № 978 "On approval of the Rules for the provision of medical care in military-medical (medical) units of the Armed Forces of the Republic of Kazakhstan" (registered in the Register of state registration of regulatory legal acts under № 19675, published on December 9, 2019 in the Standard control bank of regulatory legal acts of the Republic of Kazakhstan).

3. The main military-medical department of the Armed Forces of the Republic of Kazakhstan, in the manner established by the legislation of the Republic of Kazakhstan, shall ensure:

- 1) state registration of this order in the Ministry of Justice of the Republic of Kazakhstan;
- 2) placement of this order on the Internet resource of the Ministry of Defence of the Republic of Kazakhstan after its first official publication;
- 3) sending information on implementation of the measures provided for in subparagraphs 1) and 2) of this paragraph to the Legal Department of the Ministry of Defence of the Republic of Kazakhstan within ten calendar days from the date of state registration.

4. Control over execution of this order shall be entrusted to the supervising Deputy Minister of Defence of the Republic of Kazakhstan.

5. This order shall be communicated to the officials in the part concerning them.

6. This order shall be enforced upon the expiration of ten calendar days after its first official publication.

*Minister of Defence
of the Republic of Kazakhstan*

N. Ermekbayev

"AGREED"

Rules for military-medical (medical) support in the Armed Forces of the Republic of Kazakhstan

Chapter 1. General provisions

1. These Rules of military medical (medical) support in the Armed Forces of the Republic of Kazakhstan (hereinafter referred to as the Rules) have been developed in accordance with subparagraph 4) of paragraph 1 of Article 11 of the Code of the Republic of Kazakhstan dated July 7, 2020 "On the health of the people and the health care system" (hereinafter referred to as the Code) and shall determine the procedure for organizing and conducting military medical (medical) support in the Armed Forces of the Republic of Kazakhstan and the military prosecutor's office.

Footnote. Paragraph 1 – in the wording of the order of the Minister of Defense of the Republic of Kazakhstan dated 04.01.2023 № 3 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).

2. The following concepts and definitions are used in these Rules:

1) military medicine - the field of medicine and healthcare, representing is a system of scientific knowledge (a complex of scientific-practical disciplines) and practical activities of military-medical service, which has as its goal the comprehensive medical support of troops, units and departments of special state and law enforcement agencies in peaceful and war time;

2) military-medical expertise - a type of medical activity, which is a complex of scientific, methodological, organizational and practical measures carried out in order to optimally recruit and improve medical support in the Armed Forces of the Republic of Kazakhstan, other troops and military formations of the Republic of Kazakhstan, special state and law enforcement bodies and decisions on other issues provided for by the legislation of the Republic of Kazakhstan;

3) military-medical (medical) subdivisions - structural subdivisions of central executive bodies and other central state bodies and their territorial subdivisions, as well as military-medical (medical) institutions (organizations), other subdivisions carrying out military-medical (medical) support;

4) military-medical (medical) support - a set of measures, including the organization and provision of military-medical (medical) assistance, medical examinations, ensuring sanitary and epidemiological well-being, the supply of drugs and medical products, conducting expertise in the field of healthcare, as well as scientific- methodological developments and

training on military medicine in the troops, units and departments of special state and law enforcement agencies in order to restore the combat effectiveness and working capacity of personnel;

5) military-medical service - a set of military-medical (medical) units, in which the laws of the Republic of Kazakhstan provide for military service or a special type of public service, intended for military-medical (medical) support for the activities of these bodies.

2-1. Military medical (medical) support of military personnel of the military prosecutor's office shall be carried out in accordance with these Rules.

Footnote. The Rules as added by paragraph 2-1 in accordance with the order of the Minister of Defense of the Republic of Kazakhstan dated 04.01.2023 № 3 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).

Chapter 2. Organization of military-medical (medical) support in the Armed Forces of the Republic of Kazakhstan

3. The structure of military-medical (medical) subdivisions of the Armed Forces of the Republic of Kazakhstan consists of structural subdivisions, carrying out organization and coordination of activities of military- medical (medical) subdivisions, as well as military-medical (medical) institutions (organizations), other subdivisions carrying out military-medical (medical) support.

4. Structural subdivisions, carrying out organization and coordination of activities of military-medical (medical) units (hereinafter- medical subdivisions of the department):

Main military-medical department of the Armed Forces of the Republic of Kazakhstan (hereinafter - MMMD);

medical departments (units, services) of types, branches of the armed forces, regional commands;

medical services of military units and institutions, management bodies of military-medical (medical) institutions and other subdivisions.

5. Military-medical (medical) institutions, other subdivisions carrying out military-medical (medical) support:

military hospitals, military infirmaries, military polyclinics, an aviation medicine laboratory;

sanitary-epidemiological institutions (sanitary-epidemiological center and their branches);

institutions of medical supply (medical warehouses, base (separate department) for storing medical property and equipment);

special military-medical institutions (staff military-medical commission, military medicine center);

medical troops (platoons, squads) and medical posts of military units (subdivisions) and institutions.

6. Organization and coordination of activities of military-medical (medical) units shall be carried out by medical subdivisions of the department.

7. Medical subdivisions of the department shall carry out their activities in accordance with the Decree of the President of the Republic of Kazakhstan dated July 5, 2007 № 364 "On approval of the general military regulations of the Armed Forces, other troops and military formations of the Republic of Kazakhstan" (hereinafter - the General military charter).

8. The tasks of medical subdivisions of the department shall be determined by the conditions of combat training and everyday life of the troops, the state of health, physical development, the level and nature of the sickness rate among servicemen, sanitary-epidemiological state and climatic and geographical conditions of the troops deployment areas.

9. The main tasks of medical subdivisions of departments include:

- sustainable and effective management of forces and assets of military-medical (medical) subdivisions;

- organization of medical support for military training of troops;

- ensuring high combat and mobilization readiness of forces and means of the military-medical service;

- organization of combat and postgraduate training of medical and pharmaceutical specialists of military- medical (medical) subdivisions;

- ensuring the recruitment of the Armed Forces of the Republic of Kazakhstan (hereinafter - the Armed Forces of the Republic of Kazakhstan) with a physically healthy contingent;

- organization and implementation of measures to preserve and improve the health of military personnel;

- ensuring sanitary and epidemiological welfare of the troops;

- provision of troops with medicines and medical products;

- organization of military-medical training, promotion of hygienic knowledge, a healthy lifestyle;

- organization of scientific and methodological development in the field of military medicine.

10. Sustainable and effective management of forces and assets of military-medical (medical) units includes:

- continuous collection of reliable, complete and timely information, its processing and analysis;

- preparation and decision-making on medical support;

- planning measures to implement the adopted decision;

- communicating decisions (including a plan for its implementation) to subordinates;

- implementation of the decision taken (organization of the work under the plan);

- control over the implementation of the decision (plan);

- assessment of the state of medical support.

11. Military-medical (medical) subdivisions located on the territory of one garrison constitute the military- medical service of the garrison. Organization and coordination of their activities for military-medical (medical) support shall be carried out by the head (commander) of one of the military-medical subdivision appointed by the order of the head of the garrison.

12. Planning of work of military-medical (medical) units shall be carried out for a certain calendar period (year, training period and month) in the main areas of its activities, taking into account the characteristics of the tasks performed.

13. Military-medical (medical) subdivisions shall develop the following plans:

- a long-term work plan for 3-5 years (only for types and arms of troops, regional commands and above);

- annual work plan;

- monthly work plan;

- private work plan: to eliminate the outbreak of infectious diseases, medical support of individual events (exercises, sports competitions);

- an action plan for the prevention and elimination of especially dangerous infectious diseases.

14. A long-term plan of work of military-medical (medical) subdivision shall be developed for the established long-term period on the basis of long-term plans of the higher management bodies. The content of a long-term plan shall be determined by the content and structure of plans of the higher management bodies, and the specific tasks arising from them.

15. An annual work plan of military-medical (medical) subdivision shall be developed for a calendar year with details on training periods, which includes the following sections:

- main tasks of a military-medical (medical) subdivision;

- measures to increase the combat readiness of a military-medical (medical) subdivision;

- combat and special training of medical personnel, military-medical training of military personnel;

- medical and preventive measures;

- sanitary-hygienic and anti-epidemic measures;

- measures for the provision with medicines and medical products;

- measures to improve the material base;

- scientific and methodological development.

16. Monthly plans for the work of a military medical (medical) subdivision shall be developed in order to concretize, timely and high-quality implement the measures provided for by long-term, annual and private plans. The requirements of commanders (chiefs) and tasks for the upcoming month shall be taken into account in this case.

17. Medical subdivisions of the department at least once a year shall check medical activities of military- medical (medical) subordinate subdivisions (institutions) and periodically summarize the activities of subordinate military-medical (medical) subdivisions by holding meetings, conferences (videoconferences).

18. Medical support for combat training of troops shall be carried out by the forces and means of military- medical (medical) subdivisions of military units and institutions, and in their absence - by the military-medical service of the garrison.

19. In the process of combat training of troops, the following is subject to medical support :

- combat training, exercises and shooting classes;
- physical fitness and sports activities;
- underwater driving of tanks and other vehicles;
- military service as part of the guard, duty forces (shifts);
- military transportation;
- skydiving.

20. Medical support for combat training, exercises, shooting classes and forced marches (hereinafter- classes) includes:

- collection of information on upcoming classes;
- planning of measures for medical support of troops during the period of preparation, training and return to places of permanent deployment;
- equipping military and transport equipment with medical first aid kits and their timely replenishment;
- conducting a survey of complaints and applications of personnel, and medical checkup (examination) of military personnel under dynamic supervision, and taking measures to prepare them for participation in upcoming classes;
- preparation, allocation and distribution of forces and means of military-medical service for the fulfillment of the tasks assigned to it in the classes;
- medical reconnaissance of areas of occupation, routes of advancement, the state of settlements, planned for quartering of units and subdivisions, areas of deployment of military medical subdivisions, evacuation routes for patients (wounded);
- sanitary supervision (control) over equipment, catering, water supply, accommodation, recreation, bath and laundry services for military personnel in the classes, as well as over the sanitary and epidemic state of the training areas and routes of movement to these areas;
- conducting medical measures to maintain sanitary and epidemiological well-being of the military subdivision during training;
- medical control over the state of health of servicemen during the training period;
- development and implementation of measures aimed at increasing the level of labor and combat efficiency of military personnel;
- timely provision of medical care to those in need and, if necessary, evacuation of the sick and wounded to medical institutions.

21. Medical support for physical training and sports activities includes:

- participating in the planning of physical training and sports activities;
- allocation of forces and funds for medical support of physical training and sports events;

medical control over the sanitary and hygienic state of sports facilities and places where physical training classes and sports events are held;

medical control over the observance of measures to prevent injuries in physical training classes and during sports events: discipline, availability and quality of insurances, serviceability of sports equipment;

control over the distribution of servicemen by groups of physical training for training and passing the standards of physical training;

conducting a survey of complaints about the health of military personnel by the head of classes to determine admission to physical training classes;

conducting medical examination of military personnel with determination of admission to sports events for health reasons;

provision of medical assistance to servicemen who have been injured or sick in the course of physical training and sports events with their evacuation to a medical institution.

22. Medical support for underwater driving of tanks and other vehicles includes:

organization and conduct of medical examination of servicemen to determine the suitability for underwater driving of tanks and other vehicles in accordance with the Rules for conducting military-medical expertise and the Regulations on the commissions of military-medical expertise in the Armed Forces of the Republic of Kazakhstan, approved in accordance with subparagraph 10) of paragraph 1 of Article 11 of the Code (hereinafter- the Rules for military-medical expertise);

control over the conduct of training classes for military personnel in the use of self-contained breathing apparatus on land and under water;

conducting trainings with servicemen of tank crews on the physical and physiological characteristics of breathing in self-contained breathing apparatus on land and under water, as well as providing first aid to victims;

preparation, allocation and distribution of forces and means for medical support of underwater driving of tanks and other vehicles;

conducting medical examination of servicemen with determination of admission to underwater driving of tanks and other vehicles for health reasons;

providing medical assistance to servicemen in case of accidents with their evacuation to a medical institution.

For medical support of underwater driving of tanks and other vehicles, a medical team consisting of a doctor, a paramedic (nurse) in an ambulance with a set of equipment for providing medical care shall be allocated.

23. Medical support for the composition of the guard, duty forces (shifts) includes:

conducting medical examination of the composition of the guard, duty forces (shifts) with the determination of admission to work;

sanitary supervision over the equipment and maintenance of guard rooms, catering, water supply and placement of the guard;

equipping guard rooms with first-aid kits and training persons entering the guard in first aid skills;

providing medical assistance to the composition of the guard;

medical control over the security and use of the sentry and sentry clothing;

conducting disinfection, disinsection and deratization in guard rooms.

24. Medical support for military transportations includes:

participation in the planning of military transportations, collecting information about the upcoming transportations and their features;

conducting medical reconnaissance as part of reconnaissance groups sent by the order of the commander;

implementation of medical measures for the preparation of military personnel of military units (subdivisions) for the upcoming military transportations;

organization and implementation of interaction on the issues of medical support with other services of the military unit, sanitary and quarantine points and local health authorities;

implementation of sanitary supervision (control) over vehicles allocated for the transportation of personnel, equipment, catering, water supply, accommodation, recreation of servicemen during military transportations, as well as over the waiting areas, loading and unloading of servicemen;

conducting medical measures to ensure the sanitary and epidemiological well-being of the transported military unit (subdivision);

providing carriages, cars with medical first aid kits and their timely replenishment;

distribution of forces and means of a military medical unit among military echelons (teams, automobile convoys);

rendering medical assistance and, if necessary, evacuating the sick (injured) during the loading period, along the route and in the unloading area.

25. Medical support for skydiving includes:

organization and conduct of a medical examination of military personnel to determine fitness for parachute jumping in accordance with the Rules of military medical expertise;

control over the conduct of ground training classes for military personnel: serviceability of shells, simulators, the condition of aircraft models, slipways for suspension systems, parachute jumps, presence of training leaders, the correctness of insurance when performing complex exercises;

control of the landing site: absence of deep ditches, pits, stumps, boulders, presence of a safety zone free of buildings, railways, power lines, large bodies of water and other obstacles dangerous for landing;

preparation, allocation and distribution of forces and means for medical support when making parachute jumps;

conducting medical examination of military personnel with determination of admission to parachute jumping for health reasons;

rendering medical assistance to servicemen in case of accidents with their evacuation to a medical institution.

For medical support of parachute jumps, a medical team consisting of a doctor, a paramedic (nurse) in an ambulance with a set of equipment for rendering medical assistance shall be allocated.

Chapter 3. The procedure for provision of military-medical (medical) assistance in military-medical (medical) subdivisions

26. Rendering of military-medical (medical) assistance to servicemen at the expense of the state shall be carried out in military hospitals, military infirmaries, military polyclinics (hereinafter-military-medical institutions), medical companies (platoons, departments) and medical centers of military units (subdivisions) and institutions (hereinafter-medical subdivisions).

Rendering of military-medical (medical) assistance in military-medical institutions at the expense of the state to the members of families of military personnel under a contract, as well as to persons dismissed from military service upon reaching the age limit for military service, for health reasons, who have received a disease in connection with the performance of military service duties, as well as those with twenty or more years of service shall be carried out in accordance with current legislation.

27. Rendering of military-medical (medical) assistance in military-medical institutions (medical units) to military personnel of foreign states temporarily arriving in the Republic of Kazakhstan (participants in trainings, competitions, students, business travelers) shall be carried out within the framework of an agreement (contract, contract) signed between the parties).

28. Military-medical institutions (medical subdivisions) in rendering of military-medical (medical) assistance shall be guided by these Rules, standards for the organization of medical care, rules for rendering of medical care, as well as clinical protocols, and shall ensure completion of the registration form, in accordance with the order of the Acting Minister of Healthcare of the Republic of Kazakhstan dated October 30, 2020 № KR HM-175/2020 "On approval of forms for accounting documentation in the field of healthcare" (registered in the Register of state registration of regulatory legal acts under № 21579) (hereinafter - Order № KR HM-175/ 2020).

29. In military medical institutions (medical units), rendering of military-medical (medical) assistance shall be carried out:

1) at the primary level by primary healthcare specialists in outpatient, hospital-substituting conditions and at home;

2) at the secondary level by specialized specialists who provide specialized medical care in outpatient, hospital-substituting and inpatient conditions, including in the referral of specialists providing medical care at the primary level;

3) at the tertiary level by specialized specialists rendering specialized medical care with the use of high-tech medical services, in outpatient, hospital-substituting and inpatient conditions, including in the referral of specialists of the primary and secondary levels.

30. Military-medical institutions (medical subdivisions) shall provide military-medical (medical) assistance in the following forms of emergency, urgent and planned medical assistance.

31. Military-medical institutions (medical subdivisions) shall provide military-medical (medical) assistance to:

1) on an outpatient conditions that does not provide for round-the-clock medical supervision and treatment, including in the admission departments of military hospitals and infirmaries;

2) in inpatient conditions, providing round-the-clock medical supervision, treatment, care, as well as the provision of a bed with meals, including in cases of therapy and surgery "one day", providing round-the-clock supervision during the first day after the start of treatment;

3) in hospital-substituting conditions that do not require round-the-clock medical supervision and treatment and provide for medical supervision and treatment during the day with the provision of a bed;

4) when calling a medical worker, mobile team, organization of treatment at home (hospital at home);

5) outside a military medical institution (medical subdivision) on ambulance vehicles and military transport aviation during transportation, as well as in field medical complexes, field hospitals and when providing remote medical services.

32. The route for the provision of military-medical (medical) assistance to servicemen at the primary, secondary and tertiary levels in the context of profiles shall be determined by medical subdivisions of department, depending on the equipment of a military medical institutions (medical subdivisions).

33. Military-medical (medical) assistance in military-medical institutions (medical subdivisions) shall be provided on the basis of medical or sanitary sorting of patients, the priority of whom depends on the severity of their condition and sanitary-epidemiological risk.

In military medical institutions (medical subdivisions), the principles of infection control are observed, aimed at preventing the occurrence and spread of infectious diseases within a medical organization.

34. Military-medical (medical) assistance on an outpatient basis includes:

1) providing patients with pre-medical and specialized medical assistance for acute and chronic diseases, injuries, poisoning or emergency conditions;

2) rendering of emergency medical care, including at home;

3) referral of patients to hospitalization for medical reasons;

4) medical rehabilitation of patients with functional impairments, disabilities;

5) conducting medical examinations of personnel in accordance with the procedure and frequency of medical examinations of the corresponding contingent in military-medical (medical) subdivisions (organizations), approved in accordance with subparagraph 12) of paragraph 1 of Article 11 of the Code;

6) rendering of primary medical-sanitary assistance;

7) drug provision of the assigned contingent;

8) expertise of professional suitability;

9) participation in implementation of preventive and screening programs adopted in the field of healthcare;

10) providing psychological assistance to the assigned contingent;

11) conducting treatment and diagnostic measures for cancer alertness, detection of tuberculosis, sexually transmitted diseases, timely transmission of information about identified patients to the relevant healthcare organizations;

12) selection of servicemen for medical rehabilitation and sanatorium treatment;

13) medical services aimed at maintaining and restoring the health of the assigned contingent.

35. Military-medical (medical) assistance in stationary conditions shall be rendered in a medical company (point), which has regular beds for treating patients, in military hospitals and infirmaries.

Medical indications for hospitalization for inpatient treatment of military personnel shall be determined taking into account the peculiarities of military service, accommodation and living conditions, as well as the corresponding clinical protocols. Hospitalization in military medical institutions (medical subdivisions) of military personnel with diseases, the treatment of which is indicated on an outpatient basis, shall be carried out by the decision of the head (deputy head) of this institution (subdivision).

Hospitalization of patients in a medical company (point) shall be carried out when they apply, after examination and referral by a doctor (paramedic) with an entry in the medical book.

36. Servicemen shall be hospitalized in military hospitals and infirmaries:

1) in a planned manner - by the referral of the commander (chief) of a military unit (institution), issued on the recommendation (conclusion) of a doctor (paramedic, nurse) in the presence of medical indications;

2) for emergency indications - regardless of availability of a referral.

37. Servicemen sent in a planned manner for inpatient treatment outside the military unit and institution shall be issued:

1) referral for inpatient treatment in accordance with Annex 1 to these Rules;

2) a serviceman's medical book.

Military personnel shall carry an identity document, an officer's identity card or a military ID card.

The date of hospitalization of servicemen for planned inpatient treatment, including from other regions (garrisons), shall be determined by prior agreement with the head of the specialized department and (or) the head of the medical unit of the military hospital, infirmary

Footnote. Paragraph 37 – in the wording of the order of the Minister of Defense of the Republic of Kazakhstan dated 05.05.2022 № 271 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).

38. In emergency cases, servicemen shall be delivered to military hospitals (infirmaries) by medical transport of a military unit and institutions, accompanied by a medical worker (by brigades of the station (departments), ambulance) or apply independently.

A military hospital (infirmary) notifies the commander (chief) of a military unit and institution about their subordinate military personnel hospitalized for emergency indications.

The documents set forth in paragraph 37 of these Rules for military personnel hospitalized for emergency indications by a military unit and an institution, shall be transferred to military hospitals (infirmaries) no later than three working days.

39. Upon admission (treatment) of patients with infectious diseases, food, acute occupational poisoning, an unusual reaction to vaccination, military-medical institutions (medical subdivisions) within three hours shall report by means of communication to the territorial subdivisions of sanitary and epidemiological institutions of the Armed Forces of the Republic of Kazakhstan at the place of registration of the disease, and within twelve hours send a notification in the form 034/y, approved by the order № KR HM-175/2020.

Upon admission (application) of patients with a particularly dangerous infection, the territorial subdivisions of the state body in the field of sanitary and epidemiological welfare of the population shall be additionally informed.

In case of group and mass admission (applications) of patients with infectious diseases and food poisoning, as well as persons with injuries, poisoning and other influences of external causes, military medical institutions (medical subdivisions) shall notify the MMMD, military police, and the commander (chief) of a military unit and institution, from which, bypassing the military unit and institution, the patient entered.

A military unit and the institution shall submit a certificate on injury (wound, injury, contusion) in the form determined by the Rules of military-medical expertise for military personnel admitted to the hospital with injuries, poisoning and other influences of external causes, within five working days.

40. Patients with mental disorders shall be sent to medical organizations accompanied by a representative of a military unit and institution, and a medical worker. Medical documents describing the state of a patient's health, sealed in an envelope, shall be provided through an accompanying person.

41. On the same day, military medical institutions (medical subdivisions) shall inform a military unit and institution from which these military personnel have arrived about the

discharge of conscripts. After discharge, conscripts shall be sent to a military unit accompanied by their representative.

Discharge of servicemen shall be made on the days and hours established by the daily routine of military-medical institutions (medical units).

Medical documents of a serviceman discharged from a military-medical institution (medical subdivision) shall be handed over to them (to an accompanying person).

42. Dental care provided by military-medical institutions (medical subdivisions) includes: preventive examination, therapeutic, surgical, orthopedic, orthodontic dental care.

The work of a mobile dental office (hereinafter-referred as MDO) shall be organized by the head of a military-medical institution, in which it is located.

The head of a military-medical institution shall annually approve the schedule for the departure of the MDO to the military units (institutions) assigned to dental care.

The head of the MDO shall inform the commander (chief) of a military unit and institution about the expected time of arrival at the military unit and institution at least seven calendar days before arrival.

The commander (chief) of a military unit and institution shall create conditions for the work of the MDO, ensure the arrival of subordinate military personnel to receive dental care.

43. Hospital-substituting assistance shall be provided by military-medical institutions (medical subdivisions) licensed for the relevant types of medical activity, which includes:

- 1) examination by a doctor, consultations of specialized specialists on medical indications ;
- 2) diagnostic services, including laboratory and pathological (histological examinations of surgical and biopsy material, cytological examinations) according to the protocols of diagnosis and treatment;
- 3) treatment of the main disease that caused hospital-substituting therapy, with the use of drugs, medical devices, through medical manipulations and surgical operations;
- 4) medical rehabilitation;
- 5) organization of a hospital at home in acute and chronic conditions that do not allow the patient to visit the clinic on his own;
- 6) examination of temporary disability and professional suitability.

44. Outside a military-medical institution (medical subdivision), medical assistance shall be rendered on ambulance vehicles and aircraft during transportation, as well as in field medical complexes, field hospitals and in rendering of remote medical services.

Ambulance vehicles and aircraft allocated for rendering of emergency and emergency medical assistance shall be equipped with necessary medicines, medical products and special equipment.

The forms and types of medical assistance rendered in field medical complexes, field hospitals shall be determined taking into account their equipment and availability of a specialized specialist.

45. Types of military-medical (medical) assistance rendered in military-medical institutions (medical subdivisions) of the Armed Forces of the Republic of Kazakhstan shall be:

- 1) emergency medical aid;
- 2) pre-medical care;
- 3) primary health care;
- 4) specialized, including high-tech, medical care;
- 5) medical rehabilitation.

46. Emergency medical assistance rendered in military-medical institutions (medical subdivisions) includes emergency and emergency medical care for acute illnesses and conditions that threaten life, as well as for the prevention of significant harm to health at the scene of incident and (or) along the route to a medical organization, as well as first aid carried out at the scene by the victim himself (self-help) or another person nearby (mutual assistance) , before the arrival of medical workers.

For rendering of emergency and emergency medical care in military-medical institutions (medical subdivisions), kits (packs, cabinets) with medicines, medical products from the minimum list of medicines, medical equipment and medical products of the ambulance station shall be completed in accordance with Appendix 5 to the Rules for rendering of emergency medical assistance, including with involvement of medical aviation, approved by the order of the Minister of Healthcare of the Republic of Kazakhstan dated November 30, 2020 № KR HM-225/2020 (registered in the Register of state registration of regulatory legal acts № 21713).

Involvement of aircraft for rendering of emergency and emergency medical assistance shall be carried out by the decision of leadership of the Ministry of Defence of the Republic of Kazakhstan.

Rendering of first aid shall be carried out in accordance with the first aid Standards approved by the authorized body in the field of healthcare, by military personnel without medical education, including those who have undergone appropriate training in the manner determined by the authorized body in the field of healthcare.

47. Pre-medical assistance shall be provided by paramedics independently in the conditions of military- medical institutions (medical subdivisions), as well as in the places of classes, trainings, maintenance of military equipment, as well as in the field.

Pre-medical assistance includes health promotion, assessment of the patient's state, making a pre-medical diagnosis, prescribing a pre-medical intervention plan, performing pre-medical manipulations and procedures, and caring for patients.

Nurses shall carry out medical assistance in accordance with the rules for rendering of pre-medical assistance, determined by the authorized body in the field of healthcare.

48. Primary health care in the Armed Forces of the Republic of Kazakhstan shall be provided in the places of the first access to medical assistance focused on the needs of troops,

including prevention, diagnosis, treatment of diseases and conditions provided at the level of a serviceman, military personnel.

Primary health care includes:

- 1) diagnosis, treatment and management of the most common diseases;
- 2) medical examinations of personnel;
- 3) early detection and monitoring of behavioral risk factors for diseases and training in the skills to reduce the identified risk factors;
- 4) immunization;
- 5) formation and promotion of a healthy lifestyle;
- 6) measures to protect reproductive health;
- 7) sanitary-antiepidemic and sanitary-preventive measures in the foci of infectious diseases;
- 8) prophylactic medical examination and dynamic observation.

49. Primary health care shall be provided by therapists, general practitioners, paramedics and nurses, and health psychologists in military medical institutions (medical subdivisions).

Servicemen of military units and institutions (subdivisions), where the staff does not provide for medical workers for receiving primary health care, shall be assigned to military medical institutions (medical subdivisions) by order of the head of the garrison, commander of the regional command and the branch of the armed forces equal to them and higher on a territorial principle by agreement.

50. Specialized medical assistance shall be provided by specialized specialists of military medical institutions (medical subdivisions) for diseases requiring special methods of diagnosis, treatment, medical rehabilitation, including the use of remote medical services in accordance with the Rules for rendering of specialized, including high-tech, medical assistance, developed and approved by the authorized body in the field of healthcare in accordance with paragraph 5 of Article 124 of the Code.

Specialized medical assistance shall be provided in the form of consultative and diagnostic assistance on an outpatient basis, stationary and inpatient care.

Consultative and diagnostic assistance shall be provided in military polyclinics, polyclinic departments of military hospitals by providing preventive, diagnostic and therapeutic services, if they have a license to carry out medical activities, including an examination of temporary disability.

51. Medical rehabilitation of the consequences of acute conditions, surgical interventions and injuries shall be provided in outpatient, inpatient, hospital-substituting conditions of military medical institutions (medical subdivisions), as well as at home in accordance with the order of the Minister of Healthcare of the Republic of Kazakhstan dated October 7, 2020 № KR HM- 116/2020 "On approval of the Rules for provision of medical rehabilitation" (registered in the Register of state registration of regulatory legal acts under № 21381).

52. In accordance with the Law of the Republic of Kazakhstan dated February 16, 2012 "On military service and the status of military personnel", for the purpose of medical rehabilitation, a serviceman shall be provided with sanatorium-resort treatment.

53. Medical indications for the provision of sanatorium-resort treatment to military personnel shall be determined in accordance with Appendix 2 to these Rules.

Annually, in types, branches of the armed forces, regional commands, military units and institutions, a list of military personnel in need of sanatorium-resort treatment shall be drawn up, taking into account the results of a preventive medical examination, inpatient or outpatient treatment, medical examination, as well as dynamic observation data.

The list of servicemen in need of sanatorium-resort treatment for the coming year shall be submitted to the MMMD no later than December 25.

54. The MMMD draws up a consolidated list of servicemen in need of sanatorium-resort treatment for the Armed Forces of the Republic of Kazakhstan.

Distribution of the acquired sanatorium-resort services by military units and institutions (subdivisions) shall be carried out in a share ratio depending on the number of those in need of sanatorium-resort treatment indicated in the lists.

The number of allocated sanatorium-resort services and the schedule of arrival at the sanatorium-resort organizations shall be sent to military units and institutions (subdivisions).

55. Selection of servicemen for referral to sanatorium-resort treatment shall be carried out by a specially created commission in military units and institutions.

Referral of servicemen to sanatorium-resort organizations shall be carried out by the commander (chief) of a military unit (institution, subdivision) with issuance of an order.

In this case, a serviceman shall be issued:

1) a referral to sanatorium-resort treatment, in the form according to Appendix 3 to these Rules;

2) a sanatorium-resort card according to the form 069/y, approved by the order № KR HM-175/2020;

3) a medical record of the serviceman.

56. Persons dismissed from military service having a length of service of twenty-five or more years (hereinafter- the persons dismissed from military service) shall be provided with sanatorium-resort treatment at the expense of the state if there is evidence according to the list of diseases approved in accordance with paragraph 1 of Article 50 of the Law of the Republic of Kazakhstan "On military service and the status of military personnel."

Every year, the Departments for defence affairs of regions, cities of republican significance and the capital shall draw up a list of persons dismissed from military service who need sanatorium-resort treatment, taking into account the results of inpatient or outpatient treatment, and dynamic observation data.

The list of persons dismissed from military service in need of sanatorium-resort treatment for the coming year shall be submitted to the MMMD no later than December 25.

57. Compilation of a consolidated list of persons dismissed from military service in need of sanatorium-resort treatment, distribution of purchased sanatorium-resort services by regions, cities of republican significance and the capital, bringing the number of allocated sanatorium-resort services and the schedule of arrival at sanatorium-resort organizations shall be carried out according to paragraph 54 of these Rules.

58. Selection of persons dismissed from military service for referral to sanatorium-resort treatment shall be carried out by a commission created in the Departments for defence affairs of regions, cities of republican significance and the capital.

Persons dismissed from military service and sent to sanatorium-resort treatment shall be issued:

1) a referral to sanatorium-resort treatment, in the form according to Appendix 3 to these Rules;

2) a sanatorium-resort card according to the form 069/y, approved by the order № KR HM-175/2020.

59. The list of servicemen and persons dismissed from military service, sent for sanatorium-resort treatment, by types, branches of the military, regional commands, military units and institutions shall be submitted to the MMMD for control no later than five working days before the date of arrival at the sanatorium.

When compiling a list of those in need (sent) for sanatorium-resort treatment, the military rank, surname, initials of a serviceman (persons dismissed from military service), IIN, length of service, medical indications for referral to sanatorium-resort treatment, information about the previously received sanatorium-resort treatment shall be indicated.

60. General contraindications for referral to sanatorium-resort treatment shall be determined in accordance with Appendix 4 to these Rules.

61. Laboratory diagnostics in military medical institutions (medical subdivisions) shall be carried out in accordance with the standards for organization of laboratory diagnostics, approved by the authorized body in the field of healthcare in accordance with paragraph 2 of Article 130 of the Code. In the absence of a list of laboratory tests necessary for organization of military-medical (medical) support, military-medical institutions (medical subdivisions) shall conclude a civil-legal contract with healthcare organizations that provide laboratory diagnostics services.

62. Postmortem diagnosis in military medical institutions shall be carried out to establish the diagnosis by analysis of the changes in the organs (parts of organs), tissues and cells of patients withdrawn by surgery and (or) biopsy (operating biopsy material), as well as in tissues, organs and cells of the corpse during the autopsy in accordance with the standards of organization the provision of pathological diagnosis approved by the authorized body in the field of healthcare. In the absence of possibility to conduct pathoanatomical diagnostics, military- medical institutions conclude a civil-legal contract with healthcare organizations that provide services for pathoanatomical diagnostics.

Chapter 4. The procedure for ensuring sanitary-epidemiological welfare of troops

Paragraph 1. State sanitary-epidemiological control and supervision in the Armed Forces of the Republic of Kazakhstan

63. State sanitary-epidemiological control and supervision in the Armed Forces of the Republic of Kazakhstan are aimed at preventing, detecting, suppressing and eliminating violations of the legislation of the Republic of Kazakhstan in the field of healthcare, including regulatory legal acts in the field of sanitary- epidemiological welfare of the population, by subjects of control and supervision.

64. Sanitary-epidemiological institutions of the Armed Forces of the Republic of Kazakhstan, carrying out activities in the field of sanitary-epidemiological welfare of the population, are included in the unified system of the state sanitary-epidemiological service.

65. Sanitary-epidemiological control and supervision shall be carried out in the process of training and combat activities and material-household support in order to assess the sanitary state of military units and institutions of the Ministry of Defence, to identify its causal relationships with the morbidity and health indicators of military personnel, to develop proposals for preventive activities and control over their implementation.

Paragraph 2. Organization of work of sanitary-epidemiological institutions of the Armed Forces of the Republic of Kazakhstan

66. Sanitary-epidemiological institutions of the Armed Forces of the Republic of Kazakhstan shall be the formations of military-medical service, intended for the organization and qualified conduct of sanitary- epidemiological control and supervision and anti-epidemic measures in the Armed Forces of the Republic of Kazakhstan.

67. These institutions are represented by the Sanitary-epidemiological center and its branches (hereinafter - SEC) in the Armed Forces of the Republic of Kazakhstan.

68. For each sanitary-epidemiological institution (branch) a service area (zone) shall be established by decision of the command.

69. The sanitary-epidemiological institution (branch), in addition to working in the area assigned to it, provides organizational and methodological guidance over conducting of anti-epidemic measures in military units and institutions deployed in the area of responsibility

70. Planned checks of the SEC shall be approved by the relevant commander (chief).

71. Work on the organization of anti-epidemic measures includes:

- 1) epidemiological diagnostics;
- 2) epidemiological analysis and prognosis of infectious morbidity;
- 3) development of anti-epidemic measures in supervised units and institutions based on the results of epidemiological diagnostics;

4) provision of methodological and practical assistance to the command and military-medical service in the organization and conduct of anti-epidemic measures;

5) control over implementation of preventive and anti-epidemic measures in units.

72. Organization of sanitary control and supervision, anti-epidemic measures in the troops by officials of sanitary-epidemiological institutions provides for:

1) development of documents on sanitary-epidemiological issues (action plans, draft orders, directives and instructions of the command);

2) interaction with the command and other services in the organization and conduct of sanitary and anti-epidemic measures;

3) constant communication with the territorial bodies of sanitary-epidemiological supervision and healthcare in the interests of ensuring epidemic well-being on the territory of deployment of the served troops;

4) drawing up references-reports, reports, summaries and other documents on the profile of work for submission to the command and higher bodies of the military-medical service.

73. Methodological guidance on the organization and conduct of sanitary supervision and anti-epidemic measures in units and institutions includes:

1) conducting instructive and methodological classes with the medical staff of units and institutions;

2) provision of methodological and practical assistance to the command and military-medical service on the organization and conduct of sanitary and anti-epidemic measures in units in institutions.

74. In military units and institutions of the region of service, the SEC monitors the implementation of preventive measures, hygienic education of servicemen, promotion of a healthy lifestyle and provides practical assistance in their implementation.

Paragraph 3. Sanitary-epidemiological control and supervision over the placement of military personnel

75. Sanitary-epidemiological control and supervision over the placement of military personnel includes a hygienic assessment of conditions of placement and sanitary condition of buildings, structures and territory.

76. Hygienic assessment of conditions of placement shall be carried out based on the results of the survey conducted by the officials of sanitary-epidemiological institutions during which materials of housing services containing characteristics of a military town and separate structures is studied, and the actual implementation of requirements of the Charter of internal service of the Armed Forces, other troops and military formations of the Republic of Kazakhstan approved by the Decree of the President of the Republic of Kazakhstan dated July 5, 2007 № 364 (hereinafter- CIS) is checked.

77. Current control of military-medical service of the unit over the sanitary condition of residential and non-residential buildings, structures and the territory of a military town

consists in a systematic check of maintaining cleanliness and order in the premises and on the territory, effective operation of water supply, heating, ventilation, sewerage and solid waste disposal.

78. When preparing a military unit for entering the training center (camp) and for exercises, the military- medical service conducts:

1) hygienic assessment of the location area based on collection and analysis of materials characterizing the sanitary condition of the territory, water supply sources, settlements, the level and structure of infectious diseases among the population, epizootics, as well as local factors that affect the development of the epidemic process;

2) survey of the training center (camp) or the area of the forthcoming exercises in order to assess the sanitary state of the territory and its rational zoning when setting up a camp, as well as water supply sources with laboratory studies of water quality;

3) checking the readiness of field dwellings, canteens, latrines, as well as premises intended for the deployment of medical centers, for the deployment of personnel in the field, taking into account the degree of compliance with hygiene standards and sanitary rules;

4) work on promotion hygienic knowledge, taking into account the tasks performed by the units and the conditions of the field life of servicemen.

Paragraph 4. Sanitary-epidemiological control and supervision over water supply of military units

79. Sanitary-epidemiological control and supervision over water supply of military units and institutions shall be in monitoring the sanitary-technical condition of the water supply system, compliance of the quality of supplied water with the requirements for water for drinking and household purposes.

Compliance with the established norms of water consumption, admission of personnel to work on the operation of water supply systems, taking into account the requirements for the state of its health.

80. In case of centralized water supply, water pipelines of the Ministry of Defence of the Republic of Kazakhstan, structures and water supply networks of other ministries and departments located on the territory of a military town and used to organize water supply to a military unit, formations shall be subject to sanitary- epidemiological control and supervision.

81. With decentralized water supply in stationary and field conditions and the use of surface or underground sources of water supply, the military-medical service participates in their selection and controls the correctness of the water intake device, which excludes contamination of the water source and the territory of sanitary protection zone. When equipped with devices for water purification and disinfection, laboratory control over the efficiency of their work shall be established. The conditions of delivery, storage of water and its analysis by consumers shall be subject to control.

82. Sanitary-epidemiological control and supervision over water supply to military units and institutions includes:

1) establishing information about its ownership, the date of construction and reconstruction, the degree of providing the needs of the personnel and population of a military town with water (interruptions in the supply of water, their frequency and duration; compliance with the quantitative norms of water consumption, the size and condition of the sanitary protection zones);

2) study of technical documentation of the water supply system and establishment of the composition and type of water intake facilities and water treatment equipment (type of pumps and their performance, provided for by the installation water treatment technology, materials and reagents);

3) assessment of the state of main water intake structures, efficiency of water treatment, the order and completeness of passing medical examinations by personnel;

4) inspection of water supply networks in the area (width and condition of the sanitary protection strip of water pipelines, condition of viewing wells, points of water intake and intersection with sewerage, presence of gusts and accidents);

5) sanitary-epidemiological survey of the territory of water intake facilities and a sanitary protection zone, possible sources of pollution (external toilets, warehouses of reagents, technical equipment, toxic substances) are established. The territory of the first belt of sanitary protection zone shall be kept clean, landscaping and fencing shall be carried out;

6) during the sanitary-epidemiological survey of water treatment facilities, compliance with the frequency of cleaning of reaction chambers and settling tanks with the requirements of the operating instructions, the possibility of sampling water from each filter and before feeding it to the distribution network;

7) check of water disinfection begins with an assessment of sanitary condition of the premises for disinfection. When chlorination of water, the quality of chlorine-containing preparations and reagents, sufficiency of their reserves shall be determined. The content of residual chlorine before water supply to the distribution network is as follows: for residual free chlorine 0.3-0.5 mg/l, for residual bound chlorine 0.8-1.2 mg/l. With the simultaneous presence of free and bound chlorine in water, their total concentration does not exceed 1.2 mg /l;

8) when examining water intake structures of an underground water source, special attention is paid to the equipment of the head (mouth) of wells, its protection from atmospheric precipitation and ground waters. The presence of a tap on the water-lifting pipe for taking water samples. In the case of removing the head of the well into the mine, equip the receiver at its bottom to collect water. The presence of a cover over the mine, which excludes the ingress of atmospheric precipitation into the mine;

9) when examining the condition of reservoirs, the degree of their protection from atmospheric and ground waters, the procedure and methods of washing and disinfection, which are carried out at least once a year shall be established;

10) in the pumping station of the second lift, its sanitary condition is checked, the presence of taps on the pressure pipes for sampling water, timely maintenance of the pumps, the availability and serviceability of reserve pumps;

11) when examining water supply networks, the presence and tightness of fit of the covers of inspection wells, condition of their walls, stop valves, the presence (absence) of water leaks, blockages of soil or debris, other violations of sanitary protection of water pipelines (excavation of soil, waste dumps, waste water discharge) is checked;

12) when supplying a military town with water from non-centralized sources (mine wells, capturing keys and springs), attention is drawn to their design, sanitary-technical condition and operating procedure.

13) the results of a sanitary-epidemiological survey of the water supply system of a military town are drawn up in a document (act, reference-report), which contains the sanitary-technical characteristics of all water supply facilities, water treatment methods, protection of the water source from pollution, a general assessment of compliance of the quantity and quality of water with the current standards.

83. A sanitary-epidemiological conclusion shall be drawn up for each source of the water supply system.

84. Main criterion for the sanitary reliability of water supply systems shall be the quality of drinking water, which is determined by laboratory methods in the order of production control on a contractual basis and state sanitary-epidemiological supervision. Production control of the quality of drinking water is organized and carried out by the district operational units of the garrisons in accordance with the requirements of current regulatory documents.

The quality control of drinking water shall be carried out by specialists of the Sanitary and epidemiological institutions of the Armed Forces of the Republic of Kazakhstan. The frequency of water sampling, their quantity and places of sampling at water supply facilities (at water intake points, before entering the network, the list of monitored indicators (abbreviated or complete) depends on local environmental conditions, sanitary reliability of the water supply system, sanitary and epidemiological situation.

85. Control over water supply of units and subdivisions in the field includes:

1) participation of the military-medical service in the selection of water supply sources, determination of sanitary protection zones and control over the observance of the established regime in them;

2) control over the conduct of sanitary-technical works for the improvement of the sanitary protection zone of water supply sources and their disinfection;

3) participation in determining the measures to improve water quality and monitoring compliance with sanitary rules during water treatment;

4) control over water quality, compliance with water consumption standards and the sanitary condition of sources and points of water supply, means of extraction and preparation of water, pumping stations, water pipelines, means of storage and transportation of water;

5) control over the observance of the established drinking regime by the military personnel;

6) checking the availability of means for decontamination of individual drinking water supplies and correctness of use of them at military personnel.

86. The military-medical service of the unit participates in laboratory control of the quality of drinking water by taking samples and sending them for research to sanitary-epidemiological institutions or territorial subdivisions of the Committee of sanitary-epidemiological control of the Ministry of Healthcare of the Republic of Kazakhstan.

Paragraph 5. Sanitary-epidemiological control and supervision over bath and laundry services

87. Sanitary-epidemiological control and supervision over bath and laundry services in stationary and field conditions consists in hygienic assessment and control of:

1) regularity of washing and completeness of its coverage of military personnel, change of underwear and bed linen, as well as the provision of bath towels, soap and washcloths;

2) sanitary condition of military baths, laundries, as well as local communal and departmental baths and laundries if they are used for the needs of the unit;

3) implementation of the technology of washing underwear, bed linen, uniforms, special clothing, as well as their dry cleaning;

4) timeliness and completeness of medical examinations and surveys of the personnel of the bath and laundry plant;

5) disinfection and disinsection of uniforms, linen and bedding, antiparasitic impregnation of underwear.

88. The military-medical service of the unit carries out constant sanitary-epidemiological control over the bath and laundry service in the scope of the requirements of provisions of sanitary rules and norms, documents for individual use.

Paragraph 6. Sanitary-epidemiological control and supervision over the nutrition of military personnel

89. Sanitary-epidemiological control and supervision over the nutrition of military personnel includes:

1) hygienic assessment of the quantitative and qualitative adequacy of nutrition;

2) control over the implementation of sanitary rules and regulations during the receipt, transportation, storage, preparation and sale of products and prepared food;

3) monitoring the health status of persons working at food service facilities.

Public catering enterprises of any form of ownership located on the territory of military units and institutions of the Ministry of Defence of the Republic of Kazakhstan shall also be

subject to sanitary-epidemiological control and supervision in accordance with the requirements of regulatory legal acts in the field of sanitary and epidemiological welfare of the population.

90. When monitoring the actual state of nutrition of servicemen, nutrition according to the basic and additional norms of food rations, dry and board rations, nutrition of persons employed in work under conditions of unfavorable factors of military labor, nutrition of personnel of units located separately from their military unit, as well as servicemen detained in the guardhouse shall be taken into account.

91. A hygienic assessment of the actual nutritional status of servicemen shall be conducted out taking into account the conditions of their training and combat activities and carried out:

1) by monitoring the diet and distribution of the daily set of foods in accordance with their energy value, amount and schedule of meals during the day.

2) checking the delivery of food rations to the military personnel by controlling the output of ready-made meals by the weight method, determining the mass of the thick part of the diet and food residues;

3) studying the results of medical control over the health and physical development of servicemen, formed under the influence of the structure and regime of actual nutrition.

92. A hygienic assessment of quality adequacy of the nutrition of military personnel shall additionally be carried out in sanitary-epidemiological institutions on the basis of a calculated and laboratory determination of physiological needs of the body for the chemical composition of food for a set of nutrients (proteins, fats, carbohydrates, vitamins, mineral salts).

93. During sanitary-epidemiological control and supervision over the fulfillment of hygienic requirements at food service facilities, the following is controlled:

1) receipt, storage and release of food products;

2) culinary processing of products, especially perishable, food preparation, storage and distribution;

3) maintenance of premises of food warehouses, kitchens, canteens, as well as technological equipment, dining room and kitchen utensils;

4) development and implementation of a production control program, technological charts for the production of dishes (culinary products).

When monitoring the observance of the sanitary regime at the food service facilities, the observance of the rules of personal hygiene by the staff in the dining room and their compliance with the established frequency and volume of medical examinations and surveys shall also be checked.

94. Sanitary-epidemiological control and supervision over the maintenance of food stores, kitchens, canteens includes control over ensuring the installed temperature and humidity conditions and terms of storage of various types of food, carrying out of measures to protect food from rodents and storage pests, the quality of daily and general cleaning of the premises,

disinfection (disinfestation, deratization), cleanliness of dining and kitchen utensils and inventory, compliance with the rules for washing and decontamination, serviceability and cleanliness of technological equipment and refrigerator cabinets, improvement and cleaning of the territory around the food service facilities, as well as compliance with the requirements for the collection and disposal of food waste.

95. Control over the organization of meals for servicemen in the field conditions shall be carried out by:

1) participation of officials of medical and food services of military units, institutions and officials of sanitary-epidemiological institutions in the development of a diet and the preparation of a layout of products, taking into account physiological and hygienic requirements and in relation to the nature of training and combat activities;

2) checking the readiness of an economic subject – an organizer of the catering of personnel (units, food service) for the transportation and storage of mobile food and drinking water supplies, the preparation and sale of ready-made food;

3) verification of the passage of the established volume of medical examinations by persons associated with permanent work at food facilities, knowledge of hygienic norms and sanitary rules and their implementation during work by the cook staff;

4) control over the provision of personnel of a military unit, institution with individual bowls, cups, spoons and flasks, as well as checking knowledge and fulfilling the rules of personal and public hygiene;

5) control over the fulfillment of hygienic requirements when placing food items on the ground, organizing their water supply, cleaning the territory and removing waste;

6) checking the storage conditions of mobile food stocks, especially perishable ones, as well as drinking water at food points;

7) control over the fulfillment of hygienic requirements for the primary heat treatment of products, especially in terms of timing and temperature regime;

8) checking the provision of conditions for food intake at food points and by control over its delivery to units and sale;

9) checking the quality of washing and disinfecting individual pots, mugs and spoons, dishes, equipment and thermoses at food points;

10) control over the organization of meals for servicemen on the march, in isolation from their units, using dry rations and special food rations.

The military-medical service of the unit conducts sanitary and educational work, taking into account the specific situation, in order to inform the personnel of the hygienic requirements for nutrition in the field conditions, to prevent the consumption of random and untested products of plant and animal origin.

The military-medical service of the unit carries out constant sanitary-epidemiological control over the organization of meals for personnel in the amount of requirements of the provisions of sanitary rules and norms, documents for individual use.

Paragraph 7. Sanitary-epidemiological control and supervision over the conditions of military labor

96. Sanitary-epidemiological control and supervision over the conditions of military labor shall be carried out in order to prevent occupational and other diseases, damages and injuries associated with exposure to unfavorable factors of working environment and is a system for control over the implementation of hygienic standards and sanitary rules in the organization of training and combat activities of troops, works on maintenance and operation of mobile and stationary objects of military equipment and weapons systems, as well as production, construction and economic works performed by the personnel of military units.

97. Sanitary-epidemiological control and supervision over the conditions of military training includes;

- 1) implementation of hygienic requirements for ensuring the regime of work and rest, amount and intensity of physical activity during the day and the entire period of study, alternation of various classes, distribution of time of the day, taking into account the need to comply with the rules of personal hygiene, morning physical exercises, organization of meals, rest and sleep of military personnel;

- 2) control over the conditions of conducting classroom lessons, taking into account the hygienic requirements for the area of premises per student, natural and artificial lighting, ventilation, heating and equipment of classrooms, as well as assessing their content and checking the quality of cleaning and ventilation;

- 3) checking the equipment of military personnel during training in the open air and meeting the requirements for the prevention of hypothermia or overheating, as well as assessing the sanitary condition of the training areas;

- 4) control over the implementation of measures to prevent injuries, poisoning of servicemen with poisonous technical fluids, powder and exhaust gases during firing and operation of military equipment;

- 5) checking the implementation of measures to prevent the impact of unfavorable meteorological factors, high or low ambient temperatures, ensuring rest and preventing overwork of personnel during long marches;

- 6) assessment of the compliance of the magnitude and intensity of physical activity with the training of military personnel.

98. Sanitary-epidemiological control and supervision over the fulfillment of hygienic requirements in the organization and conduct of physical training and tempering of personnel of military units and institutions includes:

- 1) assessment of the sanitary condition of places for physical training and sports in the open air and in closed rooms and sanitary-technical condition of sports equipment and facilities;

- 2) checking the implementation of measures to prevent injuries;

3) control over the gradual increase in the intensity of physical activity in the process of training and during the entire period of training of personnel, as well as over the rationality of the sports training regime;

4) checking the compliance with the requirements for hardening procedures.

99. Sanitary-epidemiological control and supervision over the working conditions of servicemen during the repair and maintenance of weapons and military equipment, construction and economic work includes checking:

1) the compliance of location, equipment and equipping of facilities with sanitary rules;

2) the availability of instructions on the rules for the safe conduct of work, accounting for briefing of personnel;

3) the compliance of microclimate parameters, illumination, the content of harmful impurities in the air of the working area, noise and vibration, ionizing and non-ionizing radiation and other factors of the working environment with hygienic standards through measurements and laboratory researches by specialists of sanitary and epidemiological institutions;

4) the correctness of accounting, storage and consumption of toxic technical liquids and radioactive substances;

5) the provision of personnel with special clothing and personal protective equipment for respiratory organs, eyes, skin;

6) the conditions for washing personnel after work;

7) the availability of heating points for personnel, serving equipment outdoors in winter;

8) the availability and completeness of first aid kits, the ability of personnel to use them;

9) the timeliness and completeness of medical examinations and examinations of persons working in conditions of exposure to occupational hazards.

100. The military-medical service of the unit carries out sanitary-epidemiological control over the conditions of military labor.

101. Control over working and living conditions in areas with hot climates shall be carried out taking into account the need for prevention:

1) overheating of the body caused by the performance of physical work under the combined effects of high temperature and humidity;

2) damage to the eyes from the blinding effect of solar radiation, skin of the face and lips from sunburn and weathering, respiratory organs from the penetration of dust;

3) violations of the water-salt balance and the function of its regulating systems of the body as a consequence of water loss during sweating (dehydration) and heat stress.

102. Control over the conditions of work, life and living conditions of servicemen in areas with a cold climate shall be organized taking into account the need for additional measures aimed at preventing hypothermia and colds caused by exposure to low temperatures and high air humidity in combination with strong winds and heavy rainfall.

103. Control over the conditions of combat training activities of troops and organization of material and household support for servicemen in mountainous areas, characterized by a variety of climatic conditions and variability of meteorological factors, are supplemented by measures aimed at meeting physiological and hygienic requirements, in order to prevent:

- 1) mountain sickness, the main causes of which are hypoxemia and hypocapnia that occur at altitudes of more than 2000 meters above sea level;
- 2) hypothermia and colds caused by exposure to low air temperatures in combination with sharp fluctuations in its relative humidity;
- 3) burns of the skin of face, snow ophthalmia caused by intense solar radiation (direct, diffuse and reflected by snow);
- 4) overheating of the body when exposed to high air temperatures and physical activity.

104. When control over the conditions for the activities of military personnel in areas with hot or cold climates, as well as in mountainous areas, the following measures are controlled by acclimatization:

- 1) carrying out a medical examination of personnel sent for service in these areas;
- 2) conducting physical training of personnel in the units, based on a gradual increase in the magnitude and intensity of loads;
- 3) training of personnel in ways to protect themselves from the adverse effects of environmental factors, the ability to operate in difficult climatic conditions.

105. When control over the adequacy of physical activities to the state of the body of servicemen in the process of acclimatization, proceed from the following:

- 1) the total duration of the acclimatization period is 1.5-2 months;
- 2) physical activities of moderate severity is allowed after 10 calendar days of acclimatization, heavy - after 20 calendar days;
- 3) in the first 10-15 calendar days of acclimatization to hot climates, an increase in body temperature to no more than 38 ° C and an increase in heart rate up to 110 beats per minute is permissible

Paragraph 8. Hygienic education of military personnel

106. Hygienic education of military personnel is a purposeful process of forming a conscious attitude towards the preservation and strengthening of personal and public health as the basis of working capacity (combat effectiveness), a healthy lifestyle and high responsibility for observing hygiene standards and sanitary rules, protecting the environment from pollution with waste and emissions harmful to humans.

107. Hygienic education and training of military personnel shall be carried out by group and individual methods using lectures, conversations, consultations, publishing leaflets, memos, issuing health bulletins, wall newspapers, making and using posters, photo exhibitions, demonstrating video and films, watching TV, publishing articles in large circulation newspapers and magazines.

Paragraph 9. Assessment of the effectiveness of sanitary and hygienic measures

108. The effectiveness of sanitary and hygienic measures in military units and institutions shall be determined by the military-medical service of the unit in each period of training, and by the specialists of sanitary-epidemiological institutions during each sanitary-epidemiological examination of the unit by comparing the health indicators of military personnel (health status, physical development, morbidity) with indicators characterizing the conditions of their work and life.

109. The assessment of health indicators of military personnel shall be carried out by a subdivision, taking into account the category of personnel, the length of stay in military service, specialty, working and living conditions of servicemen, occupational hazards.

110. The generalized results of assessing the effectiveness of sanitary-epidemiological control and supervision are the basis for planning sanitary and hygienic measures, as well as predicting a possible deterioration in the sanitary and hygienic state of a military unit.

111. The sanitary condition of a military unit shall be considered satisfactory:

1) when hygienic norms and sanitary rules are observed in the process of training and combat activities and material and household support of personnel;

2) on the basis of a hygienic analysis of health indicators of servicemen, targeted planned preventive measures are conducted, planned work on the hygienic education of all categories of personnel is carried out;

3) the sanitary-epidemic state of a military unit and institution is safe, the level of infectious diseases does not exceed the average rates for the military unit and institution, and over the past three years there has been a tendency to decrease it, there are no outbreaks of infectious diseases;

4) the state of health of the personnel makes it possible to solve in full the tasks assigned to the military unit, institution.

112. The sanitary condition of a military unit is recognized as unsatisfactory when the conditions for its satisfactory assessment are not met.

113. The results of control over the conditions of service and life of servicemen and analysis of the morbidity of the personnel are included in the monthly report of the head of the military-medical service to the commander of a unit and higher command. Summary reports on this issue are also submitted at the end of the summer and winter periods of study.

114. The results of study and assessment of the effectiveness of sanitary and hygienic measures are the basis for planning and developing targeted health measures, predicting a possible deterioration in the sanitary and hygienic state of a military unit and taking preventive measures in advance.

Paragraph 10. Anti-epidemic measures in the Armed Forces of the Republic of Kazakhstan

115. The purpose of anti-epidemic measures in the Armed Forces of the Republic of Kazakhstan is anti-epidemic protection of troops, focused on preventing the introduction of pathogens into military collectives, preventing the spread of diseases, localizing and eliminating emerging foci, as well as eliminating the possibility of carrying infections outside the military units (garrisons) and bringing them to other settlements (places of deployment of troops).

116. Organization of anti-epidemic measures in the military unit, garrison, regional commands, in the types and branches of the Armed Forces of the RK shall be carried out by the military-medical service.

117. Organization of anti-epidemic measures is carried out by the military-medical service in close cooperation with the command and with the logistics services on the basis of developed plans.

118. Actions of commanders and chiefs of all levels, as well as other officials on conducting anti-epidemic measures are regulated by the Charter of internal service of the Armed Forces, other troops and military formations of the Republic of Kazakhstan, approved by the Decree of the President of the Republic of Kazakhstan dated July 5, 2007 № 364, and on special issues by the requirements of the legislation of the Republic of Kazakhstan in the field of sanitary-epidemiological welfare of the population, as well as hygienic standards, technical regulations approved by the authorized body in the field of sanitary-epidemiological welfare of the population.

119. The basis for planning and organizing anti-epidemic measures is epidemiological diagnostics, including sanitary-epidemiological reconnaissance, surveillance, examination and epidemiological analysis.

120. Epidemiological diagnostics is a system of methods for identifying the causes and conditions of the emergence and spread of infectious diseases in a military collective and the development of scientifically based anti-epidemic measures. Epidemiological diagnostics includes sanitary-epidemiological reconnaissance, sanitary-epidemiological surveillance, epidemiological examination and epidemiological analysis.

121. Sanitary-epidemiological reconnaissance is carried out by collecting and analyzing information about the sanitary-epidemiological state of the areas of forthcoming deployment and operation of troops. It is an integral part of medical intelligence.

122. Sanitary-epidemiological reconnaissance includes: studying the available information about the sanitary-epidemiological state of the area, obtaining information from the senior medical chief, officials of other services and bodies of sanitary-epidemiological control and supervision, survey of the territory, water supply sources and other objects of the external environment with taking samples, determination of the possibility of using local treatment-and-prophylactic, sanitary-epidemiological and communal institutions for the needs of the troops, analysis of the results obtained and issuance of recommendations to the command (military-medical service) on anti-epidemic measures.

123. Sanitary-epidemiological surveillance provides for a systematic study of the sanitary-epidemiological state of the area where the unit is located, timely identification of foci of infectious diseases and epizootics, continuous medical control over the living conditions of the personnel and sanitary condition of the unit's facilities. In case of complication of the sanitary-epidemic situation, appearance of infectious diseases, an epidemiological examination shall be conducted in the unit.

124. Epidemiological examination is aimed at identifying the causes and conditions of the emergence of the epidemic focus and justification of measures for its localization and elimination. There is an epidemiological examination of a focus with a single disease and a focus with multiple diseases.

125. Epidemiological examination of a focus with a single infectious disease includes: interviewing and examining the patient, clarifying the epidemic situation in the unit and the area of its deployment, interviewing and examining persons at risk of infection, inspection and examining environmental objects, analyzing and summarizing the materials received, justifying measures on localization and elimination of the focus.

126. Epidemiological examination of a focus with multiple diseases is carried out by specialists of the SEC.

The examination includes: collection and preparation of initial data on the sick, analysis of the dynamics of the incidence of personnel in the focus, study of the morbidity structure by risk factors, interview and examination of patients and persons at risk of infection, environmental objects, generalization of the data obtained, establishing the causes and conditions of occurrence focus and justification of anti-epidemic measures.

To clarify the mechanism of transmission of infection, the objects of external environment are examined. The data obtained are evaluated and a conclusion is made about the type of outbreak that has arisen, the specific causes and conditions of infection of personnel, as well as the boundaries of the epidemic focus. In accordance with the results of examination, the list and scope of measures to eliminate the focus shall be determined and a plan for their implementation shall be drawn up.

The act of examining the epidemic focus with attachment of digital and graphic materials shall be presented to the higher head of the military-medical service after the elimination of the focus.

127. Epidemiological analysis is carried out to determine the level, structure and dynamics of infectious diseases, to establish the causes and conditions for the occurrence and spread of diseases among the personnel of the unit. The results of the epidemiological analysis are used to substantiate the main measures of preventive work, analysis in the unit shall be carried out by the head of the military-medical service. Epidemiological analysis of infectious morbidity is subdivided into retrospective and operational.

128. A retrospective epidemiological analysis covers the analysis of infectious morbidity over the past several years, the past year, or individual periods of service and combat training of troops.

129. Operational epidemiological analysis provides for the continuous collection and study of information on the infectious morbidity of personnel for the purpose of early detection of epidemic trouble in units and subdivisions.

The basis for conducting the analysis is the reports of the military-medical service of the unit (institution) of the regional command, emergency notifications, extraordinary reports about the cases of infectious, parasitic diseases, poisoning. The analysis is combined with sanitary-epidemiological observation of the areas of deployment and combat training of troops and justification for operational implementation of anti-epidemic measures.

Paragraph 11. Content, organization and procedure for conducting anti-epidemic measures

130. The content of anti-epidemic measures is aimed at three links of the epidemic process:

1) the source of infection (identification of a sick/asymptomatic carrier, isolation, treatment and diagnostic, regime-restrictive and veterinary-sanitary measures, preventive deratization);

2) the transmission mechanism (measures aimed at interrupting the transmission mechanism, improving the sanitary-hygienic and social-living conditions of work and life in the places of deployment of troops, sanitary-epidemiological supervision, preventive disinfection and disinsection, hygienic education);

3) a susceptible organism (non-specific means of increasing immunity, such as hardening, immunoprophylaxis).

131. Identification of infectious patients and carriers in a military unit is carried out:

1) at morning examinations and evening checks by commanders of the unit and medical workers by interviewing personnel;

2) during the medical examination of personnel of the canteen, as well as during medical examination of the employees of the catering, water supply and bath and laundry service;

3) at an outpatient appointment;

4) when conducting medical examinations of servicemen who have newly arrived at the unit and who are returning from business trips, vacations and medical institutions;

5) during bodily examinations of servicemen in the bath;

6) when accepting reinforcements and scheduled medical checkups, examinations;

7) during the period of rising morbidity at the medical post, equipped at the checkpoint.

132. Identified infectious patients and individuals suspicious of an infectious disease shall be placed in an isolation ward of medical troops and destinations. In military units where there shall be no regular isolation ward, infectious patients shall be isolated in a predetermined room. Outpatient treatment of infectious patients (asymptomatic carriers) from

among military personnel of military service, cadets, and their presence in a military team shall not be allowed.

Footnote. Paragraph 132 – in the wording of the order of the Minister of Defense of the Republic of Kazakhstan dated 05.05.2022 № 271 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).

133. In isolation wards of medical companies and military units (institutions), an anti-epidemic regime is observed, the content of which is determined by the epidemiological characteristics of a particular infection.

134. Patients are placed in an isolation ward for a period of no more than one day for examination, diagnosis, medical assistance and collection of an epidemiological history. It is allowed to leave for treatment in the isolation ward only patients with uncomplicated forms of tonsillitis, influenza and acute respiratory infections.

135. Patients with infectious diseases are hospitalized in infectious departments (isolation wards) of military hospitals, infirmaries (if any) or in an infectious hospital (department) of the civil healthcare system.

136. Evacuation of an infectious patient from the isolation ward of a medical unit to a hospital is carried out on a sanitary or other specially designated transport of a military unit or hospital.

It is not allowed to move infectious patients by passing (public) transport, as well as on the transport not adapted for movement of people. Joint transportation of patients with different infections, as well as infectious and somatic patients, is not allowed on the same car.

137. To accompany an infectious patient, a medical worker is appointed who has personal protective equipment, medicines required for emergency care, as well as patient care items in accordance with the nature of the infectious disease (bedpan, bucket for collection and disinfection of patient's secretions, oilcloth for intestinal infections, a medical mask or respirator for respiratory infections) and disinfectants.

138. The transport on which the infectious patient is taken to the hospital is subject to disinfection by the forces of this medical institution.

139. Evacuation of infectious patients from military echelons is carried out at the request of the chief of the echelon through the military commandant of the railway station.

140. The head of the military-medical service of the unit in accordance with the established procedure reports to the commander of the unit, the higher chief of the military-medical service and the SEC about the identification of an infectious patient, the results of epidemiological examination and the measures taken.

141. After the diagnosis of an infectious disease has been made to the patient, the head of the military- medical institution informs the command of the military unit from where the patient came from and the SEC.

142. Restrictive measures, including quarantine, are being carried out in the epidemic focus, providing special conditions for activity. The nature of these measures shall be

determined by the epidemiological characteristics of the infection and specific conditions of the situation.

143. Restrictive measures, including quarantine, at the facilities of the Armed Forces of the Republic of Kazakhstan are introduced (canceled) by the decision of the chief state sanitary doctor of the Ministry of Defence of the Republic of Kazakhstan in the field of sanitary and epidemiological welfare of the population with simultaneous notification of the state body in the field of sanitary-epidemiological welfare of the population and its territorial subdivision.

144. A variety of regime-restrictive measures are sanitary-quarantine measures on vehicles of the Armed Forces of the Republic of Kazakhstan and on foreign military vehicles arriving on the territory of the Republic of Kazakhstan.

Sanitary and quarantine measures include:

1) interview, if necessary, examination of crew members and passengers in order to identify among them sick and suspicious of being infected with quarantine infections;

2) checking the availability and correctness of filling in the established sanitary documents (international certificate of vaccination or revaccination, sanitary part of the general declaration of the aircraft, marine sanitary declaration, certificate of deratization or exemption from deratization);

3) placing the vehicle (if a sick person or suspected of having a quarantine infection is identified on it) at a pre-equipped place (sanitary area, sanitary berth, sanitary dead end);

4) disembarkation, isolation of sick and suspicious persons with the subsequent provision of medical assistance to them;

5) observation (or enhanced medical supervision) of crew members and passengers;

6) disinfection (disinsection) of the vehicle and other anti-epidemic measures determined by the nature of the infection and epidemic situation on the vehicle.

145. Depending on the indications, prophylactic, current and final disinfection are distinguished.

For disinfection, disinsection and deratization of objects, preparations, allowed for the use on the territory of the Republic of Kazakhstan are used.

146. Preventive disinfection is carried out systematically, regardless of the epidemic situation. Toilets, cesspools, garbage collectors, baths (sanitary passages), guard rooms, barracks, canteens, premises of medical units and institutions, drinking water, sewage drains, food warehouses, transport and other objects, in which the accumulation of pathogenic pathogens is a threat for personnel shall be subject to preventive disinfection. It is carried out by a disinfectant, including a freelance one, with the involvement of personnel of units and persons of daily duty. Persons involved in disinfection measures are annually instructed on the safe implementation of work, first aid in case of poisoning with disinfectants.

147. Current disinfection is carried out in the isolation rooms of medical units and in other rooms where the infectious patient is located from the moment of his/her isolation (

hospitalization). The discharge of patients (sputum, vomit, washing water, feces, urine, pus, blood), dishes, food residues, underwear, dressing material, the room and other items that are in it shall be subject to disinfection.

148. Final disinfection is carried out no later than 24 hours after isolation, hospitalization, recovery or death of the patient in order to destroy pathogens of infectious diseases in the places where he was. Rooms, bedding, furniture, personal belongings of the patient, other items, as well as vehicles used to evacuate infectious patients shall be subject to disinfection.

149. In a military-medical institution (in each department), a medical subdivision of a military unit and an institution, a disinfection point (disinfection corner) is equipped, which contains a current supply of disinfectants, a set of special clothing (dressing gowns, caps, respirators, rubber boots, gloves, aprons), containers for preparing and storing working solutions, visual aids, brochures, instructions, posters and memos about safety measures when using disinfectants and the rules of first aid in case of poisoning, plan preventive disinfection for the period of study, the journal of disinfectants register and the journal of disinfectants use

150. Disinsection includes measures to prevent the hatching of arthropods, their extermination and the protection of personnel. There are mechanical, physical and chemical methods of disinfection.

151. For the individual protection of personnel from the attack of midges and mosquitoes during sleep, gauze blankets are used, and for prolonged exposure to the open air, especially in the field, repellents to deter blood-sucking arthropods, as well as protective clothing (special underwear, overalls) and head nets impregnated with repellents are used.

152. Activities for the destruction of vectors of infectious diseases and household parasites using insecticides in military units and institutions are organized by the rear services

153. Organization of measures to combat ixodid ticks during the stay of personnel in the field (in forest, forest-steppe, steppe areas) provides for the conduct of self-and mutual examinations by the personnel, wearing uniforms or overalls impregnated with repellents, cleaning the territory of accommodation (camp) from vegetation and deadwood with its subsequent treatment with insecticides.

154. Organization of measures to combat fleas and bedbugs, especially during the period when personnel are in the field, provides for the simultaneous treatment of holes of rodents and objects inhabited by rodents, ratsicides and insecticides, disinsection of the floor and lower tier of walls of premises and tents, cleaning of the accommodation area (camp) from debris and dead wood, as well as impregnation of uniforms and overalls with repellents.

155. The prevention of pediculosis among military personnel is achieved by organizing regular washing of personnel in a bath with a change of underwear and bed linen, as well as by observing the technological process of washing it in bath and laundry plants (laundries).

156. Sanitary treatment is aimed at destroying pathogens of infectious diseases, arthropods and is carried out in conjunction with disinsection (disinfection) of residential displacements and other objects. Sanitary treatment includes: hygienic washing of personnel with a change of linen, chamber treatment (disinsection, disinfection) of linen, uniforms and bedding, boiling (boiling) of linen to be washed.

157. Sanitary treatment is carried out when pediculosis and scabies are identified among the personnel, patients with typhus, relapsing and typhoid fever, tuberculosis, diphtheria and especially dangerous diseases, as well as during the work of a medical subdivision of a unit (a medical institution) in a strict anti-epidemic regime. It is organized by the order of the unit commander.

158. Sanitary treatment of personnel is carried out in garrison sanitary checkpoints. In the field, it is carried out using a disinfection and shower unit (hereinafter-DSU). In this case, the provision with water and diesel fuel to the DSU, and provision with soap, washcloths and clean linen of the personnel are organized by the relevant services of the unit.

159. Drivers (operators) and disinfectants who have undergone special training and have received permission from the authorized body for the right to operate units working under pressure are allowed to operate the DSU. For the operation of DSU, permission from the authorized body is obtained.

160. Deratization provides for preventive and extermination measures.

161. Preventive measures include: systematic cleaning of the territory of the unit (camp) from household garbage and weeds, collection of food waste, garbage in containers and tanks inaccessible to rodents, storage of food and water supplies in places inaccessible to rodents, protection of warehouse, residential and office premises and special structures from the penetration of rodents.

162. Extermination measures include: the use of mechanical fishing tools (traps, crushers, vershas and homemade traps) to catch rodents, and the use of chemicals (raticides).

163. The use of poisoned baits and their layout, pollination of burrows, disinfection and disinsection works are carried out in personal protective equipment (cotton overalls, cotton-gauze mask, goggles, rubber gloves, apron).

164. The complex of anti-epidemic measures that ensure the protection of personnel from infectious diseases includes immunoprophylaxis and emergency prevention.

165. Immunoprophylaxis is carried out with the aim of creating artificial immunity in military personnel through early vaccination. For vaccination (inoculation) of personnel, live, inactivated, chemical vaccines and toxoids are used.

166. Vaccinations are carried out routinely (prophylactic) and according to epidemic indications. When carrying out vaccinations, military-medical institutions (medical subdivisions) use the List of diseases against which compulsory preventive vaccinations are carried out within the guaranteed volume of medical care, the procedure, timing of their implementation and population groups subject to preventive vaccinations, determined by the

Government of the Republic of Kazakhstan in accordance with paragraph 5 Article 85 of the Code.

Vaccinations for epidemic indications are carried out in natural foci and taking into account the epidemic situation.

167. The organization of vaccinations is detailed by the order of the commander of a military unit and institution, which reflects the preparatory measures, the actual vaccination, monitoring of the vaccinated and registration of the results obtained.

168. Preparatory measures include: obtaining inoculation material, training medical personnel, equipment and premises for vaccinations, conducting part of explanatory work with personnel to familiarize themselves with infectious diseases, measures to prevent them and the importance of preventive vaccinations, medical examination with thermometry of the personnel of the unit to identify servicemen with contraindications, washing of the personnel in a bath, determining the timing, place and procedure for vaccinations.

169. Persons with higher and secondary medical education, trained in the rules of vaccination techniques, in receiving emergency care in case of post-vaccination reactions and complications, who have permission to carry out vaccinations, are allowed to carry out preventive vaccinations.

170. Each vaccinated person is under medical supervision within 30 minutes after immunization. If signs of shock appear during this period, anti-shock measures shall be taken to the vaccinated.

171. The results of immunization shall be entered in the medical books and vaccination cards of military personnel: the date of vaccination, name, batch number and vaccine dose, reaction to vaccination and signature of a doctor (paramedic). The head of the military-medical service of the unit reports on the results of vaccination of personnel to the commander and in writing to the senior medical chief and to the SEC, the report indicates the percentage of coverage of military personnel with vaccinations, the number and nature of vaccine complications, and the results of recording the response to vaccinations.

172. Emergency prevention involves the use of antibiotics, vaccines, sera, bacteriophages, chemotherapy drugs, immunoglobulins, interferons and other agents to prevent the risk of personnel contracting infectious diseases.

173. Vaccines and toxoids are used for emergency prevention of influenza, measles, mumps, diphtheria, meningococcal infection, tetanus, botulism, wound infections and rabies.

Immunoglobulins (globulins) are used to prevent: measles, smallpox, influenza, whooping cough, meningococcal infection, rabies, tick-borne encephalitis, viral hepatitis, poliomyelitis and anthrax.

Bacteriophages are prescribed for emergency prevention and treatment of typhoid fever, paratyphoid fever, cholera, dysentery, proteus and intestinal coli infection.

174. The decision on the massive use of emergency prophylaxis in difficult epidemic situations shall be taken by the military-medical service (department) of the branches, combat

arms, regional commands, after agreement with the MMMD of the Armed Forces of the Republic of Kazakhstan.

The use of emergency prophylaxis for individuals or small groups of military personnel is determined by the head of the military-medical service of the unit in agreement with the specialists of sanitary-epidemiological and treatment-and-prophylactic institutions.

On the use of emergency prophylaxis, notes are made in the medical books and vaccination cards of military personnel indicating the date, name, dose of the drug and for what purposes these remedies were used.

175. Preparations for immuno- and emergency prophylaxis are kept in pharmacies, in medical warehouses in compliance with the established storage conditions. During their transportation, the "cold chain" rule is observed.

176. Laboratory researches include sanitary and hygienic, microbiological, serological, parasitological, zoonomological, immunochemical, physical and other methods. They are carried out in a planned manner and according to epidemic indications.

177. The head of the military-medical service of the unit, together with the logistic service, plans to conduct laboratory tests in advance, coordinating the timing and procedure for the delivery of material with the specialists of the sanitary-epidemiological institution (subdivision). Such researches include: studies of water, washings from objects in the canteen, bacteriological control of quality of disinfection and sterilization, preventive examinations of food workers, water supply workers and those who have recovered from infectious diseases.

In the absence of the SEC subdivisions in the area where the military unit (institution) is located, laboratory tests are carried out in the territorial centers of sanitary-epidemiological expertise on a contractual basis.

Paragraph 12. Features of sanitary-antiepidemic and sanitary-prophylactic measures for certain infectious diseases (infections relevant to the troops)

178. Sanitary-antiepidemic and sanitary-prophylactic measures for infections relevant to the troops are carried out by the military-medical service.

179. Sanitary-epidemiological control over the morbidity of personnel with acute respiratory viral infections (influenza-like diseases, severe acute respiratory infections (hereinafter - ARI)), influenza and their complications (pneumonia) is carried out in the form of monitoring throughout the year and includes sanitary-antiepidemic and sanitary-preventive measures.

The main measures to prevent the massive spread of influenza and other ARIs among personnel shall be active detection and immediate isolation of patients, sanitary supervision over the placement of personnel, medical control over the implementation of hardening and restorative measures, immunization of personnel (in case of influenza).

Servicemen arriving in a unit from areas affected by influenza shall be subject to enhanced medical supervision for 3 calendar days.

Regular sanitary and educational work is organized among the personnel about measures to prevent and combat influenza and SARS, especially among the young recruits who have arrived at the military unit.

In military units and institutions, a daily record of cases of ARI, tonsillitis, influenza and their complications (pneumonia), as well as deaths associated with them, is kept on a daily basis, which is daily transferred to the SEC.

Chapter 5. The procedure for the supply of medicines and medical devices

180. The supply of medicines and medical devices (hereinafter- medical equipment) includes a complex of organizational-planned, production, operational, control measures carried out in order to timely and high-quality implementation of preventive, therapeutic, health-improving, rehabilitation medical measures, as well as maintaining combat and mobilization readiness of the military-medical service of the Armed Forces of the Republic of Kazakhstan.

181. The provision of troops with medical equipment is carried out in a centralized and decentralized manner through procurement at the expense of budgetary funds allocated according to the estimates of the Ministry of Defence of the Republic of Kazakhstan.

182. The provision of troops with medical equipment is carried out within the limits of budgetary funds allocated for these purposes.

183. The main measures for organizing the provision of medical equipment to a military unit and an institution are reflected in the annual plan.

184. The provision of troops with medical equipment is carried out in accordance with the legislation of the Republic of Kazakhstan, regulatory legal acts of the Republic of Kazakhstan, regulatory legal acts and official documents of the Ministry of Defence of the Republic of Kazakhstan.

185. Centralized provision of medical equipment to military units and institutions is carried out through medical supply institutions (medical warehouses, a base (separate department) for storing medical equipment and apparatus).

186. Military units and institutions (subdivisions), where the staff does not provide for pharmacies, are attached to military-medical institutions (medical subdivisions) in order to provide medical supplies by the order of the head of the garrison, commander of the regional command and branches of the armed forces equal to them and higher on the territorial principle, as agreed by the MMMD.

187. Distribution plans for the issuance of medical equipment from medical supply institutions (medical warehouses, a base (separate department) for storing medical equipment and apparatus), as well as from a military-medical institution, are formed in the MMMD in accordance with the submitted applications from military units and institutions.

The distribution of medicines and medical devices, including the superfluous ones, between military units and institutions of the Armed Forces of the Republic of Kazakhstan, which are not connected in the order of subordination, is carried out by the MMMD.

188. Plans for the distribution of medicines and medical devices within subordinate military units and institutions are carried out by the medical department (department, service) of the branches, combat arms, regional commands with simultaneous notification of the MMMD.

189. Medical equipment means:

- 1) medicinal product;
- 2) medical devices, which includes devices of medical purpose and medical apparatus;
- 3) consumables for medical devices;
- 4) a component of a medical device;
- 5) mobile medical complexes.

190. According to the order of use, medical equipment is subdivided into medical equipment for military purposes, special purposes and general purposes.

191. Medical equipment for military purposes includes medicines and medical devices used primarily in the conduct of hostilities for the provision of medical assistance to those affected by ionizing radiation and chemical warfare agents, as well as for pain relief in case of wounds and burns.

192. Medical equipment for special purposes includes vital and essential medicines and medical devices used to provide medical care to the wounded and sick in life-threatening conditions.

193. Medical equipment for general purposes includes medicines and medical devices used by the military- medical service of the Armed Forces to solve the tasks facing it, with the exception of medical equipment for military and special purposes.

194. Medical equipment in relation to the staff and timesheets to the staff of military units is subdivided into service equipment - accepted for supply of the Armed Forces of the Republic of Kazakhstan, included in the supply standards (stocks), staffs and timesheets to them, and non-service equipment - not included in the supply (stocks) standards, staffs and timesheets to them, but used in the conduct of preventive, therapeutic, health-improving, rehabilitation and other medical measures.

195. Medical equipment for its intended purpose is subdivided into medical equipment of current support, used in peacetime to carry out preventive, curative, recreational, rehabilitation and other medical measures in the conditions of daily activities, and medical equipment of emergency supplies, accumulated and kept in peacetime to provide mobilization deployment or transfer of troops (forces) to the staffs (organization) of wartime, rendering medical assistance to the wounded and sick during the conduct of hostilities in the initial period of the conflict.

196. According to the useful life, medical property is subdivided into fixed assets (inventory) and material stocks (expendable).

Fixed assets (inventory medical property) include material objects of property, regardless of their value, with a period of use over 12 months.

Material stocks (expendable medical equipment) include medical equipment used for a period not exceeding 12 months, regardless of its value.

Fixed assets (inventory medical equipment) are subdivided into the following categories according to the quality (technical) condition:

first category – new, not in use, new, not in use, with a shelf life of up to 5 years, technically serviceable;

the second category is suitable, used or in operation, suitable for the use for its intended purpose, out of repair or requiring current repairs, used or new with a shelf life of 5 to 10 years, as well as repaired, technically serviceable;

the third category - those requiring medium repair, requiring medium repair, or new with a shelf life of 10 to 15 years;

the fourth category - those requiring major repairs, it includes only medical equipment, blocks, units that are complex in design, requiring medium repair or new ones with a shelf life of more than 15 years;

the fifth category (subject to writing off) - unfit for further use for its intended purpose, the repair of which is impossible due to its technical condition or economically inexpedient; unusable, restoration that is impossible or impractical.

197. Material stocks (expendable medical equipment) are subdivided according to their quality condition into usable and unusable for their intended purpose.

198. Accumulation, storage, maintenance, use of inviolable stocks of medical equipment in the Armed Forces of the Republic of Kazakhstan is carried out in accordance with the objectives of the mobilization deployment.

199. According to the peculiarities of accumulation and maintenance in inviolable stocks, medical equipment is subdivided into medical equipment stored in stocks, dual-use medical equipment and medical equipment subject to replenishment during a special period.

200. Medical equipment stored in stocks includes medical equipment, the established expiration dates of which allow it to be stored in inviolable stocks for at least two years, the volume of accumulation - to periodically refresh it at the expense of all available resources of medical equipment, the storage of which does not require special conditions.

201. Dual-use medical equipment includes medical devices produced according to unified requirements for use in medical practice in peacetime and wartime, used in daily activities in peacetime and credited to the security of military units during the mobilization deployment or transfer of military units to the staffs (organizations) of wartime.

202. Medical equipment subject to replenishment during a special period include medicines and medical devices with established shelf life of up to two years, the volumes of

accumulation of which in inviolable reserves exceeds the needs of the military-medical service of military units in peacetime.

203. The turnover of narcotic drugs, psychotropic substances and precursors, as well as measures to counteract their illegal turnover in order to protect the health of citizens, state and public security, in military units and institutions of the Armed Forces of the Republic of Kazakhstan, shall be carried out in accordance with the current legislation of the Republic of Kazakhstan in the field of counteracting against illegal traffic in narcotic drugs, psychotropic substances and precursors.

204. The procedure for the use of narcotic drugs and psychotropic substances by military units of the Armed Forces of the Republic of Kazakhstan when participating in armed conflicts, operational combat activities, and the performance of combat missions shall be determined by the conditions for fulfilling the assigned tasks.

205. The provision of military units and institutions with immunobiological medicines intended for the prevention of diseases shall be carried out through the SEC. Medical immunobiological preparations intended for immunization of diseases are demanded by military units and institutions based on actual needs and seasonal morbidity, based on the number of military personnel subject to immunization.

206. When planning the measures of daily activities, the staffing (timetable) and actual need for medical equipment shall be determined.

207. Determination of the staffing (timetable) need for medical equipment shall be made on the basis of the staffs and timesheets for the staffs of military units and institutions, as well as the norms for the supply of medical equipment and property of military units, military-medical institutions of the Armed Forces of the Republic of Kazakhstan, approved by order of the Minister of Defence of the Republic of Kazakhstan dated October 28, 2015 № 609 (registered in the Register of state registration of regulatory legal acts № 12831).

208. In military-medical institutions, when determining the staff (timetable) need for medical equipment, the staff (timetable) need of military units assigned to medical supplies in accordance with the territorial system of medical support shall be taken into account.

209. Determination of the actual need for medical equipment in a military unit and institution shall be carried out taking into account:

- 1) average consumption for previous years;
- 2) planned preventive, curative, health-improving, rehabilitation and other medical measures;
- 3) the balance at the end of the reporting period;
- 4) the technical (quality) state of medical equipment;
- 5) the level and structure of the morbidity of military personnel.

210. The military unit in a planned manner claims medical equipment once a year according to the established reporting and application documents.

211. A list of medical devices is attached to the reporting and application documents, requiring preliminary preparation of premises for installation with the implementation of repair and construction works, as well as commissioning by suppliers.

212. Determination of the need for medical equipment is carried out with obligatory participation of specialized specialists of military-medical (medical) units.

213. Specialized specialists of military-medical (medical) units shall agree on the nomenclature and quantity of medical equipment claimed in a centralized manner, priority areas for the use of funds in decentralized procurement of medical equipment, requirements for the quality and medical-technical characteristics of medical equipment. The approval sheet for the need for medical equipment shall be signed by specialized specialists and attached to the set of reporting and application documents.

214. Medical equipment is claimed in a planned manner once a year according to the reporting and application documents for:

- 1) ensuring the measures of daily activities (current provision);
- 2) accumulation, replenishment of defecation, refreshment and replacement of inviolable stocks of medical equipment.

215. Claiming of medical property of the current supply in a planned manner shall be carried out according to the report-application. The names of medical equipment items, their units of measurement are indicated in the application report in accordance with the supply standards.

216. Simultaneously with the application report, an explanatory note is submitted, and military-medical institutions shall also submit an agreement sheet signed by specialized specialists.

217. The explanatory note to the application report indicates:

- 1) postal and bank details;
- 2) work and mobile phones of medical supply specialists;
- 3) name of the railway station for the supply of containers, wagon consignments, shipments at freight and passenger speeds;
- 4) the number of personnel of a military unit and institution;
- 5) the number of personnel of a military unit and institution attached to the military unit and institution for medical support;
- 6) the number of full-time and deployed beds, the presence of full-time special departments and offices, the number and qualifications of medical personnel;
- 7) the numbers and the number of norms, according to which the service requirement for medical equipment is calculated;
- 8) a list of medical equipment, claimed in quantities exceeding the service requirement, and the reasons for the excess demand, as well as property that was not included in the application report;
- 9) information on the results of economical and rational use of medical equipment;

10) information on shortages, theft and damage to medical property, as well as the reasons for their occurrence;

11) the results of implementation of measures to ensure the safety of narcotic drugs, psychotropic substances and precursors, information about their theft and causes of occurrence;

12) information on the availability of medical supply units;

13) information on the availability and improvement of medical supply personnel;

14) justification for writing off medical equipment that has not served the established terms of service;

15) the procedure for maintenance and repair of medical equipment;

16) the results of decentralized procurement of medical equipment;

17) information on the provision of medical equipment;

18) the primary needs of a military unit (institution) in medical equipment.

218. The report-application of a military medical institution and a military unit includes medical equipment for military units and institutions attached to medical supplies.

219. Unscheduled reclamation of medical equipment shall be carried out in cases of impossibility to satisfy the arisen need at the expense of stocks of medical equipment of current support:

1) for provision of new formations;

2) when changing the organizational and staff structure with an increase in the number of personnel, the number of beds and functional units;

3) for ensuring medical measures in the elimination of medical and sanitary consequences of emergencies, natural disasters and catastrophes;

4) with a sharp deterioration in the sanitary-epidemic situation in the areas of deployment of troops (forces) and the need to carry out anti-epidemic (preventive) and other medical measures;

5) to provide special (unscheduled) command assignments.

220. An application for unscheduled reclamation of medical equipment shall be drawn up in the form of a report-application with filling in all the established columns. An explanatory note with a detailed justification of the reasons for the unscheduled reclamation of medical equipment shall be attached to the application for unscheduled reclamation of medical equipment. The application and the explanatory note shall be signed by the commander of the military unit and the head of the military-medical service of a military unit and institution.

221. Unjustified reclamation of medical equipment in excess of the established norms shall not be allowed.

222. The acceptance of medical equipment in a military unit and institution from suppliers of medical equipment, other military units and institutions shall be carried out by the commission by filling out the relevant acceptance certificate.

223. Subject-quantitative accounting of medical equipment is maintained in medical units. In the department (branch) of medical supplies, the pharmacy of the military unit, the subject-quantitative accounting of medical equipment is conducted as a whole for the military unit and institution and for each medical unit.

224. In the medical department (branch, service) of the branches, combat arms, regional commands, subject-quantitative accounting of medical equipment is kept for subordinate military units and institutions (if there is a full-time specialist on the issues of organization the supply of medical equipment).

225. In military-medical institutions (medical subdivisions), accounting of medical equipment of current support and emergency supplies is kept separately.

226. Storage of medical equipment consists in systematic work to ensure its safety in quantitative and qualitative terms, keeping it in readiness for timely delivery (shipment) and use for its intended purpose.

227. The safety of medical equipment is ensured by:

- 1) availability, condition and equipment of storage places;
- 2) systematization and placement of medical equipment;
- 3) knowledge of the military-medical service and, within the limits of their functional duties of properties of the stored medical equipment, the procedure for control its quality condition by officials;
- 4) compliance with the storage conditions established in the regulatory (normative and technical) documentation of the organization-manufacturer;
- 5) timely conduct of inspections, analyzes, tests, maintenance, conservation (re-preservation) and refreshment;
- 6) keeping records and conducting control measures;
- 7) compliance with the rules for fire safety and sanitary-hygienic regime.

228. The readiness of medical equipment for timely delivery (shipment) is ensured by:

- 1) the presence and maintenance of access roads to the places of storage of property;
- 2) rational placement of medical equipment;
- 3) the use of means of automation and mechanization of labor-intensive production processes;
- 4) knowledge of the nomenclature of stored medical equipment, its location by officials;
- 5) the development and use of practical skills when performing loading and unloading operations for various types of transport;
- 6) the availability and maintenance of mechanization means in readiness for use.

229. The release of medical equipment and its movement between military units and institutions that are part of the types, combat arms and regional command, as well as structural subdivisions of the Armed Forces of the Republic of Kazakhstan shall be carried out on the basis of primary accounting documents drawn up in the corresponding types, combat arms and regional commands, structural divisions of the Armed Forces of the RK.

230. The release of medical equipment to military units, institutions and subdivisions assigned to medical supplies shall be carried out on the basis of primary registration documents drawn up in the given military unit and institution.

231. The release of medical equipment to military units (subdivisions) that are part of the formation shall be carried out on the basis of primary registration documents signed by the relevant officials.

232. The transfer of medical equipment from one functional subdivision of a military unit to another shall be carried out on the basis of primary registration documents signed by the commander of the military unit and the person responsible for providing medical equipment to the military unit.

233. The release (issue) of narcotic drugs, psychotropic substances and precursors, as well as ethyl alcohol in military units shall be drawn up by separate prescriptions or invoices, which are endorsed by the commander of the military unit.

234. For the provision of medical assistance on an outpatient basis, medicines and other expendable medical equipment are dispensed to the patient from the pharmacy of the unit (military unit) according to a prescription issued by the doctor of the unit (military unit). According to a prescription issued by a doctor of another unit (military unit), medicines and other expendable medical equipment are dispensed with a visa:

- 1) in the unit (military unit) – of the head of the military-medical service;
- 2) in a military-medical organization – of the deputy head of the organization for the medical part.

235. In emergency cases, medical equipment is released on the basis of a telegram (telephone messages) from a higher military command and control body with the subsequent mandatory confirmation of the release of medical property by primary accounting documents.

236. In the event of emergencies and the absence of communication with the higher authority of the military command, the head of the military-medical institution independently decides on the release of medical equipment, which is immediately reported on command when communication is restored. This decision is confirmed by primary accounting documents drawn up in the prescribed manner.

237. For newly built and reconstructed objects of the military-medical service, medical technology and equipment are supplied by construction organizations. The medical and technical assignment for equipping the military-medical service facilities under construction or being reconstructed with medical devices and equipment shall be developed by the higher military command body.

238. Manuals, methodological aids, recommendations, instructions and other medical literature supplied to a military unit shall be strictly registered in a pharmacy along with medical inventory and issued by issuance cards (except for publications intended to promote hygienic knowledge and a healthy lifestyle).

Chapter 6. The procedure for carrying out the expertise in the field of healthcare

239. The following types of expertise in the field of healthcare are carried out in military-medical units:

- expertise of temporary disability;
- military-medical expertise;
- forensic, forensic-psychiatric examination;
- sanitary and epidemiological expertise.

240. The expertise of temporary disability of servicemen in military-medical units provides for temporary exemption from military service duties, or partial or complete exemption from trainings and works for more than six days in accordance with paragraph 322 of the CIS.

The provision of temporary exemption from the performance of military service duties, or partial or complete exemption from classes and works due to illness for a longer period shall be carried out in accordance with the Rules for military- medical expertise.

241. The expertise of temporary disability of the attached contingent (except for military personnel) in military-medical subdivisions shall be carried out in accordance with the order of the Minister of Healthcare of the Republic of Kazakhstan dated November 18, 2020 № KR HM-198/2020 "On approval of the rules for conducting the expertise of temporary disability, as well as issuing a sheet or a certificate of temporary disability "(registered in the Register of state registration of regulatory legal acts under № 21660).

242. In the Armed Forces of the Republic of Kazakhstan, a military-medical expertise is carried out to determine:

- 1) the category of fitness of citizens for military service, as well as for military training or for accounting purposes for health reasons;
- 2) the causal relationship of diseases, injuries (wounds, traumas, contusions) (hereinafter - injuries) and death (death) among citizens in connection with the passage (performance of duties) by them of military service, service in military trainings;
- 3) the severity of injuries that did not entail disability received by military personnel in the performance of military service duties;
- 4) psychophysiological qualities of the personality of citizens entering the state aviation and aviation personnel.

The procedure for conducting military-medical expertise, as well as the composition and powers of the military-medical expertise commission shall be determined by the Rules for military-medical expertise.

243. Forensic medical and forensic psychiatric expertises in the Armed Forces of the Republic of Kazakhstan shall be carried out in military-medical units that have a corresponding subdivision (laboratory, office).

When conducting a forensic medical, forensic psychiatric expertise, the military-medical unit is guided by the procedure for organizing the indicated types of forensic expertise and conducting forensic-expert researches established by the legislation of the Republic of Kazakhstan on forensic-expert activity.

244. Sanitary-epidemiological institutions carry out a complex of organoleptic, sanitary-hygienic, epidemiological, microbiological, virological, parasitological, sanitary-chemical, biochemical, toxicological, radiological, radiometric, dosimetric measurements of physical factors, other studies, as well as expertise of projects in order to assess compliance of projects, products, military facilities with regulatory legal acts in the field of sanitary-epidemiological welfare of the population and hygienic standards.

When conducting a sanitary-epidemiological expertise, sanitary and epidemiological institutions are guided by the current legislation in the field of sanitary-epidemiological welfare of the population.

Chapter 7. Organization of scientific-methodological developments and training on military medicine

245. Scientific developments on military medicine are carried out by specialists of military-medical units in accordance with the current legislation of the Republic of Kazakhstan.

246. Methodological developments (recommendations, manuals) on military medicine are carried out in accordance with the annual plan developed by the MMMD, which specifies the topic, deadline, and executor of the methodological development (recommendations, manuals).

Projects of methodological developments on military medicine are considered and agreed upon by specialized specialists, and approved by the head of the MMMD, which are used in the work of military-medical units for leadership and work.

247. Training of medical and pharmaceutical personnel of military-medical (medical) units includes:

- postgraduate medical and pharmaceutical education: residency, magistracy and doctoral studies;

- obtaining an additional volume of knowledge and skills through additional and non-formal education by specialists;

- combat training in the training system of military-medical units;

- hospital medical conferences.

248. Postgraduate medical and pharmaceutical education (residency, magistracy and doctoral studies) of medical and pharmaceutical personnel of military-medical (medical) units is carried out in organizations of medical and pharmaceutical education and at medical and pharmaceutical faculties of educational organizations that implement postgraduate education programs in accordance with the legislation of the Republic Kazakhstan.

249. Sending to foreign military educational institutions for training in programs of postgraduate medical and pharmaceutical education is carried out in accordance with the order of the Minister of Defence of the Republic of Kazakhstan dated July 20, 2017 № 371 “On approval of the Rules for the selection of military personnel of the Armed Forces of the Republic of Kazakhstan for training in foreign military educational institutions ”(Registered in the Register of state registration of regulatory legal acts under № 15539).

250. Additional and non-formal education of medical and pharmaceutical personnel of military-medical (medical) units is organized:

in organizations implementing programs of additional and non-formal medical and pharmaceutical education, subordinate to the Ministry of Defence on a gratuitous basis;

in other organizations implementing programs of additional and non-formal medical and pharmaceutical education at the expense of money allocated from the budget for these purposes, as well as at the expense of their own funds and other funds not prohibited by the legislation of the Republic of Kazakhstan.

251. Internship of medical and pharmaceutical personnel of military-medical (medical) units is organized by sending specialists to military hospitals (infirmaries), as well as to national and scientific centers, scientific-research institutes, clinical bases, clinics of educational organizations.

Internship of medical and pharmaceutical personnel of military-medical (medical) units is carried out by working secondment (up to ten days) or by bringing on duty of doctors of a medical company (platoon, departments) and a medical center of a military unit (subdivision) and institution, a military clinic, a laboratory of aviation medicine to military hospitals (infirmaries).

The internship is organized by the head of a military hospital (infirmary) as agreed by the commanders (chiefs) of military units (subdivisions) and institutions, taking into account the territorial principle that does not require travel expenses.

The internship involves medical personnel who have a specialist certificate confirming their readiness for clinical practice (work with patients).

Each case of involving medical personnel for internships is formalized by the order of the commander (chief) of a military unit (subdivision) and institution, as well as the head of a military hospital (infirmary).

252. The planning of additional and non-formal education of medical and pharmaceutical personnel of military-medical (medical) units is carried out by the MMMD on the basis of applications received from military units and institutions.

Sending of medical and pharmaceutical personnel to foreign military educational institutions for training in programs of additional and non-formal education shall be carried out within the framework of an agreement (agreement, contract) signed between the parties.

253. Combat training of medical and pharmaceutical personnel is organized by the respective commanders and chiefs in accordance with combat training programs developed by medical command units for subordinate military units and institutions.

254. Hospital medical conferences are organized and held at least once a quarter by the head of the military hospital (infirmary) in order to summarize the medical support of the assigned contingent, discuss and analyze defects in the provision of medical care, as well as inform the medical staff about new achievements in medical science and clinical practice.

255. Military-medical training of servicemen (not medical personnel) of the Armed Forces of the Republic of Kazakhstan is organized by commanders of subdivisions in classrooms equipped with stands and visual aids in accordance with the topic, as well as with special equipment and training equipment.

256. Military-medical training is carried out by medical or non-medical (trained) personnel in accordance with the combat training program of a military unit (subdivision) and institution.

257. Military-medical training includes:

1) teaching the rules and techniques of first aid (restoration of cardiac activity and breathing; stopping bleeding; immobilization in case of fractures, applying bandages and dressings to wounds, including burns), instilling skills in their conduct;

2) teaching the rules of using a first aid kit, as well as the use of available tools for first aid;

3) teaching the rules and techniques of tracing, extracting from military equipment and hard-to-reach places, carrying and transporting the wounded and injured and instilling skills in carrying out these activities;

4) teaching the rules of behavior and preventive measures in conditions of contamination with radioactive, toxic substances and bacterial agents, including the methods and rules for conducting partial sanitization.

These issues are common to all servicemen of military units and institutions, are studied with varying degrees of detail, taking into account the specific features of the tasks performed and the conditions of training and combat activities.

258. Preparation of certified trainers for training personnel in first aid skills shall be carried out in accordance with the order of the Minister of Healthcare of the Republic of Kazakhstan dated October 19, 2020 № KR HM-138/2020 "On approval of the rules for teaching citizens of the Republic of Kazakhstan first aid skills, as well as the list of emergency and urgent conditions in which first aid is provided "(registered in the Register of state registration of regulatory legal acts under № 21464).

Corner seal of a military
unit and institution

To the chief (commander)

(name of military-
medical institution
is indicated)

Referral to inpatient treatment

1. Referred for inpatient treatment _____

(indicate the name of the profile department where treatment is planned)

2. Surname, name, patronymic (if any) _____

3. Individual identification number _____

4. Military rank _____

5. Date of birth _____

6. Military unit and institution _____

7. Position _____

8. Preliminary diagnosis _____

9. Date of referral _____

10. Information about the preliminary agreement of hospitalization _____

Commander (chief) _____

(military rank, signature, initials of name, surname)

Chief of the military-medical service (doctor, paramedic, nurse)

(military unit and institution)

— (military rank, signature, initials of name, surname)

S.P.

(official seal
of military unit
and institution)

Appendix 2
to the Rules for military-
medical (medical) support
in the Armed Forces of the
Republic of Kazakhstan

Medical indications for providing sanatorium-resort treatment to military personnel

1. Diseases of the blood, blood-forming organs and certain disorders involving the immune mechanism:

hemolytic anemias with a long-term positive effect of treatment;

anemia associated with nutrition (iron deficiency, vitamin B12-deficiency, folic acid deficiency and others) of moderate, severe degree with insufficient treatment effectiveness;

thrombocytopathy, coagulopathy with a long-term positive effect of treatment without thrombosis, hemorrhagic manifestations;

conditions after non-systemic blood diseases after completion of the full course of therapy

;

conditions after splenectomy;

blood clotting disorders, purpura and other hemorrhagic conditions (von Willebrand disease, Schönlein-Henoch disease and others) in remission.

2. Diseases of the endocrine system, eating disorders and metabolic disorders:

euthyroid goiter of I - II degree;

mild reversible forms of diffuse toxic goiter;

condition after medical procedures on the endocrine gland with clinical and hormonal compensation;

type 2 diabetes mellitus, in which the glycemia during the day does not exceed 8.9 mmol/liter and (or) glycosylated hemoglobin is equal to or less than 7.5 percent, in the absence of late complications;

chronic fibrous and autoimmune thyroiditis without dysfunction of the thyroid gland.

3. Mental and behavioral disorders:

asthenic disorders resulting from an acute somatic illness or neurotic disorder.

4. Diseases of the nervous system:

residual effects after suffering tick-borne, post-influenza, vaccine, rheumatic and other forms of encephalitis, consequences and residual effects of damage to the central nervous system with minor symptoms of asthenization, vegetative-vascular instability and individual persistent scattered organic signs;

stage I discirculatory encephalopathy;

rare transient disorders of cerebral circulation (transient cerebral ischemia, hypertensive cerebral crises) accompanied by unstable focal symptoms from the central nervous system without dysfunction;

initial manifestations of cerebrovascular insufficiency;

various forms of migraine without frequent attacks;

long-term consequences of brain or spinal cord injuries;

primary and secondary lesions of individual cranial nerves, nerve roots and plexuses, polyneuropathy and other lesions of the peripheral nervous system (with rare exacerbations, moderate (minor) limb dysfunction or residual manifestations);

the consequences of trauma to the cranial and peripheral nerves (with minor dysfunction of the limbs or residual manifestations);

conditions after acute infectious, parasitic and other diseases, intoxication lesions and injuries of the nervous system, as well as acute vascular diseases of the brain or spinal cord not earlier than 2 months later.

5. Diseases of the eye and adnexa:

primary glaucoma in the initial stage, with a normal level of intraocular pressure (with the conclusion of an ophthalmologist);

conditions after undergoing reconstructive operations for severe wounds, contusions and burns of the eyes;

conditions after optical reconstruction operations not earlier than a month later;

consequences of retinal detachment (rupture) of the retina of traumatic etiology, diseases of the retina of a dystrophic nature, partial atrophy of the optic nerve with a non-progressive and compensated state of visual function.

6. Diseases of the ear and mastoid process:

condition after a radical operation on the ear performed 6 or more months ago with complete epidermisation of the postoperative cavity;

persistent hearing loss during the perception of whispering speech by at least 1 meter;

the consequences of the transferred barotrauma.

7. Diseases of the circulatory system:

conditions after non-rheumatic myocarditis at the end of acute events in the stage of stable remission with CHF not higher than I FC ;

condition after successful ablation (radiofrequency and other) in the next 2 years after the operation;

stable angina pectoris with rare attacks with significant physical exertion, with CHF not higher than I FC, without disturbances in heart rhythm and conduction;
condition after undergoing coronary angioplasty (stenting) with CHF not higher than I FC
;

arterial hypertension of I - II degrees in the absence of clinically manifest cardiovascular or renal disease (CKD stage 3 and higher), without pronounced disorders of heart rhythm and conduction;

chronic hemorrhoids stage II (not higher), as well as the condition after surgical treatment of hemorrhoids in the next 2 years after surgery;

obliterating endarteritis, thromboangiitis, atherosclerosis of the vessels of the lower extremities, stage I;

chronic venous diseases C2-C3 (CEAP classification);

elephantiasis not higher than II degree;

condition after operations on the main and peripheral vessels without circulatory disorders (in the next 2 years after the operation).

8. Diseases of the respiratory system:

chronic non-suppurative diseases of the paranasal sinuses (catarrhal, serous, vasomotor and other non-suppurative forms of sinusitis) without signs of dystrophy of the tissues of the upper respiratory tract, without frequent exacerbations, as well as hyperplastic sinusitis and cysts of the maxillary sinuses;

pollinosis with predominant manifestations of respiratory allergosis in the remission phase
;

chronic bronchitis in the phase of remission without bronchiectasis with respiratory failure not higher than I degree;

bronchial asthma mild persistent and intermittent;

state after pneumonia in severe or complicated or prolonged course with respiratory failure not higher than I degree (within a year after recovery);

state after surgery on the bronchopulmonary apparatus for a disease (trauma, wounds), with a strengthened postoperative scar, with respiratory failure not higher than I degree (in the next 2 years after the operation).

9. Diseases of the digestive system:

gastroesophageal reflux disease not higher than stage III without exacerbation;

chronic recurrent nonspecific ulcerative colitis without exacerbation;

chronic paraproctitis, proceeding without exacerbation;

peptic ulcer of the stomach or duodenum, in the phase of remission or damping exacerbation without disturbing the motor function of the stomach, a tendency to bleeding, penetration and malignancy;

chronic gastritis with frequent exacerbations, in the phase of remission;

chronic cholecystitis with frequent exacerbations that do not require hospital treatment, in remission;

cholelithiasis without exacerbation, with the exception of forms requiring surgical intervention (multiple or large single calculi, obstruction of the biliary tract);

chronic pancreatitis in a compensated stage without exacerbation;

chronic hepatitis without impaired liver function and (or) with its minimal activity;

state after acute viral hepatitis in the presence of residual effects;

state after surgery on the abdominal organs for a disease (trauma, wounds), with a strengthened postoperative scar, without pronounced functional impairment (in the next 2 years after the operation).

10. Diseases of the skin and subcutaneous tissue:

widespread psoriasis in stationary and regressive stages;

recurrent limited forms of eczema or psoriasis without exacerbation;

recurrent urticaria and (or) erythema without exacerbation.

11. Diseases of the musculoskeletal system and connective tissue:

infectious arthropathies, inflammatory polyarthropathies and other inflammatory spondylopathies (with rare exacerbations) in remission;

osteomyelitis with rare exacerbations in the absence of sequestral cavities and sequesters;

habitual dislocation, instability of large joints;

osteoarthritis of large joints;

chronic synovitis and bursitis of various localization, tendovaginitis, periodically exacerbated and secondary synovitis;

inflammatory diseases of muscles, tendons, fascia and neuromyositis of various localization;

periodically exacerbating muscle lesions (infectious, toxic and traumatic origin);

osteocondrosis of the spine with and without secondary neurological disorders (in the presence of an exacerbation in the previous 2 years);

spondylosis, spondyloarthrosis, interspinous arthrosis, without sharp restrictions on the mobility of the spine, accompanied by local and reflected syndromes;

consequences of spinal fractures;

consequences of fractures of the bones of the trunk and limbs with delayed consolidation;

condition after surgery for post-traumatic limb deformities;

post-traumatic (post-burn) contractures, including those after reconstructive operations.

12. Diseases of the genitourinary system:

condition after suffering acute glomerular (tubulointerstitial) kidney disease (in the next 2 years after recovery);

chronic kidney disease with little or no dysfunction;

chronic pyelonephritis without exacerbation;

urolithiasis disease;

chronic prostatitis, orchiepididymitis in remission (in the presence of an exacerbation in the previous 2 years);

state after surgical treatment of urolithiasis not earlier than 3 months after the removal of calculi.

inflammatory diseases of the female genital organs with minor (moderate) clinical manifestations in remission (in the presence of an exacerbation in the previous 2 years);

endometriosis with clinical manifestations (stages I-III) in remission (in the presence of exacerbation in the previous 2 years);

violations of ovarian-menstrual function (amenorrhea, menorrhagia, hypomenorrhea, algomenorrhea);

infertility (first 3 years after diagnosis);

condition after surgical treatment of diseases of the female genital organs (in the next 2 years after the operation).

13. Other indications:

consequences of poisoning with drugs, rocket fuel components, other toxic substances;

acute or chronic exposure to electromagnetic fields, laser and (or) ionizing radiation;

consequences of unfavorable flight factors (for pilots, navigators and flight crew members);

upon return from a peacekeeping operation (within a year after return).

Appendix 3
to the Rules for military-
medical (medical) support
in the Armed Forces of the
Republic of Kazakhstan
Form

Corner seal of a military
unit and institution

Referral to sanatorium-resort treatment

1. Referred to _____

(indicate the name of sanatorium-resort organization)

2. Surname, name, patronymic (if any) _____

3. Individual identification number _____

4. Military rank _____

5. Date of birth _____

6. Length of service (for persons dismissed from military service) _____

7. Military unit and institution _____

8. Indications for sanatorium-resort treatment _____

9. Date of arrival at the sanatorium _____

Commander (chief) _____

(military rank, signature, initials of name and surname)

S.P.

(official seal of
military unit and
institution)

Appendix 4
to the Rules for military
medical (medical) support
in the Armed Forces of the
Republic of Kazakhstan

General contraindications for referral to sanatorium-resort treatment

1. Frequent or profuse bleeding of various origins, severe anemia with hemoglobin levels less than 80 g/l.

2. Frequent generalized convulsions of various etiologies.

3. Acute infectious diseases.

4. Active stage of all forms of tuberculosis.

5. Malignant neoplasms (stages III-IV).

6. Lack of respiratory function more than III degree.

7. Febrile fever or subfebrile fever of unknown origin.

8. Presence of complex concomitant diseases.

9. Diseases in the stage of decompensation, namely, uncorrectable metabolic diseases (diabetes mellitus, myxedema, thyrotoxicosis and others), functional liver and pancreatic insufficiency of the III degree.

10. Sexually transmitted diseases (syphilis, gonorrhea, trichomoniasis and others).

11. Purulent skin diseases, contagious skin diseases (scabies, fungal diseases and others).

12. Mental and behavioral disorders - psychopathological conditions that require hospital treatment.

13. Complicated heart rhythm disturbances, HF according to FC IV according to NYHA classification.

14. Various purulent (pulmonary) diseases, with significant intoxication.

15. Echinococcus of any localization and other parasites.

16. Acute osteomyelitis.

17. Acute deep vein thrombosis.

18. In the presence of other concomitant diseases that prevent active participation in the rehabilitation program for 2-3 hours a day