

HEADQUARTERS, DEPARTMENT OF THE ARMY

ARTEP 8-705-MTP

MISSION TRAINING PLAN for the COMBAT SUPPORT HOSPITAL



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Mission Training Plan For The Combat Support Hospital

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Appendix F**Chemical, Biological, Radiological, Nuclear, and High-Yield Explosive (CBRNE) Incident and the Federal Response Plan**

CBRNE incidents are deliberate or unintentional events with the potential to produce catastrophic loss of life or property or strike terror in the affected population. An incident may occur in the United States (US) or overseas. This appendix briefly addresses how the federal government might respond with Department of Defense (DOD) assets in the event of a CBRNE incident. The military's role in Domestic Support Operations (DSO) and for support of a CBRNE/Weapons of Mass Destruction (WMD) (Crisis Management and Consequence Management) are also briefly discussed.

1. Introduction. The military's role in domestic emergencies is well defined and, by law, is limited in scope and duration. Military resources temporarily support and augment, but do not replace local, state, and federal civilian agencies that have primary authority and responsibility for domestic disaster assistance.

a. **Constitutional Responsibility.** The US Constitution allows for the use of the military to execute or enforce the law when necessary to protect federal or civilian property and functions.

b. **Stafford Act** (Public Law 93-288, 42 United States Code 5121) (<http://www.fema.gov/rrr/pa/pa009>). This act gives the federal government the authority to respond to disasters and emergencies in order to provide assistance to save lives and protect public health, safety, and property.

c. **Command Authority.** In the event of an emergency or an attack (as described in Department of Defense Directives 3025.1 and 3025.15), a commander may legally assist civil authorities or the public to save lives, prevent human suffering, or mitigate great property damage under immediate serious conditions before a Presidential declaration of a major disaster or emergency.

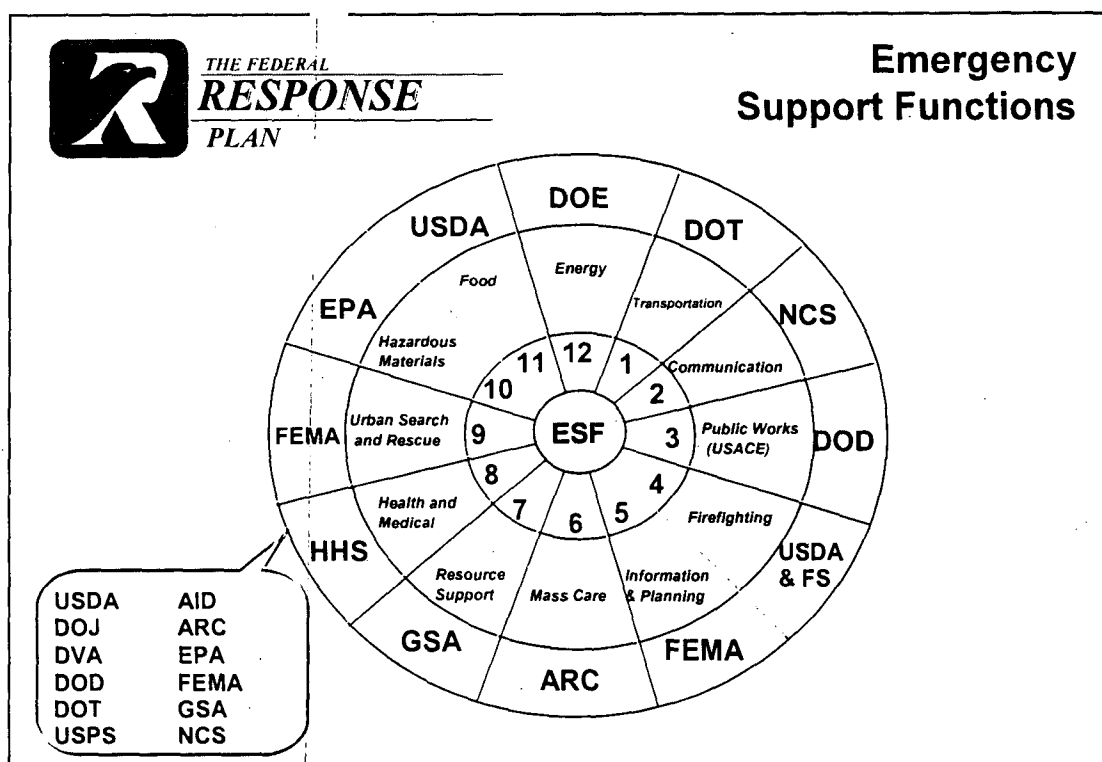
d. **Presidential Decision Directive 39** (<http://www.fas.org/irp/offdocs/pdd/index.html>). Sets U.S. policy on counter-terrorism, provides the means to reduce the Nation's vulnerability to terrorism, and defines crisis and consequence management. Designates the overall Lead Federal Agent (LFA) to the Department of Justice (DOJ) for all threats or acts of terrorism that take place within the United States (US). The DOJ delegates this overall role to the Federal Bureau of Investigation (FBI) for the crisis management response until the Attorney General transfers the overall LFA to the Federal Emergency Management Agency (FEMA) for the consequence management response.

e. **Crisis Management:** Includes measures to identify, acquire, and plan the use of resources needed to anticipate, prevent, and/or resolve a threat or an act of terrorism. Technical operations include actions to identify, assess, dismantle, transfer, dispose of, or decontaminate personnel and property exposed to explosive ordnance or CBRNE/WMD. Crisis management is predominantly a law-enforcement response.

f. **Consequence Management:** Includes measures to protect public health and safety, restore essential government services, and provide emergency relief to governments, businesses, and individuals affected by the consequences of terrorism. The laws of the US assign primary authority to the states to respond to the consequences of terrorism, and the federal government provides assistance, as required.

2. Federal Response.

a. When directed to do so, DOD responds to domestic emergencies according to the Federal Response Plan (FRP) (<http://www.fema.gov/rrr/frp>) and other supporting plans. Coordinated by FEMA, the FRP is the most important of these plans. The FRP is an umbrella plan to guide federal support to state and local governments. The FRP identifies twelve Emergency Support Function (ESFs) and designates the responsible agency or department as shown below. Within ESF-8, with the Department of Health and Human Services as the lead agency, DOD may be called on to provide support in one or more of the following fifteen areas: (1) Assessment of health/medical needs, (2) Health surveillance, (3) Health care personnel, (4) Health/ medical equipment and supplies, (5) Patient evacuation; (6) In-hospital care; (7) Food/drug/medical device safety; (8) Worker health/safety, (9) Radiological/chemical/biological hazards consultation, (10) Mental health care, (11) Public health information, (12) Vector control, (13) Potable water/wastewater and solid waste disposal, (14) Victim identification/mortuary services, (15) and Veterinary services.



b. Following a Presidential declaration of an emergency or a disaster declaration under the provision of the FRP, the President appoints a Federal Coordinating Officer (FCO) to manage the federal assistance efforts. The Defense Coordinating Officer (DCO) is appointed by the supporting commander in chief (CINC) and serves as the principal DOD point of contact at the Disaster Field Office (DFO) for providing military support. The commander, US Joint Forces Commander, as the lead operational authority, may task a US Continental Army (First or Fifth Army) to conduct planning and coordination for disasters and domestic emergencies as well as to appoint DCOs following a disaster declaration. The DCO supervises the defense coordinating element and, at the discretion of the CINC, the DCO may assume control of all federal military units involved in the disaster. However, the severity of an incident could warrant the rendering of comprehensive support.

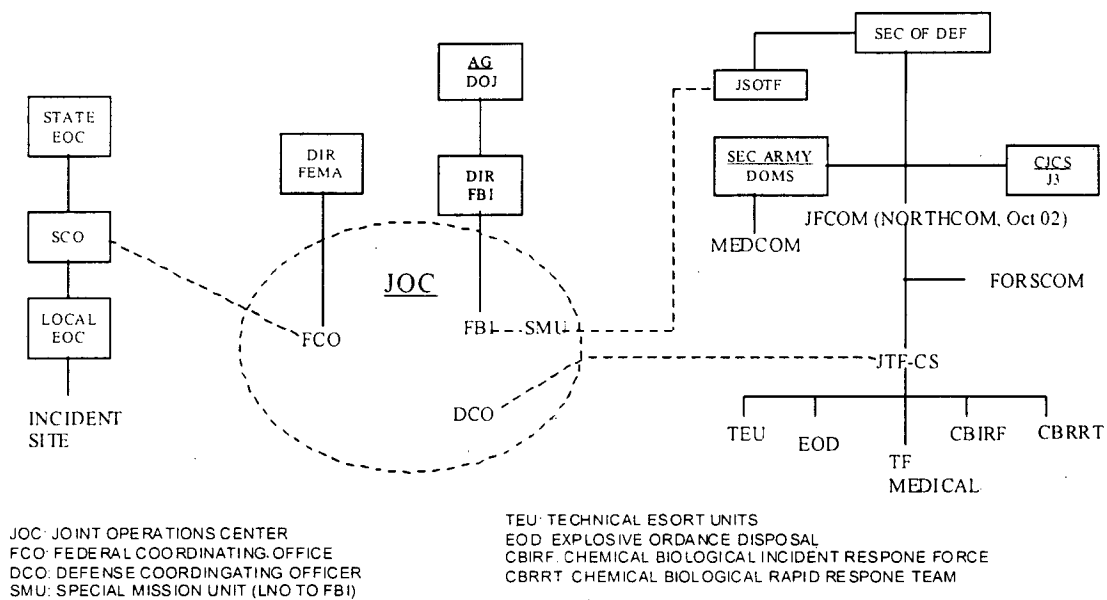
(1) Joint Task Force-Civil Support (JTF-CS). The Secretary of Defense establishes the JTF-CS to support the LFAs in responding to CBRNE/WMD threats, incidents, and national security special events. The JTF-CS uses a small permanent staff to execute daily operations in planning and preparing for the DOD's crisis and consequence management response. Once deployed, the Joint Task Force (JTF) is augmented with trained staff personnel to perform the necessary functions required of a deployed JTF headquarters.

(2) Domestic Support Operations. DSOs are generally conducted in three stages: response, recovery, and restoration. The military's primary role is in the response stage. As the operation moves into the final stage (restoration), their role steadily decreases. Response activities by JTF-CS assets will likely focus on those actions to save lives, preserve life and safety, protect property, and prevent further damage to the environment.

(3) Crisis Management. The FBI is the lead federal agency and as such, crisis management is primarily a law enforcement response. Command relationships during a crisis management response during a CBRNE/WMD event are shown below. DOD medical support for crisis management will be limited due to the law enforcement focus.

CRISIS MANAGEMENT

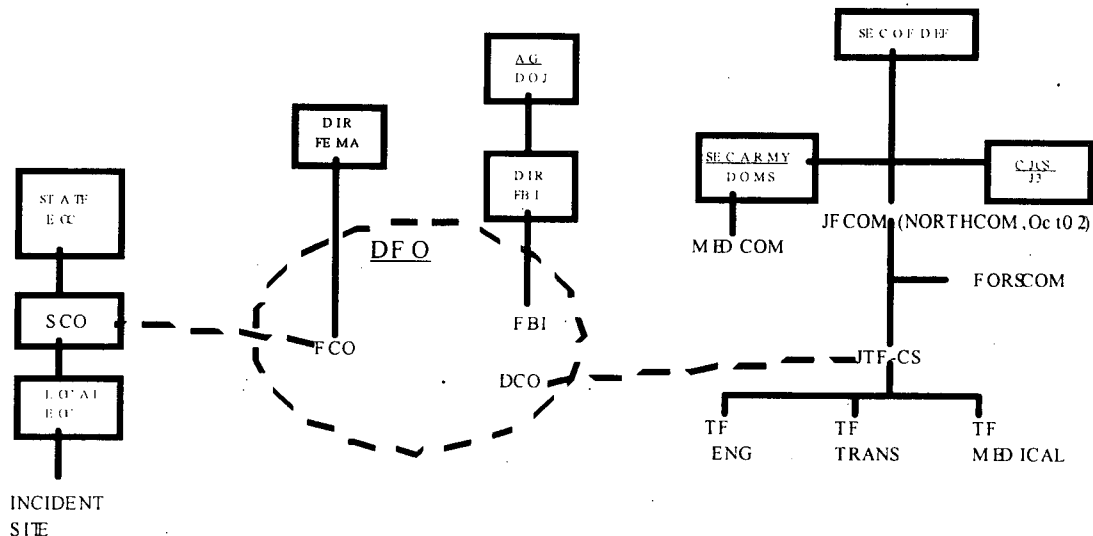
FBI IS THE LEAD



(4) Consequence Management. FEMA is the lead federal agency and will coordinate all federal responses during consequence management of a CBRNE/WMD event. Support will be provided through the established procedures of the FCO and DCO as shown below.

CONSEQUENCE MANAGEMENT

FEMA IS THE LEAD FEDERAL AGENCY



c. Military Role (Foreign Response). For foreign operations, the Department of State and the US ambassador coordinates US activities through the Country's Team, with US-agency representation (including DOD) as required in the specific situation. The military chain-of-command remains in effect, even though a non-DOD agency may have overall lead responsibility for the CBRNE/WMD event.

d. Most collective tasks within company-level or below Mission Training Plans (MTPs) will support a CBRNE event. However, the tasks listed below (and in Chapter 5 of the MTP) are those that will most directly affect the unit's mission in support of a CBRNE event:

- (1) All collective tasks with a task number preceeded by "03" (chemical school-NBC tasks).
- (2) All collective tasks with a task number preceeded by "08" (the unit's unique mission tasks).
- (3) Perform Advance/Quartering Party Activities.
- (4) Plan Unit Defense.
- (5) Set Up Unit Defense.
- (6) Employ Operations Security Measures.
- (7) Maintain Communications.

(8) Perform Radiological Decontamination.

(9) Perform Risk Management Procedures.

e. Most collective tasks within the Command and Control MTPs (e.g., Medical Command, Medical Brigade, etc.) will support a CBRNE event. However, the collective tasks listed below (and in Chapter 5 of the MTP) are those that will most directly affect the unit's mission in support of a CBRNE event:

- (1) Plan Combat Health Support Operations
- (2) Operate the Tactical Operations Center
- (3) Provide Command and Control
- (4) Perform Advance/Quartering Party Activities
- (5) Supervise Operations Security Program
- (6) Supervise Nuclear, Biological, and Chemical Defense Operations
- (7) Coordinate Combat Health Support Operations
- (8) Coordinate Medical Regulating Operations
- (9) Coordinate Mental Health Support Activities
- (10) Coordinate Preventive Medicine Support Activities
- (11) Coordinate Veterinary Medicine Activities
- (12) Coordinate Class VIII Support Activities
- (13) Conduct Battlefield Stress Reduction and Prevention Procedures
- (14) Perform Risk Management Procedures
- (15) Direct Response to Threat Actions
- (16) Establish Communications
- (17) Maintain Communications

3. Command and Control (C2) Units. These units will be essential in providing effective Health Services Support (HSS) during a CBRNE event. The HSS commander and staff officers may be required to provide technical guidance to line commanders and civilian authorities in all functional areas of the Army Medical Department as they relate to the CBRNE event. Leaders must increase coordinations, preplanning, the use of standing/standard operating procedures (SOPs), and establishment of multiple C2 mechanisms. Below are some HSS C2 planning considerations.

a. Command and Control/Operations

(1) Identify specified and implied tasks by reviewing medical Requests For Assistance (RFAs) from the DFO.

(2) Identify resources available, potential shortfalls, and validity of planning assumptions to perform tasks.

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(3) Coordinate medical support with JTF-CS staff, DFO and state/local medical Emergency Operations Centers (EOCs).

(4) Coordinate Emergency Preparedness Plan (EPP) and Emergency Management Plan (EMP) with the local military IOC (installation operations center).

(5) Coordinate medical reporting and communication requirements/procedures with JCF-CS staff, DFO, and state/local medical EOCs.

(6) Provide recommendations to JTF-CS Commander, DFO, and state/local authorities on employment of medical assets.

(7) Provide input for evacuation policy to JTF-CS Commander, DFO and state/local authorities.

(8) Brief mission requirements to units/personnel preparing for and reacting to the event.

(9) Provide LNOs to state/local EOCs/JTF-CS headquarters.

(10) Coordinate patient decontamination locations/procedures and manpower support for decontamination sites.

(11) Coordinate for disposition of contaminated remains.

(12) Coordinate with the appropriate medical laboratory (e.g., United States Army Center for Health Promotion and Preventive Medicine [USACHPPM], Theater Army Medical Laboratory/Area Medical Laboratory [TAML/AML], United States Army Medical Research Institute of Infectious Diseases [USAMRIID], Walter Reed Army Institute of Research [WRAIR], etc.) for descriptions and types of samples required and how samples must be collected, preserved, packaged, and shipped to the supporting medical laboratory for analysis.

(13) Coordinate for transportation/escort of samples/specimens from unit of origin to supporting medical laboratory.

(14) Compile and maintain patient administration and statistical data pertaining to admission, diagnosis, treatment and disposition of CBRNE patients.

(15) Coordinate specific media/public affairs protocols to be employed during the CBRNE incident.

(16) Identify all risks associated with specified and implied missions/tasks.

(17) Develop plans that minimize the CBRNE risks/hazards within the units.

(18) Coordinate for additional Personal Protective Equipment (PPE) such as self-contained breathing apparatus, supplied air respirators, etc.

(19) Plan for PPE training and certification of personnel, if required.

(20) Coordinate for vehicular and pedestrian traffic access, control point and security of medical units.

(21) Develop policy for civilian visitors inside medical treatment facilities.

b. Clinical Services

(1) Determine the disposal procedures for medical/CBRNE agent contaminated waste.

(2) Provide patient treatment protocol for each population group IAW Field Manual (FM) 4-02.283, Treatment of Nuclear and Radiological Casualties; FM 8-9, North Atlantic Treaty Organization (NATO) Handbook on the Medical Aspects of NBC Defensive Operations; FM 8-284, Treatment of Biological Warfare Agent Casualties; FM 8-285, Treatment of Chemical Agent Casualties and Conventional Military Chemical Injuries; and the North Atlantic Treaty Organization Handbook "Emergency War Surgery".

(3) Set up Command Post (CP)-Deployable Medical Systems (DEPMEDS) IAW Technical Manual (TM) 10-5410-283-14&P and the Chemically and Biologically Protected Shelter System (CBPSS) IAW TM 10-5410-228-24.

(4) Coordinate additional medical equipment and supplies required to treat pediatric and geriatric population groups.

(5) Plan and coordinate for quarantine and isolation patients.

c. Preventive Medicine (PVNTMED) Support:

(1) Identify actual and/or potential medical threats for the CBRNE event.

(2) Develop and coordinate PVNTMED plans with state/local agencies.

(3) Provide preventive/protective measures that civil/military leadership can employ to reduce/mitigate the health effects of the CBRNE agent on the population.

(4) Provide subordinate units with procedures that can be employed to mitigate the effects on their unit and patients.

(5) Coordinate with medical laboratory (e.g., USACHPPM, TAML/AML, USAMRIID, WRAIR, etc.) for descriptions and types of samples required and how samples must be collected, preserved, packaged, and shipped to the supporting medical laboratory for analysis.

(6) Maintain PVNTMED records and reports IAW unit and state/local agencies SOPs.

d. Veterinary Support:

(1) Identify actual or potential veterinary threats for the CBRNE event.

(2) Develop and coordinate veterinary support plans with state/local agencies.

(3) Coordinate with medical laboratory (e.g., USACHPPM, TAML/AML, USAMRIID, WRAIR, etc.) for descriptions and types of samples required and how samples must be collected, preserved, packaged, and shipped to the supporting medical laboratory for analysis.

(4) Provide information on food contamination and decontamination procedures.

(5) Maintain records and reports IAW unit and state/local agencies SOPs.

e. Logistics/Medical Logistics Support:

(1) Plan for the reception, storage, and distribution of the National Pharmaceutical Stocks.

(2) Develop projections of medical materiel and equipment requirements (Medical Nuclear, Biological, and Chemical Defense Materiel [MNBCDM]) unique to the CBRNE agent (e.g., number of patient decontamination equipment sets, quantity of chemo prophylaxis required for personnel exposed to a biological agent, etc.).

(3) Monitor Class VIII supply flow and stockage levels to identify imbalances in equipment and supplies that directly affect the CBRNE event.

(4) Provide guidance on contamination avoidance for medical supplies/equipment.

(5) Plan for civilian patient clothing requirements for use after release from treatment facilities.

(6) Provide subordinate units with materiel to protect and avoid contamination (tape, plastic sheeting, and tarpaulins).

f. Medical Laboratory Support:

(1) Coordinate with medical laboratory (e.g., USACHPPM, TAML/AML, USAMRIID, WRAIR, etc.) for descriptions and types of samples required and how samples must be collected, preserved, packaged, and shipped to the supporting medical laboratory for analysis.

(2) Develop list of laboratory tests/procedures required to provide command verification on the CBRNE agent.

(3) Provide medical laboratory reporting requirements and provide the results to the JTF-CS/civil authority.

(4) Coordinate with supporting medical laboratory for resources beyond the unit's capabilities.

g. Mental Health Support:

(1) Coordinate the mental health mission with state/local mental health agencies. NOTE: Combat Stress Control (CSC) units do not have child mental health services.

(2) Coordinate and implement task rotation or restructuring procedures to reduce stress.

(3) Schedule a critical event debriefing after any especially traumatic event IAW FM 22-51, Leader's Manual for Combat Stress Control.

h. Medical Evacuation Support:

(1) Coordinate evacuation mission to include clean and dirty routes.

(2) Provide contamination avoidance guidance.

(3) Coordinate for detail decontamination of aircraft and ground vehicles.

GLOSSARY

- (+) more than (e.g., as in OPFOR, etc.)
- (C) confidential/classified (depends on use)
- (O) FOR OFFICIAL USE ONLY
- (RC) reserve component
- (S) secret
- (U) unclassified
- * (Asterisk)**
Asterisk (Note: Acronyms followed by an asterisk are unique to this publication.)
- ? (Training Proficiency)**
unknown
- 1LT**
first lieutenant
- 1SG**
first sergeant
- A & D**
admission(s) and disposition(s)
- AACG**
arrival airfield control group
- AAR***
After-Action Review / administrative adjustment document (depends on use)
- ABCS**
Army Battle Command System
- ABO**
human blood grouping system
- AC**
Active Component; assistant commandant; alternating current
- ACR**
armored cavalry regiment
- AD***
active duty

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ADC

area damage control; assistant division commander

ADHOC

for a specified purpose

admin

administrative

ADP

automated data process(ing)

ADPE

automated data processing equipment

AE

aeromedical evacuation/above-the-elbow (depends on use)

AFMIC

Armed Forces Military Intelligence Center

AFTB

Army Family Team Building (Program)

AG

adjutant general

AG (DOJ)

Attorney General (Department of Justice)

AHS

Academy of Health Sciences

AID*

Agency for International Development

AK

above the knee

alt

altitude, alternate

AM

amplitude modulation/modulated

AMEDD

Army Medical Department

AMEDDC&S

U.S. Army Medical Department Center and School

AMedP

Allied Medical Publication

AMFFS

Army Medical Field Feeding System

AML
area medical laboratory

ammo
ammunition

AMSA
Army Maintenance Support Activity

AN/FP
antiterrorism force protection

ANUG
acute necrotizing ulcerative gingivitis

ANX
annex

AO
area of operations

AOAP
Army oil analysis program

APFT
Army Physical Fitness Test

APOD
aerial port of debarkation

APOE
aerial port of embarkation

AR
Army regulation; armor

ARC
American Red Cross/accounting requirements code (depends on use)

ARMS
Army Master Data File Retrieval Microform System

ARNG
Army National Guard

ARTEP
Army Training and Evaluation Program

ARTEP-MTP
Army Training and Evaluation Program Mission Training Plan

ASG
area support group

ASI
additional skill identifier

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ASL

authorized stockage list; allowable supply list

AST

aspartate aminotransferase

ATCCS*

Army Tactical Command and Control System -- The ATCCS integrates the five battlefield functional area (BFA) disciplines: maneuver, fire support, air defense, CSS, and intelligence. Each of these functional areas is supported by a control system designed to provide leaders and planners with information to effectively plan, coordinate, control, and direct. These five BFA disciplines are called Battlefield Functional Area Control Systems (BFACS). They are oriented toward combat operations and provide the commander and staff at corps and below with situational awareness/information and decision support in executing the operational/tactical mission.

ATLS

advanced trauma life support

ATM*

advanced trauma management

ATMCT

air terminal movement control team

ATP

ammunition transfer point; Allied Tactical Publication

ATTN

attention

AUEL

automated unit equipment list(s)

AUG

augmentation

AUTH

option for the automatic authentication of messages; will be entered automatically

AUTL

Army universal task list

AWOL

absent without leave

BBPCT

blocking, bracing, packing, crating, and tie down

BC/CS

bottle cleaning/charging station

BCOC

base cluster operations center

BDAR

battle damage assessment and repair

BDOC

base defense operations center

BF

battle fatigue/beginning of radioactive fallout (depends on use)

BFA*

battlefield functional area/blank firing adaptor (depends on use)

BFACS*

battlefield functional area control system -- The BFACS consists of the following components: AFATDS, ASAS, FAADC2I, MCS, and CSSCS. These systems are oriented toward combat operations and provide the commander and staff at corps and below with situational awareness/information and decision support in executing the operational/tactical mission..

BII

basic issue items

BK*

below the knee

BLTM

battalion level training model

bn

battalion

BOS

battlefield operating systems

C*

contaminated

C2

command and control

C3

command, control, and communications

C3CM

command, control, and communications countermeasures

CA*

combat arms/civil affairs (depends on use)

CALFEX

combined arms live fire exercise

CAM

chemical agent monitor

CAS*

close air support

CASCOM

Combined Arms Support Command

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CATS

Combined Arms Training Strategy

CBC

complete blood count

CBIRF

Chemical Biological Incident Response Force

CBPSS

chemically and biologically protected shelter system

CBRNE

chemical, biological, radiological, nuclear, and high-yield explosive

CBRRT

Chemical Biological Rapid Response Team

CCIR

commander's critical information requirements

CCV

Cash Collection Voucher

cdr

commander

CFX

command field exercise

Chap

chapter

CHEMWARN

chemical warning

CHS

combat health support

CINC

commander of a combatant command; commander in chief

CJCS

Chairman of the Joint Chiefs of Staff

CK

creatine kinase

cmd

command

CMF

career management field

CMMC

Corps Material Management Center

CMO
civil-military operations

CMRP
command master religious plan

CMS
Centralized Materiel Service/Section (depends on use)

CO1 (report)
enlisted promotion report (e.g., CO1 report)

COA
course of action

COB
Command Operating Budget

COL
colonel

com:
commercial (as in telephone number)

COMEX
communications exercise

COMM
communications

COMMZ
communications zone

COMSEC
communications security

CONEX
container express

CONPLAN
concept plan

CONUS
continental United States

COOP
continuity of operations plan

COSCOM
corps support command

CP
command post

CP-DEPMEDS
command post - chemically protected deployable medical systems

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CPR

cardiopulmonary resuscitation

CPS

collective protective shelter(s)

CPX

command post exercise

CQ

charge of quarters

CS*

combat support/combat stress/chemical gas [e.g., CS Grenades] (depends on use)

CSA

corps support area

CSC

combat stress control

CSF

cerebrospinal fluid

CSH

corps surgical hospital

CSM

command sergeant major

CSOP

clinical standard operating procedure(s)

CSR

controlled supply rate

CSS

combat service support

CSSAMO

Combat Service Support Automation Management Office

CSSCS

Combat Service Support Control System

CSSTSS

combat service support training simulation system

CT*

common task/contact team (depends on use)

CTA

Common Table of Allowances/Consolidated Training Activities (depends on use)

CTC

combat training center or combined training center

CTRL	control
CTT	Common Task Test
CTX	command training exercise
CVC	combat vehicle crewman/calibration, verification, and certification (depends on use)
CZ	combat zone
DA*	Department of the Army
DACG	departure airfield control group
DC	Dental Corps/District of Columbia (depends on use)
DCD	Directorate of Combat Development
DCO	Defense Coordinating Office or Officer
DCSLOG	Deputy Chief of Staff of Logistics
DCSPER	Deputy Chief of Staff for Personnel
DCSSPO	Deputy Chief of Staff for Security, Plans, and Operations
DD	Defense Department
DE	directed energy
decon	decontamination
DEH	Directorate of Engineering and Housing
DEL	deployment equipment list
DEPEX	deployment exercise

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DEPMEDS

Deployable Medical Systems

DFO

Disaster Field Office or Officer

DFR

dropped from rolls

DIA

Defense Intelligence Agency

DIR

director

DISCOM

division support command

DIV or div

division

DOD

Department of Defense

DODAAC

Department of Defense Activity Address Code

DOE

Department of Energy

DOJ

Department of Justice

DOL

director of logistics/Department of Labor (depends on use)

DOMS

Director of Military Support

DOT*

Department of Transportation

DPCA

Director for Personnel and Community Activities

DS

direct support

DS2

decontaminating solution number 2

DSN

Defense Switchboard Network

DSO*

domestic support operations

DVA	Department of Veteran Affairs
DYST	duty status change
DZ	drop zone
e.g.,	[L exempli gratia] for example
EA	engagement area; electronic attack; emergency action
EAC	echelons above corps
ECG	electrocardiogram
ECS	equipment concentration site
EEFI	essential elements of friendly information
EFMB	Expert Field Medical Badge
EGTA	esophageal gastric tube airway
ELSEC	electronics security
EMP*	emergency management plan
EMS	emergency medical station/electromagnetic pulse (depends on use)
EMT	emergency medical treatment/emergency medical technician
ENG	Engineers
enr	engineer
EOA	esophageal obturator airway/effective on or about (depends on use)
EOC	emergency operations center

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EOD

explosive ordnance disposal

EP

electronic protection

EPA

Environmental Protection Agency

EPP*

emergency preparedness plan

EPW

enemy prisoner of war

equip

equipment

ESF

Emergency Support Function (Federal Response Plan)

ETA

estimated time of arrival

etc.

[L et cetera] and so forth

EW

electronic warfare

EXEVAL

external evaluation

FAD

force activity designator / finance and accounting document (depends on use)

FARE

forward area refueling equipment

FBCB2*

Force XXI Battle Command-Brigade and Below -- The FBCB2 (a key component of ABCS) is a digitized battle command information system that provides on-the-move, real time and near-real-time battle command information to tactical, CS, and CSS leaders and soldiers. It supports situational awareness down to the soldier/platform level across all BFAs and echelons. It also provides the means for brigade and battalion-level commanders to command when away from their TOCs; inter-operating with subordinate commanders and leaders also equipped with FBCB2.

FBI

Federal Bureau of Investigation

FCO

Federal Coordinating Office

FDP

fibrinogen degradation products

FEMA

Federal Emergency Management Agency (<http://www.fema.gov>)

FFD

focal-film distance

FLAGS

suspension of favorable personnel actions

FM

field manual; frequency modulated/modulation

FMC*

field medical card

FORSCOM

Forces Command

FOUO

for official use only

FRAGO

fragmentary order

FRP

Federal Response Plan (<http://www.fema.gov/r-n-r/frp/>)

FS*

fire support/Forest Service (depends on use)

FSB

forward support battalion

FSC

fire support coordinator (USMC)

FST*

field sanitation team / forward surgical team (depends on use)

FTX

field training exercise

fwd

forward

FY*

fiscal year

G4

Assistant Chief of Staff, Logistics

G5

Assistant Chief of Staff, Civil Affairs

GA

the symbol for the nerve agent tabun. See FM 3-9.

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GC

Geneva Convention relative to the protection of civilian persons in the time of war, 12 August 1949

GPW

Geneva Convention relative to the treatment of prisoners of war, 12 August 1949

GSA

General Services Administration

GTA

Graphic Training Aid

GWS

Geneva Convention for the amelioration of the condition of the wounded and sick in armed forces in the field, 12 August 1949

GWS Sea

Geneva Convention for the amelioration of the condition of the wounded, sick, and ship-wrecked members of armed forces at sea, 12 August 1949

HAZMAT

hazardous materiel

HCG

human chorionic gonadotropin hormone

HHC

headquarters and headquarters company

HHS

Health and Human Services

higher HQ PERS element

higher headquarters personnel element -- This term refers to the unit's higher HQ personnel/adjutant element or officer (e.g., DCSPER, PERS section, S1, S1 section, etc.).

HIV

human immunodeficiency virus

HN*

host nation

HOSP

hospital

HQ

headquarters

hr(s)

hour(s)

HREC

health record

HSMO

Health Service Materiel Officer

HSS	Health Service Support
HTF	how to fight
HUB	hospital unit, base
HUS	hospital unit, surgical
i.e.,	[L id est] that is
IAR	inventory adjustment report
IAW	in accordance with
ICU	intensive care unit
ICUMO	installation coordinator-unit movement officer
ICW	Interactive Courseware/intermediate care ward (depends on use)
ID	identification; infantry division
IEDK	individual equipment decontamination kit
IHFR	improved high frequency radio
IL	identification list
Index No.	Index number
INTSUM	intelligence summary
IOC	installation operations center
IPB	intelligence preparation of the battlefield
IPDS	intelligence patient data sheet

ARTEP 8-705-MTP

IR

information requirements; infrared, thermal; Iran

IRM

intermediate restorative material/insert a temporary restoration (depends on use)

ITEP

Individual Training Evaluation Program

ITO

installation transportation officer

ITR

inpatient treatment record

IV

intravenous

J3

Operations Directorate (Joint Staff)

JFCOM

Joint Forces Command

JOC

joint operations center

JP

joint publication

JSOTF

joint special operations task force

JTF

joint task force

JTF-CS

Joint Task Force - Civil Support

JTTP

Joint Tactics, Techniques, and Procedures

JTX

joint training exercise

K

potassium

KFM

Kitchen Field Modular

KIA

killed in action

km

kilometer

KOH	potassium hydroxide
KP	kitchen police
kw	kilowatt(s)
LAB	logistics assault base
LAN	Local Area Network
LCX	logistics coordination exercise
Ldr or ldr	leader
LFA	Lead Federal Agent
LG*	large
LIC	low intensity conflict/language identifier code (depends on use)
LIN	line item number
LNO	liaison officer
LOD	line of demarcation
LOD*	line of duty
LOG	logistics
LOGSTAT	logistics status
LOMAH	location of miss and hit
LTA	local training area(s)
LTC	lieutenant colonel

ARTEP 8-705-MTP

LZ

landing zone

M (MOPP)

MOPP4 (for task iterations)

MA/ma

marshalling area(s)/milliamperage (depends on use)

MACOM

major Army command

MACS*

multipurpose arcade combat simulator

MAINT/maint

maintenance

MAJ

major

MAPEX

map exercise

MARKS

modern Army record keeping system

MASCAL

mass casualties

MC4*

Medical Communications for Combat Casualty Care -- MC4 is an integrated "family of systems" which will link the warfighter and CSS to CHS. It provides real-time medical information to support C2, SA, and commodity management by seamlessly linking both vertically and horizontally all echelons of medical care and logistics. MC4 significantly enhances medical force protection through automating the medical record system at all echelons of health care. It is the medical component of Army digitalization. MC4 implements the Joint TMIP for the Army (e.g., provides the hardware infrastructure for software applications, integrates joint medical information systems, etc.). MC4 also facilitates the use of other medical digital enablers (e.g., the PIC, ES-T, etc.). In conclusion, the MC4 system receives, stores, processes, transmits, and reports medical C2, medical surveillance, casualty movement/tracking, medical treatment, medical situational awareness, and MEDLOG data across all echelons of care.

MCA*

movement control agency

MCRL

master cross-reference list

MCS

Maneuver Control System

MCSR

materiel condition status report

MCT	movement control team
MCW	minimal care ward
MED BN (LOG)	medical battalion (logistics)
MED*	medical
Med/MED	medical/medium (depends on use)
MEDCOM	medical command
MEDEVAC	medical evacuation
MEDPAK	medical package
MES	medical equipment set(s)
METL	mission essential task list
METT-TC	mission, enemy, terrain and weather, troops and support available, time available, and civilian considerations
MHE	materials handling equipment
MI	military intelligence
MIA	missing in action
MIJIFEEDER	meaconing, intrusion, jamming, and interference feeder (e.g., MIJIFEEDER report)
MIL	master incident list
MILES	multiple integrated laser engagement system
min(s)	minute(s)

ARTEP 8-705-MTP

MKT

mobile kitchen trailer

mm

millimeter

MMQC

medical materiel quality control

MMS

medical materiel sets

MNBCDM*

medical nuclear, biological, and chemical defense materiel

MOB

main operations base

MOBPLAN

mobility plan(s)

MOPP

mission-oriented protective posture

MOPP2

mission-oriented protective posture level 2

MOPP4

mission-oriented protective posture level 4

MOS

military occupational specialty

MOUT

military operations on urbanized terrain

MP

military police

MQS/OFS

military qualification/officer foundation standards

MRO

materiel release order/medical regulation office(r) (depends on use)

MSB

main support battalion

MSC*

Medical Service Corps

MSE

mobile subscriber equipment

MSG/msg

Master Sergeant/message (depends on use)

MSR	main supply route
MST	maintenance support team
MTA	major training area
MTF	medical treatment facility
MTMC	Military Traffic Management Command
MTOE	Modified Table of Organization and Equipment
MTP	Mission Training Plan
MTS*	Movement Tracking System -- A satellite-based tracking/communications computer found on logistical vehicles and ambulances. The purpose of the system is to track these assets while they are operating across the battlefield (Note: Force XXI division ambulances may also have the FBCB2 system).
MWR	moral, welfare, and recreation
NA	Not Applicable
NA; N/A	not applicable
NAI	named area of interest
NATO	North Atlantic Treaty Organization
NBC	nuclear, biological, and chemical
NCO	noncommissioned officer
NCOES	NCO Education System
NCOIC	Non-Commissioned Officer In Charge
NCS	net control station

ARTEP 8-705-MTP

NCS*

National Communications System

NLT

not later than

NO./No./no.

number

NOK

next of kin

NORTHCOM

(U.S.) Northern Command

NP

neuropsychiatric

NSN

Nonstandard Number; National Stock Number

OC

observer controller(s)

OCONUS

outside continental United States

OEG

operation exposure guide

OFF/Off

officer

OIC

officer in charge

OOTW

operations other than war

OP

observation post

OPCON

operational control

OPFOR

opposing forces

OPLAN

operation plan

OPLOGPLN

Operational Logistics Planner

OPORD

operation order

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PREFACE

1. This MTP provides the active and reserve component training manager with a descriptive, mission-oriented training program to train the unit to perform its critical operations. While general defense plan missions and deployment assignments impact on the priorities, the operations described here are the principle ones that the unit is expected to execute with a high level of proficiency. Each unit is expected to train, as a minimum, to the standards of the T&EOs in the MTP. Standards for training may be made more difficult but may not be lowered. This document is in alignment with and is part of the U.S. Army's training and tactical doctrine.

2. The AMEDDC&S has been tasked to develop training products that will enhance medical preparedness in the case of a Chemical, Biological, Radiological, Nuclear, and High-Yield Explosive (CBRNE) event. In order to meet this requirement and assist the commanders and leaders in training their unit(s), a couple of changes have been included in the MTP. Even though most collective tasks within this MTP will directly affect or support a CBRNE event, the ones that will most directly be impacted are clearly marked with the statement in the CONDITION that reads: "THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT." Also included in the MTP is the CBRNE Appendix, located at the back of the MTP. The purpose of the appendix is to give a general overview of the Federal Response Plan, the AMEDD's support role, and the delineation and command structure for those agencies/elements involved or participating in the CBRNE event. It is understood that military resources temporarily support and augment, but do not replace local, state, and federal civilian agencies having primary authority and responsibility for domestic disaster assistance.

3. This MTP applies to the Combat Support Hospital (296 Bed), TOE 08705L000; Hospital Unit, Base, TOE 08736L100; Hospital Unit, Surgical, TOE 08737L000; Medical Team, Head and Neck Surgery, TOE 08527LA00; Medical Team, Neurosurgery, TOE 08527LB00; Medical Team Eye Surgery, TOE 08527LC00; Medical Team, Pathology, TOE 08537LA00; Medical Team, Renal Hemodialysis, TOE 08537LB00; and Medical Team, Infectious Disease, TOE 08537LC00.

4. Unless this publication states otherwise, masculine nouns and pronouns do not refer exclusively to men.

5. The proponent of this publication is HQ TRADOC. Submit changes for improving this publication on DA Form 2028 and forward it to Academy of Health Sciences, ATTN MCCS-HTP, 1750 Greeley Road, STE 135, Fort Sam Houston, TX 78234-5078.

CHAPTER 1

UNIT TRAINING

1-1. General. This MTP provides the commander and leaders with guidance on how to train the key missions of the unit. The specific details of the unit's training program will depend on the following factors:

- a. Unit's METL.
- b. Chain of command training directives and guidance.
- c. Training priorities of the unit.
- d. Availability of training resources and areas.

1-2. Supporting Material. This MTP describes a critical mission oriented unit training program which is part of the next higher echelon's training program. This unit's training program consists of:

- a. ARTEPs 8-422-MTP and 8-432-MTP. These ARTEP MTPs indicate the relationship of the next higher HQ training program to the unit's training program.
- b. STPs for the appropriate MOSs and skill levels.
- c. MQS-II/Officer Foundation Standards manuals for company grade officers.

Figure 1-1 illustrates the relationship of these supporting materials.

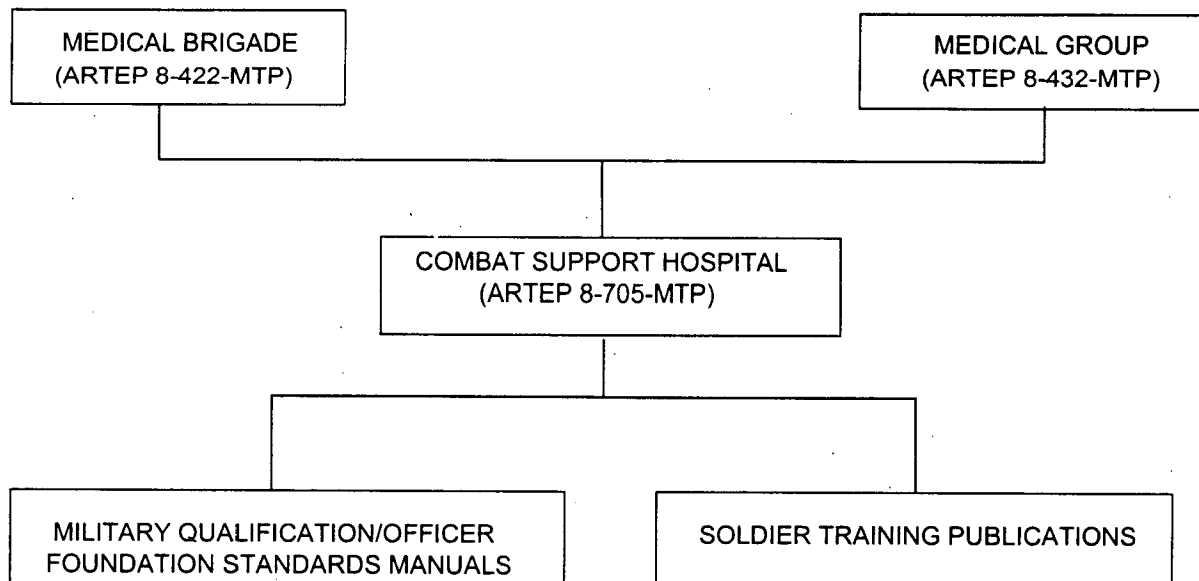


Figure 1-1. MTP Echelon Relationship Diagram.

1-3. Contents. The MTP is organized into six chapters.

a. Chapter 1, Unit Training, provides the explanation and organization of this MTP. This chapter explains how to use this MTP for establishing an effective training program.

b. Chapter 2, Training Matrix, shows the relationship between missions and collective tasks.

c. Chapter 3, Mission Outline, presents a graphic portrayal of the relationship between the missions and their subordinate tasks.

d. Chapter 4, Training Exercises, consists of an FTX and its supporting STXs. They provide training information and a preconstructed scenario. Also, they can serve as a part of an internal or external evaluation. These exercises may be modified to suit the training needs of this unit.

e. Chapter 5, Training and Evaluation Outlines, provides the training and evaluation criteria for all the tasks this unit must master to effectively perform its mission. Each task is a T&EO that identifies task steps, performance measures, individual and leader tasks, and OPFOR countertasks. Each T&EO is part of a mission, and in various combinations, composes training exercises in Chapter 4.

f. Chapter 6, External Evaluations, provides instructions for the planning, preparation, and execution of an external evaluation.

1-4. Missions and Tasks. This MTP concerns specified missions found in the TOE and implied missions which this unit must perform in order to accomplish the specified missions. The critical mission is the focal mission for this unit. The commander may supplement these missions with his own. The following is a listing of the missions for this unit:

a. Critical Mission. Provide Hospitalization Support and Services.

b. Missions.

(1) Supervise Deployment of Subordinate Elements to a New Theater of Operations.

(2) Deploy Hospital to a New Theater of Operations.

(3) Plan Hospitalization Support and Services Operations.

(4) Relocate Hospital to a New Operating Site.

(5) Establish Hospital Area of Operations.

(6) Perform Hospitalization Support and Services.

(7) Defend Hospital Area.

(8) Supervise Redeployment of Subordinate Elements to Home Stations.

(9) Redeploy Hospital to Home Station.

c. Each of these tasks may be trained individually or jointly with other tasks. Training is based on the criteria described in the T&EOs. Several T&EOs can be trained as an STX. Various combinations of STXs can be used to develop an FTX for the unit to practice its entire mission responsibility. Several STXs can be developed into an external evaluation designed by the next higher echelon to evaluate the unit's ability to perform multiple missions under stress in a realistic environment.

d. Leader tasks that support the unit's missions are trained through STP and MQS/OFS training, battle simulations, and execution of this unit's missions.

e. Individual tasks that support unit tasks are mastered by training to standards in the appropriate STP.

1-5. Principles of Training. The training principles and "How to Train" philosophy in this MTP reflects a summary of the training doctrine in FM 25-100 and FM 25-101.

1-6. Conducting Training. This MTP helps the unit plan, prepare, and conduct unit training as explained in FM 25-100 and FM 25-101.

a. The commander assigns missions and tasks for training based on his METL and training guidance from the next higher HQ. Trainers must plan and execute training in support of this guidance.

b. Review of the mission outline in Chapter 3 should determine whether the FTX and STXs will support or can be modified to support the commander's guidance. If it does not or needs to be modified, a review of the matrix in Chapter 2 will identify all the critical collective tasks that the unit must master to perform a specific mission.

c. The commander and subordinate leaders must prioritize all tasks that need training. Because there is never enough time to train everything, training must orient on the unit's greatest training challenges and its most difficult sustainment skills.

d. The commander must integrate tasks into the training schedule according to the following procedures:

- (1) List the tasks in the priority and frequency they need to be trained.
- (2) Determine the amount of time required and how he can best use multiechelon training.
- (3) Determine training location(s).
- (4) Determine training responsibilities and his involvement.
- (5) Organize his needs into blocks of time and training vehicles.

e. The commander must approve the list of tasks to be trained and schedule them on the unit training schedule.

f. The commander must determine the equipment and supplies needed to conduct the training.

g. The commander must keep subordinate leaders informed and oversee their training. The standards must be rigidly enforced.

1-7. Protecting the Force (Safety).

a. Safety is a component of protecting the force. Commanders, leaders, and soldiers use risk assessment and management to tie protecting the force into the military around the mission. Risk management assigns responsibility, institutionalizes commander's review of operational safety, and leads to decision-making at a level of command appropriate to the risk. The objective of safety is to help units protect combat power through accident prevention which enables units to win fast and decisively, with minimum losses. Safety is an integral part of all combat operations and stability operations and support operations. Safety begins with readiness that determines a unit's ability to perform its METL to standard. Readiness standards addressed during METL assessment are:

- (1) Soldiers with the self-discipline to consistently perform tasks to standard.
- (2) Leaders who are ready, willing, and able to enforce standards.
- (3) Training that provides skills needed for performance to standard.
- (4) Standards and procedures for task performance that are clear and practical.
- (5) Support for task performance, including required equipment, personnel, maintenance, facilities, and services.

b. Risk Management.

(1) Risk management is the process of identifying, assessing, and controlling risks arising from operational factors and making decisions that balance risk costs with mission benefits. Leaders and soldiers at all levels use risk management. It applies to all missions and environments across the wide range of Army operations. Risk management is fundamental in developing confident and competent leaders and units. Proficiency in applying risk management is critical to conserving combat power and resources. Commanders must firmly ground current and future leaders in the critical skills of the five-step risk management process.

(2) Risk is characterized by both the probability and severity of a potential loss that may result from hazards due to the presence of an enemy, an adversary, or some other hazardous condition. Perception of risk varies from person to person. What is risky or dangerous to one person may not be to another. Perception influences leaders' decisions. A publicized event such as a training accident or a relatively minor incident may increase the public's perception of risk for that particular event and time--sometimes to the point of making such risks unacceptable. Failure to effectively manage the risk may make an operation too costly--politically, economically, and in terms of combat power (soldiers lives and equipment).

c. Safety demands total chain of command involvement in planning, preparing, executing, and evaluating training. The chain of command responsibilities include:

(1) Commanders.

- (a) Seek optimum, not adequate, performance.
- (b) Specify the risk they will accept to accomplish the mission.
- (c) Select risk reductions provided by staff.
- (d) Accept or reject residual risk, based on the benefit to be derived.
- (e) Train and motivate leaders at all levels to effectively use risk management concepts.

(2) Staff.

- (a) Assist the commander in assessing risks and in developing risk reduction options when planning training.
- (b) Integrate risk controls in plans, orders, METL standards, and performance measures.
- (c) Eliminate unnecessary safety restrictions that diminish training effectiveness.
- (d) Assess safety performance during training.

(e) Evaluate safety performance during AARs.

(3) Subordinate Leaders.

(a) Apply consistently effective risk management concepts and methods to operations they lead.

(b) Report risk issues beyond their control or authority to their superiors.

(4) Individual Soldiers.

(a) Report unsafe conditions or acts and correct the situation when possible.

(b) Establish a buddy system to keep a safety watch on one another.

(c) Take responsibility for personal safety.

(d) Work as a team member.

(e) Modify own risk behavior.

d. Risk management is a five-step cyclic process that is easily integrated into the decision-making process outlined in FM 100-14 and FM 101-5. The five steps are:

(1) Identify Hazards. Identify the most probable hazards for the missions.

(2) Assess Hazards. Analyze each hazard to determine the probability of its causing an accident and the probable effect of the accident. Identify control options to eliminate or reduce the hazard. The Risk Assessment Matrix (Figure 1-2) is a tool for assessing hazards.

(3) Develop Controls and Make Risk Decisions. Develop one or more controls that will eliminate the hazard or reduce the risk of a hazardous incident. For each hazard, as controls are developed, revise the evaluation of the level of risk remaining (residual risk). Weigh the risk against the benefits of performing the operation. Accept no unnecessary risks and make any residual risk decisions at the proper level of command.

(4) Implement Controls. Integrate specific controls into plans, OPLANs, OPORDs, SOPs, and rehearsals. Communicate controls to the individual soldier.

(5) Supervise and Evaluate. Explain how each control will be monitored to ensure proper implementation (supervise). Evaluate the effectiveness of each control in reducing or eliminating risk--include follow-up and AARs. Develop the lessons learned.

e. Fratricide is a component of protecting the force and is closely related to safety. Fratricide is the employment of weapons, with the intent to kill the enemy or destroy his equipment, that results in unforeseen and unintentional death, injury, or damage to friendly personnel or equipment. Fratricide is by definition an accident. Risk assessment/management is the mechanism by which incidences of fratricide can be controlled.

f. The primary causes of fratricide are:

(1) Direct-Fire Control Plan Failures. These occur when units fail to develop defensive, and particularly, offensive fire control plans.

(2) Land Navigation Failures. These result when units stray out of sector, report wrong locations, and become disoriented.

Risk Assessment Matrix						
		Probability and Risk Levels				
Severity (Effect)		Frequent A	Likely B	Occasional C	Seldom D	Unlikely E
Catastrophic	I	E	E	H	H	M
Critical	II	E	H	H	M	L
Marginal	III	H	M	M	L	L
Negligible	IV	M	L	L	L	L
Severity (Effect) Catastrophic Death or permanent total disability, system loss, major property damage. Critical Permanent partial disability, temporary total disability in excess of 3 months, major system damage, significant property damage. Marginal Minor injury, lost workday accident, compensable injury or illness, minor system damage, minor property damage. Negligible First aid or minor supportive medical treatment, minor system impairment.						
Probability Frequent Individual soldier/item.....Occurs often in career/equipment service life. All soldiers exposed or item inventory.....Continuously experienced. Likely Individual soldier/item.....Occurs several times in career/equipment service life. All soldiers exposed or item inventory.....Occurs frequently. Occasional Individual soldier/item.....Occurs sometime in career/equipment service life. All soldiers exposed or item inventory.....Occurs sporadically or several times in inventory service life. Seldom Individual soldier/item.....Possible to occur in career/equipment service life. All soldiers exposed or item inventory.....Remote chance of occurrence; expected to occur sometime in inventory service life. Unlikely Individual soldier/item.....Can assume will not occur in career/equipment service life. All soldiers exposed or item inventory.....Possible, but improbable; occurs only very rarely.						
Risk Levels E – Extremely High Loss of ability to accomplish mission. H – High Significantly degrades mission capabilities in terms of required mission standards. M – Moderate Degrades mission capabilities in terms of required mission standard. L – Low Little or no impact on mission accomplishment.						

Figure 1-2. Risk Assessment Matrix.

(3) **Combat Identification Failures.** These failures include gunners or pilots being unable to distinguish thermal/optical signatures near the maximum range of their sighting systems and units in proximity mistaking each other for the enemy under limited visibility conditions.

(4) **Inadequate Control Measures.** Units fail to disseminate the minimum maneuver and fire support control measures necessary to tie control measures to recognizable terrain or events.

(5) **Reporting Communication Failures.** Units at all levels face problems in generating timely, accurate, and complete reports as locations and tactical situations change.

(6) **Weapons Error.** Lapses in individual discipline lead to charge errors, accidental discharges, mistakes with explosives and hand grenades, and similar incidents.

(7) **Battlefield Hazards.** Unexploded ordnance, unmarked or unrecorded minefields, FASCAM, and booby traps litter the battlefield. Failure to mark, remove, record, or anticipate these hazards increases the risk of friendly casualties.

g. **Fratricide** results in unacceptable losses and increases the risk of mission failure. Fratricide undermines the unit's ability to survive and function. Units experiencing fratricide observe these consequences:

- (1) Loss of confidence in the unit's leadership.
- (2) Increasing self-doubt among leaders.
- (3) Hesitation to use supporting combat systems.
- (4) Over-supervision of units.
- (5) Hesitation to conduct night operations.
- (6) Loss of aggressiveness during fire and maneuver.
- (7) Loss of initiative.
- (8) Disrupted operations.
- (9) General degradation of cohesiveness, morale, and combat power.

1-8. **Environmental Protection.** Protection of natural resources (including threatened and endangered species habitats) has continued to become an ever increasing concern to the Army. It is the responsibility of all unit leaders to decrease, and if possible, eliminate damage to the environment when conducting training. Environmental risk management parallels safety risk management and is based on the same philosophy. Environmental risk management consists of the following steps:

a. **Identify Hazards.** Identify potential sources for environmental degradation during analysis of METT-TC factors. This requires identification of environmental hazards. An environmental hazard is a condition with the potential for polluting air, soil, or water and/or destroying cultural/historical artifacts.

b. **Assess Hazards.** Analyze potential severity of environmental degradation using environmental risk assessment matrix (Figure 1-3). Severity of environmental degradation is considered when determining the potential effect an operation will have on the environment. The risk impact value is defined as an indicator of the severity of environmental degradation. Quantify the risk to the environment resulting from the operation as extremely high, high, medium, or low, using the environmental risk assessment matrix.

Environmental Area			Rating:			
Unit Operations	Risk Impact					
Movement of heavy vehicles/systems	5	4	3	2	1	0
Movement of personnel and light vehicles/systems	5	4	3	2	1	0
Assembly area activities	5	4	3	2	1	0
Field maintenance of equipment	5	4	3	2	1	0
Garrison maintenance of equipment	5	4	3	2	1	0

Environmental Risk Assessment Worksheet						
Environmental Area	Movement of heavy vehicles/systems	Movement of personnel and light vehicles/systems	Assembly area activities	Field maintenance of equipment	Garrison maintenance of equipment	Risk rating
Air pollution						
Archeological and historical sites						
Hazardous materiel/waste						
Noise pollution						
Threatened/endangered species						
Water pollution						
Wetland protection						
Overall rating						

Overall Environmental Risk Assessment Form			
Category	Range	Environmental Damage	Decision Maker
Low	0-58	Little or none	Appropriate level
Moderate	59-117	Minor	Appropriate level
High	118-149	Significant	Division commander
Extremely high	150-175	Severe	MACOM commander

Risk Categories

Figure 1-3. Environmental Risk Assessment Matrix.

c. **Develop Controls and Make Environmental Risk Decisions.** Develop one or more controls that will eliminate the hazard or reduce the risk of an environmental incident. For each risk, as controls are developed, revise the evaluation of the level of environmental risk remaining (residual risk). Make decisions and develop measures to reduce high environmental risks.

d. **Brief Chain of Command.** Brief chain of command (to include installation environmental office, if applicable) on proposed plans and pertinent high risk environmental matrixes. Risk decisions are made at a level of command that corresponds to the degree of risk.

e. **Implement Controls.** Implement environmental protection measures by integrating them into plans, orders, SOPs, training performance standards, and rehearsals.

f. **Supervise and Evaluate.** Supervise/enforce environmental protection standards. Evaluate the effectiveness of each control in reducing or eliminating the environmental risk.

1-9. **Evaluation.** T&EOs in Chapter 5 list the standards which this unit must meet for each task.

a. Evaluation can be internal or external. An internal evaluation can be conducted at any level and must be inherent in all training. External evaluations are usually more formal and conducted by the next higher echelon.

b. A critical weakness in training is the failure to evaluate each task each time it is performed. The ARTEP concept is based on simultaneous training and evaluation. Every training exercise provides the potential for evaluation feedback and every evaluation is a training session. Because leaders frequently do not evaluate continuously, you must ensure that trainers and leaders continually evaluate training as it is being executed.

c. Leaders should emphasize direct, on-the-spot evaluations. Correcting poor performance during individual or small group training is easy to do. Outside evaluators usually make this unfeasible for higher-level exercises. AARs should be planned at frequent, logical intervals during exercises. This is a proven technique which will allow you to correct performance shortcomings while they are still fresh in everyone's mind and prevents reinforcement of bad habits.

d. FM 25-101 provides detailed instructions for conducting an AAR and detailed guidance on coaching and critiquing during training.

1-10. **Feedback.** Your recommendations for improvement of this MTP are requested. Feedback will help to ensure that this ARTEP MTP answers the training needs of units in the field. There is a questionnaire at the end of this MTP.

CHAPTER 2

Training Matrixes

2-1. General. The training Matrix assists the commander in planning the training of his unit's personnel.

2-2. Mission to Collective Tasks Matrix. This matrix (Figure 2-2), identifies the mission and their supporting collective tasks. The tasks are listed under the appropriate AUTL. The AUTL used in this matrix are defined in the appropriate publication. A specific mission is trained by training collective tasks in the vertical column under the mission. Based on the proficiency of the unit, training is focused on operational weaknesses. The mission identification table listed below (Figure 2-1) provides mission identification for the unit.

Mission Identification Table Mission Title
A - DEFEND HOSPITAL AREA B - DEPLOY HOSPITAL TO A NEW THEATER OF OPERATIONS C - ESTABLISH HOSPITAL AREA OF OPERATIONS D - PERFORM HOSPITALIZATION SUPPORT AND SERVICES OPERATIONS E - PLAN HOSPITALIZATION SUPPORT AND SERVICES OPERATIONS F - REDEPLOY HOSPITAL TO HOME STATION G - RELOCATE HOSPITAL TO A NEW OPERATING SITE H - SUPERVISE DEPLOYMENT OF SUBORDINATE ELEMENTS TO A NEW THEATER OF OPERATIONS I - SUPERVISE REDEPLOYMENT OF SUBORDINATE ELEMENTS TO HOME STATION

Figure 2-1. Mission Identification Table.

Collective Tasks	A	B	C	D	E	F	G	H	I
Deploy/Conduct Maneuver									
63-1-8050.08-705L DIRECT DEPLOYMENT ALERT ACTIVITIES								X	
63-1-8051.08-705L ESTABLISH THE EMERGENCY OPERATIONS CENTER								X	
63-1-8052.08-705L OPERATE THE EMERGENCY OPERATIONS CENTER								X	
63-1-8053.08-705L SUPERVISE HOSPITAL DEPLOYMENT/ REDEPLOYMENT ACTIVITIES								X	X
63-1-8054.08-705L UPDATE MOVEMENT PLAN/ORDER								X	X
63-1-8055.08-705L COORDINATE SOLDIER READINESS PROCESSING SUPPORT								X	

Collective Tasks	A	B	C	D	E	F	G	H	I
63-1-8056.08-705L PROVIDE DEPLOYMENT PERSONNEL AND ADMINISTRATIVE SERVICES SUPPORT								X	
63-1-8057.08-705L COORDINATE FAMILY ASSISTANCE SUPPORT								X	
63-1-8058.08-705L COORDINATE DEPLOYMENT TRAINING SUPPORT								X	
63-1-8059.08-705L PERFORM DEPLOYMENT INTELLIGENCE SUPPORT FUNCTIONS								X	
63-1-8060.08-705L PROVIDE DEPLOYMENT LOGISTICS SUPPORT								X	
63-1-8061.08-705L PROVIDE DEPLOYMENT ADVANCE PARTY SUPPORT								X	
63-1-8062.08-705L COORDINATE ONWARD MOVEMENT								X	
63-1-8071.08-705L DIRECT INTEGRATION ACTIVITIES								X	
63-1-8063.08-705L COORDINATE REAR DETACHMENT SUPPORT								X	X
63-1-8064.08-705L PERFORM HOME STATION REAR DETACHMENT ACTIVITIES								X	
63-1-8065.08-705L COORDINATE RECONSTITUTION FOR REDEPLOYMENT									X
63-1-8066.08-705L PREPARE REDEPLOYMENT MOVEMENT PLAN/ORDER									X
63-1-8067.08-705L PROVIDE REDEPLOYMENT SUPPORT									X
63-1-8068.08-705L PERFORM REDEPLOYMENT ADVANCE PARTY ACTIVITIES									X
63-1-8069.08-705L PERFORM THEATER REAR DETACHMENT ACTIVITIES									X
63-1-8070.08-705L COORDINATE HOME STATION ACTIVITIES									X
63-2-8001.08-705L PERFORM DEPLOYMENT ALERT ACTIVITIES		X							
63-2-8002.08-705L PERFORM PERSONNEL AND ADMINISTRATIVE PREDEPLOYMENT ACTIVITIES		X							
63-2-8003.08-705L PERFORM PREDEPLOYMENT TRAINING ACTIVITIES		X							
63-2-8004.08-705L PERFORM PREDEPLOYMENT SUPPLY ACTIVITIES		X							
63-2-8005.08-705L PERFORM PREDEPLOYMENT MAINTENANCE ACTIVITIES (UNIT WITH MAINTENANCE ELEMENT)		X							
63-2-8006.08-705L PREPARE VEHICLES AND EQUIPMENT FOR DEPLOYMENT		X							
63-2-8007.08-705L PREPARE HOSPITAL FOR NONTACTICAL MOVE		X				X			
63-2-8008.08-705L CONDUCT NONTACTICAL ROAD MARCH		X				X			

Collective Tasks	A	B	C	D	E	F	G	H	I
63-2-8009.08-705L PERFORM SEA PORT OF EMBARKATION ACTIVITIES FOR DEPLOYMENT		X							
63-2-8010.08-705L PERFORM AERIAL PORT OF EMBARKATION ACTIVITIES FOR DEPLOYMENT		X							
63-2-8011.08-705L PERFORM AERIAL PORT OF DEBARKATION ACTIVITIES FOR DEPLOYMENT		X							
63-2-8012.08-705L PERFORM SEA PORT OF DEBARKATION ACTIVITIES FOR DEPLOYMENT		X							
63-2-8013.08-705L PREPARE EQUIPMENT RECEPTION TEAM FOR TACTICAL ROAD MARCH (DEPLOYMENT)		X							
63-2-8026.08-705L CONDUCT STAGING ACTIVITIES		X							
63-2-8025.08-705L CONDUCT INTEGRATION ACTIVITIES		X							
63-2-8014.08-705L PERFORM REDEPLOYMENT PERSONNEL AND ADMINISTRATIVE ACTIONS						X			
63-2-8015.08-705L PERFORM REDEPLOYMENT TRAINING ACTIVITIES						X			
63-2-8016.08-705L PERFORM REDEPLOYMENT SUPPLY ACTIVITIES						X			
63-2-8017.08-705L PERFORM REDEPLOYMENT MAINTENANCE ACTIVITIES (UNIT WITH MAINTENANCE ELEMENT)						X			
63-2-8018.08-705L PREPARE VEHICLES AND EQUIPMENT FOR REDEPLOYMENT						X			
63-2-8019.08-705L PERFORM SEA PORT OF EMBARKATION ACTIVITIES FOR REDEPLOYMENT						X			
63-2-8020.08-705L PERFORM AERIAL PORT OF EMBARKATION ACTIVITIES FOR REDEPLOYMENT						X			
63-2-8021.08-705L PERFORM AERIAL PORT OF DEBARKATION ACTIVITIES FOR REDEPLOYMENT						X			
63-2-8022.08-705L PERFORM HOME STATION ACTIVITIES						X			
63-2-8023.08-705L PERFORM SEA PORT OF DEBARKATION ACTIVITIES FOR REDEPLOYMENT						X			
63-2-8024.08-705L PERFORM DEMOBILIZATION STATION ACTIVITIES						X			
Protect the Force									
63-2-1002.08-705L PREPARE HOSPITAL TO MOVE		X					X		
63-2-1003.08-705L CONDUCT TACTICAL ROAD MARCH		X					X		
03-3-C226.08-705L CROSS A CHEMICALLY CONTAMINATED AREA		X					X		
03-3-C208.08-705L CROSS A RADIOLOGICALLY CONTAMINATED AREA		X					X		

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Collective Tasks	A	B	C	D	E	F	G	H	I
63-2-1006.08-705L DEFEND MARCH ELEMENTS		X					X		
63-1-1015.08-705L PERFORM ADVANCE/QUARTERING PARTY ACTIVITIES		X	X						
63-1-1016.08-705L ESTABLISH HOSPITAL COMMAND POST [FORWARD]		X	X						
63-1-1019.08-705L SUPERVISE ESTABLISHMENT OF SUBORDINATE ELEMENTS AND HOSPITAL HEADQUARTERS		X	X						
63-1-1020.08-705L ESTABLISH TACTICAL OPERATIONS CENTER, ADMINISTRATIVE AREAS, AND OPERATIONAL AREAS		X	X						
63-1-1038.08-705L SUPERVISE OPERATIONS SECURITY PROGRAM	X	X	X	X	X	X	X	X	X
03-1-C404.08-705L SUPERVISE NUCLEAR, BIOLOGICAL, AND CHEMICAL DEFENSE OPERATIONS				X					
63-2-1009.08-705L OCCUPY NEW OPERATING SITE		X	X						
63-2-1011.08-705L SET UP HOSPITAL DEFENSE		X	X				X		
08-1-0218.08-705L ESTABLISH HOSPITAL HEADQUARTERS AREA		X	X						
63-2-0008.08-705L ESTABLISH COMPANY HEADQUARTERS AREA		X	X						
08-2-0220.08-705L ESTABLISH HOSPITAL OPERATIONAL AREAS		X	X						
63-2-R306.08-705L EMPLOY PHYSICAL SECURITY MEASURES		X	X	X					
08-1-0259.08-705L SET UP LAUNDRY SERVICE AND BATH AREA		X	X						
03-3-C201.08-705L PREPARE FOR OPERATIONS UNDER NUCLEAR, BIOLOGICAL, AND CHEMICAL CONDITIONS		X	X						
44-3-C220.08-705L USE PASSIVE AIR DEFENSE MEASURES	X			X					
44-3-C221.08-705L TAKE ACTIVE AIR DEFENSE MEASURES AGAINST HOSTILE AIRCRAFT	X			X					
63-2-1016.08-705L EMPLOY OPERATIONS SECURITY MEASURES	X	X	X	X	X	X	X	X	X
03-3-C202.08-705L PREPARE FOR A CHEMICAL ATTACK				X					
03-3-C203.08-705L RESPOND TO A CHEMICAL ATTACK				X					
03-3-C224.08-705L CONDUCT OPERATIONAL DECONTAMINATION				X					
03-2-C312.08-705L CONDUCT THOROUGH DECONTAMINATION				X					
03-3-C205.08-705L PREPARE FOR A FRIENDLY NUCLEAR STRIKE				X					
03-3-C223.08-705L RESPOND TO THE INITIAL EFFECTS OF A NUCLEAR ATTACK				X					

Collective Tasks	A	B	C	D	E	F	G	H	I
03-3-C222.08-705L RESPOND TO THE RESIDUAL EFFECTS OF A NUCLEAR ATTACK				X					
63-2-R207.08-705L PERFORM RADIOLOGICAL DECONTAMINATION				X					
63-2-1024.08-705L DEFEND HOSPITAL AREA	X								
63-2-1026.08-705L REORGANIZE HOSPITAL DEFENSE	X								
Perform CSS and Sustainment									
08-1-0225.08-705L PREPARE FOR HOSPITALIZATION SUPPORT AND SERVICES OPERATIONS				X					
08-1-0226.08-705L COORDINATE HOSPITALIZATION SUPPORT AND SERVICES OPERATIONS				X					
63-1-1042.08-705L PROVIDE PERSONNEL SERVICE SUPPORT				X					
63-1-1043.08-705L PROVIDE ADMINISTRATIVE SERVICE SUPPORT				X					
10-2-C320.08-705L PROVIDE UNIT SUPPLY SUPPORT				X					
08-1-0249.08-705L PROVIDE MEDICAL SUPPLY SUPPORT				X					
08-1-0260.08-705L PROVIDE LAUNDRY AND BATH SERVICES				X					
43-2-R322.08-705L PERFORM UNIT-LEVEL MAINTENANCE (UNIT WITH MAINTENANCE ELEMENT)				X					
10-2-C325.08-705L RECEIVE EXTERNAL SLING LOAD RESUPPLY				X					
08-2-R315.08-705L PERFORM FIELD SANITATION FUNCTIONS				X					
08-2-R303.08-705L CONDUCT BATTLEFIELD STRESS REDUCTION AND PREVENTION PROCEDURES	X	X	X	X	X	X	X	X	X
63-2-R326.08-705L PERFORM RISK MANAGEMENT PROCEDURES	X	X	X	X	X	X	X	X	X
19-3-3106.08-705L HANDLE ENEMY PRISONERS OF WAR	X		X	X			X		
19-3-3105.08-705L PROCESS CAPTURED DOCUMENTS AND EQUIPMENT	X		X	X			X		
08-2-0314.08-705L TREAT HOSPITAL CASUALTIES	X	X	X	X			X		
10-2-C318.08-705L PERFORM MORTUARY AFFAIRS OPERATIONS	X	X	X	X			X		
63-2-1028.08-705L PERFORM AREA DAMAGE CONTROL FUNCTIONS	X								
08-1-0230.08-705L PROVIDE PATIENT ADMINISTRATION SERVICES				X					
08-1-0231.08-705L PROVIDE EMERGENCY MEDICAL SERVICES				X					
08-2-0232.08-705L TREAT NUCLEAR, BIOLOGICALLY, AND CHEMICALLY CONTAMINATED CASUALTIES				X					

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Collective Tasks	A	B	C	D	E	F	G	H	I
08-1-0233.08-705L PROVIDE MOVEMENT OF PATIENTS				X					
08-1-0234.08-705L PERFORM STAFF ADMINISTRATIVE FUNCTIONS				X					
08-1-0235.08-705L PROVIDE ORTHOPEDIC CAST/TRACTION SERVICES				X					
08-1-0236.08-705L PROVIDE CENTRAL MATERIEL SERVICES				X					
08-1-0237.08-705L PROVIDE MEDICAL CONSULTATION AND TREATMENT SERVICES				X					
08-1-0238.08-705L PROVIDE RESPIRATORY THERAPY FUNCTIONS				X					
08-1-0239.08-705L PROVIDE NURSING SERVICES				X					
08-1-0240.08-705L PROVIDE PHARMACY SERVICES				X					
08-1-0241.08-705L PROVIDE PHYSICAL THERAPY SERVICES				X					
08-1-0534.08-705L PROVIDE OCCUPATIONAL THERAPY SERVICES				X					
08-1-0242.08-705L PERFORM SURGICAL SERVICES				X					
08-5-0003.08-705L PROVIDE HEAD AND NECK SURGERY SERVICES				X					
08-5-0002.08-705L PROVIDE NEUROSURGERY SERVICES				X					
08-5-0001.08-705L PROVIDE EYE SURGERY SERVICES				X					
08-5-0005.08-705L PROVIDE PATHOLOGY SERVICES				X					
08-5-0006.08-705L PROVIDE RENAL HEMODIALYSIS SERVICES				X					
08-5-0004.08-705L PROVIDE INFECTIOUS DISEASE SERVICES				X					
08-2-0317.08-705L PROVIDE DENTAL SERVICES				X					
08-1-0244.08-705L PROVIDE LABORATORY SERVICES				X					
08-1-0245.08-705L PROVIDE BLOOD BANKING SERVICES				X					
08-1-0246.08-705L PROVIDE NEUROPSYCHIATRIC SERVICES				X					
08-1-0247.08-705L PROVIDE RADIOLOGY SERVICES				X					
08-1-0250.08-705L PROVIDE NUTRITION CARE SERVICES				X					
08-1-0248.08-705L PROVIDE COMPREHENSIVE RELIGIOUS SUPPORT TO PATIENTS AND UNIT MEMBERS				X					
Exercise Command and Control									
63-1-8072.08-705L PLAN HOSPITAL DEPLOYMENT IN A PEACETIME ENVIRONMENT		X			X				

Collective Tasks	A	B	C	D	E	F	G	H	I
63-1-8073.08-705L PLAN HOSPITAL DEPLOYMENT UPON RECEIPT OF A WARNING ORDER		X			X				
63-1-1001.08-705L CONDUCT MISSION ANALYSIS		X			X				
63-1-1002.08-705L CONDUCT INTELLIGENCE PREPARATION OF THE BATTLEFIELD		X			X				
63-1-1003.08-705L FORMULATE FEASIBLE COURSES OF ACTION		X			X				
63-1-1004.08-705L DEVELOP INTELLIGENCE ESTIMATE		X			X				
63-1-1005.08-705L DEVELOP PERSONNEL ESTIMATE		X			X				
63-1-1006.08-705L DEVELOP LOGISTICS ESTIMATE		X			X				
63-1-1007.08-705L DEVELOP A HOSPITALIZATION SUPPORT AND SERVICES ESTIMATE		X			X				
63-1-1008.08-705L DEVELOP SUPPORTING COMMANDER'S (OPERATION) ESTIMATE		X			X				
63-1-1009.08-705L PREPARE OPERATIONS PLAN/ OPERATIONS ORDER AND ANNEXES		X			X				
63-1-1010.08-705L DEVELOP ROAD MOVEMENT ORDER		X			X		X		
63-1-1011.08-705L DEVELOP OCCUPATION PLAN		X	X		X				
63-1-1012.08-705L PLAN HOSPITAL AREA TACTICAL OPERATIONS		X			X				
63-1-1017.08-705L ESTABLISH COMMUNICATIONS		X	X						
63-1-1022.08-705L OPERATE THE TACTICAL OPERATIONS CENTER				X					
63-1-1045.08-705L PROVIDE COMMAND AND CONTROL	X	X	X	X	X	X	X	X	X
63-1-1052.08-705L DIRECT RESPONSE TO THREAT ACTIONS	X								
63-1-1053.08-705L DIRECT AREA DAMAGE CONTROL OPERATIONS	X								
63-2-1010.08-705L PLAN HOSPITAL DEFENSE		X	X						
63-2-1014.08-705L PLAN AREA DAMAGE CONTROL OPERATIONS		X	X						
63-1-8074.08-705L PLAN HOSPITAL REDEPLOYMENT					X	X			
63-1-1040.08-705L MAINTAIN COMMUNICATIONS	X	X	X	X	X	X	X	X	X
08-1-0229.08-705L SUPERVISE PATIENT CARE OPERATIONS				X					

Figure 2-2. Collective Task to Missions.

CHAPTER 3

TRAINING PLANS

3-1. General. This chapter describes the use of MTP for development of hospital training plans and provides a mission outline. It is designed to assist commanders in preparing training plans for critical missions. FM 25-100 and FM 25-101 provide detailed information on training management and should be used with the MTP for developing hospital training plans.

3-2. Long-Range Planning. Long-range planning allows commanders to provide timely input to the Army's various training resource systems and to provide a general direction for the training programs. The long-range plan consists of a calendar covering the planning period and the commander's formal guidance. To develop a long-range plan, the commander must first develop the hospital's METL and conduct a training assessment. These two actions are the two principal inputs at the beginning of the planning process. FM 25-100 and other FM 25-Series manuals provide guidance on developing a hospital's METL.

a. Develop hospital METL. The first step in developing a METL is analyzing all specific and implied missions and other guidance. After analyzing the hospital's missions and external directives, a list of tasks are identified which must be accomplished if the hospital is to successfully accomplish its mission. Subordinate commanders and key NCOs participate in selecting the tasks. The task list is developed using the missions contained in Chapter 2 of the MTP, missions assigned to the hospital by contingency plans and missions directed by higher headquarters' guidance. The commander reviews the task list and selects tasks that are essential to the hospital's mission. The selected tasks are forwarded to the next higher HQ for approval. The tasks selected are the hospital's METL, Figure 3-1.

(1) DEPLOY/CONDUCT MANEUVER.

1. Direct deployment alert activities.
2. Establish the emergency operations center.
3. Operate the emergency operations center.
4. Supervise hospital deployment/redeployment activities.
5. Update movement plan/order.
6. Coordinate soldier readiness processing support.
7. Provide deployment personnel and administrative service support.
8. Coordinate family assistance support.
9. Coordinate deployment training support.
10. Perform deployment intelligence support functions.
11. Provide deployment logistics support.
12. Perform deployment advance party activities.
13. Coordinate onward movement.
14. Direct integration activities.
15. Coordinate rear detachment support.
16. Perform home station rear detachment activities.
17. Coordinate reconstitution for redeployment.
18. Prepare redeployment movement plan/order.
19. Provide redeployment support.

Figure 3-1. Sample hospital METL.

20. Perform redeployment advance party activities.
 21. Perform theater rear detachment activities.
 22. Coordinate home station activities.
 23. Perform deployment alert activities.
 24. Perform personnel and administrative predeployment activities.
 25. Perform predeployment training activities.
 26. Perform predeployment supply activities.
 27. Perform predeployment maintenance activities (unit with maintenance element).
 28. Prepare vehicles and equipment for deployment.
 29. Prepare hospital for nontactical move.
 30. Conduct nontactical road march.
 31. Perform sea port of embarkation activities for deployment.
 32. Perform aerial port of embarkation activities for deployment.
 33. Perform aerial port of debarkation activities for deployment.
 34. Perform sea port of debarkation activities for deployment.
 35. Prepare equipment reception team for tactical road march (deployment).
 36. Conduct staging activities.
 37. Conduct integration activities.
 38. Perform redeployment personnel and administrative actions.
 39. Perform redeployment training activities.
 40. Perform redeployment supply activities.
 41. Perform redeployment maintenance activities (with unit maintenance element).
 42. Prepare vehicles and equipment for redeployment.
 43. Perform sea port of embarkation activities for redeployment.
 44. Perform aerial port of embarkation activities for redeployment.
 45. Perform aerial port of debarkation activities for redeployment.
 46. Perform home station activities.
 47. Perform sea port of debarkation activities for redeployment.
 48. Perform demobilization station activities.
- (2) PROTECT THE FORCE.
1. Prepare hospital to move.
 2. Conduct tactical road march.
 3. Cross a chemically contaminated area.
 4. Cross a radiologically contaminated area.
 5. Defend march elements.
 6. Perform advance/quartermen party activities.

Figure 3-1. Sample hospital METL (cont).

7. Establish hospital command post (forward).
 8. Supervise establishment of subordinate elements and hospital headquarters.
 9. Establish tactical operations center, administrative areas, and operational areas.
 10. Supervise operations security program.
 11. Supervise nuclear, biological, and chemical defense operations.
 12. Occupy new operating site.
 13. Set up hospital defense.
 14. Establish hospital headquarters area.
 15. Establish company headquarters area.
 16. Establish hospital operational areas.
 17. Employ physical security measures.
 18. Set up laundry service and bath area.
 19. Prepare for operations under nuclear, biological, and chemical conditions.
 20. Use passive air defense measures.
 21. Take active air defense measures against hostile aircraft.
 22. Employ operations security measures.
 23. Prepare for a chemical attack.
 24. Respond to a chemical attack.
 25. Conduct operational decontamination.
 26. Conduct thorough decontamination.
 27. Prepare for a friendly nuclear strike.
 28. Respond to the initial effects of a nuclear attack.
 29. Respond to the residual effects of a nuclear attack.
 30. Perform radiological decontamination.
 31. Defend hospital area.
 32. Reorganize hospital defense.
- (3) PERFORM COMBAT SERVICE SUPPORT AND SUSTAINMENT.
1. Prepare for hospitalization support and services operations.
 2. Coordinate hospitalization support and services operations.
 3. Provide personnel service support.
 4. Provide administrative service support.
 5. Provide unit supply support.
 6. Provide medical supply support.
 7. Provide laundry and bath services.
 8. Perform unit-level maintenance (unit with maintenance element).
 9. Receive external sling load resupply.
 10. Perform field sanitation functions.

Figure 3-1. Sample hospital METL (cont).

11. Conduct battlefield stress reduction and prevention procedures.
 12. Perform risk management procedures.
 13. Handle enemy prisoners of war.
 14. Process captured documents and equipment.
 15. Treat hospital casualties.
 16. Perform mortuary affairs operations.
 17. Perform area damage control functions.
 18. Provide patient administration services.
 19. Provide emergency medical services.
 20. Treat nuclear, biologically, and chemically contaminated casualties.
 21. Provide movement of patients.
 22. Perform staff administrative functions.
 23. Provide orthopedic cast/traction services.
 24. Provide central materiel services.
 25. Provide medical consultation and treatment services.
 26. Provide respiratory therapy functions.
 27. Provide nursing services.
 28. Provide pharmacy services.
 29. Provide physical therapy services.
 30. Provide occupational therapy services.
 31. Provide surgical services.
 32. Provide head and neck surgery services.
 33. Provide neurosurgery surgery services.
 34. Provide eye surgery services.
 35. Provide pathology services.
 36. Provide renal hemodialysis services.
 37. Provide infectious disease services.
 38. Provide dental services.
 39. Provide laboratory services.
 40. Provide blood banking services.
 41. Provide neuropsychiatric services.
 42. Provide radiology services.
 43. Provide nutrition care services.
 44. Provide comprehensive religious support to patients and unit members.
- (4) EXERCISE COMMAND AND CONTROL.
1. Plan hospital deployment in a peacetime environment.
 2. Plan hospital deployment upon receipt of a warning order.

Figure 3-1. Sample hospital METL (cont).

3. Conduct mission analysis.
4. Conduct intelligence preparation of the battlefield.
5. Formulate feasible course of action.
6. Develop intelligence estimate.
7. Develop personnel estimate.
8. Develop logistics estimate.
9. Develop a hospitalization support and services estimate.
10. Develop supporting commander's (operation) estimate.
11. Prepare operations plan/operations order and annexes.
12. Develop road movement order.
13. Develop occupation plan.
14. Plan hospital area tactical operations.
15. Establish communications.
16. Operate the tactical operations center.
17. Provide command and control.
18. Direct response to threat actions.
19. Direct area damage control operations.
20. Plan hospital defense.
21. Plan area damage control operations.
22. Plan hospital redeployment.
23. Maintain communications.
24. Supervise patient care operations.

Figure 3-1. Sample hospital METL (cont).

b. **Establish Training Objectives.** After the METL is identified, commanders establish training objectives. The training objectives are conditions and standards which describe the situation or environment and ultimate outcome criteria the hospital must meet to successfully perform the tasks. Training objectives and standards for METL can be obtained from the MTP, STP, higher headquarters' command guidance and local SOP.

c. **Conduct Training Assessment.** The training assessment is the commander's continuous comparison of the hospital's current proficiency with the proficiency required to fight and win on the battlefield. The commander, his staff and subordinate commanders assess the organization's current proficiency on mission essential tasks against the required standard. The commander then indicates the current proficiency by rating each task as "T" (Trained), "P" (Needs Practice), "U" (Untrained), or "?" (Unknown). The outcome of the training assessment identifies the unit's training requirements, Figure 3-2.

Mission-Essential Tasks	CURRENT TRAINING STATUS ARMY UNIVERSAL TASK LIST				TRAINING STRATEGY
	Deploy/ Maneuver	Protect the Force	CSS/ Sustainment	Exercise C2	Overall
Supervise operations security program	P	T	T	T	T
Coordinate internal logistics	T	P	T	T	T
Conduct mission analysis	U	T	T	P	P
Conduct intelligence preparation of the battlefield	P	U	?	?	?
Legend: T - Trained U - Untrained P - Needs Practice ? - Unknown					

Figure 3-2. Sample Commander's Training Assessment.

d. Develop Training Strategy and Commander's Guidance. The training strategy is developed using the outcome from the training assessment. With the training strategy, the commander and his staff establish training priorities by determining the minimum frequency each mission essential task will be trained during the upcoming planning period. It includes the commander's guidance which includes the commander's training vision. To develop unit goals, the commander must:

- (1) Review higher commander's goals.
- (2) Spell out in real-world terms what his unit will do to comply with the goals of higher commanders.
- (3) List in broad terms his own goals for the hospital. Figure 3-3 provides a sample of hospital goals.

--Attain and sustain proficiency in all MTP missions. --Maintain a 90 percent operational readiness rate. --Attain and sustain 100 percent support to supported forces.

Figure 3-3. Sample hospital goals

e. Establish Training Priorities. Priorities are established for training METL tasks by basing the priorities on training status, the criticality of the task and the relative training emphasis the task should receive. Figure 3-4 provides a sample training priority list.

TASK	SOURCE	TRAINING PRIORITY
Conduct mission analysis	MTP	2
Formulate feasible courses of action	MTP	3
Develop intelligence estimate	MTP	4
Develop personnel estimate	MTP	5
Prepare operations plan/operations order and annexes	MTP	1

Figure 3-4. Sample hospital training priority list

f. Prepare Long-Range Planning Calendar. The long-range planning calendar is the coordinating tool for long-range planning. It is structured by long-range training events to identify time periods available for training mission essential tasks. The long-range planning calendar projects training events and activities of the unit for the upcoming 12 to 18 months. To prepare a long-range planning calendar, follow the steps outlined below:

(1) Select training events and activities to train the missions. At hospital-level, the commander must project events that will enable him to achieve his goals.

(2) Assign time for subordinate units to train. Subordinate leaders must be allowed to develop their training programs in support of the hospital training program.

(3) Examine various training alternatives to make optimum use of the training support available to the hospital. Available training resources must be compared against higher echelon directed training, hospital directed training events, and subordinate level projected training events. Resourcing tools available to the hospital commander are the BLTM, OPTEMPO, and STRAC.

(4) Obtain approval of long-range plans from higher headquarters.

(5) Issue guidance. Training guidance is issued to the staff and subordinate elements with the long-range training calendar. This training guidance supplements the long-range training calendar and generally includes:

- (a) Training policies.
- (b) Types of mandatory training.
- (c) Training resource guidance.
- (d) Quotas for centralized training (schools).
- (e) Training goals.

3-3. Short-Range Planning. A short-range plan is prepared to address the immediate future (3 months). Short-range planning develops specific training objectives based on the goals and guidance prepared during long-range planning. The short-range plan adds more detail and may modify the long-range plan based on current assessments. Prepare the short-range plan as described below:

a. Review the training program, current unit proficiency, resources, and training environment.

(1) Review the training program described in the long-range planning process. This review determines if assessments made during long-range planning are still valid.

(2) Review previous short-range planning calendars for training accomplished, training preempted and lessons learned.

(3) Review current hospital proficiency to update priorities.

(4) Review resources to determine if it is still possible to execute the program described on the long-range planning calendar.

(5) Review training environment again in this phase of planning because it takes on added importance as training events and activities approach. Factors that affect the training environment and that collectively impact on the training program are:

- (a) Personnel assigned.
- (b) Personnel turbulence.
- (c) Morale.

- (d) Education programs.
- (e) Mandatory training.
- (f) Visits, inspections, and tests.
- (g) Supplies and equipment.
- (h) Nonmission-related activities.
- (i) Other programs.

b. Develop a detailed plan of action for short-range training plans. Prepare the detailed plan of action as described below:

- (1) Examine events scheduled on the long-range training plan to determine if they are still valid.
- (2) Transfer valid events to a short-range training planning calendar.
- (3) Determine desired outcomes for scheduled events.
- (4) Analyze missions to determine related individual, leader, and collective tasks.
- (5) Determine if there are any weaknesses. Select tasks to correct these identified weaknesses and to sustain selected individual, leader and unit strengths, as necessary.
- (6) Select the specific training objectives for missions and tasks to be trained. The T&EOs in Chapter 5 provide the commander with the training objectives.
- (7) Prepare a short-range training planning calendar or 3 monthly schedules. The short-range training planning calendar provides a detailed plan of actions for the specified period.
- (8) Review short-range plans with higher headquarters.
- (9) Issue guidance. This guidance specifically addresses how training will be accomplished.

3-4. Near-Term Planning. The final phase of planning is the execution of training. Using the short-range plan, prepare weekly training schedules.

- a. Review the training program, unit proficiency, resources, and training environment. As in long-range and short-range planning, this review determines if previous assessments are still valid.
- b. Finalize plans based upon the review of the training program. Determine the best sequence for training tasks, and complete the final coordination of the training events and activities.
- c. Prepare trainers, OCs, OPFOR, and support personnel to know what is being trained, why it is being trained and what their role in the training will be.

3-5. Training the Hospital. Planning training for the hospital provides the commander with unique challenges. The most severe challenges are those that have to do with time and availability of personnel. The staff and company headquarters are involved in day-to-day operations and support of subordinate unit training. It is difficult to find the time to adequately address the training needs of these elements. These elements must be capable of fulfilling their roles in order for the hospital to perform its missions. The strategy selected by the commander for training these elements must include an effective method of training individuals, staffs, leaders, and units.

a. Training the Headquarters (Staff Training).

(1) Training of the staff presents the greatest challenge within a constrained training environment. This MTP identifies the training objectives for the staff. The staff has numerous tasks to master to be effective. Examples of tasks that any staff must be able to perform are:

- (a) Analyze terrain.
- (b) Function as an effective team.
- (c) Exchange information.
- (d) Prepare estimates.
- (e) Give appraisals.
- (f) Make recommendations and decisions.
- (g) Prepare plans.
- (h) Issue orders.
- (i) Coordinate and control hospital operations.
- (j) Supervise subordinate units.

(2) The strategy used to train the staff will vary based on the considerations used in planning training (level of proficiency, training support available, etc.). FM 25-101 contains detailed information on the conduct of exercises. Some methods of staff training include the following exercises.

(a) TEWTs are low-cost, low-overhead exercises conducted in the field on actual terrain suitable for training units for specific missions. TEWTs are used by commanders to train subordinate leaders and staffs to analyze terrain and plan for the conduct of hospital missions.

(b) MAPEXs are low-cost, low-overhead training exercises that allow commanders to train their staffs to perform essential integrating and control functions to support their decisions under conditions. MAPEXs may be used to train the staff to exchange information, prepare estimates, give appraisals, make recommendations and decisions, prepare plans, and issue orders.

(c) CPXs are medium-cost, medium overhead training exercises that may be conducted in garrison or a field location. CPXs normally use a battle simulation to drive the staff actions.

(d) FTXs are high-cost, high overhead exercises conducted in the field under simulated combat conditions. Hospital-conducted FTXs exercise the staff in coordination, control, and supervision of hospital operations. They normally require the staff planning tasks to be completed before the exercise begins. Higher headquarters-conducted FTXs provide the best opportunity for the staff to combine all of its skills and perform as they would in responding to both higher and lower levels.

(e) At hospital level, a method to optimize staff and unit training is to integrate TEWTs, MAPEXs, CPXs, CFXs, and CALFEXs to prepare the orders and plans for upcoming hospital FTXs. This exercises the entire spectrum of the staff effectively and also makes optimum use of unit field training time.

(3) Each unit is different and only the commander can determine the best method of training his staff.

b. Training the Company Headquarters. Training the headquarters company is a complex task requiring both unit and staff training programs. Normal day-to-day operations place a unique burden on the company HQ commander to accomplish training. Elements cross staff lines and responsibilities. The hospital XO coordinates with the company HQ commander to ensure individual soldiering tasks are being mastered.

3-6. Developing Training Exercises. Chapter 4 provides sample exercises for this hospital to use or modify to meet specific training needs. Since only an example FTX is contained in the MTP, it is necessary for the hospital to develop exercises for its own use. This section provides general procedures for the hospital staff to use for FTX preparation and for the hospital supporting STXs. Exercise plans are normally prepared during preparation of the short-range plan. Prepare the exercises as described below:

a. Selection of Missions and Tasks for Training. This was accomplished during the development of the long-range plan and refined during the development of the short-range plan.

b. Site Selection. Confirm selection of a training area.

c. Scenario Development. After missions and tasks are selected, prepare detailed scenario for the exercise.

(1) List the missions and tasks and events in the preferred sequence of occurrence.

(2) Identify events necessary for the control of the exercise. These exercises would normally include issuance of orders, AARs, and any other administrative or logistics action necessary to conduct the exercise.

(3) Prepare the exercise overlays which show the sequence of actions and terrain to be used for each event.

(4) Determine the estimated time for each event using the overlay and scenario. The total time is determined to ensure that the scenario can be completed in the time allocated for the exercise.

d. Selection of OCs and OPFOR. OCs and OPFOR are normally required for every FTX and for STXs when MILES are used. It is difficult for a hospital to provide these from its own resources. When OCs and OPFOR must be provided from within the hospital, unit leaders may have to serve as the OCs for their unit and the OPFOR may be selected from personnel or units not essential for attainment of the exercise objectives. Ideally, higher headquarters should provide OCs and OPFOR.

e. Preparation of the Control Plan. Control plans are developed to coordinate the actions of the training units, OPFOR, and OCs. The scenario is used and a detailed control plan is prepared. The control plan should consist of:

(1) Detailed schedules of OPFOR actions.

(2) Detailed instructions for the OPFOR.

(3) Detailed schedule of activities for units.

(4) OPORDs and FRAGOs for friendly units. Normally, friendly unit actions are controlled through the issuance of OPORDs and FRAGOs.

f. Preparation of the Evaluation Plan. Evaluation is continuous. All training is evaluated, either internally or externally. The evaluation plan identifies the tasks to be evaluated, by whom, and at what time. The evaluation will consist of:

- (1) Specific instructions for the OCs.
- (2) A sequential list of T&EOs to be evaluated by each OC.
- (3) Detailed time schedules for evaluation and AARs.

3-7. Mission Outline. The mission outline, which include collective task numbers, is designed to provide a graphic portrayal of the relationship of the critical mission to FTXs and STXs. This outline should assist the commander and staff in the preparation of training plans. Figure 3-5 is a sample mission outline for the hospital.

FTX 08-1-E0001 PROVIDE HOSPITALIZATION SUPPORT AND SERVICES				
STX 08-1-E0002 SUPERVISE DEPLOYMENT OF SUBORDINATE ELEMENTS TO A NEW THEATER OF OPERATIONS	STX 08-1-E0003 DEPLOY HOSPITAL TO A NEW THEATER OF OPERATIONS	STX 08-1-E0004 PLAN HOSPITALIZATION SUPPORT AND SERVICES OPERATIONS	STX 08-1-E0005 RELOCATE HOSPITAL TO A NEW OPERATING SITE	STX 08-1-E0006 ESTABLISH HOSPITAL AREA OF OPERATIONS
Direct Deployment Alert Activities 63-1-8050.08-705L Establish the Emergency Operations Center 63-1-8051.08-705L Operate the Emergency Operations Center 63-1-8052.08-705L Supervise Hospital Deployment/ Redeployment Activities 63-1-8053.08-705L Update Movement Plan/Order 63-1-8054.08-705L Coordinate Soldier Readiness Processing Support 63-1-8055.08-705L Provide Deployment Personnel and Administrative Services Support 63-1-8056.08-705L	Plan Hospital Deployment in a Peacetime Environment 63-1-8072.08-705L Plan Hospital Deployment Upon Receipt of a Warning Order 63-1-8073.08-705L Perform Deployment Alert Activities 63-2-8001.08-705L Perform Personnel and Administrative Predeployment Activities 63-2-8002.08-705L Perform Predeployment Training Activities 63-2-8003.08-705L Perform Predeployment Supply Activities 63-2-8004.08-705L Perform Predeployment Maintenance Activities (Unit with Maintenance Element) 63-2-8005.08-705L	Plan Hospital Deployment in a Peacetime Environment 63-1-8072.08-705L Plan Hospital Deployment Upon Receipt of a Warning Order 63-1-8073.08-705L Conduct Mission Analysis 63-1-1001.08-705L Conduct Intelligence Preparation of the Battlefield 63-1-1002.08-705L Formulate Feasible Courses of Action 63-1-1003.08-705L Develop Intelligence Estimate 63-1-1004.08-705L Develop Personnel Estimate 63-1-1005.08-705L Develop Logistics Estimate 63-1-1006.08-705L Develop a Hospitalization Support and Services Estimate 63-1-1007.08-705L	Develop Road Movement Order 63-1-1010.08-705L Prepare Hospital to Move 63-2-1002.08-705L Conduct Tactical Road March 63-2-1003.08-705L Cross a Chemically Contaminated Area 03-3-C226.08-705L Cross a Radiologically Contaminated Area 03-3-C208.08-705L Defend March Elements 63-2-1006.08-705L Supervise Operations Security Program 63-1-1038.08-705L Employ Operations Security Measures 63-2-1016.08-705L Maintain Communications 63-1-1040.08-705L	Develop Occupation Plan 63-1-1011.08-705L Perform Advance/ Quarters Party Activities 63-1-1015.08-705L Establish Hospital Command Post (Forward) 63-1-1016.08-705L Establish Communications 63-1-1017.08-705L Supervise Establishment of Subordinate Elements and Hospital Headquarters 63-1-1019.08-705L Establish Tactical Operations Center, Administrative Areas and Operational Areas 63-1-1020.08-705L Occupy New Operating Site 63-2-1009.08-705L Set up Hospital Defense 63-2-1011.08-705L

Figure 3-5. Sample Combat Support Hospital Mission Outline.

FTX 08-1-E0001 PROVIDE HOSPITALIZATION SUPPORT AND SERVICES				
STX 08-1-E0002 SUPERVISE DEPLOYMENT OF SUBORDINATE ELEMENTS TO A NEW THEATER OF OPERATIONS	STX 08-1-E0003 DEPLOY HOSPITAL TO A NEW THEATER OF OPERATIONS	STX 08-1-E0004 PLAN HOSPITALIZATION SUPPORT AND SERVICES OPERATIONS	STX 08-1-E0005 RELOCATE HOSPITAL TO A NEW OPERATING SITE	STX 08-1-E0006 ESTABLISH HOSPITAL AREA OF OPERATIONS
Coordinate Family Assistance Support 63-1-8057.08-705L Coordinate Deployment Training Support 63-1-8058.08-705L Perform Deployment Intelligence Support Functions 63-1-8059.08-705L Provide Deployment Logistics Support 63-1-8060.08-705L Perform Deployment Advance Party Activities 63-1-8061.08-705L Coordinate Onward Movement 63-1-8062.08-705L Direct Integration Activities 63-1-8071.08-705L Coordinate Rear Detachment Support 63-1-8063.08-705L Perform Home Station Rear Detachment Activities 63-1-8064.08-705L	Prepare Vehicles and Equipment for Deployment 63-2-8006.08-705L Prepare Hospital for Nontactical Move 63-2-8007.08-705L Conduct Nontactical Road March 63-2-8008.08-705L Perform Sea Port of Embarkation Activities for Deployment 63-2-8009.08-705L Perform Aerial Port of Embarkation Activities for Deployment 63-2-8010.08-705L Perform Aerial Port of Debarkation Activities for Deployment 63-2-8011.08-705L Perform Sea Port of Debarkation Activities for Deployment 63-2-8012.08-705L Prepare Equipment Reception Team for Tactical Road March (Deployment) 63-2-8013.08-705L	Develop Supporting Commander's (Operation) Estimate 63-1-1008.08-705L Prepare Operations Plan/Operations Order and Annexes 63-1-1009.08-705L Develop Road Movement Order 63-1-1010.08-705L Develop Occupation Plan 63-1-1011.08-705L Plan Hospital Area Tactical Operations 63-1-1012.08-705L Plan Hospital Defense 63-2-1010.08-705L Plan Area Damage Control Operations 63-2-1014.08-705L Supervise Operations Security Program 63-1-1038.08-705L Employ Operations Security Measures 63-2-1016.08-705L Maintain Communications 63-1-1040.08-705L	Conduct Battlefield Stress Reduction and Prevention Procedures 08-2-R303.08-705L Perform Risk Management Procedures 63-2-R326.08-705L Provide Command and Control 63-1-1045.08-705L Handle Enemy Prisoners of War 19-3-3106.08-705L Process Captured Documents and Equipment 19-3-3105.08-705L Treat Hospital Casualties 08-2-0314.08-705L Perform Mortuary Affairs Operations 10-2-C318.08-705L	Establish Hospital Headquarters Area 08-1-0218.08-705L Establish Company Headquarters Area 63-2-0008.08-705L Establish Hospital Operational Areas 08-2-0220.08-705L Supervise Operations Security Program 63-1-1038.08-705L Employ Physical Security Measures 63-2-R306.08-705L Set Up Laundry Service And Bath Area 08-1-0259.08-705L Prepare For Operations Under Nuclear, Biological, and Chemical Conditions 03-3-C201.08-705L Employ Operations Security Measures 63-2-1016.08-705L

Figure 3-5. Sample Combat Support Hospital Mission Outline (cont).

FTX 08-1-E0001 PROVIDE HOSPITALIZATION SUPPORT AND SERVICES				
STX 08-1-E0002 SUPERVISE DEPLOYMENT OF SUBORDINATE ELEMENTS TO A NEW THEATER OF OPERATIONS	STX 08-1-E0003 DEPLOY HOSPITAL TO A NEW THEATER OF OPERATIONS	STX 08-1-E0004 PLAN HOSPITALIZATION SUPPORT AND SERVICES OPERATIONS	STX 08-1-E0005 RELOCATE HOSPITAL TO A NEW OPERATING SITE	STX 08-1-E0006 ESTABLISH HOSPITAL AREA OF OPERATIONS
Supervise Operations Security Program 63-1-1038.08-705L	Conduct Staging Activities 63-2-8026.08-705L	Conduct Battlefield Stress Reduction and Prevention Procedures 08-2-R303.08-705L		Maintain Communications 63-1-1040.08-705L
Employ Operations Security Measures 63-2-1016.08-705L	Conduct Integration Activities 63-2-8025.08-705L	Perform Risk Management Procedures 63-2-R326.08-705L		Conduct Battlefield Stress Reduction and Prevention Procedures 08-2-R303.08-705L
Maintain Communications 63-1-1040.08-705L	Conduct Mission Analysis 63-1-1001.08-705L	Provide Command and Control 63-1-1045.08-705L		Perform Risk Management Procedures 63-2-R326.08-705L
Conduct Battlefield Stress Reduction and Prevention Procedures 08-2-R303.08-705L	Conduct Intelligence Preparation of the Battlefield 63-1-1002.08-705L	Plan Hospital Redeployment 63-1-8074.08-705L		Provide Command and Control 63-1-1045.08-705L
Perform Risk Management Procedures 63-2-R326.08-705L	Formulate Feasible Courses of Action 63-1-1003.08-705L			Handle Enemy Prisoners of War 19-3-3106.08-705L
Provide Command and Control 63-1-1045.08-705L	Develop Intelligence Estimate 63-1-1004.08-705L			Process Captured Documents and Equipment 19-3-3105.08-705L
	Develop Personnel Estimate 63-1-1005.08-705L			Treat Hospital Casualties 08-2-0314.08-705L
	Develop Logistics Estimate 63-1-1006.08-705L			Perform Mortuary Affairs Operations 10-2-C318.08-705L
	Develop a Hospitalization Support and Services Estimate 63-1-1007.08-705L			

Figure 3-5. Sample Combat Support Hospital Mission Outline (cont).

FTX 08-1-E0001				
PROVIDE HOSPITALIZATION SUPPORT AND SERVICES				
STX 08-1-E0002 SUPERVISE DEPLOYMENT OF SUBORDINATE ELEMENTS TO A NEW THEATER OF OPERATIONS	STX 08-1-E0003 DEPLOY HOSPITAL TO A NEW THEATER OF OPERATIONS	STX 08-1-E0004 PLAN HOSPITALIZATION SUPPORT AND SERVICES OPERATIONS	STX 08-1-E0005 RELOCATE HOSPITAL TO A NEW OPERATING SITE	STX 08-1-E0006 ESTABLISH HOSPITAL AREA OF OPERATIONS
	<p>Develop Supporting Commander's (Operation) Estimate 63-1-1008.08-705L</p> <p>Prepare Operations Plan/Operations Order and Annexes 63-1-1009.08-705L</p> <p>Develop Road Movement Order 63-1-1010.08-705L</p> <p>Develop Occupation Plan 63-1-1011.08-705L</p> <p>Plan Hospital Area Tactical Operations 63-1-1012.08-705L</p> <p>Plan Hospital Defense 63-2-1010.08-705L</p> <p>Plan Area Damage Control Operations 63-2-1014.08-705L</p> <p>Prepare Hospital to Move 63-2-1002.08-705L</p> <p>Conduct Tactical Road March 63-2-1003.08-705L</p> <p>Cross a Chemically Contaminated Area 03-3-C226.08-705L</p>			

Figure 3-5. Sample Combat Support Hospital Mission Outline (cont).

FTX 08-1-E0001				
PROVIDE HOSPITALIZATION SUPPORT AND SERVICES				
STX 08-1-E0002 SUPERVISE DEPLOYMENT OF SUBORDINATE ELEMENTS TO A NEW THEATER OF OPERATIONS	STX 08-1-E0003 DEPLOY HOSPITAL TO A NEW THEATER OF OPERATIONS	STX 08-1-E0004 PLAN HOSPITALIZATION SUPPORT AND SERVICES OPERATIONS	STX 08-1-E0005 RELOCATE HOSPITAL TO A NEW OPERATING SITE	STX 08-1-E0006 ESTABLISH HOSPITAL AREA OF OPERATIONS
	<p>Cross a Radiologically Contaminated Area 03-3-C208.08-705L</p> <p>Defend March Elements 63-2-1006.08-705L</p> <p>Perform Advance/ Quartermaster Party Activities 63-1-1015.08-705L</p> <p>Establish Hospital Command Post (Forward) 63-1-1016.08-705L</p> <p>Establish Communications 63-1-1017.08-705L</p> <p>Supervise Establishment of Subordinate Elements and Hospital Headquarters 63-1-1019.08-705L</p> <p>Establish Tactical Operations Center, Administrative Areas, and Operational Areas 63-1-1020.08-705L</p> <p>Occupy New Operating Site 63-2-1009.08-705L</p>			

Figure 3-5. Sample Combat Support Hospital Mission Outline (cont).

FTX 08-1-E0001 PROVIDE HOSPITALIZATION SUPPORT AND SERVICES				
STX 08-1-E0002 SUPERVISE DEPLOYMENT OF SUBORDINATE ELEMENTS TO A NEW THEATER OF OPERATIONS	STX 08-1-E0003 DEPLOY HOSPITAL TO A NEW THEATER OF OPERATIONS	STX 08-1-E0004 PLAN HOSPITALIZATION SUPPORT AND SERVICES OPERATIONS	STX 08-1-E0005 RELOCATE HOSPITAL TO A NEW OPERATING SITE	STX 08-1-E0006 ESTABLISH HOSPITAL AREA OF OPERATIONS
	Set up Hospital Defense 63-2-1011.08-705L Establish Hospital Headquarters Area 08-1-0218.08-705L Establish Company Headquarters Area 63-2-0008.08-705 Establish Hospital Operational Areas 08-2-0220.08-705L Supervise Operations Security Program 63-1-1038.08-705L Employ Physical Security Measures 63-2-R306.08-705L Set Up Laundry Services and Bath Area 08-1-0259.08-705L Prepare For Operations Under Nuclear, Biological, and Chemical Conditions 03-3-C201.08-705L Employ Operations Security Measures 63-2-1016.08-705L Maintain Communications 63-1-1040.08-705L			

Figure 3-5. Sample Combat Support Hospital Mission Outline (cont).

FTX 08-1-E0001 PROVIDE HOSPITALIZATION SUPPORT AND SERVICES				
STX 08-1-E0002 SUPERVISE DEPLOYMENT OF SUBORDINATE ELEMENTS TO A NEW THEATER OF OPERATIONS	STX 08-1-E0003 DEPLOY HOSPITAL TO A NEW THEATER OF OPERATIONS	STX 08-1-E0004 PLAN HOSPITALIZATION SUPPORT AND SERVICES OPERATIONS	STX 08-1-E0005 RELOCATE HOSPITAL TO A NEW OPERATING SITE	STX 08-1-E0006 ESTABLISH HOSPITAL AREA OF OPERATIONS
	Conduct Battlefield Stress Reduction and Prevention Procedures 08-2-R303.08-705L Perform Risk Management Procedures 63-2-R326.08-705L Provide Command and Control 63-1-1045.08-705L Treat Hospital Casualties 08-2-0314.08-705L Perform Mortuary Affairs Operations 10-2-C318.08-705L			

Figure 3-5. Sample Combat Support Hospital Mission Outline (cont).

FTX 08-1-E0001 PROVIDE HOSPITALIZATION SUPPORT AND SERVICES			
STX 08-1-E0007 PERFORM HOSPITALIZATION SUPPORT AND SERVICES OPERATIONS	STX 08-1-E0008 DEFEND HOSPITAL AREA	STX 08-1-E0009 SUPERVISE REDEPLOYMENT OF SUBORDINATE ELEMENTS TO HOME STATION	STX 08-1-E0010 REDEPLOY HOSPITAL TO HOME STATION
Operate the Tactical Operations Center 63-1-1022.08-705L	Defend Hospital Area 63-2-1024.08-705L	Supervise Hospital Deployment/ Redeployment Activities 63-1-8053.08-705L	Plan Hospital Redeployment 63-1-8074.08-705L
Supervise Operations Security Program 63-1-1038.08-705L	Direct Response to Threat Actions 63-1-1052.08-705L	Coordinate Rear Detachment Support 63-1-8063.08-705L	Prepare Hospital for Nontactical Move 63-2-8007.08-705L
Employ Physical Security Measures 63-2-R306.08-705L	Use Passive Air Defense Measures 44-3-C220.08-705L	Coordinate Reconstitution for Redeployment 63-1-8065.08-705L	Conduct Nontactical Road March 63-2-8008.08-705L
Employ Operations Security Measures 63-2-1016.08-705L	Take Active Air Defense Measures Against Hostile Aircraft 44-3-C221.08-705L	Prepare Redeployment Movement Plan/Order 63-1-8066.08-705L	Supervise Operations Security Program 63-1-1038.08-705L
Prepare for Hospitalization Support and Services Operations 08-1-0225.08-705L	Reorganize Hospital Defense 63-2-1026.08-705L	Provide Redeployment Support 63-1-8067.08-705L	Employ Operations Security Measures 63-2-1016.08-705L
Coordinate Hospitalization Support and Services Operations 08-1-0226.08-705L	Supervise Operations Security Program 63-1-1038.08-705L	Perform Redeployment Advance Party Activities 63-1-8068.08-705L	Maintain Communications 63-1-1040.08-705L
Supervise Nuclear, Biological, and Chemical Defense Operations 03-1-C404.08-705L	Employ Operations Security Measures 63-2-1016.08-705L	Perform Theater Rear Detachment Activities 63-1-8069.08-705L	Conduct Battlefield Stress Reduction and Prevention Procedures 08-2-R303.08-705L
Maintain Communications 63-1-1040.08-705L	Maintain Communications 63-1-1040.08-705L	Coordinate Home Station Activities 63-1-8070.08-705L	Perform Risk Management Procedures 63-2-R326.08-705L
Supervise Patient Care Operations 08-1-0229.08-705L	Conduct Battlefield Stress Reduction and Prevention Procedures 08-2-R303.08-705L	Supervise Operations Security Program 63-1-1038.08-705L	Provide Command and Control 63-1-1045.08-705L
Provide Patient Administration Services 08-1-0230.08-705L	Perform Risk Management Procedures 63-2-R326.08-705L	Employ Operations Security Measures 63-2-1016.08-705L	Perform Redeployment Personnel and Administrative Actions 63-2-8014.08-705L

Figure 3-5. Sample Combat Support Hospital Mission Outline (cont).

FTX 08-1-E0001			
PROVIDE HOSPITALIZATION SUPPORT AND SERVICES			
STX 08-1-E0007 PERFORM HOSPITALIZATION SUPPORT AND SERVICES OPERATIONS	STX 08-1-E0008 DEFEND HOSPITAL AREA	STX 08-1-E0009 SUPERVISE REDEPLOYMENT OF SUBORDINATE ELEMENTS TO HOME STATION	STX 08-1-E0010 REDEPLOY HOSPITAL TO HOME STATION
Provide Emergency Medical Services 08-1-0231.08-705L Treat Nuclear, Biologically, and Chemically Contaminated Casualties 08-2-0232.08-705L Provide Movement of Patients 08-1-0233.08-705L Perform Staff Administrative Functions 08-1-0234.08-705L Provide Orthopedic Cast/Traction Services 08-1-0235.08-705L Provide Central Materiel Services 08-1-0236.08-705L Provide Medical Consultation and Treatment Services 08-1-0237.08-705L Provide Respiratory Therapy Functions 08-1-0238.08-705L Provide Nursing Services 08-1-0239.08-705L Provide Pharmacy Services 08-1-0240.08-705L	Provide Command and Control 63-1-1045.08-705L Handle Enemy Prisoners of War 19-3-3106.08-705L Process Captured Documents and Equipment 19-3-3105.08-705L Treat Hospital Casualties 08-2-0314.08-705L Perform Mortuary Affairs Operations 10-2-C318.08-705L Direct Area Damage Control Operations 63-1-1053.08-705L Perform Area Damage Control Functions 63-2-1028.08-705L	Maintain Communications 63-1-1040.08-705L Conduct Battlefield Stress Reduction and Prevention Procedures 08-2-R303.08-705L Perform Risk Management Procedures 63-2-R326.08-705L Provide Command and Control 63-1-1045.08-705L	Perform Redeployment Training Activities 63-2-8015.08-705L Perform Redeployment Supply Activities 63-2-8016.08-705L Perform Redeployment Maintenance Activities (Unit with Maintenance Element) 63-2-8017.08-705L Prepare Vehicles and Equipment for Redeployment 63-2-8018.08-705L Perform Sea Port of Embarkation Activities for Redeployment 63-2-8019.08-705L Perform Aerial Port of Embarkation Activities for Redeployment 63-2-8020.08-705L Perform Aerial Port of Debarkation Activities for Redeployment 63-2-8021.08-705L Perform Home Station Activities 63-2-8022.08-705L

Figure 3-5. Sample Combat Support Hospital Mission Outline (cont).

FTX 08-1-E0001			
PROVIDE HOSPITALIZATION SUPPORT AND SERVICES			
STX 08-1-E0007 PERFORM HOSPITALIZATION SUPPORT AND SERVICES OPERATIONS	STX 08-1-E0008 DEFEND HOSPITAL AREA	STX 08-1-E0009 SUPERVISE REDEPLOYMENT OF SUBORDINATE ELEMENTS TO HOME STATION	STX 08-1-E0010 REDEPLOY HOSPITAL TO HOME STATION
Provide Physical Therapy Services 08-1-0241.08-705L Provide Occupational Therapy Services 08-1-0534.08-705L Perform Surgical Services 08-1-0242.08-705L Provide Head and Neck, Surgery Services 08-5-0003.08-705L Provide Neurosurgery Services 08-5-0002.08-705L Provide Eye Surgery Services 08-5-0001.08-705L Provide Pathology Services 08-5-0005.08-705L Provide Renal Hemodialysis Services 08-5-0006.08-705L Provide Infectious Disease Services 08-5-0004.08-705L Provide Dental Services 08-2-0317.08-705L Provide Laboratory Services 08-1-0244.08-705L			Perform Sea Port of Debarcation Activities for Redeployment 63-2-8023.08-705L Perform Demobilization Station Activities 63-2-8024.08-705L

Figure 3-5. Sample Combat Support Hospital Mission Outline (cont).

FTX 08-1-E0001			
PROVIDE HOSPITALIZATION SUPPORT AND SERVICES			
STX 08-1-E0007 PERFORM HOSPITALIZATION SUPPORT AND SERVICES OPERATIONS	STX 08-1-E0008 DEFEND HOSPITAL AREA	STX 08-1-E0009 SUPERVISE REDEPLOYMENT OF SUBORDINATE ELEMENTS TO HOME STATION	STX 08-1-E0010 REDEPLOY HOSPITAL TO HOME STATION
Provide Blood Banking Services 08-1-0245.08-705L Provide Neuropsychiatric Services 08-1-0246.08-705L Provide Radiology Services 08-1-0247.08-705L Provide Nutrition Care Services 08-1-0250.08-705L Provide Comprehensive Religious Support to Patients and Unit Members 08-1-0248.08-705L Provide Unit Supply Support 10-2-C320.08-705L Provide Medical Supply Support 08-1-0249.08-705L Provide Laundry and Bath Services 08-1-0260.08-705L Provide Personnel Service Support 63-1-1042.08-705L Provide Administrative Service Support 63-1-1043.08-705L			

Figure 3-5. Sample Combat Support Hospital Mission Outline (cont).

FTX 08-1-E0001			
PROVIDE HOSPITALIZATION SUPPORT AND SERVICES			
STX 08-1-E0007 PERFORM HOSPITALIZATION SUPPORT AND SERVICES OPERATIONS	STX 08-1-E0008 DEFEND HOSPITAL AREA	STX 08-1-E0009 SUPERVISE REDEPLOYMENT OF SUBORDINATE ELEMENTS TO HOME STATION	STX 08-1-E0010 REDEPLOY HOSPITAL TO HOME STATION
Perform Unit-Level Maintenance (Unit With Maintenance Element) 44-2-R322.08-705L Receive External Sling Load Resupply 10-2-C325.08-705L Perform Field Sanitation Functions 08-2-R315.08-705L Conduct Battlefield Stress Reduction and Prevention Procedures 08-2-R303.08-705L Perform Risk Management Procedures 63-2-R326.08-705L Provide Command and Control 63-1-1045.08-705L Use Passive Air Defense Measures 44-3-C220.08-705L Take Active Air Defense Measures Against Hostile Aircraft 44-3-C221.08-705L Prepare for a Chemical Attack 03-3-C202.08-705L Respond to a Chemical Attack 03-3-C203.08-705L			

Figure 3-5. Sample Combat Support Hospital Mission Outline (cont).

FTX 08-1-E0001			
PROVIDE HOSPITALIZATION SUPPORT AND SERVICES			
STX 08-1-E0007 PERFORM HOSPITALIZATION SUPPORT AND SERVICES OPERATIONS	STX 08-1-E0008 DEFEND HOSPITAL AREA	STX 08-1-E0009 SUPERVISE REDEPLOYMENT OF SUBORDINATE ELEMENTS TO HOME STATION	STX 08-1-E0010 REDEPLOY HOSPITAL TO HOME STATION
Conduct Operational Decontamination 03-3-C224.08-705L Conduct Thorough Decontamination 03-2-C312.08-705L Prepare for a Friendly Nuclear Strike 03-3-C205.08-705L Respond to the Initial Effects of a Nuclear Attack 03-3-C223.08-705L Respond to the Residual Effects of a Nuclear Attack 03-3-C222.08-705L Perform Radiological Decontamination 63-2-R207.08-705L Handle Enemy Prisoners of War 19-3-3106.08-705L Process Captured Documents and Equipment 19-3-3105.08-705L Treat Hospital Casualties 08-2-0314.08-705L Perform Mortuary Affairs Operations 10-2-C318.08-705L			

Figure 3-5. Sample Combat Support Hospital Mission Outline (cont).

CHAPTER 4

TRAINING EXERCISES

4-1. General. Training exercises are used to train and practice the performance of collective tasks. This MTP has two types of exercises: FTX and STXs. These exercises provide the hospital commander a basic plan for developing, sustaining, and evaluating the hospital's mission proficiency. This MTP has one FTX and nine STXs, Table 4-1.

EXERCISE NUMBER	TITLE	PAGE
FTX 08-1-E0001	Provide Hospitalization Support and Services	4-2
STX 08-1-E0002	Supervise Deployment of Subordinate Elements to a New Theater of Operations	4-16
STX 08-1-E0003	Deploy Hospital to a New Theater of Operations	4-21
STX 08-1-E0004	Plan Hospitalization Support and Services Operations	4-29
STX 08-1-E0005	Relocate Hospital to a New Operating Site	4-34
STX 08-1-E0006	Establish Hospital Area of Operations	4-39
STX 08-1-E0007	Perform Hospitalization Support and Services Operations	4-44
STX 08-1-E0008	Defend Hospital Area	4-51
STX 08-1-E0009	Supervise Redeployment of Subordinate Elements to Home Station	4-56
STX 08-1-E0010	Redeploy Hospital to Home Station	4-60

Table 4-1. List of Exercises.

4-2. Field Training Exercise. The FTX is designed to provide a training method for the hospital to train the critical mission. It provides a logical sequence for the performance of tasks, previously trained in the STXs.

4-3. Situational Training Exercises. The STX is a short, scenario-driven, mission-oriented tactical exercise used to train a group of closely related collective tasks. The STX provides information for training supporting missions that make up the critical mission. The STX does the following functions:

- a. It provides repetitive training on the missions.
- b. It allows training to focus on identified weaknesses.
- c. It allows the hospital to practice the supporting missions before the critical missions.
- d. It saves time by providing a majority of the information needed to develop a vehicle for training.

COMBAT SUPPORT HOSPITAL

FTX 08-1-E0001

PROVIDE HOSPITALIZATION SUPPORT AND SERVICES

1. Objective. This FTX provides the hospital with training in its critical mission, Provide Hospitalization Support and Services. This FTX is used for internal and external evaluation. The tasks that are executed during this exercise are listed in Table 4-4.

2. Interface.

a. This FTX supports medical brigade/medical group HQ FTX--Provide Combat Health Support to Supported Forces.

b. The following hospital STXs support this FTX:

(1) STX 08-1-E0002, Supervise Deployment of Subordinate Elements to a New Theater of Operations.

(2) STX 08-1-E0003, Deploy Hospital to a New Theater of Operations.

(3) STX 08-1-E0004, Plan Hospitalization Support and Services Operations.

(4) STX 08-1-E0005, Relocate Hospital to a New Operating Site.

(5) STX 08-1-E0006, Establish Hospital Area of Operations.

(6) STX 08-1-E0007, Perform Hospitalization Support and Services Operations.

(7) STX 08-1-E0008, Defend Hospital Area.

(8) STX 08-1-E0009, Supervise Redeployment of Subordinate Elements to Home Station.

(9) STX 08-1-E0010, Redeploy Hospital to Home Station.

3. Training Enhancers.

a Chapter 2, Training Matrix, shows the collective tasks that must be mastered to perform the hospital's missions. Training that will improve the hospital's ability to perform its missions are:

(1) Directing and conducting strategic deployment; planning, controlling, coordinating, and providing hospitalization support and services, planning and performing movement, and self-defense operations; directing and conducting strategic redeployment. Training may be conducted in garrison or LTA by the following methods:

(a) Classroom instruction.

(b) MAPEX combined with a sand table exercise.

(c) CPX conducted in garrison.

(d) CFX conducted in a field location.

(e) TEWT.

(f) COMEX.

(g) Simulations and games.

(2) Establishing an aggressive spirit in leaders and units by the following activities:

(a) Aggressive hospital sports and physical fitness program.

(b) Leader and individual confidence courses.

(c) Appropriate training films that have a positive, aggressive effect on the soldiers.

(d) Awareness of hospital's heritage.

b. This exercise begins with the receipt of a deployment alert warning order and ends upon the completion of redeployment activities. AARs are conducted as shown in Table 4-2. Figure 4-1 illustrates the general scenario of task performance in this exercise. Table 4-2 is a suggested scenario.

c. This exercise may be conducted under several options. These options are not all-inclusive, and can be exercised in various combinations:

(1) Conditional Operations.

(a) Support contingency operations.

(b) Support offensive operations.

(c) Support defensive operations.

(d) Support retrograde operations.

(e) Stability operations and support operations.

(f) NBC conditions.

(2) FTX configuration options.

(a) Conduct rear operations: Plan hospitalization support and services, relocate hospital to a new operating site, establish hospital area of operations, and defend hospital area.

(b) Provide hospitalization support and services operations: Plan hospitalization support and services, relocate hospital to a new operating site, establish hospital area of operations, and perform hospitalization support and services operations.

(c) Conduct deployment/redeployment operations: Supervise and deploy unit to a new theater of operations, plan hospitalization support and services, relocate hospital to a new operating site, establish hospital area of operations, and supervise and redeploy subordinate elements to home station.

4. General Situation.

a. The hospital is located at home station or mobilization site. The hospital is under the C2 of a medical brigade/medical group. The hospital commander is charged with supervising and performing the movement, set up and defense of the hospital, and providing hospitalization support and services. The hospital must relocate to effectively support the new operation.

b. This exercise is conducted under all environmental conditions and both day and night operations. The hospital operates under threat of NBC attacks, attacks by ground or air, indirect fire, and EW.

c. The hospital should be prepared to relocate as required to support the mission and/or when directed by higher HQ.

d. The hospital should be prepared to move by echelons, while continuing to provide hospitalization support and services.

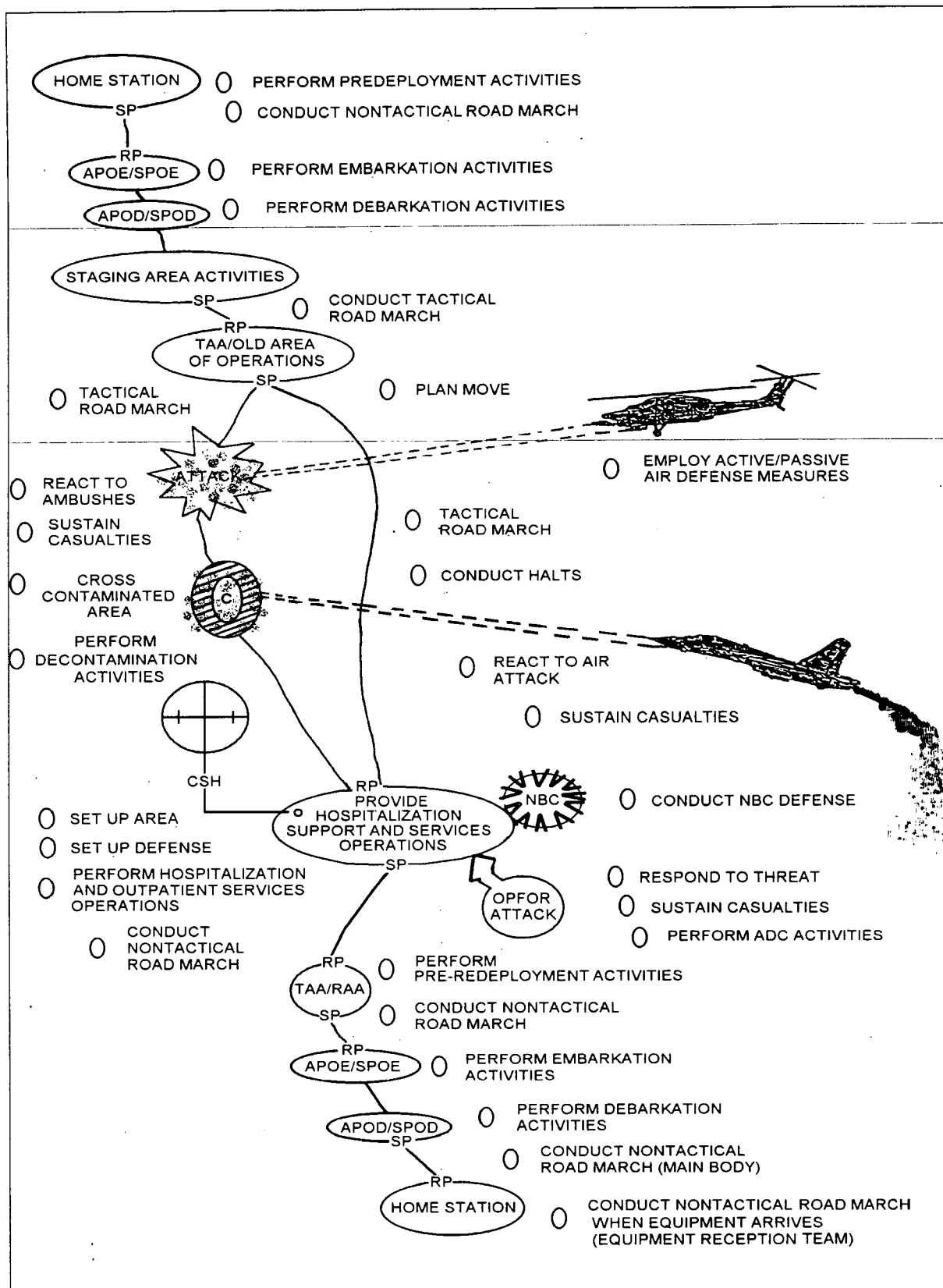


Figure 4-1. Example Graphic Scenario.

SEQUENCE	EVENT	ESTIMATED TIME	
1	Perform administrative preparations	Pre-FTX	
2*	Direct deployment activities	27 hrs	
3	Perform predeployment activities	8 hrs	
4	Perform nontactical road march	1 hr	
5	Perform APOE/SPOE activities	4 hrs	
6	Perform APOD/SPOD activities	4 hrs	
7	Perform staging area activities	2 hrs	
8	Conduct tactical road march	3 hrs	
9	Perform TAA activities	2 hrs	
10	Conduct tactical road march	3 hrs	
11	Perform setup activities	86 hrs	
12	AAR	1 hr	
13	Receive warning order		15 min
14	Perform planning activities	14 hrs	15 min
15	AAR	1 hr	
16	Prepare hospital to move	1 hr	
17	Conduct tactical road march	3 hrs	
18*	Cross contaminated area		45 min
19*	Perform decontamination activities		45 min
20*	React to OPFOR actions		45 min
21	Resume tactical road march	1 hr	
22	AAR	1 hr	
23	Conduct advance/quartering party element activities	2 hrs	
24*	Perform setup activities	86 hrs	
25	AAR	1 hr	
26	Perform mission support activities	24 hrs	
27	AAR	1 hr	
28	React to threat		30 min
29	Reorganize defenses	1 hr	
30	Perform ADC activities	1 hr	30 min
31	AAR	1 hr	
32	Receive warning order		15 min
33	Conduct nontactical road march	1 hr	
34*	Direct redeployment activities	15 hrs	
35	Perform TAA/RAA activities	2 hrs	
36	Conduct nontactical road march	1 hr	
37	Perform APOE/SPOE activities	4 hrs	
38	Perform APOD activities	2 hrs	
39	Perform SPOD activities	2 hrs	
40	Conduct nontactical road march	1 hr	
41	Arrive home station	1 hr	
42	Final AAR	2 hrs	
Total time		183 hrs	45 min
* These events occur simultaneously and are not added to total time			
NOTE: Events will be trained to standard, not time limitation. The time required to train an event will vary based on METT-TC factors and the training proficiency of the CSH.			

Table 4-2. Hospital FTX 08-1-E0001 Scenario.

5. Special Situation.

- a. The medical brigade/medical group commander has issued the following warning order:

"The hospital is deploying from CONUS to OCONUS to support operations. The hospital will move as part of the medical brigade/medical group move to the vicinity of grid coordinate _____ and will establish hospitalization services and support operations."

- b. Hospital commander issues the following instructions to his key leaders:

"Begin your planning process for deploying, moving, establishing the new area, conducting hospitalization support and services operations, defending hospital area, and redeploying. This exercise will begin with receipt of a deployment alert order and ends on notification from me."

6. Support Requirements.

- a. Minimum Trainers and OCs. This exercise, if internal, will be conducted by the hospital commander who will be the senior internal trainer and OC. If possible, there should be an OC with each staff section. At least one other OC is required with the OPFOR.

b. OPFOR.

- (1) OPFOR are required for the exercise to simulate threat activities.

(2) OPFOR should be well-trained in patrol, assault and guerilla tactics. The OPFOR should have specific missions in the hospital area and be controlled whenever used.

(3) MILES can be used or the trainer and OC can assess damage to equipment and personnel casualties.

- c. Vehicles and Communications. Vehicles and communications equipment organic to the hospital are used. Each trainer and OC needs a vehicle and a radio. Radios are required for OPFOR vehicles during mounted operations.

d. Operational Training Area. Depending upon LTA, a training area should have minimum dimension of 400 x 400 meters. A road network is required that allows a road march of at least 91 kilometers.

- e. MIL. During this FTX, MIL is essential to drive the hospital's actions.

f. Consolidated Support Requirements. Table 4-3 shows the suggested support requirements for this FTX.

<u>AMMUNITION</u>	<u>QUANTITY</u>
5.56mm (Blank)	240 rounds/weapon
5.56mm (Blank)	600 rounds/OPFOR weapon
7.62mm (Blank)	6,000 rounds/OPFOR weapon
Blank Adapters	1 each per weapon
Blank Adapters	1 each per OPFOR weapon
MILES	1 set per soldier
MILES	1 set per OPFOR soldier
Smoke Grenades	24 each per unit
Smoke Grenades	12 each per OPFOR
Artillery Simulators	12 each per OPFOR
CS Grenades	18 each per OPFOR
<u>EQUIPMENT</u>	
Mission essential equipment training set	
All organic equipment to include TOE and CTA authorized	
Rail and aircraft load simulations	
<u>FUEL</u>	
Calculate fuel requirements using the Operational Logistics Planner	
<u>OTHER</u>	
Ration Mix Approved for Exercise	as required
Combat Trauma Patient Simulator	as required
Manikin Resuscitation Torso	as required
Aircraft for Simulated Air Attack	1 per unit
War Wound Moulage Set	1 per unit
NOTE: The consolidated support requirements outlined for this FTX are intended as suggestions. Local policies or constraints may not allow for providing the items.	

Table 4-3. Consolidated Support Requirements for FTX 08-1-E0001.

7. T&EO Sequence. Table 4-4 lists the T&EOs for this FTX.

TASK	TASK NUMBER	PAGE
Plan Hospital Deployment in a Peacetime Environment	63-1-8072.08-705L	5-436
Plan Unit Deployment Upon Receipt of a Warning Order	63-1-8073.08-705L	5-440
Direct Deployment Alert Activities	63-1-8050.08-705L	5-6
Establish the Emergency Operations Center	63-1-8051.08-705L	5-8
Operate the Emergency Operations Center	63-1-8052.08-705L	5-10
Supervise Hospital Deployment/Redeployment Activities	63-1-8053.08-705L	5-12
Update Movement Plan/Order	63-1-8054.08-705L	5-15
Coordinate Soldier Readiness Processing Support	63-1-8055.08-705L	5-17
Provide Deployment Personnel and Administrative Services Support	63-1-8056.08-705L	5-19
Coordinate Family Assistance Support	63-1-8057.08-705L	5-22
Coordinate Deployment Training Support	63-1-8058.08-705L	5-24
Perform Deployment Intelligence Support Functions	63-1-8059.08-705L	5-26
Provide Deployment Logistics Support	63-1-8060.08-705L	5-29
Perform Deployment Advance Party Activities	63-1-8061.08-705L	5-33
Coordinate Onward Movement	63-1-8062.08-705L	5-35
Direct Integration Activities	63-1-8071.08-705L	5-37
Coordinate Rear Detachment Support	63-1-8063.08-705L	5-39
Perform Home Station Rear Detachment Activities	63-1-8064.08-705L	5-41
Perform Deployment Alert Activities	63-2-8001.08-705L	5-57
Perform Personnel and Administrative Predeployment Activities	63-2-8002.08-705L	5-60
Perform Predeployment Training Activities	63-2-8003.08-705L	5-63
Perform Predeployment Supply Activities	63-2-8004.08-705L	5-65
Perform Predeployment Maintenance Activities (Unit with Maintenance Element)	63-2-8005.08-705L	5-68
Prepare Vehicles and Equipment for Deployment	63-2-8006.08-705L	5-72

Table 4-4. T&EOs From Chapter 5 to Use in Evaluating FTX 08-1-E0001.

TASK	TASK NUMBER	PAGE
Prepare Hospital for Nontactical Move	63-2-8007.08-705L	5-77
Conduct Nontactical Road March	63-2-8008.08-705L	5-81
Perform Sea Port of Embarkation Activities for Deployment	63-2-8009.08-705L	5-84
Perform Aerial Port of Embarkation Activities for Deployment	63-2-8010.08-705L	5-88
Perform Aerial Port of Debarkation Activities for Deployment	63-2-8011.08-705L	5-91
Perform Sea Port of Debarkation Activities for Deployment	63-2-8012.08-705L	5-94
Prepare Equipment Reception Team for Tactical Road March (Deployment)	63-2-8013.08-705L	5-97
Conduct Staging Activities	63-2-8026.08-705L	5-100
Conduct Integration Activities	63-2-8025.08-705L	5-103
Conduct Mission Analysis	63-1-1001.08-705L	5-444
Conduct Intelligence Preparation of the Battlefield	63-1-1002.08-705L	5-447
Formulate Feasible Courses of Action	63-1-1003.08-705L	5-450
Develop Intelligence Estimate	63-1-1004.08-705L	5-452
Develop Personnel Estimate	63-1-1005.08-705L	5-455
Develop Logistics Estimate	63-1-1006.08-705L	5-458
Develop a Hospitalization Support and Services Estimate	63-1-1007.08-705L	5-461
Develop Supporting Commander's (Operation) Estimate	63-1-1008.08-705L	5-464
Prepare Operations Plan/Operations Order and Annexes	63-1-1009.08-705L	5-468
Develop Road Movement Order	63-1-1010.08-705L	5-471
Develop Occupation Plan	63-1-1011.08-705L	5-475
Plan Hospital Area Tactical Operations	63-1-1012.08-705L	5-478
Plan Hospital Defense	63-2-1010.08-705L	5-497
Plan Area Damage Control Operations	63-2-1014.08-705L	5-500
Prepare Hospital to Move	63-2-1002.08-705L	5-144
Conduct Tactical Road March	63-2-1003.08-705L	5-149

Table 4-4. T&EOs From Chapter 5 to Use in Evaluating FTX 08-1-E0001 (cont).

TASK	TASK NUMBER	PAGE
Cross a Chemically Contaminated Area	03-3-C226.08-705L	5-153
Cross a Radiologically Contaminated Area	03-3-C208.08-705L	5-159
Defend March Elements	63-2-1006.08-705L	5-166
Perform Advance/Quartering Party Activities	63-1-1015.08-705L	5-172
Establish Hospital Command Post (Forward)	63-1-1016.08-705L	5-176
Establish Communications	63-1-1017.08-705L	5-481
Supervise Establishment of Subordinate Elements and Hospital Headquarters	63-1-1019.08-705L	5-178
Establish Tactical Operations Center, Administrative Areas, and Operational Areas	63-1-1020.08-705L	5-180
Operate the Tactical Operations Center	63-1-1022.08-705L	5-486
Occupy New Operating Site	63-2-1009.08-705L	5-190
Set Up Hospital Defense	63-2-1011.08-705L	5-193
Establish Hospital Headquarters Area	08-1-0218.08-705L	5-197
Establish Company Headquarters Area	63-2-0008.08-705L	5-199
Establish Hospital Operational Areas	08-2-0220.08-705L	5-202
Supervise Operations Security Program	63-1-1038.08-705L	5-183
Employ Physical Security Measures	63-2-R306.08-705L	5-210
Set Up Laundry Service and Bath Area	08-1-0259.08-705L	5-214
Prepare for Operations Under Nuclear, Biological, and Chemical Conditions	03-3-C201.08-705L	5-216
Employ Operations Security Measures	63-2-1016.08-705L	5-227
Prepare for Hospitalization Support and Services Operations	08-1-0225.08-705L	5-264
Coordinate Hospitalization Support and Services Operations	08-1-0226.08-705L	5-267
Supervise Nuclear, Biological, and Chemical Defense Operations	03-1-C404.08-705L	5-185
Maintain Communications	63-1-1040.08-705L	5-505

Table 4-4. T&EOs From Chapter 5 to Use in Evaluating FTX 08-1-E0001 (cont).

TASK	TASK NUMBER	PAGE
Supervise Patient Care Operations	08-1-0229.08-705L	5-510
Provide Patient Administration Services	08-1-0230.08-705L	5-339
Provide Emergency Medical Services	08-1-0231.08-705L	5-344
Treat Nuclear, Biologically, and Chemically Contaminated Casualties	08-2-0232.08-705L	5-349
Provide Movement of Patients	08-1-0233.08-705L	5-354
Perform Staff Administrative Functions	08-1-0234.08-705L	5-356
Provide Orthopedic Cast/Traction Services	08-1-0235.08-705L	5-359
Provide Central Materiel Services	08-1-0236.08-705L	5-361
Provide Medical Consultation and Treatment Services	08-1-0237.08-705L	5-363
Provide Respiratory Therapy Functions	08-1-0238.08-705L	5-365
Provide Nursing Services	08-1-0239.08-705L	5-367
Provide Pharmacy Services	08-1-0240.08-705L	5-370
Provide Physical Therapy Services	08-1-0241.08-705L	5-374
Provide Occupational Therapy Services	08-1-0534.08-705L	5-377
Perform Surgical Services	08-1-0242.08-705L	5-379
Provide Head and Neck Surgery Services	08-5-0003.08-705L	5-384
Provide Neurosurgery Services	08-5-0002.08-705L	5-388
Provide Eye Surgery Services	08-5-0001.08-705L	5-392
Provide Pathology Services	08-5-0005.08-705L	5-395
Provide Renal Hemodialysis Services	08-5-0006.08-705L	5-398
Provide Infectious Disease Services	08-5-0004.08-705L	5-401
Provide Dental Services	08-2-0317.08-705L	5-405
Provide Laboratory Services	08-1-0244.08-705L	5-409
Provide Blood Banking Services	08-1-0245.08-705L	5-414
Provide Neuropsychiatric Services	08-1-0246.08-705L	5-417

Table 4-4. T&EOs From Chapter 5 to Use in Evaluating FTX 08-1-E0001 (cont).

TASK	TASK NUMBER	PAGE
Provide Radiology Services	08-1-0247.08-705L	5-421
Provide Nutrition Care Services	08-1-0250.08-705L	5-425
Provide Comprehensive Religious Support to Patients and Unit Members	08-1-0248.08-705L	5-432
Provide Unit Supply Support	10-2-C320.08-705L	5-277
Provide Medical Supply Support	08-1-0249.08-705L	5-282
Provide Laundry and Bath Services	08-1-0260.08-705L	5-287
Provide Personnel Service Support	63-1-1042.08-705L	5-269
Provide Administrative Service Support	63-1-1043.08-705L	5-272
Perform Unit-Level Maintenance (Unit with Maintenance Element)	43-2-R322.08-705L	5-289
Receive External Sling Load Resupply	10-2-C325.08-705L	5-310
Perform Field Sanitation Functions	08-2-R315.08-705L	5-313
Conduct Battlefield Stress Reduction and Prevention Procedures	08-2-R303.08-705L	5-316
Perform Risk Management Procedures	63-2-R326.08-705L	5-319
Provide Command and Control	63-1-1045.08-705L	5-489
Direct Response to Threat Actions	63-1-1052.08-705L	5-492
Use Passive Air Defense Measures	44-3-C220.08-705L	5-220
Take Active Air Defense Measures Against Hostile Aircraft	44-3-C221.08-705L	5-223
Prepare for a Chemical Attack	03-3-C202.08-705L	5-231
Respond to a Chemical Attack	03-3-C203.08-705L	5-234
Conduct Operational Decontamination	03-3-C224.08-705L	5-239
Conduct Thorough Decontamination	03-2-C312.08-705L	5-241
Prepare for a Friendly Nuclear Strike	03-3-C205.08-705L	5-243
Respond to the Initial Effects of a Nuclear Attack	03-2-C223.08-705L	5-246
Respond to the Residual Effects of a Nuclear Attack	03-3-C222.08-705L	5-250

Table 4-4. T&EOs From Chapter 5 to Use in Evaluating FTX 08-1-E0001 (cont)

TASK	TASK NUMBER	PAGE
Perform Radiological Decontamination	63-2-R207.08-705L	5-254
Handle Enemy Prisoners of War	19-3-3106.08-705L	5-322
Process Captured Documents and Equipment	19-3-3105.08-705L	5-325
Treat Hospital Casualties	08-2-0314.08-705L	5-327
Perform Mortuary Affairs Operations	10-2-C318.08-705L	5-333
Defend Hospital Area	63-2-1024.08-705L	5-257
Reorganize Hospital Defense	63-2-1026.08-705L	5-261
Direct Area Damage Control Operations	63-1-1053.08-705L	5-495
Perform Area Damage Control Functions	63-2-1028.08-705L	5-336
Plan Hospital Redeployment	63-1-8074.08-705L	5-502
Coordinate Reconstitution for Redeployment	63-1-8065.08-705L	5-43
Prepare Redeployment Movement Plan/Order	63-1-8066.08-705L	5-45
Provide Redeployment Support	63-1-8067.08-705L	5-47
Perform Redeployment Advance Party Activities	63-1-8068.08-705L	5-50
Perform Theater Rear Detachment Activities	63-1-8069.08-705L	5-52
Coordinate Home Station Activities	63-1-8070.08-705L	5-54
Perform Redeployment Personnel and Administrative Actions	63-2-8014.08-705L	5-105
Perform Redeployment Training Activities	63-2-8015.08-705L	5-108
Perform Redeployment Supply Activities	63-2-8016.08-705L	5-110
Perform Redeployment Maintenance Activities (Unit with Maintenance Element)	63-2-8017.08-705L	5-113
Prepare Vehicles and Equipment for Redeployment	63-2-8018.08-705L	5-117
Perform Sea Port of Embarkation Activities for Redeployment	63-2-8019.08-705L	5-123
Perform Aerial Port of Embarkation Activities for Redeployment	63-2-8020.08-705L	5-128
Perform Aerial Port of Debarkation Activities for Redeployment	63-2-8021.08-705L	5-132

Table 4-4. T&EOs From Chapter 5 to Use in Evaluating FTX 08-1-E0001 (cont).

TASK	TASK NUMBER	PAGE
Perform Home Station Activities	63-2-8022.08-705L	5-135
Perform Sea Port of Debarkation Activities for Redeployment	63-2-8023.08-705L	5-138
Perform Demobilization Station Activities	63-2-8024.08-705L	5-141

Table 4-4. T&EOs From Chapter 5 to Use in Evaluating FTX 08-1-E0001 (cont).

COMBAT SUPPORT HOSPITAL

STX 08-1-E0002

SUPERVISE DEPLOYMENT OF SUBORDINATE ELEMENTS TO A NEW THEATER OF OPERATIONS

1. Objective. This STX trains the hospital's command and staff elements in directing the deployment of the hospital to a new TO. This STX also provides the hospital commander and key leaders with practice in directing, controlling, coordinating hospital deployment activities. The hospital must become proficient in performing the tasks in Table 4-7.

2. Interface.

a. This STX supports the hospital's FTX 08-1-E0001--Provide Hospitalization Support and Services.

b. This STX supports the medical brigade/medical group HQ STX--Supervise Deployment of Subordinate Elements to a New Theater of Operations.

3. Training.

a. Leader Training.

(1) This STX can be used to plan and implement deployment (land, sea, or air) of the hospital as part of a CPX or FTX.

(2) During classroom activities, the use of hospital and medical brigade/medical group TSOPs, and the responsibilities and procedures outlined in the hospital's doctrinal publications should be reviewed. Also, the T&EOs listed in this STX should be reviewed.

(3) Leaders should use a map of the area, where the STX is to be conducted and a sand table model to match the actual training, if possible.

(4) CFX and TEWT provide ground training for leaders when the exact area of the STX is used.

(5) Simulations and games teach leaders as part of a continuing officer and NCO development program.

(6) Tips for Leader Training.

(a) Leaders should familiarize themselves with the procedures for planning and executing deployment operations.

(b) Leaders should familiarize themselves with the rights and responsibilities of medical personnel as specified in the Geneva Conventions.

(c) Leaders should review the hospital and medical brigade/medical group deployment SOPs.

(d) Leaders should conduct a personal reconnaissance of the training area where deployment activities will take place, if possible.

b. Tips for Training.

(1) After the hospital has demonstrated proficiency in the tasks listed in Table 4-7, this STX can be trained under several options:

- (a) Inclement weather.
- (b) Various hospital category levels.
- (c) Different modes of transportation.
- (d) With or without OPFOR interdiction.
- (e) With or without NBC conditions.
- (f) Day or night.
- (g) Movement over single or multiple routes.

(2) The hospital must become proficient in the basics of directing, planning, and executing deployment before attempting complex actions.

(3) After proficiency in this STX is reached, the hospital sustains proficiency by executing this STX as part of an FTX.

4. Training Enhancers.

a. The hospital commander, in coordination with the medical brigade/medical group HQ, secures deployment SOPs, and reviews deployment outload team rosters.

b. The operations section plans the deployment and prepares the deployment plan/order with input from other staff elements and coordinates the plan/order with the medical brigade/medical group HQ.

c. UMO updates hospital deployment plans in coordination with the medical brigade/medical group and hospital staff.

d. The medical brigade DCSSPO/medical group S2/S3 provides the hospital with the deployment sequence.

e. Unless otherwise approved by the chief OC, all reports and recommendations should be provided in hard copy to the senior trainer for evaluation.

f. This exercise begins with the receipt of a deployment warning order and ends when the hospital is established. AARs are conducted as shown in Table 4-5. Table 4-5 is a suggested scenario.

SEQUENCE	EVENT	ESTIMATED TIME	
1*	Receive warning order		10 min
2*	Verify notification		10 min
3*	Execute alert notification procedures		40 min
4*	Perform EOC activities	29 hrs	40 min
5	Supervise deployment activities	94 hrs	
6*	Brief key personnel		30 min
7*	Update movement plan	1 hr	40 min
8*	AAR	1 hr	
9*	Coordinate support activities	22 hrs	30 min
10*	Perform deployment intelligence support	2 hrs	
11*	Provide deployment personnel and administrative support activities	2 hrs	
12*	Provide logistics support activities	2 hrs	
13*	Perform deployment advance party activities	32 hrs	
14	Perform home station rear detachment activities	4 hrs	15 min
15	Final AAR	1 hr	
Total time		99 hrs	15 min

* These events occur simultaneously and are not added to total time.

NOTE: Events will be trained to standard, not time limitation. The time required to train an event will vary based on METT-TC factors and the training proficiency of the CSH.

Table 4-5. Hospital STX 08-1-E0002 Scenario.

5. General Situation.

- The hospital is to be employed at its home station or mobilization site. The hospital is under the C2 of the medical brigade/medical group HQ.
- Hospital element leaders provide personnel and equipment status reports.
- The supporting installation provides required deployment support.
- The OCONUS location is identified.
- Pertinent maps and engineer overlays are available.
- Route reconnaissance is performed by the detachment/company HQ.
- The OPFOR are capable of launching air attacks, employing NBC agents, and engaging in EW.
- Major deviations from the displacement plan occur.
- This exercise is conducted in all environmental conditions.

6. Special Situation. The hospital commander issues the following warning order:

"The hospital is deploying from CONUS to OCONUS as a 296 bed hospital, to support operations. The hospital will move as part of the medical brigade/medical group HQ move to the vicinity of grid coordinate _____ and will establish hospitalization support and support operations. Begin your planning process for deploying, moving, establishing the new area, conducting hospitalization support and services operations, defending hospital area, and redeploying. An AAR will be conducted after the conclusion of this STX."

7. Support Requirements.

a. Minimum Trainers and OCs. This exercise should be conducted with the hospital commander as the trainer and primary OC. A minimum of five OCs is required.

b. OPFOR.

(1) OPFOR may or may not be required when conducting a tactical road march and defending march elements as part of this STX.

(2) OPFOR should have specific missions and be controlled whenever used.

(3) MILES can be used or the OC can assess damage to equipment and personnel casualties.

c. Vehicles and Communications. Vehicles and communications equipment organic to the hospital are used. When OPFOR is employed, a vehicle and radio for the OC are needed.

d. Operational Training Area. Depending upon LTA, it is desirable to have an adequate training area for setting up operations, which is 400 by 400 meters. A road network is required that allows a road march of at least 91 kilometers.

e. MIL. During this STX, MIL is essential to drive the hospital's actions.

f. Consolidated Support Requirements. Table 4-6 shows the suggested support requirements for this STX.

<u>AMMUNITION</u>	<u>QUANTITY</u>
5.56mm (Blank)	40 rounds/weapon
5.56mm (Blank)	100 rounds/OPFOR weapon
7.62mm (Blank)	1,000 rounds/OPFOR weapon
Blank Adapters	1 each per weapon
Blank Adapters	1 each per OPFOR weapon
MILES	1 set per soldier
MILES	1 set per OPFOR soldier
Smoke Grenades	4 each per unit
Smoke Grenades	2 each per OPFOR
Artillery Simulators	2 each per OPFOR
CS Grenades	3 each per OPFOR
<u>EQUIPMENT</u>	
Mission essential equipment training set	
All organic equipment to include TOE and CTA authorized	
Rail and aircraft load simulations	
<u>FUEL</u>	
Calculate fuel requirements using the Operational Logistics Planner	
<u>OTHER</u>	
Ration Mix Approved for Exercise	as required
Combat Trauma Patient Simulator	as required
Manikin Resuscitation Torso	as required
Aircraft for Simulated Air Attack	1 per unit
War Wound Moulage Set	1 per unit
NOTE: The consolidated support requirements outlined for this STX are intended as suggestions. Local policies or constraints may not allow for providing the items.	

Table 4-6. Consolidated Support Requirements for STX 08-1-E0002.

8. T&EO Sequence. Table 4-7 lists the T&EOs for this STX.

TASK	TASK NUMBER	PAGE
Direct Deployment Alert Activities	63-1-8050.08-705L	5-6
Establish the Emergency Operations Center	63-1-8051.08-705L	5-8
Operate the Emergency Operations Center	63-1-8052.08-705L	5-10
Supervise Hospital Deployment/Redeployment Activities	63-1-8053.08-705L	5-12
Update Movement Plan/Order	63-1-8054.08-705L	5-15
Coordinate Soldier Readiness Processing Support	63-1-8055.08-705L	5-17
Provide Deployment Personnel and Administrative Services Support	63-1-8056.08-705L	5-19
Coordinate Family Assistance Support	63-1-8057.08-705L	5-22
Coordinate Deployment Training Support	63-1-8058.08-705L	5-24
Perform Deployment Intelligence Support Functions	63-1-8059.08-705L	5-26
Provide Deployment Logistics Support	63-1-8060.08-705L	5-29
Perform Deployment Advance Party Activities	63-1-8061.08-705L	5-33
Coordinate Onward Movement	63-1-8062.08-705L	5-35
Direct Integration Activities	63-1-8071.08-705L	5-37
Coordinate Rear Detachment Support	63-1-8063.08-705L	5-39
Perform Home Station Rear Detachment Activities	63-1-8064.08-705L	5-41
Supervise Operations Security Program	63-1-1038.08-705L	5-183
Employ Operations Security Measures	63-2-1016.08-705L	5-227
Maintain Communications	63-1-1040.08-705L	5-505
Conduct Battlefield Stress Reduction and Prevention Procedures	08-2-R303.08-705L	5-316
Perform Risk Management Procedures	63-2-R326.08-705L	5-319
Provide Command and Control	63-1-1045.08-705L	5-489

Table 4-7. T&EOs From Chapter 5 to Use in Evaluating STX 08-1-E0002.

COMBAT SUPPORT HOSPITAL**STX 08-1-E0003****DEPLOY HOSPITAL TO A NEW THEATER OF OPERATIONS**

1. Objective: This STX trains the hospital in deploying to a new TO. This STX also provides the hospital commander and key leaders with practice in controlling and coordinating hospital deployment activities. The hospital must become proficient in performing the tasks in Table 4-10.

2. Interface.

a. This STX supports the hospital's FTX 08-1-E0001--Provide Hospitalization Support and Services.

b. This STX supports the medical brigade/medical group HQ STX--Supervise Deployment of Subordinate Elements to a New Theater of Operations.

3. Training.

a. Leader Training.

(1) This STX can be used to plan and implement deployment (land, sea, or air) of the hospital as part of a CPX or FTX.

(2) During classroom activities, the use of hospital and medical brigade/medical group TSOPs, and the responsibilities and procedures outlined in the hospital's doctrinal publications should be reviewed. Also, the T&EOs listed in this STX should be reviewed.

(3) The leader should use a map of the area, where the STX is to be conducted and a sand table model to match the actual training, if possible.

(4) CFX and TEWT provide ground training for leaders when the exact area of the STX is used.

(5) Simulations and games teach leaders as part of a continuing officer and NCO development program.

(6) Tips for Leader Training.

(a) Leaders should familiarize themselves with the procedures for planning and executing deployment operations.

(b) Leaders should familiarize themselves with the rights and responsibilities of medical personnel as specified in the provisions of the Geneva Conventions.

(c) Leaders should review the hospital and medical brigade/medical group deployment SOPs.

(d) Leaders should conduct a personal reconnaissance of the training area where deployment activities will take place, if possible.

b. Tips for Training.

(1) After the hospital has demonstrated proficiency in the tasks listed in Table 4-10, this STX can be trained under several options:

- (a) Inclement weather.
- (b) Various hospital category levels.
- (c) Different modes of transportation.
- (d) With or without OPFOR interdiction.
- (e) With or without NBC conditions.
- (f) Day or night.
- (g) Movement over single or multiple routes.

(2) The hospital must become proficient in the basics of directing, planning, and executing deployment before attempting complex actions.

(3) After proficiency in this STX is reached, the hospital sustains proficiency by executing this STX as part of an FTX.

4. Training Enhancers.

a. The hospital commander, in coordination with the medical brigade/medical group HQ, secures deployment SOPs, and reviews deployment outload team rosters.

b. The operations section plans the deployment and prepares the deployment plan/order with input from other staff elements and coordinates the plan/order with the medical brigade/medical group HQ.

c. UMO updates hospital deployment plans in coordination with the medical brigade/medical group and hospital staff.

d. The medical brigade DCSSPO/medical group S2/S3 provides the hospital with the deployment sequence.

e. Unless otherwise approved by the chief OC, all reports and recommendations should be provided in hard copy to the senior trainer for evaluation.

f. This exercise begins with the receipt of a deployment warning order and ends when the hospital is established. AARs are conducted as shown in Table 4-8. Table 4-8 is a suggested scenario.

SEQUENCE	EVENT	ESTIMATED TIME	
1	Receive notification	10 min	
2	Verify notification	10 min	
3	Initiate recall plan	40 min	
4*	Perform administrative and personnel activities	2 hrs	
5	Establish local security	20 min	
6	Brief key personnel	30 min	
7	Update movement, deployment and marshalling area plans	2 hrs	40 min
8	AAR	1 hr	
9	Assemble deployment teams		30 min
10	Identify deployment support element		20 min
11*	Inspect vehicles and support team(s) equipment	1 hr	30 min
12*	Conduct showdown inspections	1 hr	30 min
13*	Undergo SRP processing	5 hrs	
14*	Prepare vehicles and equipment AAR	4 hrs	15 min
15*	Load vehicles and equipment	6 hrs	
16	AAR	1 hr	
17	Receive movement order		15 min
18	Conduct nontactical road march	1 hr	
19	Arrive at APOE/SPOE	1 hr	
20	Perform embarkation activities	4 hrs	
21	AAR	1 hr	
22	Arrive at APOD/SPOD	1 hr	
23	Perform debarkation activities	4 hrs	
24	Perform staging area activities	2 hrs	
25	AAR	1 hr	
26	Receive movement order		15 min
27	Conduct tactical road march (serial)	3 hrs	
28	Defend march elements		45 min
29	AAR	1 hr	
30	Issue FRAGO		15 min
31	Perform TAA activities	2 hrs	
32	Receive movement order		15 min
33	Perform planning activities	14 hrs	15 min
34	AAR	1 hr	
35	Conduct tactical road march (serial)	3 hrs	
36	Defend march elements		45 min
37	AAR	1 hr	
38	Perform advance/quartermen party activities (serial)	2 hrs	
39	Perform set up activities	86 hrs	
40	Final AAR	2 hrs	
Total time		139 hrs	5 min

* These events occur simultaneously and are not added to total time.

NOTE: Events will be trained to standard, not time limitation. The time required to train an event will vary based on METT-TC factors and the training proficiency of the CSH.

Table 4-8. Hospital STX 08-1-E0003 Scenario.

5. General Situation.

- a. The hospital is to be employed at its home station or mobilization site. The hospital is under the C2 of the medical brigade/medical group HQ.
- b. Element leaders provide personnel and equipment status reports.
- c. The supporting installation provides required deployment support.
- d. The OCONUS location is identified.
- e. This exercise is conducted in all environmental conditions.

6. FRAGO. The hospital commander issues the FRAGO in Figure 4-2.

Operational site is changed based on support requirements. New location is _____ (grid coordinates). Be prepared to move to new location within _____ hours (time limit)."

Figure 4-2. Sample Hospital FRAGO.

7. Support Requirements.

- a. Minimum Trainers and OCs. This exercise should be conducted with the hospital commander as the trainer and primary OC. A minimum of five OCs is required.
- b. OPFOR.
 - (1) OPFOR may or may not be required when exercise is conducted as part of a CPX. OPFOR should be used if exercise is part of an FTX.
 - (2) OPFOR should have specific missions and be controlled whenever used.
 - (3) MILES can be used or the OC can assess damage to equipment and personnel casualties.
- c. Vehicles and Communications. Vehicles and communications equipment organic to the hospital are used. When OPFOR is employed, a vehicle and radio for the OC are needed.
- d. Operational Training Area. Depending upon LTA, it is desirable to have an adequate training area for setting up operations which is 400 by 400 meters. A road network is required that allows a road march of at least 91 kilometers.
- e. MIL. During this STX, MIL is essential to drive the hospital's actions.
- f. Consolidated Support Requirements. Table 4-9 shows the suggested support requirements for this STX.

<u>AMMUNITION</u>	<u>QUANTITY</u>
5.56mm (Blank)	40 rounds/weapon
5.56mm (Blank)	100 rounds/OPFOR weapon
7.62mm (Blank)	1,000 rounds/OPFOR weapon
Blank Adapters	1 each per weapon
Blank Adapters	1 each per OPFOR weapon
MILES	1 set per soldier
MILES	1 set per OPFOR soldier
Smoke Grenades	4 each per unit
Smoke Grenades	2 each per OPFOR
Artillery Simulators	2 each per OPFOR
CS Grenades	3 each per OPFOR
<u>EQUIPMENT</u>	
Mission essential equipment training set	
All organic equipment to include TOE and CTA authorized	
Rail and aircraft load simulations	
<u>FUEL</u>	
Calculate fuel requirements using the Operational Logistics Planner	
<u>OTHER</u>	
Ration Mix Approved for Exercise	as required
Combat Trauma Patient Simulator	as required
Manikin Resuscitation Torso	as required
Aircraft for Simulated Air Attack	1 per unit
War Wound Moulage Set	1 per unit
NOTE: The consolidated support requirements outlined for this STX are intended as suggestions. Local policies or constraints may not allow for providing the items.	

Table 4-9. Consolidated Support Requirement STX 08-1-E0003.

8. T&EO Sequence. Table 4-10 lists the T&EOs for this STX.

TASK	TASK NUMBER	PAGE
Plan Hospital Deployment in a Peacetime Environment	63-1-8072.08-705L	5-436
Plan Hospital Deployment Upon Receipt of a Warning Order	63-1-8073.08-705L	5-440
Perform Deployment Alert Activities	63-2-8001.08-705L	5-57
Perform Personnel and Administrative Predeployment Activities	63-2-8002.08-705L	5-60
Perform Predeployment Training Activities	63-2-8003.08-705L	5-63

Table 4-10. T&EOs From Chapter 5 to Use in Evaluating STX 08-1-E0003.

TASK	TASK NUMBER	PAGE
Perform Predeployment Supply Activities	63-2-8004.08-705L	5-65
Perform Predeployment Maintenance Activities (Unit with Maintenance Element)	63-2-8005.08-705L	5-68
Prepare Vehicles and Equipment for Deployment.	63-2-8006.08-705L	5-72
Prepare Hospital for Nontactical Move	63-2-8007.08-705L	5-77
Conduct Nontactical Road March	63-2-8008.08-705L	5-81
Perform Sea Port of Embarkation Activities for Deployment	63-2-8009.08-705L	5-84
Perform Aerial Port of Embarkation Activities for Deployment	63-2-8010.08-705L	5-88
Perform Aerial Port of Debarkation Activities for Deployment	63-2-8011.08-705L	5-91
Perform Sea Port of Debarkation Activities for Deployment	63-2-8012.08-705L	5-94
Prepare Equipment Reception Team for Tactical Road March (Deployment)	63-2-8013.08-705L	5-97
Conduct Staging Activities	63-2-8026.08-705L	5-100
Conduct Integration Activities	63-2-8025.08-705L	5-103
Conduct Mission Analysis	63-1-1001.08-705L	5-444
Conduct Intelligence Preparation of the Battlefield	63-1-1002.08-705L	5-447
Formulate Feasible Courses of Action	63-1-1003.08-705L	5-450
Develop Intelligence Estimate	63-1-1004.08-705L	5-452
Develop Personnel Estimate	63-1-1005.08-705L	5-455
Develop Logistics Estimate	63-1-1006.08-705L	5-458
Develop a Hospitalization Support and Services Estimate	63-1-1007.08-705L	5-461
Develop Supporting Commander's (Operation) Estimate	63-1-1008.08-705L	5-464
Prepare Operations Plan/Operations Order and Annexes	63-1-1009.08-705L	5-468
Develop Road Movement Order	63-1-1010.08-705L	5-471
Develop Occupation Plan	63-1-1011.08-705L	5-475
Plan Hospital Area Tactical Operations	63-1-1012.08-705L	5-478

Table 4-10. T&EOs From Chapter 5 to Use in Evaluating STX 08-1-E0003 (cont).

TASK	TASK NUMBER	PAGE
Plan Hospital Defense	63-2-1010.08-705L	5-497
Plan Area Damage Control Operations	63-2-1014.08-705L	5-500
Prepare Hospital to Move	63-2-1002.08-705L	5-144
Conduct Tactical Road March	63-2-1003.08-705L	5-149
Cross a Chemically Contaminated Area	03-3-C226.08-705L	5-153
Cross a Radiologically Contaminated Area	03-3-C208.08-705L	5-159
Defend March Elements	63-2-1006.08-705L	5-166
Perform Advance/Quartermaster Party Activities	63-1-1015.08-705L	5-172
Establish Hospital Command Post (Forward)	63-1-1016.08-705L	5-176
Establish Communications	63-1-1017.08-705L	5-481
Supervise Establishment of Subordinate Elements and Hospital Headquarters	63-1-1019.08-705L	5-178
Establish Tactical Operations Center, Administrative Areas, and Operational Areas	63-1-1020.08-705L	5-180
Occupy New Operating Site	63-2-1009.08-705L	5-190
Set Up Hospital Defense	63-2-1011.08-705L	5-193
Establish Hospital Headquarters Area	08-1-0218.08-705L	5-197
Establish Company Headquarters Area	63-2-0008.08-705L	5-199
Establish Hospital Operational Areas	08-2-0220.08-705L	5-202
Supervise Operations Security Program	63-1-1038.08-705L	5-183
Employ Physical Security Measures	63-2-R306.08-705L	5-210
Set Up Laundry Service and Bath Area	08-1-0259.08-705L	5-214
Prepare for Operations Under Nuclear, Biological, and Chemical Conditions	03-3-C201.08-705L	5-216
Employ Operations Security Measures	63-2-1016.08-705L	5-227
Maintain Communications	63-1-1040.08-705L	5-505

Table 4-10. T&EOs From Chapter 5 to Use in Evaluating STX 08-1-E0003 (cont).

TASK	TASK NUMBER	PAGE
Conduct Battlefield Stress Reduction and Prevention Procedures	08-2-R303.08-705L	5-313
Perform Risk Management Procedures	63-2-R326.08-705L	5-316
Provide Command and Control	63-1-1045.08-705L	5-494
Treat Hospital Casualties	08-2-0314.08-705L	5-324
Perform Mortuary Affairs Operations	10-2-C318.08-705L	5-330

Table 4-10. T&EOs From Chapter 5 to Use in Evaluating STX 08-1-E0003 (cont).

COMBAT SUPPORT HOSPITAL**STX 08-1-E0004****PLAN HOSPITALIZATION SUPPORT AND SERVICES OPERATIONS**

1. Objective. This STX trains the hospital HQ staff and other key leaders to plan and coordinate the relocation and operations of the hospital. The staff must be able to successfully plan the hospital move, the occupation of a new site, hospitalization support and services operations, and hospital defense. The hospital must become proficient in performing the tasks in Table 4-13.

2. Interface.

- a. This STX supports the hospital's FTX 08-1-E0001--Provide Hospitalization Support and Services.
- b. This STX supports the medical brigade/medical group HQ STX--Plan Operations.

3. Training.

a. Leader Training.

- (1) This STX can be used as a CPX to develop plans.
- (2) During classroom activities, the use of hospital and medical brigade/medical group TSOPs, and the responsibilities and procedures outlined in the hospital's doctrinal publications should be reviewed. Also, the T&EOs listed in this STX should be reviewed.
- (3) The leader should use a map of the area, where the STX is to be conducted and a sand table model to match the actual training, if possible.
- (4) CFX and TEWT provide ground training for leaders when the exact area of the STX is used.
- (5) Simulations and games teach leaders as part of a continuing officer and NCO development program. They are also used to exercise C2 at various command and staff levels.
- (6) Tips for Leader Training.
 - (a) Leaders should familiarize themselves with the procedures for determining hospitalization support and services requirements and preparing estimates, plans, OPORDs, and annexes.
 - (b) Leaders should familiarize themselves with the rights and responsibilities of medical personnel as specified in the provisions of the Geneva Conventions.
 - (c) Leaders should review the hospital and higher echelon deployment SOPs.
 - (d) Leaders should conduct a personal reconnaissance of the training area where activities will take place, if possible.

b. Tips for Training.

(1) After the hospital has demonstrated proficiency in the tasks listed in Table 4-13, this STX can be trained under several options:

- (a) In support of offensive operations.
- (b) In support of defensive operations.
- (c) In support of retrograde operations.
- (d) With or without OPFOR threat.
- (e) With or without NBC conditions.
- (f) Reduced time to accomplish staff planning.
- (g) Field or MOUT location.
- (h) Day or night.
- (i) Rapid changes in commander's guidance.

(2) The staff must become proficient in the basics of planning hospitalization support and services operations before attempting complex options.

(3) After becoming proficient in this STX, the hospital staff sustains proficiency by executing it as part of an FTX.

4. Training Enhancers.

a. The senior trainer completes mission analysis, issues planning guidance, restates the mission, and selects tactical support options based on the next higher HQ commander's guidance or on his own judgment.

b. Staff estimates and recommendations are provided in hard copy to the senior trainer for evaluation.

c. The operations section should complete the OPLAN/OPORD and after it has been approved by the hospital commander, provide hard copy to the senior trainer for evaluation.

d. All reports generated by requirements should be submitted in hard copy to the senior trainer for evaluation.

e. This exercise begins upon receipt of a warning order and ends when the plans are completed. AARs are conducted as shown in Table 4-11. Table 4-11 is a suggested scenario.

SEQUENCE	EVENT	ESTIMATED TIME	
1	Receive warning order		15 min
2	Conduct mission analysis	1 hr	
3	Staff estimates	1 hr	30 min
4	AAR	1 hr	
5	Prepare OPLAN/OPORD and annexes	1 hr	30 min
6	Develop movement order	2 hrs	
7	Plan hospital area tactical operations	6 hrs	
8	Perform final AAR	1 hr	
Total time		14 hrs	15 min

NOTE: Events will be trained to standard, not time limitation. The time required to train an event will vary based on METT-TC factors and the training proficiency of the CSH.

Table 4-11. Hospital STX 08-1-E0004 Scenario.

5. General Situation.

a. The hospital is deployed in a CZ or stability operations and support operations. The hospital's mission is to provide hospitalization support and services for the corps/EAC. The hospital commander has received a warning order from the medical brigade/medical group commander.

b. The hospital commander's planning guidance and restated mission have been reviewed. After this review, the commander provides his planning guidance. The medical brigade/medical group commander's estimate has been reviewed and is used as a basis for the development of the hospitalization estimates.

c. All pertinent maps and engineer overlays are available for planning the hospital move.

d. The hospital's new mission may be performed in a field or MOUT environment.

e. The defense of the hospital will be based on a base cluster concept.

f. When conducted in the field, this STX is performed in all environmental conditions.

6. Special Situation.

a. The hospital commander is conducting a staff meeting where the following guidance is given:

"The medical brigade/medical group commander anticipates supporting a operation within _____ hours. The operation is estimated to last approximately _____ hours and will commence in the vicinity of _____ (grid coordinates); the final objective is _____."

b. The hospital commander issues the following instructions:

"Begin your planning process developing plans for this mission. Further information will be disseminated as soon as it is received. You will conduct an OPLAN/OPORD briefing, after the approval of annexes. If necessary, repeat any portion of the exercise until your performance is satisfactory."

7. Support Requirements.

a. Minimum Trainers and OCs. This exercise will be conducted by the hospital commander or chief, operations and administrative service, as the senior internal OC. Because of the detail required in evaluating staff estimates, a minimum of four other OCs is required for the total staff. The OCs monitor and evaluate the accuracy of the estimates, the soundness of recommendations, and the thoroughness of coordinations.

b. OPFOR. Not required.

c. Vehicles and Communications. Vehicles and communications equipment organic to the hospital are used.

d. Operational Training Area. Not required.

e. MIL. During this STX, MIL is essential to drive the hospital's actions.

f. Consolidated Support Requirements. All equipment organic to the hospital staff to include TOE and CTA authorized.

<u>AMMUNITION</u>	<u>QUANTITY</u>
	none
<u>EQUIPMENT</u>	
Mission essential equipment training set	
All organic equipment to include TOE and CTA authorized	
<u>FUEL</u>	
Calculate fuel requirements using the Operational Logistics Planner	
<u>OTHER</u>	
Ration Mix Approved for Exercise	as required
Safety Checklist	as required
NOTE: The consolidated support requirements outlined above are intended as suggestions only. Local policies or constraints may not allow for the provisioning of all items in this table.	

Table 4-12. Consolidated Support Requirements for STX 08-1-E0004.

8. T&EO Sequence. Table 4-13 lists the T&EOs for this STX.

TASK	TASK NUMBER	PAGE
Plan Hospital Deployment in a Peacetime Environment	63-1-8072.08-705L	5-436
Plan Hospital Deployment Upon Receipt of a Warning Order	63-1-8073.08-705L	5-440
Conduct Mission Analysis	63-1-1001.08-705L	5-444
Conduct Intelligence Preparation of the Battlefield	63-1-1002.08-705L	5-447
Formulate Feasible Courses of Action	63-1-1003.08-705L	5-450
Develop Intelligence Estimate	63-1-1004.08-705L	5-452
Develop Personnel Estimate	63-1-1005.08-705L	5-455
Develop Logistics Estimate	63-1-1006.08-705L	5-458
Develop a Hospitalization Support and Services Estimate	63-1-1007.08-705L	5-461
Develop Supporting Commander's (Operation) Estimate	63-1-1008.08-705L	5-464
Prepare Operations Plan/Operations Order and Annexes	63-1-1009.08-705L	5-468
Develop Road Movement Order	63-1-1010.08-705L	5-471
Develop Occupation Plan	63-1-1011.08-705L	5-475
Plan Hospital Area Tactical Operations	63-1-1012.08-705L	5-478
Plan Hospital Defense	63-2-1010.08-705L	5-497
Plan Area Damage Control Operations	63-2-1014.08-705L	5-500
Supervise Operations Security Program	63-1-1038.08-705L	5-183
Employ Operations Security Measures	63-2-1016.08-705L	5-227
Maintain Communications	63-1-1040.08-705L	5-505
Conduct Battlefield Stress Reduction and Prevention Procedures	08-2-R303.08-705L	5-316
Perform Risk Management Procedures	63-2-R326.08-705L	5-319
Provide Command and Control	63-1-1045.08-705L	5-489
Plan Hospital Redeployment	63-1-8074.08-705L	5-502

Table 4-13. T&EOs From Chapter 5 to Use in Evaluating STX 08-1-E0004.

COMBAT SUPPORT HOSPITAL

STX 08-1-E0005

RELOCATE HOSPITAL TO A NEW OPERATING SITE

1. Objective. This STX trains the hospital in relocating to a new operating site. This STX also provides the hospital commander and key leaders with practice in coordinating and controlling movement. The hospital must become proficient in performing tasks in Table 4-16.

2. Interface.

a. This STX supports the hospital's FTX 08-1-E0001--Provide Hospitalization Support and Services.

b. This STX supports the medical brigade/medical group HQ STX--Direct Relocation of the Unit to a New Operating Site.

3. Training.

a. Leader Training.

(1) This STX can be used to plan and implement movement of the hospital as part of a CPX or FTX.

(2) During classroom activities, the use of medical brigade/medical group TSOPs and the responsibilities and procedures outlined in the hospital's doctrinal publications should be reviewed. Also, the T&EOs listed in this STX should be reviewed.

(3) Leaders should use a map of the actual area where the STX is to be conducted and a sand table model to match the actual terrain, if possible.

(4) CFX and TEWT provide ground training for leaders when the exact area of the STX is used.

(5) Simulations and games teach leaders as part of a continuing officer and NCO development program.

(6) Tips for Leader Training.

(a) Leaders should familiarize themselves with the procedures for planning and executing movements.

(b) Leaders should familiarize themselves with the rights and responsibilities of medical personnel as specified in the provision of the Geneva Conventions.

(c) Leaders should review the hospital and higher HQ TSOPs.

(d) Leaders should conduct a personal reconnaissance of the training area where movement will take place, if possible.

b. Tips for Training.

(1) After the hospital has demonstrated proficiency in the tasks listed in Table 4-16, this STX can be trained under several options:

- (a) Elements moving over a single or multiple routes.
- (b) Single or multiple lift move.
- (c) With or without OPFOR interdiction.
- (d) With or without NBC conditions.
- (e) Day or night.
- (f) In a field or MOUT environment.
- (g) Support or non-support during move.

(2) The hospital must become proficient in the basics of planning and executing movement before attempting complex options.

(3) After proficiency in this STX is reached, the hospital sustains proficiency by executing this STX as part of an FTX.

4. Training Enhancers.

a. The hospital commander in coordination, with the medical brigade DCSSPO/medical group S2/S3, completes mission analysis, issues movement planning guidance, establishes movement priorities, selects tactical movement options, and composition of CP (forward), based on the medical brigade/medical group commander's guidance. The enemy situation will affect the security requirements.

b. The operations section plans the move and prepares the movement order with input from other staff elements and coordinates the plan with the medical brigade/medical group commander.

c. Unless otherwise approved by the chief OC, all reports and recommendations should be provided in hard copy to the senior trainer for evaluation.

d. The hospital should be able to relocate at least every 25 days as a standard capability.

e. This exercise begins with the receipt of a warning order and ends when the last element has crossed the RP. AARs are conducted as shown in Table 4-14. Table 4-14 is a suggested scenario.

SEQUENCE	EVENT	ESTIMATED TIME	
1	Receive warning order		15 min
2	Perform movement preparation activities	14 hrs	15 min
3	AAR	1 hr	
4	Cross SP		10 min
5	Conduct road march (serial)	6 hrs	
6	Issue FRAGO		15 min
7*	Cross NBC contaminated area		45 min
8*	Perform decontamination activities		45 min
9	AAR	1 hr	
10	Defend against air attacks		15 min
11	Resume road march		45 min
12*	Defend against OPFOR ambushes		30 min
13	AAR	1 hr	
14	Resume road march		45 min
15	Cross RP		10 min
16	Final AAR	1 hr	
Total time		26 hrs	50 min

* These events occur simultaneously and are not added to total time.

NOTE: Events will be trained to standard, not time limitation. The time required to train an event will vary based on METT-TC factors and the training proficiency of the CSH

Table 4-14. Hospital STX 08-1-E0005 Scenario.

5. General Situation.

- a. The hospital is deployed in a CZ or stability operations and support operations. The hospital is under the C2 of the medical brigade/medical group.
- b. Element leaders provide personnel and equipment status reports.
- c. The medical brigade/medical group movement order or annex is available.
- d. Pertinent maps and overlays with checkpoints, RP, and critical points are available.
- e. There is a possibility of encountering contamination along the route of march.
- f. The OPFOR has the potential to conduct ground, air, and NBC warfare, to include EW.
- g. This exercise is conducted in all environmental conditions.
- h. Major deviations from the displacement plan occur.

6. FRAGO. The hospital commander issues the FRAGO in Figure 4-3.

"Contaminated area reported on current route of march--main route 2 at north end of town A. Reroute convoy at checkpoint 12 to main route 1. Report reaching checkpoint 17."

Figure 4-3. Sample Hospital FRAGO.

7. Support Requirements.

a. Minimum Trainers and OCs. This exercise should be conducted with the hospital commander as the trainer and primary OC. A minimum of five OCs is required.

b. OPFOR.

(1) OPFOR may or may not be required when the exercise is conducted as part of a CPX. OPFOR should be used if exercise is part of an FTX.

(2) OPFOR should have specific missions and be controlled whenever used.

(3) MILES can be used or the OC can assess damage to equipment and personnel casualties.

c. Vehicles and Communications. Vehicles and communications equipment organic to the hospital are used. When OPFOR is employed, a vehicle and radio for the OC are needed.

d. Operational Training Area. Depending upon LTA, it is desirable to have an adequate training area for setting up operations which is 400 by 400 meters. A road network is required that allows a road march of at least 91 kilometers.

e. MIL. During this STX, MIL is essential to drive the hospital's actions.

f. Consolidated Support Requirements. Table 4-15 shows the suggested support requirements for this STX.

<u>AMMUNITION</u>	<u>QUANTITY</u>
5.56mm (Blank)	40 rounds/weapon
5.56mm (Blank)	100 rounds/OPFOR weapon
7.62mm (Blank)	1,000 rounds/OPFOR weapon
Blank Adapters	1 each per weapon
Blank Adapters	1 each per OPFOR weapon
MILES	1 set per soldier
MILES	1 set per OPFOR soldier
Smoke Grenades	4 each per unit
Smoke Grenades	2 each per OPFOR
Artillery Simulators	2 each per OPFOR
CS Grenades	3 each per OPFOR
<u>EQUIPMENT</u>	
Mission essential equipment training set	
All organic equipment to include TOE and CTA authorized	
Rail and aircraft load simulations	
<u>FUEL</u>	
Calculate fuel requirements using the Operational Logistics Planner	

Table 4-15. Consolidated Support Requirements for STX 08-1-E0005.

<u>OTHER</u>	<u>QUANTITY</u>
Ration Mix Approved for Exercise	as required
Combat Trauma Patient Simulator	as required
Manikin Resuscitation Torso	as required
Aircraft for Simulated Air Attack	1 per unit
War Wound Mouflage Set	1 per unit
NOTE: The consolidated support requirements outlined for this STX are intended as suggestions. Local policies or constraints may not allow for providing the items.	

Table 4-15. Consolidated Support Requirements for STX 08-1-E0005 (cont).

8. T&EO Sequence. Table 4-16 lists the T&EOs for this STX.

TASK	TASK NUMBER	PAGE
Develop Road Movement Order	63-1-1010.08-705L	5-471
Prepare Hospital to Move	63-2-1002.08-705L	5-144
Conduct Tactical Road March	63-2-1003.08-705L	5-149
Cross a Chemically Contaminated Area	03-3-C226.08-705L	5-153
Cross a Radiologically Contaminated Area	03-3-C208.08-705L	5-159
Defend March Elements	63-2-1006.08-705L	5-166
Supervise Operations Security Program	63-1-1038.08-705L	5-183
Employ Operations Security Measures	63-2-1016.08-705L	5-227
Maintain Communications	63-1-1040.08-705L	5-505
Conduct Battlefield Stress Reduction and Prevention Procedures	08-2-R303.08-705L	5-316
Perform Risk Management Procedures	63-2-R326.08-705L	5-319
Provide Command and Control	63-1-1045.08-705L	5-489
Handle Enemy Prisoners of War	19-3-3106.08-705L	5-322
Process Captured Documents and Equipment	19-3-3105.08-705L	5-325
Treat Hospital Casualties	08-2-0314.08-705L	5-327
Perform Mortuary Affairs Operations	10-2-C318.08-705L	5-333

Table 4-16. T&EOs From Chapter 5 to Use in Evaluating STX 08-1-E0005.

COMBAT SUPPORT HOSPITAL**STX 08-1-E0006****ESTABLISH HOSPITAL AREA OF OPERATIONS**

1. Objective. This STX trains the hospital in setting up its AO. This STX provides the hospital commander and key leaders practice in planning, coordinating, and controlling the establishment of the operational area. The hospital must become proficient in performing tasks in Table 4-19.

2. Interface.

a. This STX supports the hospital's FTX 08-1-E0001--Provide Hospitalization Support and Services.

b. This STX supports the medical brigade/medical group HQ STX--Supervise Establishment of the Area of Operations.

3. Training.

a. Leader Training.

(1) This STX can be used to establish the hospital area as a part of a CPX or FTX.

(2) During classroom activities, the use of medical brigade/medical group TSOPs and the responsibilities and procedures outlined in the hospital's doctrinal publications should be reviewed. Also, the T&EOs listed in this STX should be reviewed.

(3) Leaders should use a map of the actual area where the STX is to be conducted, and a sand table model to match the actual terrain, if possible.

(4) Tips for Leader Training.

(a) Leaders should familiarize themselves with the procedures for setting up the hospital AO.

(b) Leaders should familiarize themselves with the rights and responsibilities of medical personnel as specified in the provisions of the Geneva Conventions.

(c) Leaders should review the hospital and medical brigade/medical group TSOPs.

(d) Leaders should conduct a personal reconnaissance of the training area where setup will take place, if possible.

b. Tips for Training.

(1) After the hospital demonstrates proficiency in the tasks listed in Table 4-19, this STX can be trained under several options:

(a) With or without OPFOR interdiction.

(b) With or without NBC conditions.

(c) Field or MOUT environment.

(2) The hospital must become proficient in the basics of setting up before attempting complex options.

(3) After proficiency in this STX is reached, the hospital sustains proficiency by executing this STX as part of a FTX.

4. Training Enhancers.

a. The hospital has conducted a tactical road march. The hospital must be prepared at any time to defend against air, ground, or terrorist attacks during daylight or darkness, and to respond appropriately to enemy, friendly, or NBC operations.

b. The hospital establishes the new operating site IAW the layout plans. When the site is operational, the medical brigade DCSSPO/medical group S2/S3 is notified that the hospital is prepared to perform its operational mission.

c. Unless otherwise approved by the chief OC, all reports and recommendations should be provided in hard copy to the senior trainer for evaluation.

d. This exercise begins when the advance/quartering party arrives at the new site and ends when the hospital area is established. An AAR is conducted as shown in Table 4-17. Table 4-17 is a suggested scenario.

SEQUENCE	EVENT	ESTIMATED TIME	
1	Advance/quartering party element prepares new site	2 hrs	
2	Issue FRAGO		15 min
3*	Set up defensive positions	1 hr	30 min
4*	Set up hospital command post (forward)	1 hr	30 min
5	Establish hospital operating areas	86 hrs	
6*	Set up administrative and bivouac areas	4 hrs	
7	AAR	1 hr	
Total time		89 hrs	15 min
* These events occur simultaneously and are not added to total time.			
NOTE: Events will be trained to standard, not time limitation. The time required to train an event will vary based on METT-TC factors and the training proficiency of the CSH.			

Table 4-17. Hospital STX 08-1-E0006 Scenario.

5. General Situation.

a. The advance/quartering party has performed preliminary security and organization of the new site. The hospital elements follow; they are ready to establish operations and defend at any time during the establishment.

- b. A site reconnaissance has been performed.
- c. A tentative layout and defensive plan are available.
- d. Helicopter LZ has been designated.
- e. Sufficient unit and medical supplies and equipment are available.
- f. NBC detection equipment is available.
- g. The exercise is conducted in a field or MOUT environment.
- h. The OPFOR has the potential to conduct ground, air, and NBC warfare.
- i. This exercise is conducted in all environmental conditions.

6. FRAGO. The hospital commander issues the FRAGO in Figure 4-4.

"Boundaries have changed. Change set-up location of hospital to coordinates _____ (grid coordinates). Coordinate revision of layout plans with me at new location. Prepare all elements for movement NLT _____ hours (time limit)."

Figure 4-4. Sample Hospital FRAGO.

7. Support Requirements.

a. Minimum Trainers and OCs. This exercise should be conducted with the hospital commander as the trainer and primary OC. A minimum of five OCs is required.

b. OPFOR.

- (1) OPFOR should not be more than squad size with one crew-served weapon.
- (2) MILES can be used or the OCs can assess damage to equipment and personnel casualties.
- (3) The OPFOR should be well-trained in threat tactics, have specific missions, and be controlled when used.

c. Vehicles and Communications. Vehicles and communications equipment organic to the hospital are used. When OPFOR are employed, a vehicle and radio for the OC are needed.

d. Operational Training Area. Depending upon LTA, it is desirable to have an adequate training area, which is 400 by 400 meters.

e. MIL. During this FTX, MIL is essential to drive the hospital's actions.

f. Consolidated Support Requirements. Table 4-18 shows the suggested support requirements for this STX.

<u>AMMUNITION</u>	<u>QUANTITY</u>
5.56mm (Blank)	40 rounds/weapon
5.56mm (Blank)	100 rounds/OPFOR weapon
7.62mm (Blank)	1,000 rounds/OPFOR weapon
Blank Adapters	1 each per weapon
Blank Adapters	1 each per OPFOR weapon
MILES	1 set per soldier
MILES	1 set per OPFOR soldier
Smoke Grenades	4 each per unit
Smoke Grenades	2 each per OPFOR
Artillery Simulators	2 each per OPFOR
CS Grenades	3 each per OPFOR
<u>EQUIPMENT</u>	
Mission essential equipment training set	
All organic equipment to include TOE and CTA authorized	
Rail and aircraft load simulations	
<u>FUEL</u>	
Calculate fuel requirements using the Operational Logistics Planner	
<u>OTHER</u>	
Ration Mix Approved for Exercise	as required
Combat Trauma Patient Simulator	as required
Manikin Resuscitation Torso	as required
Aircraft for Simulated Air Attack	1 per unit
War Wound Moulage Set	1 per unit
NOTE: The consolidated support requirements outlined for this STX are intended as suggestions. Local policies or constraints may not allow for providing the items.	

Table 4-18. Consolidated Support Requirements for STX 08-1-E0006.

8. T&EO Sequence. Table 4-19 lists the T&EOs for this STX.

TASK	TASK NUMBER	PAGE
Develop Occupation Plan	63-1-1011.08-705L	5-475
Perform Advance/Quartering Party Activities	63-1-1015.08-705L	5-172
Establish Hospital Command Post (Forward)	63-1-1016.08-705L	5-176
Establish Communications	63-1-1017.08-705L	5-487
Supervise Establishment of Subordinate Elements and Hospital Headquarters	63-1-1019.08-705L	5-178
Establish Tactical Operations Center, Administrative Areas, and Operational Areas	63-1-1020.08-705L	5-180
Occupy New Operating Site	63-2-1009.08-705L	5-190
Set Up Hospital Defense	63-2-1011.08-705L	5-193
Establish Hospital Headquarters Area	08-1-0218.08-705L	5-197
Establish Company Headquarters Area	63-2-0008.08-705L	5-199
Establish Hospital Operational Areas	08-2-0220.08-705L	5-202
Supervise Operations Security Program	63-1-1038.08-705L	5-183
Employ Physical Security Measures	63-2-R306.08-705L	5-227
Set Up Laundry Service and Bath Area	08-1-0259.08-705L	5-214
Prepare for Operations-Under Nuclear, Biological, and Chemical Conditions	03-3-C201.08-705L	5-216
Employ Operations Security Measures	63-2-1016.08-705L	5-227
Maintain Communications	63-1-1040.08-705L	5-505
Conduct Battlefield Stress Reduction and Prevention Procedures	08-2-R303.08-705L	5-316
Perform Risk Management Procedures	63-2-R326.08-705L	5-319
Provide Command and Control	63-1-1045.08-705L	5-489
Handle Enemy Prisoners of War	19-3-3106.08-705L	5-322
Process Captured Documents and Equipment	19-3-3105.08-705L	5-325
Treat Hospital Casualties	08-2-0314.08-705L	5-327
Perform Mortuary Affairs Operations	10-2-C318.08-705L	5-333

Table 4-19. T&EOs From Chapter 5 to Use in Evaluating STX 08-1-E0006.

COMBAT SUPPORT HOSPITAL

STX 08-1-E0007

PERFORM HOSPITALIZATION SUPPORT AND SERVICES OPERATIONS

1. Objective. This STX trains the hospital in performing hospitalization support and services operations. This STX also provides the hospital commander and key leaders with practice in planning, supervising, and coordinating hospitalization support and services operations. The hospital must become proficient in performing tasks in Table 4-22.

2. Interface.

a. This STX supports the hospital's FTX 08-1-E0001--Provide Hospitalization Support and Services Operations.

b. This STX supports the medical brigade/medical group HQ STX--Direct Combat Health Support Operations.

3. Training.

a. Leader Training.

(1) This STX can be used to plan and implement hospitalization support and services operations as part of a CPX or FTX.

(2) During classroom activities, the use of medical brigade/medical group TSOPs and the responsibilities and procedures outlined in the hospital's doctrinal publications should be reviewed. Also, the T&EOs listed in this STX should be reviewed.

(3) CFX and TEWT provide ground training for leaders when the exact area of the STX is used.

(4) Simulations and games teach leaders as part of a continuing officer and NCO development program.

(5) Tips for Leader Training.

(a) Leaders should familiarize themselves with the procedures for providing hospitalization support and services.

(b) Leaders should familiarize themselves with the rights and responsibilities of medical personnel as specified in the provisions of the Geneva Conventions.

(c) Leaders should review the medical brigade/medical group and hospital TSOPs.

(d) The leader should conduct a personal reconnaissance of the training area where hospitalization support and services will take place, if possible.

b. Tips for Training.

(1) After the hospital has demonstrated proficiency in the tasks listed in Table 4-22, this STX can be trained under several options:

(a) With or without OPFOR interdictions.

(b) With or without NBC conditions.

- (c) In a field or MOUT environment.
- (d) Day or night.
- (e) During offensive, defensive, or retrograde operations.
- (f) During low- to high-intensive operations.
- (g) With or without (simulated) patients.

(2) The hospital must become proficient in the basics of planning and conducting hospitalization support and services, evacuation and internal support procedures before attempting complex options.

(3) After proficiency in this STX is reached, the hospital sustains proficiency by executing this STX as part of an FTX.

4. Training Enhancers.

- a. The hospital must conduct hospitalization support and services and internal support at all times. It must also provide constant security for the CP area and be prepared to respond effectively to threat.
- b. The hospital must be able to perform all tasks listed for this STX in Table 4-22.
- c. Unless otherwise approved by the chief OC, all reports and recommendations should be provided in hard copy to the senior trainer for evaluation.
- d. This exercise begins as soon as the hospital operations areas are established and ends when the hospital receives an attack. AARs are conducted as shown in Table 4-20. Table 4-20 is a suggested scenario.

SEQUENCE	EVENT	ESTIMATED TIME	
1*	Commander issues guidance	1 hr	
2	Issue FRAGO		15 min
3*	Patients and casualties arrive continuously	24 hrs	
4	Perform hospitalization support and services	24 hrs	
5*	Perform hospital sustainment activities	24 hrs	
6*	Respond to threat activities	1 hr	
7	AAR	1 hr	
8*	Conduct NBC operations (OPFOR)	1 hr	
9*	Respond to NBC attack	1 hr	
10*	Hospitalization support and services degradation	4 hrs	
11	AAR	1 hr	
12*	Defend against air attacks (OPFOR)		30 min
13*	Conduct restoration activities	1 hr	
14*	Receive notification of threat		15 min
15	Final AAR	2 hrs	
Total time		28 hrs	15 min

* These events occur simultaneously and are not added to total time.

NOTE: Events will be trained to standard, not time limitation. The time required to train an event will vary based on METT-TC factors and the training proficiency of the CSH.

Table 4-20. Hospital STX 08-1-E0007 Scenario.

5. General Situation.

- a. The hospital is established and is prepared to perform hospitalization support and services operations. The hospital is receiving patients from CZ MTFs.
- b. The hospital is set up in a field site or MOUT environment.
- c. A mortuary affairs collection point is identified.
- d. Hospital HQ will provide hospital sustainment support to its elements.
- e. A defense plan is available for air and ground attacks.
- f. A safety program is established.
- g. Hospital elements are prepared to receive and treat patients.
- h. Some patients may be contaminated.
- i. The OPFOR has the potential to conduct ground, air, and NBC warfare.
- j. This exercise is conducted in all environmental conditions.
- k. Technical publications are available.
- l. Medical resupply and repair parts have been coordinated for with supporting units.

6. FRAGO. The hospital commander issues the FRAGO in Figure 4-5.

"The hospital will perform hospitalization support and services in the CSA in the vicinity of _____ (grid coordinates). Prepare elements to treat patients within _____ hours (time limit). Further information will be disseminated after the maneuver elements become engaged and casualties are generated. Coordinate with the supply and service division for maintenance and disposition of inoperative equipment."

Figure 4-5. Sample Hospital FRAGO.

7. Support Requirements.

- a. Minimum Trainers and OCs. This exercise should be conducted with the hospital commander as the trainer and primary OC. A minimum of five OCs is required.
- b. OPFOR.
 - (1) OPFOR should not be more than squad size with one crew-served weapon. OPFOR should have specific missions and be controlled when used.
 - (2) MILES can be used or the OCs can assess damage to equipment and personnel casualties.
- c. Vehicles and Communications. Vehicles and communications equipment organic to the hospital are used. When OPFOR are employed, a vehicle and radio for the OCs are needed.

d. Operational Training Area. Depending upon LTA, it is desirable to have an adequate training area, which is 400 by 400 meters.

e. MIL. During this STX, MIL is essential to drive the hospital's actions.

f. Consolidated Support Requirements. Table 4-21 shows the suggested support requirements for this STX.

<u>AMMUNITION</u>	<u>QUANTITY</u>
5.56mm (Blank)	40 rounds/weapon
5.56mm (Blank)	100 rounds/OPFOR weapon
7.62mm (Blank)	1,000 rounds/OPFOR weapon
Blank Adapters	1 each per weapon
Blank Adapters	1 each per OPFOR weapon
MILES	1 set per soldier
MILES	1 set per OPFOR soldier
Smoke Grenades	4 each per unit
Smoke Grenades	2 each per OPFOR
Artillery Simulators	2 each per OPFOR
CS Grenades	3 each per OPFOR
<u>EQUIPMENT</u>	
Mission essential equipment training set	
All organic equipment to include TOE and CTA authorized	
Rail and aircraft load simulations	
<u>FUEL</u>	
Calculate fuel requirements using the Operational Logistics Planner	
<u>OTHER</u>	
Ration Mix Approved for Exercise	as required
Combat Trauma Patient Simulator	as required
Manikin Resuscitation Torso	as required
Aircraft for Simulated Air Attack	1 per unit
War Wound Moulage Set	1 per unit
NOTE: The consolidated support requirements outlined for this STX are intended as suggestions. Local policies or constraints may not allow for providing the items.	

Table 4-21. Consolidated Support Requirements for STX 08-1-E0007.

8. T&EO Sequence. Table 4-22 lists the T&EOs for this STX.

TASK	TASK NUMBER	PAGE
Operate the Tactical Operations Center	63-1-1022.08-705L	5-486
Supervise Operations Security Program	63-1-1038.08-705L	5-183
Employ Physical Security Measures	63-2-R306.08-705L	5-210
Employ Operations Security Measures	63-2-1016.08-705L	5-227
Prepare for Hospitalization Support and Services Operations	08-1-0225.08-705L	5-264
Coordinate Hospitalization Support and Services Operations	08-1-0226.08-705L	5-267
Supervise Nuclear, Biological, and Chemical Defense Operations	63-1-C404.08-705L	5-185
Maintain Communications	63-1-1040.08-705L	5-505
Supervise Patient Care Operations	08-1-0229.08-705L	5-510
Provide Patient Administration Services	08-1-0230.08-705L	5-339
Provide Emergency Medical Services	08-1-0231.08-705L	5-344
Treat Nuclear, Biologically, and Chemically Contaminated Casualties	08-2-0232.08-705L	5-349
Provide Movement of Patients	08-1-0233.08-705L	5-354
Perform Staff Administrative Functions	08-1-0234.08-705L	5-356
Provide Orthopedic Cast/Traction Services	08-1-0235.08-705L	5-359
Provide Central Materiel Services	08-1-0236.08-705L	5-361
Provide Medical Consultation and Treatment Services	08-1-0237.08-705L	5-363
Provide Respiratory Therapy Functions	08-1-0238.08-705L	5-365
Provide Nursing Services	08-1-0239.08-705L	5-367
Provide Pharmacy Services	08-1-0240.08-705L	5-370
Provide Physical Therapy Services	08-1-0241.08-705L	5-374
Provide Occupational Therapy Services	08-1-0534.08-705L	5-377

Table 4-22. T&EOs From Chapter 5 to Use in Evaluating STX 08-1-E0007.

TASK	TASK NUMBER	PAGE
Perform Surgical Services	08-1-0242.08-705L	5-379
Provide Head and Neck Surgery Services	08-5-0003.08-705L	5-384
Provide Neurosurgery Surgery Services	08-5-0002.08-705L	5-388
Provide Eye Surgery Services	08-5-0001.08-705L	5-392
Provide Pathology Services	08-5-0005.08-705L	5-395
Provide Renal Hemodialysis Services	08-5-0006.08-705L	5-398
Provide Infectious Disease Services	08-5-0004.08-705L	5-401
Provide Dental Services	08-2-0317.08-705L	5-405
Provide Laboratory Services	08-1-0244.08-705L	5-409
Provide Blood Banking Services	08-2-0245.08-705L	5-414
Provide Neuropsychiatric Services	08-1-0246.08-705L	5-417
Provide Radiology Services	08-1-0247.08-705L	5-421
Provide Nutrition Care Services	08-1-0250.08-705L	5-425
Provide Comprehensive Religious Support to Patients and Unit Members	08-1-0248.08-705L	5-432
Provide Unit Supply Support	10-2-C320.08-705L	5-277
Provide Medical Supply Support	08-1-0249.08-705L	5-282
Provide Laundry and Bath Services	08-1-0260.08-705L	5-287
Provide Personnel Service Support	63-1-1042.08-705L	5-269
Provide Administrative Service Support	63-1-1043.08-705L	5-272
Perform Unit-Level Maintenance (Unit with Maintenance Element)	43-2-R322.08-705L	5-289
Receive External Sling Load Resupply	10-2-C325.08-705L	5-310
Perform Field Sanitation Functions	08-2-R315.08-705L	5-313
Conduct Battlefield Stress Reduction and Prevention Procedures	08-2-R303.08-705L	5-316
Perform Risk Management Procedures	63-2-R326.08-705L	5-319
Provide Command and Control	63-1-1045.08-705L	5-489

Table 4-22. T&EOs From Chapter 5 to Use in Evaluating STX 08-1-E0007 (cont).

TASK	TASK NUMBER	PAGE
Use Passive Air Defense Measures	44-3-C220.08-705L	5-220
Take Active Air Defense Measures Against Hostile Aircraft	44-3-C221.08-705L	5-223
Prepare for a Chemical Attack	03-3-C202.08-705L	5-231
Respond to a Chemical Attack	03-3-C203.08-705L	5-234
Conduct Operational Decontamination	03-3-C224.08-705L	5-239
Conduct Thorough Decontamination	03-2-C312.08-705L	5-241
Prepare for a Friendly Nuclear Strike	03-3-C205.08-705L	5-243
Respond to the Initial Effects of a Nuclear Attack	03-3-C223.08-705L	5-246
Respond to the Residual Effects of a Nuclear Attack	03-3-C222.08-705L	5-250
Perform Radiological Decontamination	63-2-R207.08-705L	5-254
Handle Enemy Prisoners of War	19-3-3106.08-705L	5-322
Process Captured Documents and Equipment	19-3-3105.08-705L	5-325
Treat Hospital Casualties	08-2-0314.08-705L	5-327
Perform Mortuary Affairs Operations	10-2-C318.08-705L	5-333

Table 4-22. T&EOs From Chapter 5 to Use in Evaluating STX 08-1-E0007 (cont).

COMBAT SUPPORT HOSPITAL

STX 08-1-E0008

DEFEND HOSPITAL AREA

1. Objective. This STX trains the hospital in defending the assigned area. This STX also provides the hospital commander and key leaders with practice in coordinating and providing C2 of self-defense operations. The hospital must become proficient in performing the tasks in Table 4-25.

2. Interface.

a. This STX supports the hospital's FTX 08-1-E0001--Provide Hospitalization Support and Services.

b. This STX supports the medical brigade/medical group HQ STX--Coordinate Defensive Operations.

3. Training.

a. Leader Training.

(1) This STX can be used to plan and implement the defense of the hospital as part of a CPX or FTX.

(2) During classroom activities, the use of medical brigade/medical group TSOPs and the responsibilities and procedures outlined in the hospital's doctrinal publications should be reviewed. Also, the T&EOs listed in this STX should be reviewed.

(3) Leaders should use map of actual area where the STX is to be conducted and a sand table model to match the exact terrain, if possible.

(4) CFX and TEWT provide ground training for leaders when the exact area of the STX is used.

(5) Simulations and games, such as Armored Vehicle Recognition, Aircraft Recognition Playing Cards, teach leaders as part of a continuing officer and NCO development program.

(6) Tips for Leader Training.

(a) Leaders should familiarize themselves with the procedures for coordinating and implementing hospital defense.

(b) Leaders should familiarize themselves with the rights and responsibilities of medical personnel as specified in the provisions of the Geneva Conventions.

(c) Leaders should review the medical brigade/medical group and hospital TSOPs.

(d) Leaders should conduct a personal reconnaissance of the training area where defensive operations will take place, if possible.

b. Tips for Training.

(1) After the hospital has demonstrated proficiency in the tasks listed in Table 4-25, this STX can be trained under several options:

- (a) With or without NBC conditions.
- (b) With or without OPFOR interdiction.
- (c) In a field or MOUT environment.
- (d) Day or night.
- (e) With limited hospitalization support and services activities.

(2) The hospital must become proficient in the basics of planning, coordinating, and implementing defense before attempting complex options.

(3) After proficiency in this STX is reached, the hospital sustains proficiency by executing this STX as part of an FTX.

4. Training Enhancers.

a. When hospitalization support and services operations begin, the unit must be flexible enough to operate from a range of maximum support and services and minimum security to maximum security and limited support and services.

b. Unless otherwise approved by chief OC, all reports and recommendations should be provided in hard copy to the senior trainer for evaluation.

c. This exercise begins with notification of an attack in the rear area and ends after the hospital has completed restoration activities. AARs are conducted as shown in Table 4-23. Table 4-23 is the suggested scenario.

SEQUENCE	EVENT	ESTIMATED TIME	
1	Receive notification of threat	15 min	
2	Issues FRAGO	15 min	
3	Upgrade defensive positions	1 hr	
4	Respond to threat attack	1 hr	30 min
5	Reorganize defense	1 hr	
6	AAR	1 hr	
7	Maintain contact (OPFOR)	1 hr	
8	AAR	1 hr	
9	Conduct ADC activities	1 hr	30 min
10	Final AAR	2 hrs	
Total time		10 hrs	30 min

NOTE: Events will be trained to standard, not time limitation. The time required to train an event will vary based on METT-TC factors and the training proficiency of the CSH.

Table 4-23. Hospital STX 08-1-E0008 Scenario.

5. General Situation.

a. The hospital is deployed in the support area as part of a base defense, which is under the C2 of the next higher echelon rear operations element. The OPFOR has infiltrated or airdropped a platoon-size or larger force in the area to seek out C2 and support facilities to disrupt friendly battle sustainment.

b. The medical brigade/medical group OPORD with rear operations annex is available.

c. The medical brigade/medical group and hospital TSOPs are available.

d. The hospital defense has been established.

e. Rear operations communication system has been established.

f. This exercise is conducted in all environmental conditions.

g. The OPFOR has the potential to conduct ground, air, and NBC attacks.

6. FRAGO. The hospital commander issues the FRAGO in Figure 4-6.

"Threat forces are in the hospital area. Prepare to occupy alternate defensive positions NLT ____ hours (time limit) or an order. Destroy all equipment in place, less medical, not capable of being evacuated. New hospital location vicinity coordinates are ____ (grid coordinates)."

Figure 4-6. Sample Hospital FRAGO.

7. Support Requirements.

a. Minimum Trainers and OCs. This exercise should be conducted with the hospital commander as the internal trainer. A minimum of five OCs is required.

b. An OPFOR platoon (+) is required to cause a threat level that necessitates MP/TCF assistance. The OPFOR should be well trained in patrolling and assault tactics and should have specific missions within the AO. If MILES is not available, the following guidelines will assist in assessing damage.

(1) Any soldier that masks a firing weapon is a casualty.

(2) Any soldier that remains exposed for longer than three consecutive seconds is a casualty.

(3) Any soldier or vehicle within five meters of grenade, unless protected by a sump cover, is a casualty or is destroyed.

(4) Any vehicle or equipment that comes within five meters of the OPFOR is destroyed.

c. Vehicles and Communications. Vehicles and communications equipment organic to the hospital are used. When OPFOR are employed, a vehicle and radio for the OCs are needed. Communications are needed for each OC. The OPFOR OC reports to the senior OC.

d. Operational Training Area. Depending upon LTA, it is desirable to have a training area, which is 400 by 400 meters.

e. Consolidated Support Requirements. Table 4-24 shows the suggested support requirements for this STX.

<u>AMMUNITION</u>	<u>QUANTITY</u>
5.56mm (Blank)	80 rounds/weapon
5.56mm (Blank)	120 rounds/OPFOR weapon
7.62mm (Blank)	2,000 rounds/OPFOR weapon
Blank Adapters	1 each per weapon
Blank Adapters	1 each per OPFOR weapon
MILES	1 set per soldier
MILES	1 set per OPFOR soldier
Smoke Grenades	8 each per unit
Smoke Grenades	4 each per OPFOR
Artillery Simulators	4 each per OPFOR
CS Grenades	6 each per OPFOR
<u>EQUIPMENT</u>	
Mission essential equipment training set	
All organic equipment to include TOE and CTA authorized	
Rail and aircraft load simulations	
<u>FUEL</u>	
Calculate fuel requirements using the Operational Logistics Planner	
<u>OTHER</u>	
Ration Mix Approved for Exercise	as required
Combat Trauma Patient Simulator	as required
Manikin Resuscitation Torso	as required
Aircraft for Simulated Air Attack	1 per unit
War Wound Moulage Set	1 per unit
NOTE: The consolidated support requirements outlined for this STX are intended as suggestions. Local policies or constraints may not allow for providing the items.	

Table 4-24. Consolidated Support Requirements for STX 08-1-E0008.

8. T&EO Sequence. Table 4-25 lists the T&EOs for this STX.

TASK	TASK NUMBER	PAGE
Defend Hospital Area	63-2-1024.08-705L	5-257
Direct Response to Threat Actions	63-1-1052.08-705L	5-492
Use Passive Air Defense Measures	44-3-C220.08-705L	5-220
Take Active Air Defense Measures Against Hostile Aircraft	44-3-C221.08-705L	5-223
Reorganize Hospital Defense	63-2-1026.08-705L	5-261
Supervise Operations Security Program	63-1-1038.08-705L	5-183
Employ Operations Security Measures	63-2-1016.08-705L	5-227
Maintain Communications	63-1-1040.08-705L	5-505
Conduct Battlefield Stress Reduction and Prevention Procedures	08-2-R303.08-705L	5-316
Perform Risk Management Procedures	63-2-R326.08-705L	5-319
Provide Command and Control	63-1-1045.08-705L	5-489
Handle Enemy Prisoners of War	19-3-3106.08-705L	5-322
Process Captured Documents and Equipment	19-3-3105.08-705L	5-325
Treat Hospital Casualties	08-2-0314.08-705L	5-327
Perform Mortuary Affairs Operations	10-2-C318.08-705L	5-333
Direct Area Damage Control Operations	63-1-1053.08-705L	5-495
Perform Area Damage Control Functions	63-2-1028.08-705L	5-339

Table 4-25. T&EOs From Chapter 5 to Use in Evaluating FTX 8-1-E0008.

COMBAT SUPPORT HOSPITAL

STX 08-1-E0009

SUPERVISE REDEPLOYMENT OF SUBORDINATE ELEMENTS TO A HOME STATION

1. Objective. This STX trains the hospital's command and staff elements in directing the redeployment of the hospital from a theater of operations to home station or mobilization site. This STX also provides the hospital commander and key leaders with practice in directing, controlling, and coordinating hospital redeployment activities. The hospital must become proficient in performing the tasks in Table 4-28.

2. Interface.

a. This STX supports the hospital's FTX 08-1-E0001--Provide Hospitalization Support and Services.

b. This STX supports the medical brigade/medical group HQ STX--Supervise Redeployment of Subordinate Elements to Home Station.

3. Training.

a. Leader Training.

(1) This STX can be used to plan and implement redeployment (land, sea, or air) of the hospital as a part of a CPX or FTX.

(2) During classroom activities, the use of medical brigade/medical group TSOPs and the responsibilities and procedures outlined in the hospital's doctrinal publications should be reviewed. Also, the T&EOs listed in this STX should be reviewed.

(3) The leaders should use a map of the area, where the STX is to be conducted and a sand table model to match the actual training, if possible.

(4) CFX and TEWT provide ground training for leaders when the exact area of the FTX is used.

(5) Simulations and games teach leaders as part of a continuing officer and NCO development program.

(6) Tips for Leader Training.

(a) Leaders should familiarize themselves with the procedures for planning and executing redeployment operations.

(b) Leaders should review the medical brigade/medical group and hospital SOPs.

(c) Leaders should conduct a personal reconnaissance of the training area where activities will take place, if possible.

b. Tips for Training.

(1) After the hospital has demonstrated proficiency in the tasks listed in Table 4-28, this STX can be trained under several options:

(a) Inclement weather.

- (b) Multiple increments.
- (c) Different modes of transportation.
- (d) Day or night.

(2) The hospital must become proficient in the basics of planning and executing basic redeployment before attempting complex options.

(3) After proficiency in this STX is reached, the hospital sustains proficiency by executing this STX as part of a FTX.

4. Training Enhancers.

- a. The hospital commander, in coordination with the medical brigade DCSSPO/medical group S2/S3, secure redeployment SOPs.
- b. The operations section plans the redeployment and prepares the redeployment plan/order with input from other staff elements and coordinates the plan/order with the medical brigade/medical group commander.
- c. UMO updates hospital redeployment plans in coordination with medical brigade/medical group staff.
- d. The medical brigade DCSSPO/medical group S2/S3 provides hospital with the redeployment sequence.
- e. Unless otherwise approved by the chief OC, all reports and recommendations should be provided in hard copy to the senior trainer for evaluation.
- f. This exercise begins with the receipt of a redeployment warning order and ends upon completion of redeployment activities. AARs are conducted as shown in Table 4-26. Table 4-26 is a suggested scenario.

SEQUENCE	EVENT	ESTIMATED TIME	
1*	Receive warning order		10 min
2	Supervise redeployment activities	32 hrs	45 min
3*	Perform reconstitution coordination	1 hr	
4*	Prepare redeployment movement plan/order	4 hrs	
5*	Brief key personnel		30 min
6*	Provide redeployment support	32 Hrs	45 min
7*	Perform redeployment advance party activities	32 Hrs	45 min
8*	Perform theater rear detachment activities	4 hrs	15 min
9*	Perform home station coordination activities	4 hrs	
10*	Final AAR	1 hrs	
Total time		32 hrs	45 min

NOTE: Events will be trained to standard, not time limitation. The time required to train an event will vary based on METT-TC factors and the training proficiency of the CSH.

Table 4-26. Hospital STX 08-1-E0009 Scenario.

ARTEP 8-705-MTP

5. General Situation.

- a. The hospital is employed in a theater of operations and is to be redeployed to CONUS. The hospital is under the C2 of the medical brigade/medical group element.
- b. Element leaders provide personnel and equipment status reports.
- c. The base support elements provide required redeployment support.
- d. This exercise is conducted in all environmental conditions.

6. Support Requirements.

- a. Minimum Trainers and OCs. This exercise should be conducted with the hospital commander as the trainer and primary OC. A minimum of five OCs is required.
- b. OPFOR. None.
- c. Vehicles and Communications. Vehicles and communications equipment organic to the hospital are used.
- d. Operational Training Area. A road network is required that allows a road march of at least 91 kilometers.
- e. MIL. During this STX, MIL is essential to drive the hospital's actions.
- f. Consolidated Support Requirements. Table 4-27 shows the suggested support requirements for this STX.

<u>AMMUNITION</u>	<u>QUANTITY</u>
	none
<u>EQUIPMENT</u>	
Mission essential equipment training set	
All organic equipment to include TOE and CTA authorized	
<u>FUEL</u>	
Calculate fuel requirements using the Operational Logistics Planner	
<u>OTHER</u>	
Ration Mix Approved for Exercise	as required
Safety Checklist	as required
NOTE: The consolidated support requirements outlined above are intended as suggestions only. Local policies or constraints may not allow for the provisioning of all items in this table.	

Table 4-27. Consolidated Support Requirements for STX 08-1-E0009.

7. T&EO Sequence. Table 4-28 lists the T&EOs for this STX.

TASK	TASK NUMBER	PAGE
Supervise Hospital Deployment/Redeployment Activities	63-1-8053.08-705L	5-12
Coordinate Rear Detachment Support	63-1-8063.08-705L	5-39
Coordinate Reconstitution for Redeployment	63-1-8065.08-705L	5-43
Prepare Redeployment Movement Plan/Order	63-1-8066.08-705L	5-45
Provide Redeployment Support	63-1-8067.08-705L	5-47
Perform Redeployment Advance Party Activities	63-1-8068.08-705L	5-50
Perform Theater Rear Detachment Activities	63-1-8069.08-705L	5-52
Coordinate Home Station Activities	63-1-8070.08-705L	5-54
Supervise Operations Security Program	63-1-1038.08-705L	5-183
Employ Operations Security Measures	63-2-1016.08-705L	5-227
Maintain Communications	63-1-1040.08-705L	5-505
Conduct Battlefield Stress Reduction and Prevention Procedures	08-2-R303.08-705L	5-316
Perform Risk Management Procedures	63-2-R326.08-705L	5-319
Provide Command and Control	63-1-1045.08-705L	5-494

Table 4-28. T&EOs From Chapter 5 to Use in Evaluating STX 08-1-E0009.

COMBAT SUPPORT HOSPITAL

STX 08-1-E0010

REDEPLOY HOSPITAL TO HOME STATION

1. Objective. This STX trains the hospital in redeploying the hospital from a theater of operations to home station or mobilization site. The hospital must become proficient in performing tasks in Table 4-31.

2. Interface.

a. This STX supports the hospital's FTX 08-1-E0001--Provide Hospitalization Support and Services.

b. This STX supports the medical brigade/medical group HQ STX--Supervise Redeployment of Subordinate Elements to Home Station.

3. Training.

a. Leader Training.

(1) This STX can be used to plan and implement redeployment (land, sea, or air) of the hospital as a part of a CPX or FTX.

(2) During classroom activities, the use of medical brigade/medical group TSOPs and the responsibilities and procedures outlined in the hospital's doctrinal publications should be reviewed. Also, the T&EOs listed in this STX should be reviewed.

(3) The leaders should use a map of the area, where the STX is to be conducted and a sand table model to match the actual training, if possible.

(4) CFX and TEWT provide ground training for leaders when the exact area of the FTX is used.

(5) Simulations and games teach leaders as part of a continuing officer and NCO development program.

(6) Tips for Leader Training.

(a) Leaders should familiarize themselves with the procedures for planning and executing redeployment operations.

(b) Leaders should review the medical brigade/medical group and hospital SOPs.

(c) Leaders should conduct a personal reconnaissance of the training area where redeployment activities will take place, if possible.

b. Tips for Training.

(1) After the hospital has demonstrated proficiency in the tasks listed in Table 4-31, this STX can be trained under several options:

(a) Inclement weather.

(b) Multiple increments.

(c) Different modes of transportation.

(d) Day or night.

(2) The hospital must become proficient in the basics of executing basic redeployment before attempting complex options.

(3) After proficiency in this STX is reached, the hospital sustains proficiency by executing this STX as part of an FTX.

4. Training Enhancers.

a. The hospital commander, in coordination with the medical brigade DCSSPO/medical group S2/S3, secures redeployment SOPs.

b. The operations section plans the redeployment and prepares the redeployment plan/order with input from other staff elements and coordinates the plan/order with the medical brigade/medical group commander.

c. UMO updates hospital redeployment plans in coordination with medical brigade/medical group staff.

d. The medical brigade DCSSPO/medical group S2/S3 provides the hospital with the redeployment sequence.

e. Unless otherwise approved by the chief OC, all reports and recommendations should be provided in hard copy to the senior trainer for evaluation.

f. This exercise begins with the receipt of a warning order and ends upon completion of redeployment activities. AARs are conducted as shown in Table 4-29. Table 4-29 is a suggested scenario.

SEQUENCE	EVENT	ESTIMATED TIME	
1	Receive warning order		30 min
2	Prepare for movement	8 hrs	
3	Issue FRAGO		15 min
4	Conduct nontactical road march	3 hrs	
5	AAR	1 hr	
6	Perform TAA/RAA activities	2 hrs	
7	Conduct nontactical road march	3 hrs	
8	Perform APOE/SPOE activities	4 hrs	
9	AAR	1 hr	
10	Perform APOD	2 hrs	
11	Perform SPOD	2 hrs	
12	Conduct nontactical road march	3 hrs	
13	Arrive at home station	1 hr	
14	Final AAR	2 hrs	
Total time		32 hrs	45 min
NOTE: Events will be trained to standard, not time limitation. The time required to train an event will vary based on METT-TC factors and the training proficiency of the CSH.			

Table 4-29. Hospital STX 08-1-E0010 Scenario.

5. General Situation.

- a. The hospital is employed in a TO and is to be redeployed to CONUS. The hospital under the C2 of the medical brigade/medical group.
- b. Element leaders provide personnel and equipment status reports.
- c. The base support elements provide required redeployment support.
- d. This exercise is conducted in all environmental conditions.

6. FRAGO. The hospital commander issues the FRAGO in Figure 4-7.

"Alternate route A will be used for movement to TAA/RAA, located at (grid coordinate). Prepare to move within ____ hours."

Figure 4-7. Sample Hospital FRAGO.

7. Support Requirements.

- a. Minimum Trainers and OCs. This exercise should be conducted with the hospital commander as the trainer and primary OC. A minimum of five OCs is required.
- b. OPFOR. None.
- c. Vehicles and Communications. Vehicles and communications equipment organic to the hospital are used.
- d. Operational Training Area. A road network is required that allows a road march of at least 91 kilometers.
- e. MIL. During this STX, MIL is essential to drive the hospital's actions.
- f. Consolidated Support Requirements. Table 4-30 shows the suggested support requirements for this STX.

<u>AMMUNITION</u>	<u>QUANTITY</u>
	none
<u>EQUIPMENT</u>	
Mission essential equipment training set	
All organic equipment to include TOE and CTA authorized	
Rail and aircraft load simulations	
<u>FUEL</u>	
Calculate fuel requirements using the Operational Logistics Planner	
<u>OTHER</u>	
Ration Mix Approved for Exercise	as required
Safety Checklist	as required
NOTE: The consolidated support requirements outlined above are intended as suggestions only. Local policies or constraints may not allow for the provisioning of all items in this table.	

Table 4-30. Consolidated Support Requirements for STX 08-1-E0010.

8. T&EO Sequence. Table 4-31 lists the T&EOs for this STX.

TASK	TASK NUMBER	PAGE
Plan Hospital Redeployment	63-1-8074.08-705L	5-502
Prepare Hospital for Nontactical Move	63-2-8007.08-705L	5-77
Conduct Nontactical Road March	63-2-8008.08-705L	5-81
Supervise Operations Security Program	63-1-1038.08-705L	5-183
Employ Operations Security Measures	63-2-1016.08-705L	5-227
Maintain Communications	63-1-1040.08-705L	5-505
Conduct Battlefield Stress Reduction and Prevention Procedures	08-2-R303.08-705L	5-316
Perform Risk Management Procedures	63-2-R326.08-705L	5-319
Provide Command and Control	63-1-1045.08-705L	5-489
Perform Redeployment Personnel and Administrative Actions	63-2-8014.08-705L	5-105
Perform Redeployment Training Activities	63-2-8015.08-705L	5-108
Perform Redeployment Supply Activities	63-2-8016.08-705L	5-110
Perform Redeployment Maintenance Activities (Unit with Maintenance Element)	63-2-8017.08-705L	5-113
Prepare Vehicles and Equipment for Redeployment	63-2-8018.08-705L	5-117
Perform Sea Port of Embarkation Activities for Redeployment	63-2-8019.08-705L	5-123
Perform Aerial Port of Embarkation Activities for Redeployment	63-2-8020.08-705L	5-128
Perform Aerial Port of Debarkation Activities for Redeployment	63-2-8021.08-705L	5-132
Perform Home Station Activities	63-2-8022.08-705L	5-135
Perform Sea Port of Debarkation Activities for Redeployment	63-2-8023.08-705L	5-138
Perform Demobilization Station Activities	63-2-8024.08-705L	5-141

Table 4-31. T&EOs From Chapter 5 to Use in Evaluating STX 08-1-E0010.

CHAPTER 5

TRAINING AND EVALUATION OUTLINES

5-1. General. This chapter contains the training and evaluation outlines for the unit. T&EOs are learning objectives (tasks, conditions, and standards) for the collective tasks which support critical operations. The unit must master designated collective tasks to perform its critical operation. T&EOs may be trained separately in an STX/FTX or during internal/external evaluations.

5-2. Structure. The T&EOs in this chapter are listed in Table 5-1. The Mission-to-Collective Tasks Matrix in Chapter 2 lists the T&EOs required to train the critical missions to their specific AUTL.

5-3. Format. The T&EOs are prepared for every collective task that supports critical operations accomplishment. Each T&EO contains the following items:

- a. Element. This identifies the unit or unit element(s) that performs the task.
- b. Task. This is a description of the action to be performed by the unit and provides the task number.
- c. References. These are in parenthesis following the task number. The reference which contains the most information (primary reference) about the task is listed first and underlined.
- d. Iteration. It is used to identify how many times the task is performed and evaluated during training. The "M" identifies when the task is performed in MOPP4.
- e. Commander/Leader Assessment. This is used by the unit leadership to assess the proficiency of the unit in performing the task to standards. Assessments are subjective in nature and use all available evaluation data and subunit leader input to develop an assessment of the organization's overall capability to accomplish the task. Use the following ratings:
 - (1) T - Trained. The unit is trained and has demonstrated its proficiency in accomplishing the task to standards.
 - (2) P - Needs practice. The unit needs to practice the task. Performance has demonstrated that the unit does not achieve the standard without some difficulty or has failed to achieve one or more of the noncritical task steps to standard.
 - (3) U - Untrained. The unit can not demonstrate an ability to achieve proficiency or failed to achieve one or more of the critical task steps to standard.
- f. Condition. A statement of the situation or environment in which the unit is to do the collective task.
- g. Task Standard.
 - (1) The task standard states the performance criteria that a unit must achieve to successfully execute the task. This overall standard should be the focus of training. It should be understood by every soldier.
 - (2) The trainer or evaluator determines the unit's training status using performance observation measurements (where applicable) and his judgement. The unit must be evaluated in the context of the METT-TC conditions. This will establish a common base line for unit performance.

h. **Task Steps and Performance Measures.** This is a listing of actions that is required to complete the task. These actions are stated in terms of observable performance for evaluating training proficiency. The task steps are arranged sequentially along with supporting individual tasks and their reference. Leader tasks within each T&EO are indicated by an asterisk (*). Under each task step are listed the performance measures that must be accomplished to correctly perform the task step.

i. **GO/NO-GO Column.** This column is provided for annotating the unit's performance of the task steps. Evaluate each performance measure for a task step and place an "X" in the appropriate column. A major portion of the performance measures must be marked a "GO" for the task step to be successfully performed.

j. **Task Performance/Evaluation Summary Block.** This block provides the trainer a means of recording the total number of task steps and performance measures evaluated and those evaluated as "GO." It also provides the evaluator a means to rate the unit's demonstrated performance as a "GO" or "NO-GO." It also provides the leader with a historical record for five training iterations.

k. **Supporting Individual Tasks.** This is a listing of all supporting individual tasks required to correctly perform the task. Listed are the reference, task title, and task number.

l. **OPFOR Standards.** These standards specify overall OPFOR performance for each collective task. These standards ensure that OPFOR soldiers accomplish meaningful training and force the training unit to perform its task to standard or "lose" to the OPFOR. The OPFOR standards specify what must be accomplished--not how it must be accomplished. The OPFOR must always attain its task standards, using tactics consistent with the type of enemy they are portraying.

5-4. **Use.** The T&EOs can be used to train or evaluate a single task. Several T&EOs can be used to train or evaluate a group of tasks such as an STX or FTX.

Deploy/Conduct Maneuver

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Figure 5-1. List of T&EO's

ELEMENTS: COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 SUPPLY & SERVICE DIV
 HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT

TASK: DIRECT DEPLOYMENT ALERT ACTIVITIES (63-1-8050.08-705L)
 (FM 55-65) (FM 100-17) (FM 63-3)
 (FM 8-10) (FM 8-10-14)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital receives a warning order to go to an increased deployability posture in preparation for overseas deployment. The movement plan/order, recall plan, and RSOP are available. The hospital's subordinate elements are deploying as part of the hospital deployment. The hospital communicates with subordinate units by analog and/or digital communications or messenger. This task should not be trained in MOPP4.

TASK STANDARDS: Hospital personnel are recalled IAW the recall plan. Personnel are designated to staff EOC IAW RSOP.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> * 1. Operations section/staff duty officer execute alert notification procedures. <ul style="list-style-type: none"> a. Authenticate deployment warning order IAW RSOP. b. Notify hospital commander and medical operation officer that hospital has received a deployment warning order. c. Initiate recall procedures IAW commander's guidance and recall plan. * 2. Hospital commander and medical operations officer supervise alert and recall activities. <ul style="list-style-type: none"> a. Direct implementation of recall plan, as required. b. Direct establishment of the EOC. c. Task staff sections to provide personnel for the EOC IAW RSOP and commander's guidance. d. Monitor recall progress for compliance with RSOP. e. Designate location of EOC. 3. Operations section monitors progress of recall. (301-371-1050) <ul style="list-style-type: none"> a. Identifies time phased present-for-duty requirements by reviewing recall plan. b. Identifies present-for-duty status by reviewing recall status reports from subordinate elements. c. Calculates recall percentages IAW recall plan. d. Monitors establishment of physical security of the hospital HQ and subordinate elements' areas by inspection and/or review of recall status reports. e. Briefs hospital commander and medical operation officer on progress of recall. 4. Staff sections perform alert functions. <ul style="list-style-type: none"> a. Designate personnel to staff EOC IAW RSOP. b. Brief staff officers and DIV/SVC/SEC/TM chiefs on status of recall, as required. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
5. Hospital operations section performs deployment alert activities. (113-600-2001, 113-637-2001) <ul style="list-style-type: none"> a. Coordinates with brigade DCSSPO/medical group S2/S3 for guidance concerning deployment requirements. b. Issues SOIs, authentication tables, operations codes, frequency, and call signs to subordinate units. c. Directs units to initiate OPSEC procedures. d. Activates guard mount to control access to designated restricted areas. e. Sends request to supply and service division for maps, if needed. f. Establishes secure communications with medical brigade DCSSPO/medical group S2/S3 and/or installation EOC. g. Identifies liaison to medical brigade/medical group HQ, as required. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"**" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
301-371-1050	IMPLEMENT OPERATIONS SECURITY (OPSEC) MEASURES	STP 21-1-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: HOSPITAL HEADQUARTERS
HOSP OPERATIONS SECT

TASK: ESTABLISH THE EMERGENCY OPERATIONS CENTER (63-1-8051.08-705L)
(FM 8-10-14) (FM 101-5) (FM 3-19.30)
(FM 63-3) (FM 8-10)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital commander has directed that the EOC be established. Hospital personnel have been recalled. Personnel and equipment required to establish the EOC are available. The location of EOC has been designated. The movement SOP, movement plan/order and security plan are available. The hospital communicates with higher and lower HQ by analog and/or digital communications or messenger. This task should not be trained in MOPP4.

TASK STANDARDS: The EOC is established IAW the RSOP and commander's guidance and within the time specified by the XO or medical operations officer.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. XO or medical operations officer supervises establishment of the EOC.</p> <ul style="list-style-type: none"> a. Identifies EOC requirements and layout by reviewing the RSOP and commander's guidance. b. Directs operations section to set up EOC IAW RSOP and commander's guidance. c. Assigns EOC work areas to staff elements. d. Directs staff sections to set up EOC work areas IAW RSOP and commander's guidance. <p>2. Operations section sets up EOC. (071-329-1019, 113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Identifies work areas that facilitate immediate access of personnel to all required information. b. Sets up internal arrangement of EOC IAW XO or medical operations officer guidance. c. Establishes communications and/or data processing in order of the priority specified in the movement plan/order and/or RSOP. d. Sets up maps, map overlays, informational displays, and status boards. e. Establishes areas for processing incoming and outgoing messages. f. Establishes hospital commander's work area. g. Establishes hospital commander's briefing area. h. Prepares EOC manning schedule. i. Establishes policy files, records, staff journals, and section workbooks. j. Sets up area access and security IAW the RSOP and security plan. k. Prepares EOC access roster. l. Distributes EOC access roster IAW security plan and RSOP. m. Briefs XO or medical operations officer upon completion of the EOC setup. <p>3. Staff sections set up EOC work areas.</p> <ul style="list-style-type: none"> a. Position equipment IAW RSOP. b. Establish policy files, records, staff journals, and section workbooks. c. Set up maps and status boards displaying status of deployment operations. d. Set up briefing area for daily situational briefings. e. Brief XO or medical operations officer when work areas are established. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
071-329-1019	Use a Map Overlay	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 SUPPLY & SERVICE DIV
 HOSPITAL HEADQUARTERS

TASK: OPERATE THE EMERGENCY OPERATIONS CENTER (63-1-8052.08-705L)
 (FM 8-10-14) (AR 220-10) (FM 100-10)
 (FM 101-5) (FM 3-0) (FM 3-19.30)
 (FM 63-3) (FM 8-10)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: Hospital deployment activities have commenced. Staff journals, workbooks, current maps, overlays, the RSOP, movement plan/order, movement directive, and physical security plan are available. The operation of the EOC is required to coordinate the hospital's deployment activities. Wheeled vehicles and equipment move to the APOE/SPOE by convoy or rail. The EOC communicates with the installation EOC, ITO, medical brigade/medical group HQ, and subordinate elements by analog and/or digital communications or messenger.

NOTE: Unit specific FMs dictate how each unit EOC operates. This task should not be trained in MOPP4.

TASK STANDARDS: Hospital deployment activities and information dissemination are performed IAW the RSOP and commander's guidance.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. XO or medical operations officer supervises EOC operations.</p> <ul style="list-style-type: none"> a. Inspects entry and exit procedures for compliance with the physical security plan. b. Assigns specific areas of responsibility and work shifts to all assigned members. c. Monitors the performance of personnel in their functional areas to ensure compliance with established guidance and the RSOP. d. Provides briefings on current situation to the hospital commander, as required. <p>2. EOC performs deployment support duties. (113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Maintains staff journal(s) and entries IAW current command policy and RSOP. b. Maintains SEC workbook(s) that contain incoming messages and reports under the appropriate heading and cross-references. c. Maintains current maps and overlays depicting all routes and locations that affect the EOC's operation. d. Maintains current journal files that contain material necessary to support all daily EOC and section journal entries. e. Submits deployment readiness reports to medical brigade/medical group HQ and installation EOC IAW RSOP and commander's guidance, as required. <p>3. EOC monitors movement of subordinate elements' equipment to SPOE. (113-600-2001, 113-637-2001, 551-88N-0004)</p>		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>NOTE: For digitally equipped units, these actions will be performed using components of the ABCS (e.g., FBCB2, MTS, MCS, etc.).</p> <ul style="list-style-type: none"> a. Monitors rail loading and convoy staging activities for compliance with the movement order. b. Maintains communications with each subordinate element IAW movement order and RSOP. c. Monitors SP, check point, RP and closing reports from convoy commanders for compliance with movement order. d. Posts subordinate elements' movement progress on the situation map. e. Annotates subordinate elements' march progress on road movement graphs. f. Provides corrective actions to subordinate elements when deviations from movement order occur (speed, interval, route adjustments). g. Provides coordination for emergency support between subordinate elements and area support units, based on the type and level of emergency. h. Provides current movement status of subordinate elements to the medical operations officer and hospital commander. i. Records closing reports from subordinate elements upon receipt. j. Provides final movement report upon receipt of all closing reports to hospital commander and medical brigade/medical group HQ. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
551-88N-0004	Coordinate Unit Movement	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: HOSP OPERATIONS SECT
COMPANY HEADQUARTERS
ADMINISTRATION DIV
HOSPITAL HEADQUARTERS
SUPPLY & SERVICE DIV

TASK: SUPERVISE HOSPITAL DEPLOYMENT/REDEPLOYMENT ACTIVITIES (63-1-8053.08-705L)

(FM 101-5)
(FM 100-17)
(FM 63-3)

(AR 220-10)
(FM 3-0)
(FM 8-10)

(FM 100-10)
(FM 55-65)
(FM 8-10-14)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: Hospital deployment/redeployment activities have commenced. The hospital is located in the home station UAA or RAA and the EOC/CP is established. The gaining overseas command has provided a SRP information message indicating ultimate destination and deployability criteria. The RSOP, movement plan/order, and TSOP are available. The hospital HQ communicates with the installation EOC, ITO, the medical brigade/medical group HQ, support agencies, teams (e.g., advance party, MSTs, CTs, etc.), subordinate elements and rear detachment by analog and/or digital communications or messenger. This task should not be trained in MOPP4.

TASK STANDARDS: Deployment/redeployment activities are planned and implemented IAW the RSOP and hospital commander's guidance.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Hospital commander directs deployment/redeployment activities.</p> <ul style="list-style-type: none"> a. Identifies deployment/redeployment mission requirements by reviewing warning order and appropriate CONPLANS. b. Provides initial planning guidance to staff and subordinate elements. c. Directs hospital adjutant to coordinate SRP processing. d. Directs personnel and equipment cross-leveling actions. e. Submits recommendations to medical brigade/medical group HQ commander that selected personnel attending formal school be allowed to complete course work, if appropriate (deployment). f. Directs recall of personnel on TDY, attending school, or in authorized leave status, if appropriate (deployment). g. Directs medical operations officer to issue deployment/redeployment warning order and movement plan/order. h. Directs implementation of physical security and OPSEC plans. i. Briefs staff and subordinate elements on deployment/redeployment mission IAW AR 220-10 and FM 55-65. j. Conducts overseas orientation IAW AR 220-10. k. Verifies subordinate commanders clear installation prior to deployment. l. Conducts periodic IPRs to monitor preparations for deployment, issue and exchange detailed guidance, refine movement plans, resolve issues, and coordinate support for the deployment. m. Conducts liaison to higher HQ, as required. <p>* 2. XO supervises staff activities.</p> <ul style="list-style-type: none"> a. Implements commander's directives in staff planning and policy making. b. Assigns staff responsibilities for updating movement plan/order. c. Directs staff sections to provide personnel for deployment/redeployment teams (e.g., advance party, MSTs, rear detachment, etc.). 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> d. Directs staff sections to provide input for movement plan/order update. e. Formulates staff operating policies. f. Monitors all staff actions for conformity to commander's guidance. g. Coordinates deployment/redeployment mission with company HQ commander and/or DIV/SVC/TM/SEC chiefs. h. Supervises the operations of the EOC/CP. <p>3. Staff officers supervise staff sections.</p> <ul style="list-style-type: none"> a. Identify all specified and implied tasks that must be accomplished in order to deploy/redeploy by reviewing the movement directive, RSOP, movement plan/order, OPLAN/CONPLANS, and commander's guidance. b. Exchange pertinent information, that is relevant to the deployment/redeployment with other staff sections. c. Provide information update(s) to hospital commander and EOC/CP on areas that are critical to the deployment/redeployment mission. d. Direct preparation of input to the operations section for the update of plans, orders, and commander's overseas orientation, as required. e. Provide personnel for deployment/redeployment teams, as required. f. Forward deployment/redeployment status reports to medical brigade/medical group HQ and addressees, as required. g. Forward personnel and logistics reports IAW medical brigade/medical group HQ guidance. <p>4. Command section supervises activities of subordinate elements. (113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Monitors performance for subordinate elements to ensure required level of proficiency as prescribed in RSOP, plans, policies, directives, and the TSOP. b. Monitors external support plans to determine overall effectiveness IAW RSOP. c. Assigns specific tasks to subordinate elements, as required. d. Monitors implementation of decisions, directives, and instructions to determine subordinate elements' compliance. e. Issues FRAGOs to implement changes to the movement plan/order and annexes, as required. <p>* 5. Hospital commander and/or XO supervises rear detachment activities.</p> <ul style="list-style-type: none"> a. Appoints rear detachment commander. b. Approves rear detachment staffing. c. Approves rear detachment plan. d. Monitors rear detachment activities for compliance with rear detachment plan. <p>6. Administrative division performs deployment activities.</p> <ul style="list-style-type: none"> a. Coordinates PAO briefings for deploying units. b. Verifies appropriate SIDPERS transactions are input for all deploying soldiers once soldiers have completed SRP. c. Coordinates with legal representatives on pending legal actions for deploying soldiers. d. Completes legal actions, as directed by hospital commander. <p>7. Staff sections perform readiness activities. (113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Identify readiness shortfalls of subordinate units based on current USRs. b. Evaluate subordinate units' ability to perform mission requirements, based on USRs and other status reports required medical brigade/medical group HQ, such as the CSSCS generated PERSTAT and LOGSTAT reports. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
c. Develop plan to correct deficiencies to bring subordinate units to deployment readiness. d. Back up all automation systems prior to systems being prepared for movement. e. Brief hospital commander on readiness activities and status of subordinate units.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"**" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: HOSPITAL HEADQUARTERS
 SUPPLY & SERVICE DIV
 ADMINISTRATION DIV
 HOSP OPERATIONS SECT

TASK: UPDATE MOVEMENT PLAN/ORDER (63-1-8054.08-705L)

(FM 55-65)
 (FM 63-3)

(FM 100-17)
 (FM 8-10)

(FM 101-5)
 (FM 8-10-14)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital commander has directed that the movement plan/order be updated; and the XO has assigned staff responsibilities. Hospital commander has provided his deployment guidance and concept of operations. The medical operations officer has staff responsibility for consolidation, publication, and distribution of the movement plan/order. Movement plan becomes movement order upon implementation. The movement directive, deployment (SRP) information message, RSOP, movement plan/order, and CONPLAN/OPLAN are available. The hospital staff continuously receives messages from the installation EOC, ITO, higher HQ, and subordinate units by analog and/or digital communications or messenger. This task should not be trained in MOPP4.

TASK STANDARDS: The movement plan/order is updated IAW FM 55-65, FM 101-5, and the RSOP, movement directive, and commander's guidance and within the time prescribed by the hospital commander or XO.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
1. XO and medical operations officer perform a time analysis. <ul style="list-style-type: none"> a. Calculate total time remaining for each step in the deployment/redeployment commences (C-DAY). b. Identify all steps in the deployment/redeployment process. c. Assign time limitation for each step in the deployment/redeployment process. d. Disseminate time limitations to all staff sections. 		
2. Operations section coordinates staffing for deployment teams. (113-600-2001, 113-637-2001) <ul style="list-style-type: none"> a. Identifies personnel and equipment requirements for deployment teams by reviewing RSOP, movement plan/order, CONPLAN/OPLAN, and commander's guidance. b. Coordinates with staff sections to provide deployment teams requirements. c. Forwards personnel and equipment requirements for deployment teams to hospital commander and/or XO for approval or modification. d. Incorporates personnel and equipment requirements for deployment teams into updated movement plan/order. 		
3. Staff sections provide input to movement plan/order update. (113-600-2001, 113-637-2001, 551-88N-0002) <ul style="list-style-type: none"> a. Identify internal support requirements by reviewing movement directive, SRP information message, hospital commander's guidance, and appropriate CONPLAN/OPLANS. b. Identify external support requirements by reviewing RSOP and status reports from subordinate elements. c. Adjust preplanned requirements, as required. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
d. Verify availability of required support by coordinating with appropriate hospital elements and/or installation deployment support organizations. e. Update appropriate staff portions or the movement plan/order, as required. f. Provide updated movement plan/order input to operations section. 4. Operations section updates movement plan/order. (113-600-2001, 113-637-2001, 551-88N-0002) a. Verifies staff input for completeness and compliance with hospital commander's guidance. b. Prepares updated copy of movement plan/order with annexes. c. Forwards draft copy to hospital commander or XO for approval or modification. d. Distributes movement plan/order update IAW movement plan/order distribution list using analog and/or digital communications (e.g., FBCB2, MC4, etc.).		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"*" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
551-88N-0002	Prepare for Unit Move	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: HOSP OPERATIONS SECT
 ADMINISTRATION DIV
 SUPPLY & SERVICE DIV
 COMPANY HEADQUARTERS
 HOSPITAL HEADQUARTERS

TASK: COORDINATE SOLDIER READINESS PROCESSING SUPPORT (63-1-8055.08-705L)
 (AR 220-10) (FM 100-17) (FM 55-10)
 (FM 55-65) (FM 63-3) (FM 8-10)
 (FM 8-10-14)

ITERATION: 1 2 3 4 5 (Circle)
COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: Hospital commander has directed SRP to be conducted and that the overseas orientation be prepared. All subordinate elements are deploying as part of the hospital deployment. The movement directive, SRP information message, RSOP, movement plan/order are available. The hospital staff continuously receives messages from the installation EOC, ITO, higher HQ, and subordinate units by analog and/or digital communications or messenger. This task should not be trained in MOPP4.

TASK STANDARDS: SRP support is coordinated IAW RSOP, hospital commander's guidance, AR 220-10, and FM 55-65 and a SRP schedule is distributed.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Hospital adjutant supervises SRP.</p> <ul style="list-style-type: none"> a. Identifies deployability criteria by reviewing the SRP information message. b. Approves SRP schedule. c. Monitors SRP for compliance with RSOP and SRP schedule. d. Coordinates adjustment to the SRP schedule with appropriate subordinate element and/or SRP supporting organization, as required. e. Briefs hospital commander, staff, company HQ commander, and DIV/SVC/TM/SEC chiefs on status of SRP, as required. <p>2. Administration division coordinates SRP support. (113-600-2001, 113-637-2001, 151-357-0002, 805C-PAD-4359)</p> <ul style="list-style-type: none"> a. Identifies SRP requirements by reviewing RSOP, movement directive, commander's guidance, AR 220-10, and FM 55-65. b. Requests hospital staff elements and subordinate elements to provide SRP support, as appropriate. c. Coordinates with the medical brigade/medical group HQ for SRP support. d. Submits SRP requests and deploying personnel rosters to SRP support organizations IAW RSOP. <p>3. Administration division publishes SRP schedule.</p> <ul style="list-style-type: none"> a. Verifies SRP date and time with installation EOC and appropriate supporting organizations. b. Prepares SRP schedule for subordinate elements based on coordination with installation EOC and supporting organization. c. Submits SRP schedule to hospital adjutant for approval or modification. d. Distributes SRP schedule to all appropriate staff sections and subordinate elements. <p>4. Staff sections prepare input to commander's overseas orientation.</p>		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
a. Identify mission support requirements by reviewing movement directive, SRP information message, commander's guidance, and appropriate CONPLAN/OPLANS. b. Identify characteristics of theater of operations that impact on unit's mission performance, e.g. topography, climate, demographics, political stability, traditions, and customs. c. Provide commander's overseas orientation input to operations section. 5. Administration division prepares the commander's overseas orientation. a. Verifies staff input for completeness. b. Prepares commander's overseas orientation briefing and supporting material. c. Forwards overseas orientation briefing material to hospital commander or XO.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
151-357-0002	Coordinate Combat Service Support (CSS) Operations	STP 21-24-SMCT
805C-PAD-4359	Manage Soldier's Deployment Requirements	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENT: ADMINISTRATION DIV**TASK: PROVIDE DEPLOYMENT PERSONNEL AND ADMINISTRATIVE SERVICES SUPPORT**

(63-1-8056.08-705L)

(FM 12-6)

(AR 25-400-2)

(AR 614-200)

(DOD 7000.14-R VOL 5)

(FM 8-10)

(AR 220-10)

(AR 600-8-104)

(DA PAM 600-8-1)

(FM 14-100)

(FM 8-10-14)

(AR 230-3)

(AR 614-185)

(DA PAM 600-8-2)

(FM 63-3)

ITERATION:

1

2

3

4

5

(Circle)

COMMANDER/LEADER ASSESSMENT:

T

P

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(Circle)

CONDITIONS: Adjustment to unit strengths and coordination for administrative support are required prior to the hospital's deployment to an overseas site. All subordinate elements are deploying as part of the hospital deployment. SRP has been completed. The movement directive, SRP message, RSOP, and movement plan/order are available. The administrative division continuously receives messages from the installation EOC, ITO, installation deployment support organizations, medical brigade/medical group HQ, and subordinate elements by analog and/or digital communications or messenger. This task should not be trained in MOPP4.

TASK STANDARDS: Personnel and administrative service support are provided IAW AR 614-185, AR 614-200, FM 12-6, RSOP, and commander's guidance.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Hospital adjutant supervises readiness actions.</p> <ul style="list-style-type: none"> a. Directs personnel screening IAW AR 220-10. b. Recommends to hospital commander cross-leveling actions and disposition of personnel on TDY, attending school, in authorized leave status IAW commander's guidance. c. Directs recall of personnel on TDY, attending school, in authorized leave status IAW commander's guidance. d. Directs cross-leveling of personnel IAW commander's guidance. e. Coordinates personnel replacement and disposition of excess and nondeployable personnel with medical brigade DCSPER/medical group S1. f. Directs disposition of excess and nondeployable personnel IAW medical brigade/medical group instruction. g. Briefs hospital commander and XO on personnel readiness status, as required. <p>2. Administrative division performs personnel screening. (113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Identifies SRP officer and enlisted personnel attending schools, TDY, and in authorized leave status. b. Recalls personnel attending school, TDY, and in authorized leave status IAW hospital adjutant's guidance. c. Reports all unfilled school quotas to medical brigade DCSPER/medical group S1 IAW AR 220-10. d. Identifies individual deployability criteria by reviewing SRP information message and AR 220-10. e. Identifies nondeployable personnel by reviewing personnel records, SRP results, and commander's guidance. f. Prepares deployment personnel status report. g. Forwards list of POR qualified personnel to hospital adjutant. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>h. Briefs hospital adjutant on hospital deployment personnel status.</p> <p>3. Administrative division performs cross-leveling of personnel. (805C-PAD-2461)</p> <ul style="list-style-type: none"> a. Identifies personnel overages and shortage by grade, MOS, and MOS qualification by reviewing personnel status reports. b. Verifies personnel overages and shortages by reviewing subordinate elements' personnel status reports. c. Redistributes personnel within the hospital based on hospital adjutant and hospital commander's guidance. d. Recalculates personnel overages and shortages by grade, MOS, and MOS qualification. e. Transfers nondeployable personnel as directed by medical brigade/medical group HQ. f. Updates SIDPERS records, as required. <p>4. Administrative division performs personnel disposition functions.</p> <ul style="list-style-type: none"> a. Forwards copies of movement directive to school commandant for personnel who will join unit in theater upon completion of school. b. Requests disposition instructions for excess and nondeployable personnel from medical brigade DCSPER/medical group S1. c. Reassigns excess and nondeployable personnel IAW medical brigade DCSPER/medical group S1 instructions. d. Clears unavailable nondeployable personnel IAW medical brigade DCSPER/medical group S1 instructions. <p>5. Administrative division performs personnel replacement functions.</p> <ul style="list-style-type: none"> a. Submits officer requisitions IAW AR 614-185. b. Submits enlisted requisitions IAW AR 614-200. c. Assigns filler personnel IAW AR 614-185, AR 614-200, and hospital adjutant guidance. <p>6. Administrative division provides personnel service support. (113-600-2001, 113-637-2001, 151-357-0002, 805C-PAD-1245, 805C-PAD-2402)</p> <ul style="list-style-type: none"> a. Identifies personnel service requirements by reviewing the movement directive, movement plan/order, SRP information message, and RSOP. b. Submits requests for personnel service support from the medical brigade DCSPER/medical group S1, as required. c. Coordinates for postal support with supporting AG. d. Coordinates for recreational equipment and service with installation recreational service officer (DPCA). e. Coordinates for Red Cross support with the regional ARC. f. Coordinates for religious support with installation chaplain, as required. g. Coordinates press and hometown news releases with the installation PAO. h. Coordinates for disposition of POV and storage of personal property with PMO. i. Appoints hospital paying agent(s) on hospital orders IAW FM 14-100, if required. j. Appoints ordering officer on hospital orders to purchase goods and services at OCONUS sites, if required. <p>NOTE: A paying agent cannot simultaneously serve as an ordering officer.</p> <ul style="list-style-type: none"> k. Closes out unit funds IAW AR 230-3 and the RSOP. l. Provides personnel service input for the movement plan/order to the operations section. <p>7. Administrative division provides records management support.</p>		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
a. Identifies personnel records to accompany unit to theater of operations IAW AR 25-400-2. b. Identifies records to be transferred to records holding area. c. Directs units to prepare and maintain abbreviated records IAW AR 600-8-104. d. Provides records management input for the rear detachment plan to the operation section.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"*" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
151-357-0002	Coordinate Combat Service Support (CSS) Operations	STP 21-24-SMCT
805C-PAD-2402	Provide Input on Personnel Actions Affecting Subordinates	STP 21-24-SMCT
805C-PAD-2461	Maintain Accountability of Personnel (Status Report)	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENT: ADMINISTRATION DIV**TASK: COORDINATE FAMILY ASSISTANCE SUPPORT (63-1-8057.08-705L)**(FM 55-65)
(FM 8-10)(FM 100-17)
(FM 8-10-14)

(FM 63-3)

ITERATION: 1 2 3 4 5 (Circle)**COMMANDER/LEADER ASSESSMENT:** T P U (Circle)

CONDITIONS: Request for family assistance is received from subordinate elements and individual families. All subordinate elements are deploying as part of the hospital deployment. The family assistant plan, RSOP, and movement plan/order are available. The hospital staff continuously receives messages from the installation EOC, ITO, installation deployment support organizations, medical brigade/medical group HQ, and subordinate elements by analog and/or digital communications or messenger. This task should not be trained in MOPP4.

TASK STANDARDS: Family assistance support is coordinated and the updated family assistance plan is distributed IAW the RSOP and commander's guidance.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Hospital adjutant supervises family assistance activities.</p> <ul style="list-style-type: none"> a. Appoints family assistance officer(s), as required. b. Approves updated family assistance plan. c. Monitors family assistance briefings and activities for compliance with the family assistance plan and commander's guidance. d. Briefs hospital commander, XO, company HQ commander, subordinate element chiefs, and rear detachment commander on family assistance requirements and availability of support. <p>2. Administrative division coordinates family assistance support. (113-600-2001, 113-637-2001, 151-357-0002, 805C-PAD-1245)</p> <ul style="list-style-type: none"> a. Identifies family assistance support requirements by reviewing RSOP, subordinate element reports, and hospital commander guidance. b. Coordinates with staff sections for family assistance requirements. c. Coordinates with all staff sections for input to family assistance plan update. d. Coordinates for family assistance support (e.g., ACS, AER, SJA, and Red Cross) with installation agencies. e. Coordinates with the chief of ACS to conduct or participate in family support briefings IAW installation deployment plan. f. Briefs hospital adjutant on family assistance support. <p>3. Administrative division updates family assistance plan.</p> <ul style="list-style-type: none"> a. Verifies staff input for completeness and compliance with commander's guidance. b. Prepares updated copy of family assistance plan. c. Forwards draft copy to hospital adjutant for approval or modification. d. Distributes updated family assistance plan IAW movement plan. <p>4. Administrative division provides support to families. (805C-PAD-1245)</p> <ul style="list-style-type: none"> a. Establishes family assistance briefing site and schedules. b. Prepares family assistance information packet detailing available support. c. Conducts family assistance briefings IAW briefing schedule. d. Provides family assistance information packet to families. e. Refers personnel requiring assistance to appropriate agencies. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
5. Hospital family support group representatives perform family assistance activities. (113-600-2001, 113-637-2001, 805C-PAD-1245) a. Communicate with all unit-level representatives at least once every week during deployment. b. Conduct hospital family support group meetings with unit level representatives to address family member concerns. c. Disseminate information through family support group channels.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"*" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
151-357-0002	Coordinate Combat Service Support (CSS) Operations	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENT: HOSP OPERATIONS SECT.**TASK: COORDINATE DEPLOYMENT TRAINING SUPPORT (63-1-8058.08-705L)**

(FM 55-65)

(FM 100-17)

(FM 63-3)

(FM 8-10)

(FM 8-10-14)

ITERATION:

1

2

3

4

5

(Circle)

COMMANDER/LEADER ASSESSMENT:

T

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(Circle)

CONDITIONS: Training deficiencies exist within hospital. Training is required before the hospital deploys to an overseas site. Training status reports are being received from subordinate elements. The movement directive, RSOP, movement plan/order, deployment PLAN/CONPLANS/OPORD, and SRP information message are available. The hospital staff continuously receives messages from the installation EOC, ITO, the medical brigade/medical group HQ, and subordinate elements by analog and/or digital communications or messenger. This task should not be trained in MOPP4.

TASK STANDARDS: Coordination for deployment training support is accomplished IAW RSOP and hospital commander's guidance.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ol style="list-style-type: none"> 1. Operations section supervises deployment training. <ol style="list-style-type: none"> a. Identifies training requirements by reviewing RSOP, movement plan/order, deployment OPLAN/CONPLANS/OPORD, SRP information message, subordinate element training reports, and hospital commander's guidance. b. Provides guidance on training requirements and priorities. c. Approves training schedule. d. Monitors training for compliance with training schedule and commander's guidance. e. Coordinates adjustments to the training schedule with appropriate element chief or organization providing training support, as required. f. Verifies personnel have completed training by reviewing subordinate elements training reports. g. Briefs hospital, staff, and subordinate element commanders and chiefs on status of training, as required. 2. Operations section publishes deployment training schedules. (113-600-2001, 113-637-2001, 151-357-0002) <ol style="list-style-type: none"> a. Coordinates with hospital staff and subordinate elements for training support, as required. b. Submits training support requests to appropriate installation support agencies IAW RSOP and medical operations officer guidance. c. Prepares training schedule for subordinate elements based on coordination with supporting organizations. d. Submits training schedule to medical operations officer for approval or modification. e. Distributes training schedule to appropriate staff sections and subordinate elements. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
151-357-0002	Coordinate Combat Service Support (CSS) Operations	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENT: HOSP OPERATIONS SECT**TASK: PERFORM DEPLOYMENT INTELLIGENCE SUPPORT FUNCTIONS (63-1-8059.08-705L)**

(FM 34-3)	(AR 190-13)	(AR 350-1)
(AR 380-15)	(AR 380-5)	(FM 100-10)
(FM 3-0)	(FM 34-80)	(FM 63-3)
(FM 8-10)	(FM 8-10-14)	(FM 8-10-8)

ITERATION: 1 2 3 4 5 (Circle)**COMMANDER/LEADER ASSESSMENT:** T P U (Circle)

CONDITIONS: The hospital has received a deployment warning order and the hospital commander has issued his guidance. All subordinate elements are deploying as part of the hospital deployment. The OPSEC plan, physical security plan, SOI/SSI, movement directive, RSOP, deployment OPLAN/CONPLANS/OPORD, and SRP information message are available. The hospital staff continuously receives messages from the installation EOC, ITO, the medical brigade/medical group HQ, and subordinate elements by analog and/or digital communications or messenger. This task should not be trained in MOPP4.

TASK STANDARDS: Intelligence is disseminated to subordinate elements and intelligence support function are accomplished IAW medical brigade/medical group operations branch instructions, RSOP and the hospital commander's guidance.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
1. Operations section implements physical security procedures. (113-600-2001, 113-637-2001, 191-376-4114, 301-371-1050) <ul style="list-style-type: none"> a. Designates EOC as a restricted area. b. Provides access roster of personnel authorized access to restricted areas. c. Provides list of authorized classified document couriers, security managers, custodians, and alternates to the medical command/medical brigade HQ. d. Provides a list of area physical security actions taken to the medical brigade/medical group HQ. e. Monitors physical security activities for compliance with physical security plan, RSOP, and commander's guidance. 		
2. Operations section implements commander's OPSEC program. (113-600-2001, 113-637-2001, 301-371-1050) <ul style="list-style-type: none"> a. Conducts OPSEC analysis to identify OPSEC requirements. b. Updates OPSEC plan based on analysis. c. Implements the OPSEC plan. d. Provides feedback on status of OPSEC program to hospital commander and subordinate elements. e. Provides OPSEC input to appropriate orders and plans. f. Coordinates with installation MI detachment for OPSEC sweep of hospital HQ and subordinate elements. g. Conducts OPSEC briefings, as required. 		
3. Operations section provides classified documents and map service. (113-600-2001, 113-637-2001, 805C-PAD-3594) <ul style="list-style-type: none"> a. Identifies classified documents and map requirements by reviewing request form subordinate elements, RSOP, deployment OPLAN/CONPLANS/OPORD, and hospital commander guidance. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> b. Submits requisitions for classified maps to medical brigade operations branch/medical group S2/S3 section, as required. c. Submits requisitions for classified documents through appropriate channels. d. Distributes classified documents and maps to staff and subordinate elements, as appropriate. e. Requests disposition instructions for classified documents not required from medical brigade operations branch/medical group S2/S3 section. f. Publishes policies and procedures for transfer of classified documents IAW medical brigade operations branch/medical group S2/S3 section instructions. g. Maintains accountability of classified documents IAW AR 380-5. <p>4. Operations section performs personnel security functions. (113-600-2001, 113-637-2001, 301-371-1050)</p> <ul style="list-style-type: none"> a. Identifies security clearance requirements by reviewing RSOP, deployment OPLAN/CONPLANS/OPORD, SRP information message, and hospital commander guidance. b. Verifies security clearance of deploying soldiers. c. Submits security clearance request to medical brigade operations branch/medical group S2/S3 section. d. Provides instructions to subordinate elements on the removal of unit patches, badges, and unit insignia on clothing and equipment. <p>5. Operations section implements SIGSEC activities. (301-371-1050)</p> <ul style="list-style-type: none"> a. Provides SIGSEC guidance to staff and subordinate elements. b. Monitors all methods of unit communications for compliance with SOI/SSI and RSOP. c. Briefs the medical operations officer on SIGSEC activities. <p>6. Operations section provides intelligence briefings on theater of operations. (113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Coordinates with hospital commander to identify hospital commander's information requirements. b. Requests current intelligence and background information on the theater of operations from medical brigade operations branch/medical group S2/S3 section. c. Conducts analysis of theater of operations by reviewing deployment OPLAN/CONPLANS/OPORD and appropriate publications. d. Develops intelligence briefing on theater of operations. e. Submits briefing to medical operations officer for approval or modification. f. Briefs hospital commander, staff, and subordinate elements on characteristics of the theater of operations and potential impact on support operations. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"**" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
191-376-4114	Control Entry to and Exit From a Restricted Area	STP 21-1-SMCT
301-371-1050	IMPLEMENT OPERATIONS SECURITY (OPSEC) MEASURES	STP 21-1-SMCT
805C-PAD-3594	Store Classified Information and Materials	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENT: SUPPLY & SERVICE DIV**TASK: PROVIDE DEPLOYMENT LOGISTICS SUPPORT (63-1-8060.08-705L)**

(FM 10-27-4)	(AR 200-1)	(AR 220-1)
(AR 385-10)	(AR 710-2)	(AR 710-3)
(DA PAM 710-2-2)	(FM 100-10)	(FM 100-17)
(FM 10-15)	(FM 14-100)	(FM 3-100.4)
(FM 55-65)	(FM 63-3)	(FM 8-10)
(FM 8-10-14)	(TC 3-34.489)	

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital has received a deployment warning order and the hospital commander has issued his guidance. All subordinate elements are deploying as part of the hospital deployment. Equipment status reports are being received from subordinate elements. The movement directive, movement plan/order, SRP information message, RSOP, port call message, support units AUEs, and OPLAN/CONPLAN are available. The hospital staff continuously receives messages from the installation EOC, ITO, the medical brigade/medical group HQ, and subordinate elements by analog and/or digital communications or messenger. This task should not be trained in MOPP4.

TASK STANDARDS: Deployment logistics support is provided to subordinate elements and coordination for cross-leveling of vehicles and equipment is accomplished IAW RSOP and commander's guidance.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. HSMO supervises deployment logistics support activities.</p> <ul style="list-style-type: none"> a. Identifies logistics requirements by reviewing movement directive, SRP information message, OPLAN/CONPLAN, and subordinate elements supply, maintenance, and movement status reports. b. Recommends to hospital commander cross-leveling actions. c. Directs cross-leveling of supplies and equipment IAW commander's guidance. d. Directs disposition of excess supplies and equipment IAW medical brigade DCSLOG/medical group S4 instructions. e. Prioritizes equipment requiring support maintenance IAW commander's guidance. f. Requests hospital commander appoint ordering officer to make local purchases. g. Monitors supply and maintenance activities, to include medical, for compliance with RSOP, appropriate publications, and commander's guidance. h. Monitors movement preparation activities for compliance with RSOP, appropriate publications, and commander's guidance. i. Directs elements to turn in keys to element buildings and areas to rear detachment commander prior to main body departure. j. Obtains deployment project code to facilitate rapid supply actions. k. Enforces safety procedures IAW AR 385-10 and TSOP. l. Enforces environmental protection procedures IAW AR 200-1 and TSOP. m. Briefs hospital commander or XO on logistics readiness status, as required. <p>2. Supply and service division provides supply and service support. (101-92Y-0001, 113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Identifies special equipment and/or clothing requirements by reviewing movement directive, SRP information message, and OPLAN/CONPLAN. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> b. Coordinates for issue of special equipment and/or clothing with medical brigade DCSLOG/medical group S4, installation DOL, and appropriate supporting agencies. c. Coordinates for emergency calibration of deploying equipment. d. Updates supply requisitions with correct FAD, deployment UICs, and deployment ship to address, as needed. e. Verifies all requisitions have been either canceled or updated with a deployment address. f. Coordinates for disposition of excess equipment and clothing with medical brigade DCSLOG/medical group S4 and/or installation DOL. g. Submits requisitions for CONEXs, CONEX inserts, MHE, blocking, bracing, and packing materials to appropriate supporting agencies IAW RSOP. h. Provides disposition instructions for excess equipment and clothing to subordinate elements. i. Coordinates pick-up of basic and prescribed loads with medical brigade DCSLOG/medical group S4 or installation DOL. j. Provides instructions for pickup of basic and prescribed loads to subordinate elements. k. Coordinates for POL support for movement to APOE/SPOE with medical brigade DCSLOG/medical group S4 or installation DOL. l. Monitors the preparation of basic and prescribed loads (Class I, II, III, V, VIII, IX) for compliance with RSOP, movement plan/order, and commander's guidance. m. Briefs HSMO, as required. <p>3. Supply and service division coordinates cross-leveling of vehicles, equipment, and supplies. (101-92Y-0004, 101-92Y-0005, 113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Identifies shortages and overages by reviewing subordinate elements vehicle, equipment, and supply status reports. b. Reallocates vehicles, equipment and supplies within the hospital IAW commander's guidance. c. Submits requisitions for vehicles, equipment, and supplies to medical brigade DCSLOG/medical group S4. d. Submits requisitions for medical supplies and equipment to supporting medical supply agency. e. Requests disposition instructions for excess vehicles, equipment, and supplies from medical brigade DCSLOG/medical group S4. f. Updates property book, as required. g. Briefs HSMO, as required. <p>4. Supply and service division provides maintenance support, to include medical maintenance. (091-CLT-3009, 113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Identifies maintenance requirements, to include medical maintenance, by reviewing RSOP, status reports from subordinate elements, and commander's guidance. b. Provides MST support to subordinate elements, as required. c. Coordinates with supporting maintenance activity, to include medical maintenance for MST, status of equipment in support maintenance, disposition of nondeployable equipment, and float equipment support. d. Provides instructions on the disposition of nondeployable vehicles and equipment and float equipment support to subordinate elements (to include medical equipment). e. Coordinates with PSA/supporting installation for maintenance support at APOE/SPOE MA. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> f. Submits vehicles and equipment to support maintenance IAW HSMO instructions. g. Coordinates for maintenance support (to include medical maintenance) for movement to APOE/SPOE with medical brigade DCSLOG/medical group S4 or installation DOL. h. Employs safety procedures IAW AR 385-10 and TSOP. i. Employs environmental protection procedures IAW AR 200-1 and TSOP. j. Briefs HSMO, as required. <p>5. Supply and service division provides movement support. (113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Identifies transportation requirements by reviewing RSOP, movement plan/order, and subordinate element AUEs. b. Coordinates with UMC to verify that subordinate element personnel and equipment transportation requirements have been submitted and are accurate. c. Provides movement and documentation assistance to subordinate element UMOs, as required. d. Requests scales and MHE support from DOL, as required. e. Coordinates with the UMC to verify rail and/or commercial transportation availability and movement schedules for CONEX containers and outsize, oversize, or overweight pieces of equipment. f. Coordinates with the UMC for convoy clearance, as required. g. Submits request(s) for required road march items to supporting supply activity. h. Coordinates subordinate elements en route support requirements with UMC until all known requirements are fulfilled. i. Coordinates with UMC for return transportation support for hospital personnel from the SPOE to hospital area. j. Coordinates advance party and main body personnel transportation requirements to the APOE with medical brigade DCSLOG/medical group S4 HQ. k. Conducts movement status briefing(s) for the hospital, staff, and subordinate element commanders and chiefs, as necessary. l. Briefs HSMO, as required. <p>* 6. ICUMO coordinates SPOE MA activities. (113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Monitors staging and processing of vehicles and equipment for compliance with movement order, call forward instructions, and PSA officials' instructions. b. Coordinates with PSA officials to resolve vehicle and equipment processing deficiencies. c. Coordinates disposition of frustrated vehicles and cargo with supporting installation personnel. d. Coordinates with port commander's representatives to verify arrangement for supercargoes. e. Briefs HSMO, as required. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
091-CLT-3009	Supervise Maintenance Operations	STP 21-24-SMCT STP 9-63B14-SM-TG
101-92Y-0001	Supervise Supply Activities	STP 21-24-SMCT
101-92Y-0004	Enforce Property Accountability Policies	STP 21-24-SMCT
101-92Y-0005	Enforce Compliance with Property Accountability Policies	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENT: HOSP OPERATIONS SECT

TASK: PROVIDE DEPLOYMENT ADVANCE PARTY ACTIVITIES (63-1-8061.08-705L)
 (FM 100-17) (FM 55-65) (FM 63-3)
 (FM 8-10) (FM 8-10-14)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital has received a deployment warning order and the hospital commander has issued his guidance. Subordinate elements provide personnel and equipment to the advance party. The movement plan/order, RSOP, advance party plan, and TSOP are available. The hospital staff continuously receives messages from the medical brigade/medical group HQ and subordinate elements by analog and/or digital communications or messenger. CONUS logistics and movement support is provided to the deployment logistics support advance party by the supporting installation and MTMC, respectively. Theater logistics support is provided to the advance party combatant commander's designated support organization. This task should not be trained in MOPP4.

TASK STANDARDS: Advance party operations are planned and implemented IAW RSOP, movement plan/order, TSOP, and hospital commander's guidance.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
1. Operations section plans advance party operations. (113-600-2001, 113-637-2001) a. Identifies advance party requirements by reviewing RSOP, movement plan/order, TSOP, and commander's guidance. b. Updates advance party plan IAW commander's guidance. c. Coordinates with staff sections and subordinate elements for personnel and equipment for the advance party IAW advance party plan. d. Briefs advance party OIC on advance party requirements and operations. * 2. Advance party OIC supervises advance party predeployment activities. a. Identifies advance party support requirements by reviewing advance party plan, movement plan/order, RSOP, and medical operations officer and commander's guidance. b. Coordinates with supply and service division for advance party logistics and transportation support. c. Coordinates with company HQ UMO for movement instructions and documentation support. d. Identifies hospital organization, movement configuration, movement schedule, and ultimate destination by reviewing movement plan/order, subordinate element DELs, and CONPLAN/OPLANs. e. Identifies planned operational locations and mission support requirements by reviewing CONPLAN/OPLANs. f. Revises advance party plan, as required, in coordination with medical operations officer. g. Briefs hospital, staff, subordinate element commanders and chiefs, and advance party personnel on advance party plan, as required. 3. Advance party deploys through APOE to APOD. (551-88M-0005) a. Prepares vehicles for air movement. b. Deploys IAW movement order. c. Performs APOD activities for deployment.		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>4. Advance party coordinates reception of main body. (113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Coordinates with AACG for arrival schedule and reception of the main body. b. Coordinates with PMCT for movement of personnel to MA. c. Coordinates with PSA for ship arrival schedule and movement to equipment to MA. d. Provides personnel to PSA for movement of equipment to MA, as required. e. Provides hospital organization, movement configuration, movement schedule, and ultimate destination to PMCT. f. Coordinates with designated supporting organization for main body logistics and maintenance support requirements. g. Briefs hospital commander, staff, and subordinate elements commanders and chiefs on reception and onward movement plans, as required. <p>5. Advance party coordinates mission operations. (113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Provides hospital organization, movement configuration, movement schedule, and ultimate destination to medical brigade/medical group HQ. b. Coordinates with medical brigade DCSSPO/medical group S2/S3 for current operational and tactical situation. c. Identifies preliminary liaison requirements with supporting and supported activities. d. Briefs hospital commander, staff, and subordinate elements commanders and chiefs on operational and tactical situation, as required. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
551-88M-0005	Operate a Vehicle in a Convoy	STP 21-1-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: HOSP OPERATIONS SECT
SUPPLY & SERVICE DIV
ADMINISTRATION DIV

TASK: COORDINATE ONWARD MOVEMENT (63-1-8062.08-705L)

(FM 100-17)
(FM 8-10)

(FM 55-65)
(FM 8-10-14)

(FM 63-3)

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital and subordinate elements main bodies have arrived at the APOD. The advance party OIC has briefed the hospital commander and staff on the support available in the marshalling/staging area. The PSA moves the hospital's vehicles and equipment from the SPOD to the marshalling/staging area. Administrative and logistics support is provided by an organization designated by the combatant commander. The movement control element provides movement instructions from the TSB to the TAA. The RSOP and TSOP are available. The movement control element monitors the hospital's movement to the TAA. The hospital staff continuously receives messages from higher HQ and subordinate elements by analog and/or digital communications or messenger. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: The main body arrives in the TAA IAW commander's guidance. At MOPP4, performance degradation factors will significantly increase movement time and preparation.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
1. Command section supervises intransit activities. (113-600-2001, 113-637-2001, 151-357-0002) <ul style="list-style-type: none"> a. Coordinates with higher echelon staff on tactical situation and future support operations. b. Provides staff sections guidance on intransit support requirements and onward movement priorities. c. Establishes liaison with supporting organizations that are providing intransit support and movement priorities. d. Briefs hospital commander, staff, and subordinate elements commanders and chiefs, as required. 		
2. Administrative division coordinates intransit support. (113-600-2001, 113-637-2001, 151-357-0002) <ul style="list-style-type: none"> a. Coordinates with designated support unit for administration and personnel service support, as required. b. Coordinates with designated medical support unit for medical support, as required. c. Briefs hospital commander, staff, and subordinate elements commanders and chiefs on intransit support. 		
3. Supply and service division coordinates marshalling/staging area logistics support. (113-600-2001, 113-637-2001, 151-357-0002) <ul style="list-style-type: none"> a. Coordinates with designated support unit for field feeding and logistics support, as required. b. Provides instructions to subordinate elements on inventory, inspection, and property transfer and accountability procedures. c. Identifies maintenance and repair parts requirements, to include medical maintenance, by monitoring subordinate element maintenance status reports. d. Coordinates with designated support unit for maintenance and repair parts support, to include medical maintenance, as required. e. Provides instructions to subordinate elements on drawing weapons, fuel, ammunition, and supplies required for movement to TAA. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
f. Briefs hospital commander, staff, and subordinate elements commanders and chiefs on intransit support. * 4. HSMO coordinates onward movement to TAA. (113-600-2001, 113-637-2001, 151-357-0002) a. Coordinates with supporting movement control element for detailed movement instructions. b. Provides movement instructions to operations section. c. Monitors supporting units AUEL updates for compliance with movement order and RSOP. d. Monitors vehicle preparation and rail loading operations for compliance with movement instructions, appropriated publications, and commander's guidance. e. Monitors preparation of movement documentation for compliance with appropriate publications and MCA/MCT instructions. f. Briefs hospital commander, staff, and subordinate elements commanders and chiefs/UMOs on movement, as required. 5. Operations section supervises preparation and movement to TAA. (113-600-2001, 113-637-2001) a. Consolidates staff input for intransit support and movement instructions. b. Issues movement order/FRAGO, maps, and SOI/SSIs IAW commander's guidance. c. Monitors subordinate element preparation for convoy operations for compliance with movement order/FRAGO. d. Monitors movement of hospital. e. Forwards SP crossing reports, check point times, and closing reports to supporting movement control element. f. Reports arrival in TAA to medical brigade/medical group operations branch.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net.	STP 21-1-SMCT
151-357-0002	Coordinate Combat Service Support (CSS) Operations	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: HOSPITAL HEADQUARTERS
HOSP OPERATIONS SECT
ADMINISTRATION DIV
SUPPLY & SERVICE DIV

TASK: DIRECT INTEGRATION ACTIVITIES (63-1-8071.08-705L)
(FM 100-17) (FM 55-65) (FM 63-3)
(FM 8-10) (FM 8-10-14)

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital is in the process of deploying following receipt of an OPORD. The hospital has arrived at the POD, moved through the designated MA/staging site, and has closed in the TAA. Prior to onward movement from the staging area, the hospital verified that it met mission readiness criteria. The hospital initiates C2 procedures with the gaining command. The hospital security plan, hospital access rosters, TSOPs, OPLAN, and current maps are available. The hospital is deploying as part of a higher HQ deployment. Integration activities are performed day or night under all environmental conditions. The hospital staff continuously receives messages from higher HQ and subordinate elements by analog and/or digital communications or messenger. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: Personnel and equipment are combat ready and integrated into the operational mission of the gaining tactical force commander.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Hospital commander supervises integration activities.</p> <ul style="list-style-type: none"> a. Directs TOC to be established IAW TSOP. b. Directs analog/digital communications link-up into gaining command net. c. Directs hospital HQ to integrate hospital security plan into gaining command's operational force protection measure. d. Directs hospital HQ to integrate into the gaining command's CSS system. e. Directs hospital HQ to submit reports IAW gaining command's TSOP(s)/OPLAN(s). f. Provides guidance to staff on corrective actions based on readiness reports from subordinate units. g. Releases consolidated hospital readiness report to higher HQ. <p>2. Operations section completes integration actions. (113-600-2001, 113-637-2001, 151-357-0002)</p> <ul style="list-style-type: none"> a. Enters tactical analog/digital communications nets. b. Establishes hospital TOC. c. Integrates hospital into TAA security plan. d. Directs stationing of subordinate units within assigned areas. e. Clarifies operational mission parameters with gaining command. f. Assists subordinate units in correcting readiness deficiencies. g. Submits required reports to gaining command. h. Conducts training as directed by gaining command. <p>3. Administration division performs integration activities. (113-600-2001, 113-637-2001, 805C-PAD-2461)</p> <ul style="list-style-type: none"> a. Submits consolidated personnel status report to higher HQ. b. Monitors status of soldiers with a special status (e.g., sick, injured, etc.). c. Requests replacements, as needed. d. Coordinates medical, personnel, religious, MWR, and finance support, as required. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>4. Supply and service division performs integration activities. (113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Establishes direct support relationships with various support elements in the support structure (e.g., supply, field services, automation maintenance, maintenance, etc.). b. Provides subordinate units CSS information (e.g., location of supply and maintenance points, field service support information, procedures for resupply, etc.). c. Submits logistics status report in format directed by gaining command. <p>5. Operations section personnel perform information technology integration activities for radio and tactical automation. (113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Establish direct support relationships with gaining command for COMSEC and system/software security materiel. b. Install LAN(s), if available. c. Operate LAN(s), if available. d. Maintain LAN(s), if available. e. Establish hospital NCS. f. Operate hospital NCS. g. Ensure analog/digital communications link-up with higher, adjacent, and supported commands. h. Select signal sites. i. Provide advice on interference problems. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"**" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
151-357-0002	Coordinate Combat Service Support (CSS) Operations	STP 21-24-SMCT
805C-PAD-2461	Maintain Accountability of Personnel (Status Report)	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: HOSP OPERATIONS SECT
ADMINISTRATION DIV
SUPPLY & SERVICE DIV

TASK: COORDINATE REAR DETACHMENT SUPPORT (63-1-8063.08-705L)
(FM 55-65) (AR 215-1) (FM 100-17)
(FM 63-3) (FM 8-10) (FM 8-10-14)

ITERATION: 1 2 3 4 5 (Circle)
COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: Rear detachment support is required. All subordinate elements are deploying/redeploying as part of the hospital deployment/redeployment. The rear detachment plan, RSOP, and deployment/redeployment movement plan/order are available. The hospital staff continuously receives messages from the installation or theater support organizations, the medical brigade/medical group HQ, and subordinate elements by analog and/or digital communications or messenger. This task should not be trained in MOPP4.

TASK STANDARDS: Rear detachment support is coordinated and the updated rear detachment plan is distributed IAW the RSOP and hospital commander's guidance.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>1. Administrative division coordinates rear detachment personnel and administrative service support. (113-600-2001, 113-637-2001, 151-357-0002, 805C-PAD-1245)</p> <ul style="list-style-type: none"> a. Identifies personnel and administrative service support requirements by reviewing the deployment/redeployment movement plan/order, RSOP, and commander's guidance. b. Coordinates rear detachment staffing requirements with staff sections and subordinate element commanders and chiefs. c. Forwards recommendations for rear detachment staffing to hospital commander for approval. d. Coordinates for personnel and administrative service support with medical brigade DCSPER/medical group S1 or installation/theater support organizations, as required. e. Provides personnel and administrative service support input for the rear detachment plan update to the operations section. f. Coordinates family support group assistance with medical brigade DCSPER/medical group S1. g. Briefs hospital commander, XO, and rear detachment commander on personnel and administrative service support, as required. <p>2. Supply and service division coordinates for rear detachment logistics support. (113-600-2001, 113-637-2001, 151-357-0002)</p> <ul style="list-style-type: none"> a. Identifies logistics support requirements by reviewing the deployment/redeployment movement plan/order, RSOP, rear detachment plan, and commander's guidance. b. Coordinates with medical brigade DCSLOG/medical group S4 or installation/theater support organizations for logistics support. c. Provides copies of property book, document register, and related documentation to the rear detachment commander, as required. d. Provides logistics support input for the rear detachment plan update to the operations section. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
e. Briefs hospital commander, XO, and rear detachment commander or rear detachment logistics support, as required. 3. Hospital operations section updates rear detachment plan. a. Verifies staff input for completeness and compliance with commander's guidance. b. Prepares updated copy of rear detachment plan. c. Forwards draft copy to hospital commander or XO for approval or modification. d. Distributes rear detachment plan update IAW RSOP. 4. Hospital operations section provides rear detachment support. (113-600-2001, 113-637-2001) a. Requests new classified document access roster and safe access listing for the rear detachment from higher HQ staff element. b. Coordinates changing of combinations for safes and arms room for the rear detachment with higher HQ staff element. c. Assists rear detachment to ensure all classified material not deployed with the unit is properly stored, transferred, or destroyed.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"*" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
151-357-0002	Coordinate Combat Service Support (CSS) Operations	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: HOSPITAL HEADQUARTERS
HOSP OPERATIONS SECT
COMPANY HEADQUARTERS
ADMINISTRATION DIV
SUPPLY & SERVICE DIV

TASK: PERFORM HOME STATION REAR DETACHMENT ACTIVITIES (63-1-8064.08-705L)
(FM 100-17) (FM 12-6) (FM 55-65)
(FM 63-3) (FM 8-10) (FM 8-10-14)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital and subordinate elements' main bodies have departed home station. Initial coordination for personnel and administrative service and logistics support was accomplished by hospital staff. Subordinate elements have delivered records and files designated by the hospital adjutant to the rear detachment. Dependents have been briefed on the availability of support from the installation and rear detachment. The RSOP, movement plan/order, family assistance plan, and rear detachment plan are available. The rear detachment receives home station reception requirements from operations section. The rear detachment continuously receives messages from the medical brigade/medical group HQ, by analog and/or digital communications or messenger. This task should not be trained in MOPPA.

TASK STANDARDS: Rear detachment activities are performed IAW the rear detachment plan and hospital commander's guidance.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Rear detachment commander supervises rear detachment activities.</p> <ul style="list-style-type: none"> a. Identifies rear detachment requirements, policies, and procedures by reviewing the rear detachment plan, family assistance plan, and commander's guidance. b. Conducts inventory and signs for all installation property and equipment transferred into rear detachment from deploying units. c. Publishes a chain of command based on commander's guidance. d. Develops rear detachment program to provide service to soldiers and family remaining in rear. e. Briefs rear detachment personnel on rear detachment plan and command policies. f. Verifies availability of personnel and administrative service and logistics support, by coordinating with DPCA and DOL. g. Briefs rear detachment personnel on available personnel and administrative service and logistics support. h. Monitors family support group activities for compliance with family assistance plan. i. Monitors rear detachment activities for compliance with rear detachment plan. <p>2. Rear detachment provides administrative and logistics support. (113-600-2001, 113-637-2001, 805C-PAD-1245)</p> <ul style="list-style-type: none"> a. Coordinates with DPCA for SRP of late arrivals and/or replacement personnel. b. Provides administrative and logistics support to late arrivals and/or replacement personnel IAW rear detachment plan and higher echelon instructions. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> c. Redirects mail IAW rear detachment plan. d. Maintains records and files IAW rear detachment plan and appropriate publications. e. Provides assistance to families IAW the family assistance plan, as required. f. Publishes family support chain of command roster for family members. g. Coordinates with DPCA for reassignment or rear detachment personnel. h. Coordinates with DEH for inspection and disposition of real property, as necessary. i. Conducts physical security inspections of facilities and storage areas for damage. j. Reports damage to facilities and storage areas to PMO and DEH. <p>3. Rear detachment commander coordinates reception at home station.</p> <ul style="list-style-type: none"> a. Identifies reception requirements by reviewing the RSOP and operations section instructions. b. Verifies availability of transportation and intransit support, by coordinating with the ITO. c. Identifies any planned welcoming ceremonies, by coordinating with DPCA and PIO. d. Coordinates with ITO for transportation of dependents to the APOD. e. Notifies dependents of transportation and reception plans. f. Provides operations section information on transportation, intransit support, and welcoming ceremonies. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: ADMINISTRATION DIV
SUPPLY & SERVICE DIV

TASK: COORDINATE RECONSTITUTION FOR REDEPLOYMENT (63-1-8065.08-705L)
(FM 100-17) (FM 55-65) (FM 63-3)
(FM 8-10)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital has received a redeployment warning order and the commander has issued redeployment guidance. The hospital and subordinate elements are located in the AA. All personnel are present or accounted for, weapons and sensitive equipment have been secured, and inventories of vehicles, equipment, and supplies including medical, have been conducted. Personnel and equipment status reports are being received from subordinate elements. The hospital staff continuously receives messages from the medical brigade/medical group HQ and subordinate elements by analog and/or digital communications or messenger. The RSOP and redeployment warning order are available.

NOTE: The TAA and RAA may be combined, depending on the size of the theater and the combatant commander's guidance. The redeployment sequence is based on theater constraints and CINC's guidance. Intermediate steps and actions may be required to supplement TAA and RAA movement, to include further defining RAA activities by establishing a final staging area. This task should not be trained in MOPP4.

TASK STANDARDS: Reconstitution for redeployment is coordinated IAW RSOP and the hospital commander's guidance.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
1. Administrative division coordinates cross-leveling of personnel. <ul style="list-style-type: none"> a. Identifies personnel shortages and overages by grade and MOS by reviewing subordinate element's status reports. b. Reassigns personnel within the hospital IAW the hospital commander's guidance. c. Recalculates personnel shortages and overages by grade and MOS. d. Submits personnel requisitions to medical brigade DCSPER/medical group S1. e. Requests disposition instructions for excess personnel from medical brigade DCSPER/medical group S1. f. Assigns filler personnel IAW hospital adjutant guidance. g. Reassigns excess personnel IAW medical brigade DCSPER/medical group S1 instructions. h. Updates SIDPERS records, as required. i. Briefs hospital commander and XO on personnel status, as required. 		
2. Supply and service division coordinates cross-leveling of vehicles, equipment, and supplies (including medical). (101-521-2151, 101-521-2152, 113-600-2001, 113-637-2001, 151-357-0002) <ul style="list-style-type: none"> a. Identifies shortages and overages by reviewing subordinate element's vehicles, equipment, and supply status reports. b. Reallocates vehicles, equipment and supplies within hospital IAW the hospital commander's guidance. c. Recalculates shortages and overages. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
d. Submits requisitions for vehicles, equipment, and supplies to medical brigade DCSLOG/medical group S4. e. Requests disposition instructions for excess vehicles, equipment, and supplies from medical brigade DCSLOG/medical group S4. f. Issues vehicles, equipment, and supplies, to include medical, IAW hospital commander and HSMO's guidance. g. Provides subordinate elements disposition instructions for excess vehicles, equipment, and supplies, to include medical. h. Updates property book, as required. i. Briefs hospital commander and XO on status of vehicles, equipment, and supplies, as required.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
101-521-2151	PREPARE A PROPERTY BOOK	STP 8-76J15-SM-TG STP 10-92Y24-SM-TG
101-521-2152	POST TRANSACTIONS TO THE MANUAL PROPERTY BOOK	STP 8-76J15-SM-TG STP 10-92Y24-SM-TG
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
151-357-0002	Coordinate Combat Service Support (CSS) Operations	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: HOSPITAL HEADQUARTERS
HOSP OPERATIONS SECT

TASK: PREPARE REDEPLOYMENT MOVEMENT PLAN/ORDER (63-1-8066.08-705L)
 (FM 55-65) (FM 100-17) (FM 101-5)
 (FM 63-3) (FM 8-10) (FM 8-10-14)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital commander has provided his redeployment guidance and directed that the redeployment movement plan/order be prepared. The XO has staff responsibility for consolidation, publication, and distribution of the redeployment movement plan/order. Movement plan becomes the movement order upon implementation. The hospital and elements are located in the TAA. Trained UMOs have been designated and briefed by the HSMO and/or ICUMO. The CP is operational. The home-station rear detachment commander provides information on reception arrangements. The RSOP, TSOP, and medical brigade/medical group redeployment movement order are available. The hospital staff continuously receives messages from medical brigade/medical group HQ, redeployment teams (e.g., advance party, MSTs, CTs, rear detachment, etc.), and subordinate elements by analog and/or digital communications or messenger. This task should not be trained in MOPP4.

TASK STANDARDS: The movement plan/order is prepared and distributed IAW FM 55-65, FM 101-5, the RSOP, and the hospital commander's guidance within the time prescribed by the hospital commander or XO.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. XO and medical operations officer perform a time analysis.</p> <ul style="list-style-type: none"> a. Calculate total time remaining before redeployment commences (C-Day). b. Identify all steps in the redeployment process. c. Assign time limitations for each step in the redeployment process. d. Disseminate time limitations to all staff sections. <p>2. Operations section coordinates staffing for redeployment organizations.</p> <ul style="list-style-type: none"> a. Identifies personnel and equipment requirements for redeployment organizations by reviewing RSOP, movement plan/order, CONPLAN/OPLAN, and the hospital commander's guidance. b. Coordinates with staff sections to provide redeployment organization requirement. c. Forwards personnel and equipment for redeployment organizations to hospital commander and/or XO for approval or modification. d. Incorporates personnel and equipment requirements for redeployment organizations in movement plan/order. <p>3. Staff sections provide input to the redeployment movement plan/order.</p> <ul style="list-style-type: none"> a. Identify redeployment requirements by reviewing redeployment movement order, RSOP, and the hospital commander's guidance. b. Identify external support requirements by reviewing redeployment movement order, RSOP, and status reports from subordinate elements. c. Identify internal support provided by section by reviewing redeployment movement order, RSOP, and the hospital commander's guidance. d. Verify availability of required support by coordinating with appropriate hospital elements and/or redeployment support organizations. e. Forward redeployment movement plan/order input information to operations section. <p>4. Operations section coordinates TAA and RAA physical security requirements. (113-600-2001, 113-637-2001, 301-371-1050)</p>		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> a. Identifies TAA and RAA physical security requirements by reviewing TSOP, medical brigade/medical group redeployment movement plan/order, and the hospital commander's guidance. b. Coordinates for physical security support with medical brigade DCSPER/medical group S1, or supporting logistic support organization. c. Coordinates for physical security requirements with subordinate elements. d. Incorporates TAA and RAA physical instructions into movement plan/order. <p>5. Operations section coordinates reception at home station.</p> <ul style="list-style-type: none"> a. Identifies reception requirements by reviewing RSOP, movement plan/order, CONPLAN/OPLAN, and the hospital commander's guidance. b. Forwards reception requirements and projected personnel movement schedules to home-station rear detachment commander. c. Incorporates planned reception arrangements into the movement plan/order. <p>6. Operations section prepares movement plan/order.</p> <ul style="list-style-type: none"> a. Verifies staff input for completeness and compliance with the hospital commander's guidance. b. Prepares updated copy of movement plan/order with annexes. c. Forwards draft copy to hospital commander or XO for approval or modification. d. Distributes movement plan/order update IAW movement plan/order distribution list. <p>NOTE: Digitally equipped units distribute the plan/order using components of the ABCS or MC4, as appropriate.</p>		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
301-371-1050	IMPLEMENT OPERATIONS SECURITY (OPSEC) MEASURES	STP 21-1-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: HOSPITAL HEADQUARTERS
HOSP OPERATIONS SECT
ADMINISTRATION DIV
SUPPLY & SERVICE DIV

TASK: PROVIDE REDEPLOYMENT SUPPORT (63-1-8067.08-705L)
(FM 100-17) (FM 55-65) (FM 63-3)
(FM 8-10) (FM 8-10-14)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital has received a redeployment movement order. The hospital and subordinate elements in the TAA and trained UMOs have been designated and briefed by the HSMO. The hospital commander has issued redeployment guidance. The medical brigade/medical group and hospital redeployment movement order, RSOP, and TSOP are available. The hospital staff continuously receives messages from medical brigade/medical group HQ and subordinate elements by analog and/or digital communications or messenger.

NOTE: The term "rear detachment" in Army publications is used to refer to a group of soldiers remaining behind the main body to perform logistical and support activities. In this task, the term "theater rear detachment" is used to define the rear detachment remaining in the theater AO after the main body redeploys. In this task, the theater rear detachment is not a theater-level asset. The term "home station rear detachment" is used to refer to the rear detachment left at the unit's home station during deployment. This task should not be trained in MOPP4.

TASK STANDARDS: Redeployment support is provided to subordinate elements and coordination for movement of personnel, vehicles, and equipment to the APOE/SPOE is accomplished IAW medical brigade/medical group movement order, RSOP, TSOP, and the hospital commander's guidance.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
1. Administrative division provides personnel and administrative service support. (113-600-2001, 113-637-2001, 151-357-0002, 805C-PAD-2044, 805C-PAD-2146, 805C-PAD-2402, 805C-PAD-2407) a. Identifies personnel and administrative requirements by reviewing medical brigade/medical group redeployment movement order and the hospital commander's guidance. b. Establishes redeployment personnel processing procedures IAW medical brigade PAS/medical group S1 section guidance. c. Coordinates reassignment of personnel redeploying as individuals with medical brigade PAS/medical group S1 section. d. Provides personnel service support, as required. e. Provides administrative support, as required. f. Verifies personnel and finance records have been updated by reviewing subordinate element(s) records. g. Verifies line of duty investigations have been completed prior to redeployment. h. Processes personnel actions, to include evaluation reports, decorations, and awards. i. Coordinates for (theater) rear detachment personnel and administrative support with medical brigade PAS/medical group S1 section.		
2. Operations section coordinates training requirements. (113-600-2001, 113-637-2001, 151-357-0002) a. Identifies training requirements (e.g., weighing and marking, customs inspections, cleaning of vehicles and equipment, documentation, etc.) by reviewing medical brigade/medical group redeployment movement order, subordinate element requests for training support, and the hospital commander's guidance.		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> b. Coordinates for redeployment training support with medical brigade SPO section/medical group S2/S3 section. c. Notifies subordinate elements of scheduled training events. d. Monitors scheduled training events for compliance with appropriate publications and the hospital commander's guidance. e. Updates training records, as required. <p>3. Supply and service division coordinates supply and service support (including medical). (113-600-2001, 113-637-2001, 151-357-0002)</p> <ul style="list-style-type: none"> a. Identifies supply and service support requirement. b. Identifies quantities of supplies on-hand by reviewing subordinate element supply status reports. c. Identifies supplies due-in by reviewing document registers. d. Identifies excess supplies due-in by comparing requirements with quantities on-hand and due-in. e. Cancels requisitions for quantities determined to be excess. f. Coordinates with DS supply support organization to identify required supplies arriving after hospital is packed for redeployment. g. Verifies all requisitions have been either canceled or updated with a redeployment address ten days prior to redeployment. h. Submits request to redirect supplies due-in after hospital is packed for redeployment to home station to medical brigade/medical group. i. Coordinates field feeding and services support with designated support unit, as required. j. Designates date/time when internal supply and service supply terminates. k. Provides copies of the hospital property book and related documentation to OIC of the rear detachment, as required. l. Coordinates for supply and service support for main body and rear detachment during movement with medical brigade LOG section/medical group S4 section. <p>4. Supply and service division coordinates maintenance support, to include medical. (113-600-2001, 113-637-2001, 151-357-0002)</p> <ul style="list-style-type: none"> a. Identifies maintenance support requirement by reviewing medical brigade/medical group redeployment movement order and the hospital commander's guidance. b. Identifies vehicles in organizational and support maintenance by reviewing subordinate element and hospital maintenance status reports. c. Coordinates with hospital and DS maintenance organizations to determine vehicle availability for redeployment. d. Requests disposition instructions for vehicles and equipment, to include medical, not available for redeployment medical brigade LOG section/medical group S4 section. e. Coordinates with medical brigade LOG section/medical group S4 section for MST support in assembly areas, staging areas, and during movement. f. Designates date/time when organizational maintenance support terminates. g. Coordinates for maintenance and recovery support beyond hospital's capability with medical brigade LOG section/medical group S4 section. h. Coordinates for vehicle cleaning and support beyond the hospital's capability, with medical brigade LOG section/medical group S4 section. <p>5. ICUMO coordinates redeployment movement. (113-600-2001, 113-637-2001, 151-357-0002)</p> <ul style="list-style-type: none"> a. Identifies redeployment movement requirements by reviewing medical brigade/medical group redeployment movement order and the hospital commander's guidance. b. Coordinates with MCA/MCT to verify UMD and movement schedules, routes, and location of RAA and staging areas. c. Develops milestones for planning, packing, loading, and movement operations IAW higher echelon movement order and the hospital commander's guidance. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
d. Coordinates USCS, USDA, and USPHS inspection support with medical brigade/medical group DCSLOG. e. Monitors supporting hospital's AUEL updates for compliance with FM 55-65, redeployment movement order, and RSOP. f. Monitors subordinate elements preparation of movement, customs, USDA, and USPHS forms for compliance with redeployment movement order, RSOP, and appropriate publications. g. Monitors supporting hospital's vehicle and equipment preparation and cleaning for compliance with USDA and USPHS guidance, RSOP, appropriate publications, and the hospital commander's guidance. h. Monitors subordinate element's customs, USDA, and USPHS inspection results for compliance with applicable publications and hospital commander's guidance. i. Monitors subordinate unit's movement readiness status for compliance with redeployment movement order and commander's guidance. j. Inspects subordinate elements movement plans/orders for compliance with redeployment movement order and the hospital commander's guidance. k. Briefs hospital commander and/or staff on movement readiness status, as required.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
151-357-0002	Coordinate Combat Service Support (CSS) Operations	STP 21-24-SMCT
805C-PAD-2044	Recommend Individual for Award	STP 21-24-SMCT
805C-PAD-2146	Prepare the Rater's Portion of a Noncommissioned Officer Evaluation Report (NCOER)	STP 21-24-SMCT
805C-PAD-2402	Provide Input on Personnel Actions Affecting Subordinates	STP 21-24-SMCT
805C-PAD-2407	Recommend Disciplinary Action for a Soldier	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENT: HOSP OPERATIONS SECT

TASK: PERFORM REDEPLOYMENT ADVANCE PARTY ACTIVITIES (63-1-8068.08-705L)
 (FM 100-17) (FM 55-65) (FM 63-3)
 (FM 8-10) (FM 8-10-14)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital has received a redeployment movement order. All subordinate elements are redeploying as part of the hospital redeployment. The movement plan/order, RSOP, and TSOP are available. The hospital staff continuously receives messages from the redeploying support organizations (e.g., advance party, MSTs, CTs, rear detachment, etc.), the medical brigade/medical group HQ, and subordinate elements by analog and/or digital communications or messenger. CONUS logistics support is provided to the advance party by the supporting installation. This task should not be trained in MOPP4.

TASK STANDARDS: Advance party operations are planned and implemented IAW RSOP, movement plan/order, TSOP, and the hospital commander's guidance.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
1. Operations section plans advance party operations. (113-600-2001, 113-637-2001). a. Identifies advance party requirements by reviewing RSOP, movement plan/order, TSOP, and hospital commander's guidance. b. Prepares advance party plan IAW the hospital commander's guidance. c. Coordinates with staff sections and subordinate elements for personnel and equipment for the advance party IAW advance party plan. d. Briefs advance party OIC on advance party requirements and operations. * 2. Advance party OIC supervises advance party premovement activities. a. Identifies advance party support requirements by reviewing advance party plan, movement plan/order, movement SOP, and medical operations officer and hospital commander's guidance. b. Coordinates with supply and service division for advance party logistics and transportation support. c. Coordinates with company HQ UMO for movement instructions and documentation support. d. Identifies hospital organization, movement configuration, movement schedule, and ultimate destination by reviewing movement plan/order, and subordinate elements' DELs. e. Revises advance party plan, as required, in coordination with medical operations officer. f. Briefs hospital commander, staff, subordinate element commanders and chiefs, and advance party personnel on advance party plan, as required. 3. Advances party deploys through APOE to APOD. a. Prepares vehicles for air movement, as required. b. Deploys IAW movement order. c. Performs APOD activities for redeployment. 4. Advance party coordinates reception of main body. (113-600-2001, 113-637-2001) a. Coordinates with AACG for arrival schedule and reception of the main body.		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
b. Coordinates with customs, USPHS, and USDA officials for inspection and processing procedures. c. Coordinates with MTMC, supporting ITO, and/or movement control element representatives for movement of personnel to home station. d. Provides hospital organization, movement configuration, movement schedule, and ultimate destination to MTMC representatives, supporting installation representatives, and home station UMC. e. Completes required movement documentation in coordination with MTMC, supporting ITO, and/or movement control element representatives. f. Coordinates with supporting installation for main body logistics and maintenance support requirements, as required. g. Assists home station rear detachment with final coordination for welcome home reception activities. h. Briefs hospital commander, staff, and subordinate element commanders and chiefs on reception and onward movement plans, as required.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: HOSP OPERATIONS SECT
HOSPITAL HEADQUARTERS
COMPANY HEADQUARTERS
ADMINISTRATION DIV
SUPPLY & SERVICE DIV

TASK: PERFORM THEATER REAR DETACHMENT ACTIVITIES (63-1-8069.08-705L)
(FM 100-17) (FM 55-65) (FM 63-3)
(FM 8-10) (FM 8-10-14)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital and subordinate elements' main bodies have redeployed. The (theater) rear detachment is located in the RAA with the hospital's vehicles equipment. Vehicles and equipment are prepared for strategic sea movement and are waiting to go when called forward to PSA SA. HSMO has provided copies of the property book, document register, and related documents. TMCA/PMCT provides call forward instructions to the APOE/SPOE. The RSOP, TSOP, redeployment movement order, and (theater) rear detachment plan are available. The (theater) rear detachment continuously receives messages from theater support organizations, the medical brigade/medical group HQ by analog and/or digital communications or messenger.

NOTE: The term "rear detachment" in Army publications is used to refer to a group of soldiers remaining behind the main body to perform logistical and support activities. In this task, the term "(theater) rear detachment" is used to define the rear detachment remaining in the theater AO after the main body redeploys. In this task, the (theater) rear detachment is not a theater-level asset. The term "home station rear detachment" is used to refer to the rear detachment left at the unit's home station during deployment. This task should not be trained in MOPP4.

TASK STANDARDS: Hospital's vehicles and equipment are transferred to the PSA and (theater) rear detachment personnel redeploy to home station IAW the (theater) rear detachment plan and redeployment movement order.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. (Theater) rear detachment commander supervises (theater) rear detachment activities.</p> <ul style="list-style-type: none"> a. Identifies operational and support requirements by reviewing the (theater) rear detachment plan; redeployment movement order; hospital adjutant, HSMO, and hospital commander's guidance. b. Verifies the availability of personnel and administrative service, and logistics support, by coordinating with supporting organizations. c. Develops an inspection and maintenance schedule IAW (theater) rear detachment plan. d. Inspects movement and property accountability documentation for accuracy IAW (theater) rear detachment plan and appropriate publications. e. Directs correction of deficiencies noted during customs, USDA, and USPHS inspections. f. Monitors levels of personnel, administrative, and logistics support to ensure appropriate levels of support are provided. g. Forwards (theater) rear detachment status reports to hospital HQ, as required. h. Briefs hospital commander and/or staff of supporting logistics support organization on rear detachment activities, as required. <p>2. (Theater) rear detachment coordinates logistics support (including medical). (113-600-2001, 113-637-2001, 151-357-0002)</p> <ul style="list-style-type: none"> a. Identifies repair parts requirements by reviewing maintenance inspection reports and document register. b. Identifies supply requirements by conducting inventory of supplies on-hand. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
c. Forwards requisitions for required supplies and repair parts to supporting logistics support organization. d. Coordinates for receipt of supplies and repair parts with the supporting logistics support organization. e. Coordinates field feeding support with supporting logistics support organization, if support is beyond hospital's capability. 3. (Theater) rear detachment maintains vehicles and equipment. (101-92Y-0006, 113-600-2001, 113-637-2001) a. Inspects vehicles and equipment IAW inspection and maintenance schedule. b. Prepares requisitions for repair parts, as required. c. Performs operator and organizational maintenance, to include medical, as required. d. Coordinates for MST support with supporting logistics support organization. e. Cleans vehicles to meet USDA and USPHS requirements. 4. (Theater) rear detachment coordinates movement of vehicles, equipment, and personnel. (113-600-2001, 113-637-2001, 151-357-0002) a. Coordinates processing of vehicles and equipment for movement to the SPOE with TMCA/PMCT and PSA. b. Coordinates redeployment of personnel and processing procedures with TMCA/PMCT and DACG. c. Monitors customs, USDA, and USPHS inspections for compliance with the redeployment movement order and applicable publications. d. Monitors joint PSA inspection to ensure vehicles and equipment meet requirements for strategic sea lift. e. Processes vehicles and equipment for movement to the SPOE. f. Redeploys personnel IAW TMCA/PMCT and DACG instructions.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS-"GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
101-92Y-0006	Inspect equipment for accountability, cleanliness, and serviceability	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
151-357-0002	Coordinate Combat Service Support (CSS) Operations	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: HOSPITAL HEADQUARTERS
HOSP OPERATIONS SECT
SUPPLY & SERVICE DIV

TASK: COORDINATE HOME STATION ACTIVITIES (63-1-8070.08-705L)
(FM 100-17) (FM 55-65) (FM 63-3)
(FM 8-10) (FM 8-10-14)

ITERATION: 1 2 3 4 5 (Circle)
COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital has arrived at home station. Main body arrives at home station prior to equipment arrival at SPOD. The hospital receives notification of ship and (theater) rear detachment arrival from the ITO. The maintenance SOP and RSOP is available. Movement instructions and convoy clearance are provided by the ITO. Intransit logistics support is provided by the supporting installation. The hospital staff continuously receives messages from installation agencies and subordinate elements by analog and/or digital communications or messenger.

NOTE: The term "rear detachment" in Army publications is used to refer to a group of soldiers remaining behind the main body to perform logistical and support activities. In this task, the term "(theater) rear detachment" is used to define the rear detachment remaining in the theater AO after the main body redeploys. The (theater) rear detachment is not a theater-level asset. The term "home station rear detachment" is used to refer to the rear detachment left at the unit's home station during deployment. This task should not be trained in MOPP4.

TASK STANDARDS: Home station activities are accomplished IAW the hospital commander's guidance.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Hospital commander directs post-deployment activities.</p> <ul style="list-style-type: none"> a. Directs preparation of after-action reports. b. Directs inventory and cleaning of vehicles, equipment, and weapons. c. Directs turn-in of hand-received and float equipment. d. Approves AARs. e. Briefs medical brigade/medical group commander and staff on operations in the theater of operations. <p>2. Administration division performs post deployment activities. (113-600-2001, 113-637-2001, 805C-PAD-1245, 805C-PAD-2461)</p> <ul style="list-style-type: none"> a. Coordinates personal affairs briefings (e.g., family and stress briefings). b. Verifies records of deployed soldiers have been updated with deployment information and appropriate personnel actions. c. Processes SIDPERS transactions for redeploying soldiers, as required. d. Coordinates welcome home activities for (theater) rear detachment personnel. <p>3. Supply and service division coordinates reception of (theater) rear detachment. (113-600-2001, 113-637-2001, 151-357-0002)</p> <ul style="list-style-type: none"> a. Coordinates for transportation support for rear detachment personnel with ITO. b. Coordinates with AACG to verify arrival schedule and processing requirements. c. Coordinates with MTMC, customs, USPHS, and USDA officials to resolve inspection and processing deficiencies. d. Briefs hospital commander and XO on status of rear detachment reception. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>4. Supply and service division coordinates reception of equipment at SPOE. (113-600-2001, 113-637-2001, 151-357-0002)</p> <ul style="list-style-type: none"> a. Identifies transportation requirements by reviewing RSOP, redeployment movement order, and subordinate element DELs. b. Coordinates with the UMC to verify rail and/or commercial transportation availability and schedules for CONEX container and outsize, oversize, or overweight pieces of equipment. c. Coordinates with the UMC for convoy clearances, as required. d. Submits request(s) for required road march items to supporting supply activity. e. Coordinate subordinate elements en route support requirements with UMC until all known requirements are fulfilled. f. Coordinates with UMC for transportation support for hospital personnel to the SPOD. g. Conducts movement status briefing(s) for the hospital commander, staff, and subordinate element commanders and chiefs, as necessary. <p>* 5. ICUMO coordinates SPOD MA activities. (113-600-2001, 113-637-2001, 151-357-0002)</p> <ul style="list-style-type: none"> a. Monitors inventory, inspection, processing, and staging of vehicles and equipment for compliance with movement instructions; convoy clearances; and MTMC and PSA officials' instructions. b. Coordinates with PSA, customs, USDA, and USPHS officials to resolve vehicle and equipment inspection and processing deficiencies. c. Coordinates disposition of nonoperational vehicles with supporting installation personnel. d. Reports SPOD status by telephone or radio to operations section, as appropriate. e. Provides SP crossing report by telephone or radio to operations section, as appropriate. <p>NOTE: Digitally equipped units distribute reports using components of the ABCS or MC4, as appropriate.</p> <p>6. Supply and service division monitors stand-down of vehicles, equipment, and weapons.</p> <ul style="list-style-type: none"> a. Monitors inventory and maintenance status of vehicles equipment, and weapons for compliance with maintenance SOP, appropriate publications, and hospital commander's guidance. b. Provides vehicles and equipment turn-in instructions to subordinate elements. c. Monitors vehicles and equipment turn-in for compliance with appropriate publications and HSMO instructions. d. Briefs hospital commander and XO on status of vehicles, equipment, and weapons. <p>7. Operations section drafts AAR.</p> <ul style="list-style-type: none"> a. Verifies staff and subordinate element input for completeness and compliance with the hospital commander's guidance. b. Prepares AAR. c. Forwards draft copy to hospital commander or XO for approval or modification. d. Distributes AAR IAW the hospital commander's guidance. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"**" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
151-357-0002	Coordinate Combat Service Support (CSS) Operations	STP 21-24-SMCT
805C-PAD-2461	Maintain Accountability of Personnel (Status Report)	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)
 TRIAGE/PRE-OP/EMT
 OR/CMS CONTROL TEAM
 OPERATING ROOM D
 OPERATING ROOM C
 2 CMS
 ORTHO CAST CLINIC
 RADIOLOGY SERVICE
 5 INTENSIVE CARE WARD
 HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 NURSING SVC CNTL TEAM
 LITTER BEARER SECTION
 OPERATING ROOM A
 OPERATING ROOM B
 DENTAL SERVICE
 INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 BLOOD BANK
 PT SERVICE
 HOSPITAL MINISTRY TM

TASK: PERFORM DEPLOYMENT ALERT ACTIVITIES (63-2-8001.08-705L)
 (FM 55-65) (AR 601-142) (FM 100-17)
 (FM 8-10) (FM 8-10-14)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital is at a normal state of deployment readiness and receives a warning order to prepare for overseas deployment. The CQ or 1SG has notified the hospital commander. The hospital movement plan, recall plan, security plan, hospital and medical brigade/medical group access rosters, and current maps are available. The hospital has a trained Off and NCO appointed as UMO and alternate UMO. Main body personnel, advance party personnel, SPOE team, equipment reception team, packing and crating team, weighing and marking team, rail loading team, and supercargoes have been designated by the hospital commander and trained in their duties. The hospital is deploying as part of a medical brigade/medical group deployment. Alert notification activities are performed day or night under all environmental conditions. This task should not be trained in MOPP4.

TASK STANDARDS: Hospital personnel are recalled IAW the recall plan. All personnel are present or accounted for and briefings are conducted for unit personnel and deployment teams IAW movement plan. Security is established IAW security plan.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> * 1. Hospital commander supervises deployment alert notification activities. <ul style="list-style-type: none"> a. Directs the hospital staff duty officer/NCO; or company HQ commander, or 1SG to implement the recall plan. b. Coordinates with medical brigade/medical group commander for guidance concerning deployment requirements. c. Briefs leaders on deployment and mission requirements. d. Directs UMO to update movement plan, deployment SOP, and MA plans, as required. e. Assigns additional and/or replacement personnel to deployment teams, as required. f. Monitors security of hospital area for compliance with security plan. g. Monitors recall of hospital personnel, to include PROFIS, to ensure recall time standards are met and personnel accountability is accomplished IAW recall plan. h. Submits reports to medical brigade/medical group HQ IAW recall plan, security plan, deployment OPORD, and movement plan. i. Briefs medical brigade/medical group commander and staff on status of deployment alert activities. 2. Company HQ performs recall personnel accountability functions. (113-600-2001, 113-637-2001) <ul style="list-style-type: none"> a. Initiates recall procedures, to include PROFIS, IAW recall plan. b. Sets up central check-in IAW recall plan. c. Checks personnel as they arrive to ensure only personnel listed on current access rosters enter the hospital area. d. Annotates recall roster to indicate personnel are present for duty as they arrive. e. Computes percent present for duty, IAW recall plan. f. Briefs hospital commander on present-for-duty status as recall progresses. g. Disestablishes control check-in point when 100 percent of hospital are present or accounted for. * 3. UMO assembles deployment teams. <ul style="list-style-type: none"> a. Identifies hospital deployment team requirements by reviewing movement plan. b. Confirms deployment teams personnel are available. c. Requests hospital commander assign additional and/or replacement deployment team members, as required. d. Briefs deployment teams on their duties and responsibilities IAW the movement plan. e. Briefs hospital commander on status of deployment teams. * 4. Leaders supervise DIV/SVC/SEC/TM alert activities. (301-371-1050) <ul style="list-style-type: none"> a. Monitor arrival of personnel to ensure all personnel are accounted for. b. Supervise establishment of security of assigned area IAW security plan. c. Brief personnel on deployment. * 5. DIV/SVC/SEC/TM chiefs and/or leaders supervise alert activities. <ul style="list-style-type: none"> a. Inspect personnel as they arrive to ensure all have required clothing and personal gear. b. Inspect alert bags to ensure all personal gear is present and serviceable. c. Assign personnel to security posts IAW security plan. d. Brief subordinate leaders on alert status. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
6. Company HQ performs recall activities. (113-600-2001, 113-637-2001, 301-371-1050) a. Relays alert notification, as required. b. Reports for duty to company HQ IAW recall plan. c. Repairs or replace personal gear, as required. d. Performs security functions, as required. e. Provides dependents with information on deployment, as permitted.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

“*” indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
301-371-1050	IMPLEMENT OPERATIONS SECURITY (OPSEC) MEASURES	STP 21-1-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 PATIENT ADMIN DIV
 SUPPLY & SERVICE DIV
 NUTRITION CARE DIV
 NURSING SVC CNTL TEAM
 TRIAGE/PRE-OP/EMT
 LITTER BEARER SECTION
 OR/CMS CONTROL TEAM
 OPERATING ROOM A
 OPERATING ROOM B
 ORTHO CAST CLINIC
 2 CMS
 DENTAL SERVICE
 INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 BLOOD BANK
 RADIOLOGY SERVICE
 PT SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)
 OPERATING ROOM C
 OPERATING ROOM D
 5 INTENSIVE CARE WARD

TASK: PERFORM PERSONNEL AND ADMINISTRATIVE PREDEPLOYMENT ACTIVITIES

(63-2-8002.08-705L)

(AR 220-10)

(AR 601-142)

(FM 14-100)

(FM 8-10)

(AR 220-1)

(DOD 7000.14-R VOL 5)

(FM 55-10)

(FM 8-10-14)

(AR 600-8-101)

(FM 100-17)

(FM 55-65)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital adjutant has provided a SRP schedule to commander. Hospital personnel (including PROFIS personnel, if assigned) are accounted for and are prepared for predeployment processing. The hospital adjutant has coordinated with installation facilities for contact team support to conduct SRP activities. Transportation to move the hospital to SRP facilities is available. The deployment SOP, movement plan, family assistance plan, and medical brigade/medical group HQ deployment OPORD are available. The hospital is deploying as part of a medical brigade/medical group HQ deployment. SRP activities are performed day or night under all environmental conditions. This task should not be trained in MOPP4.

TASK STANDARDS: SRP activities are accomplished IAW the movement plan, deployment OPORD, administrative division SRP processing schedule, and hospital commander's guidance.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Hospital commander directs personnel and administrative SRP activities.</p> <ul style="list-style-type: none"> a. Directs company HQ to update the USR using current data IAW AR 220-1. b. Directs the company HQ commander/1SG to publish a hospital SRP schedule based on the hospital adjutant SRP schedule. c. Forwards list of nondeployable personnel to the administrative division. d. Directs personnel to complete SRP activities. e. Directs personnel to secure POVs and personal property IAW movement plan. f. Directs company HQ commander to prepare briefing for dependents. g. Directs company HQ commander to update family assistance plan, as required. h. Directs hospital adjutant to appoint paying agents IAW FM 14-100, to act as pay agents during deployment, if necessary. <p>NOTE: A paying agent cannot simultaneously serve as an ordering officer.</p> <ul style="list-style-type: none"> j. Coordinates with administrative division to close out hospital fund account. k. Coordinates through higher HQ and port commander to identify number of supercargoes authorized and POC for supercargoes. l. Briefs medical brigade/medical group commander on status of SRP activities. <p>2. Company HQ processes SRP records. (805C-PAD-2402)</p> <ul style="list-style-type: none"> a. Delivers hospital SRP records to SRP site. b. Verifies that 100 percent of deploying personnel have processed. c. Returns SRP records to company HQ. d. Delivers SRP records to medical command/medical brigade rear detachment prior to departure. <p>3. Company HQ performs personnel replacement functions. (113-600-2001, 113-637-2001, 805C-PAD-2461)</p> <ul style="list-style-type: none"> a. Identifies nondeployable personnel by reviewing monthly USR, 1SG daily report, and SRP results. b. Coordinates with administrative division for replacement personnel. c. Recommends assignment of replacement personnel to hospital commander. d. Assigns replacement personnel IAW the hospital commander's instructions. e. Updates the family assistance plan, as required. <p>4. Company HQ monitors hospital SRP activities. (113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Publishes hospital SRP schedule based on movement plan, administrative division SRP schedule, and the hospital commander's guidance. b. Distributes hospital SRP schedule to hospital elements. c. Monitors SRP to ensure activities are completed IAW SRP schedule. d. Coordinates with the administrative division for additional SRP, as required. e. Briefs hospital commander on SRP status. <p>* 5. Leaders supervise personnel and administrative SRP activities. (113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Direct personnel to complete SRP IAW SRP schedule. b. Designate personnel to assist contact teams in SRP activities, as required. c. Monitor SRP to ensure activities are completed IAW SRP schedule. d. Coordinate with the UMO for additional SRP, as required. e. Identify nondeployable personnel. f. Coordinate personnel replacement with company HQ. g. Monitor securing of POVs and personal property for compliance with movement plan and the hospital commander's instructions. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
h. Brief personnel on family assistance plan. i. Brief hospital commander on results of SRP. 6. Hospital performs SRP activities. (805C-PAD-2461) a. Performs SRP contact team functions, as directed. b. Completes SRP activities, as directed. c. Secures POVs and personal property IAW movement plan and the hospital commander's instructions.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
805C-PAD-2402	Provide Input on Personnel Actions Affecting Subordinates	STP 21-24-SMCT
805C-PAD-2461	Maintain Accountability of Personnel (Status Report)	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 NURSING SVC CNTL TEAM
 TRIAGE/PRE-OP/EMT
 LITTER BEARER SECTION
 OR/CMS CONTROL TEAM
 OPERATING ROOM A
 OPERATING ROOM B
 ORTHO CAST CLINIC
 2 CMS
 DENTAL SERVICE
 INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 BLOOD BANK
 RADIOLOGY SERVICE
 PT SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)
 OPERATING ROOM C
 OPERATING ROOM D
 5 INTENSIVE CARE WARD

TASK: PERFORM PREDEPLOYMENT TRAINING ACTIVITIES (63-2-8003.08-705L)

(FM 55-65)

(AR 220-10)

(FM 100-17)

(FM 8-10)

(FM 8-10-14)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital is preparing for deployment to an overseas site. Sufficient time exists for the hospital to conduct predeployment training. The commander has designated a training officer and NCO. The hospital deployment SOP, movement plan, medical brigade/medical group deployment OPORD, and training records are available. The hospital is deploying as part of a medical brigade/medical group deployment. Predeployment training is performed day or night under all environmental conditions. This task should not be trained in MOPP4.

TASK STANDARDS: Predeployment training is accomplished IAW the training schedule and the hospital commander's guidance.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
* 1. Hospital commander directs predeployment training activities.		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
a. Identifies training requirements through coordination with leaders and review of the movement plan and training records. b. Identifies special training requirements by reviewing deployment OPORD and coordinating with the operations section. c. Directs medical operations officer to schedule training to correct training deficiencies. d. Designates personnel to receive training IAW training officer/NCO instructions. e. Briefs medical brigade/medical group HQ commander on status of predeployment training.		
* 2. Training officer/NCO supervise predeployment training activities. (113-600-2001, 113-637-2001) a. Develop training schedule based on movement plan, deployment OPORD, specialized training requirements, and the commander's instructions. b. Coordinate training support with the medical operations officer, as required. c. Provide training schedule to leaders, as appropriate. d. Monitor training to ensure appropriate training is provided to personnel. e. Brief hospital commander on status of predeployment training.		
* 3. Leaders perform predeployment training activities. (113-600-2001, 113-637-2001) a. Coordinate with UMO for required training support. b. Conduct training IAW training schedule, if required. c. Annotate training results on individual and team training records.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: LABORATORY SERVICE
 BLOOD BANK
 RADIOLOGY SERVICE
 PT SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)
 OR/CMS CONTROL TEAM
 TRIAGE/PRE-OP/EMT
 OPERATING ROOM C
 OPERATING ROOM D
 OPERATING ROOM A
 OPERATING ROOM B
 ORTHO CAST CLINIC
 2 CMS
 DENTAL SERVICE
 INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 NURSING SVC CNTL TEAM
 LITTER BEARER SECTION
 5 INTENSIVE CARE WARD

TASK: PERFORM PREDEPLOYMENT SUPPLY ACTIVITIES (63-2-8004.08-705L)

(AR 700-84)	(AR 200-1)	(AR 220-10)
(AR 385-10)	(AR 40-2)	(AR 40-61)
(FM 100-17)	(FM 10-27-4)	(FM 3-100.4)
(FM 55-65)	(FM 8-10)	(FM 8-10-14)
(TC 3-34.489)		

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital is preparing for deployment to an overseas site. Basic loads of ammunition, rations, and repair parts are available. The hospital movement plan, TSOP, medical brigade/medical group deployment OPORD are available. The hospital is deploying as part of a medical brigade/medical group deployment. Predeployment supply activities, to include unit and medical, are performed day or night under all environmental conditions. This task should not be trained in MOPP4.

TASK STANDARDS: Predeployment supply activities are accomplished IAW the movement plan, TSOP, and the hospital commander's guidance.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
* 1. Hospital commander directs predeployment supply activities. a. Identifies float and/or replacement equipment and additional supply requirements to the movement plan deployment supply list based on the deployment OPORD, METT-TC, and coordination with the HSMO.		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> b. Coordinates with the supply and service division for issue of additional supplies, as required. c. Coordinates with the supply and service division for issue of float and/or replacement equipment, as necessary. d. Coordinates with the supply and service division for issue of refrigerated and controlled items (i.e., narcotics, blood products, etc.), as required. e. Coordinates turnover of installation and real property with the appropriate agency, if required. f. Directs leaders to provide supply and equipment requests to supply and service division. g. Directs supply and service division to request required supplies and equipment. h. Briefs medical brigade/medical group commander and DCSLOG/S4 on supply status, as required. i. Enforces safety procedures IAW AR 385-10 and TSOP. j. Enforces environmental protection procedures IAW AR 200-1 and TSOP. <p>2. DIV/SVC/SEC/TM perform predeployment supply activities. (850-001-2000)</p> <ul style="list-style-type: none"> a. Identify shortages of supplies and equipment by conducting inventories and inspections. b. Submit requests for supplies and equipment to supply and service division IAW TSOP, as required. c. Issue individual basic loads, as required. d. Employ safety procedures IAW AR 385-10 and TSOP. e. Employ environmental protection procedures IAW AR 200-1 and TSOP. <p>3. Company HQ provides supply support. (101-92Y-0001, 101-92Y-0003, 101-92Y-0004, 101-92Y-0005, 101-92Y-0006, 113-600-2001, 113-637-2001, 850-001-2000)</p> <ul style="list-style-type: none"> a. Submits requests for issue of personal clothing and equipment to supply and service division IAW AR 700-84. b. Submits request for basic loads and required supplies and equipment to supply and service division IAW movement plan and TSOP. c. Draws basic loads IAW supply and service division instructions. d. Coordinates with supply and service division to resolve outstanding requisitions. e. Coordinates with supply and service division for transportation and MHE support to pick-up, issue, and/or pack deployment supplies, if necessary. f. Signs for float and/or replacement equipment. g. Issues supplies and equipment IAW TSOP, as required. h. Secures unissued supplies and equipment IAW TSOP. i. Turns in equipment, supplies, and hazardous material to appropriate facility, as required. j. Briefs hospital commander on deployment supply status. k. Employs safety procedures IAW AR 385-10 and TSOP. l. Employs environmental protection procedures IAW AR 200-1 and TSOP. <p>4. Supply and service division provides supply support. (101-92Y-0001, 101-92Y-0003, 101-92Y-0004, 101-92Y-0005, 101-92Y-0006, 113-600-2001, 113-637-2001, 850-001-2000, 850-001-3001)</p> <ul style="list-style-type: none"> a. Submits requests to servicing supply support element to upgrade FAD on all requisitions already in the system. b. Coordinates with medical brigade DCSLOG/medical group S4 for additional DODAACs to be requested for the rear detachment and deploying detachments, as needed. c. Submits changes of the "ship-to" address for the hospital DODAAC to the servicing supply support element, to ensure correct routing of requested supplies to the hospital's deployment address. d. Submits request for eyeglasses, inserts, and hearing aids to the MED BN (LOG) (FWD), as required. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
e. Requests supplies to support movement operations (BBPCT, dunnage and pallet covers). f. Issues personal clothing and equipment to company HQ IAW AR 700-84. g. Issues basic loads and required supplies and equipment to company HQ IAW movement plan and TSOP. h. Coordinates with medical brigade DCSLOG/medical group S4 to resolve outstanding requisitions. i. Coordinates with medical brigade DCSLOG/medical group S4 for transportation and MHE support to pick-up, issue, and/or pack deployment supplies, if necessary. j. Inspects float and/or replacement equipment for serviceability. k. Signs for float and/or replacement equipment. l. Manages stocks of controlled substances IAW AR 40-2, AR 40-61, and TSOP. m. Secures unissued supplies and equipment IAW TSOP. n. Turns in equipment, supplies, and hazardous material to appropriate facility, as required. o. Briefs hospital commander on deployment supply status. p. Employs safety procedures IAW AR 385-10 and TSOP. q. Employs environmental protection procedures IAW AR 200-1 and TSOP.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
101-92Y-0001	Supervise Supply Activities	STP 21-24-SMCT
101-92Y-0003	Enforce Compliance with Supply Discipline Procedures	STP 21-24-SMCT
101-92Y-0004	Enforce Property Accountability Policies	STP 21-24-SMCT
101-92Y-0005	Enforce Compliance with Property Accountability Policies	STP 21-24-SMCT
101-92Y-0006	Inspect equipment for accountability, cleanliness, and serviceability	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-3001	Control Mission Safety Hazard	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: OPERATING ROOM C
 OPERATING ROOM D
 ORTHO CAST CLINIC
 2 CMS
 5 INTENSIVE CARE WARD
 RADIOLOGY SERVICE
 BLOOD BANK
 PT SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)
 OR/CMS CONTROL TEAM
 TRIAGE/PRE-OP/EMT
 OPERATING ROOM A
 OPERATING ROOM B
 DENTAL SERVICE
 INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 NURSING SVC CNTL TEAM
 LITTER BEARER SECTION

TASK: PERFORM PREDEPLOYMENT MAINTENANCE ACTIVITIES (UNIT WITH MAINTENANCE ELEMENT) (63-2-8005.08-705L)

(DA PAM 738-750)	(AR 200-1)	(AR 220-1)
(AR 385-10)	(AR 700-138)	(AR 750-1)
(DA PAM 750-35)	(FM 100-17)	(FM 3-100.4)
(FM 4-30.3)	(FM 55-65)	(FM 8-10)
(FM 8-10-14)	(TC 3-34.489)	

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital is preparing for deployment to an overseas site. Sufficient time exists for the hospital to conduct predeployment maintenance, to include medical maintenance activities. A motor officer has been designated by the commander. Required tools, equipment, and personnel are available. MSTs are available in the hospital maintenance area. The movement plan, maintenance SOP, and medical brigade/medical group deployment OPORD are available. The hospital is deploying as part of a medical brigade/medical group deployment. Predeployment maintenance is performed day or night under all environmental conditions. This task should not be trained in MOPP4.

TASK STANDARDS: Predeployment maintenance is accomplished IAW the maintenance SOP and the hospital commander's guidance.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>NOTE: RC-specific tasks and performance measures are annotated "RC."</p> <ul style="list-style-type: none"> * 1. Hospital commander directs predeployment maintenance activities. <ul style="list-style-type: none"> a. Monitors maintenance activities for compliance with the maintenance SOP and the hospital commander's guidance. b. Approves the use of controlled exchange when required repair parts are not available. c. Checks MCSR for accuracy and completeness. d. Forwards MCSR to the medical brigade DCSLOG/medical group S4. e. Coordinates with medical brigade DCSLOG/medical group S4 for maintenance support, as required. f. Prioritizes repair of vehicles and equipment. g. Enforces safety procedures IAW AR 385-10 and TSOP. h. Enforces environmental protection procedures IAW AR 200-1 and TSOP. * 2. HSMO and/or motor SGT supervise predeployment maintenance activities. (091-CLT-3009, 091-CLT-4029, 113-600-2001, 113-637-2001, 850-001-2000, 850-001-3001) <ul style="list-style-type: none"> a. Coordinate with the ECS supervisor to recover hospital vehicles from ECS (RC). b. Direct hospital personnel to inspect and pick up ECS vehicles for return to the hospital (RC). c. Identify unit operational readiness levels by reviewing vehicle and equipment status reports, PMCS, and predeployment maintenance checks. d. Prepare MCSR IAW AR 220-1 and AR 700-138. e. Submit current MCSR to hospital commander. f. Submit request for MSTs to hospital commander as required. g. Submit request for controlled exchanges to hospital commander for approval. h. Designate hospital maintenance personnel to assist MSTs IAW maintenance SOP, supply and service division, and hospital commander's instructions. i. Direct calibration of tools, if required. j. Verify PLL inventory by conducting spot checks. k. Submit request for PLL replenishment to supply and service division, as required. l. Verify completion of repairs by reviewing maintenance records. m. Coordinate with supply and service division to identify status of vehicles and equipment in support maintenance. n. Coordinate with supply and service division to evacuate nondeployable vehicles and equipment to support maintenance. o. Verify hospital member's civilian and military driver's licenses and equipment licenses for validation and reissue, as needed. p. Prepare a backup of all automated maintenance systems prior to deployment. q. Brief the hospital commander on maintenance status of vehicles and equipment, as required. r. Enforce safety procedures IAW AR 385-10 and TSOP. s. Enforce environmental protection procedures IAW AR 200-1 and TSOP. 3. Maintenance element(s) performs field (medical and organizational) maintenance activities. (101-92Y-0006, 113-600-2001, 113-637-2001, 850-001-2000) <ul style="list-style-type: none"> a. Calibrates tools, as required. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> b. Inspects equipment IAW applicable operator and organizational maintenance TM(s). c. Records all deficiencies on equipment inspection worksheets. d. Corrects unit-level maintenance deficiencies. e. Forwards requests for DS maintenance to supporting maintenance facility. f. Requests required repair parts from PLL clerk. g. Repairs equipment IAW applicable TM(s). h. Requests approval for controlled exchange through motor SGT when required repair parts are not available. i. Performs controlled exchange IAW HSMO or motor SGT's instructions. j. Performs final inspection to ensure quality control of repairs. k. Conducts inventory of PLL to confirm shortages IAW PLL listing. l. Submits request for PLL replenishment to motor SGT or supporting supply element, as required. m. Performs technical inspections of float and/or replacement equipment IAW applicable TM(s) and manufacturer's instructions. n. Coordinates medical equipment maintenance, beyond unit's capability, with supporting medical support element. o. Releases equipment to appropriate section. p. Employs safety procedures IAW AR 385-10 and TSOP. q. Employs environmental protection procedures IAW AR 200-1 and TSOP. <p>4. Maintenance element(s) conducts transactions with MSTs. (113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Identifies vehicles and equipment that require MST support. b. Prepares required documentation for submission to MST. c. Delivers vehicles and equipment to MST. d. Picks up equipment from MST upon notification repairs are completed. e. Notifies owning element to pick up vehicles and equipment. <p>* 5. Leaders supervise predeployment operator maintenance activities. (091-CLT-3009, 091-CLT-4029, 101-92Y-0006, 113-600-2001, 113-637-2001, 850-001-2000, 850-001-3001)</p> <ul style="list-style-type: none"> a. Monitor performance of PMCS and predeployment maintenance for compliance with maintenance SOP, applicable TM(s), and the hospital commander's guidance. b. Inspect vehicles, weapons, and equipment to ensure compliance with maintenance SOP, applicable TM(s), and the hospital commander's guidance. c. Provide input for MCSR to HSMO, as required. d. Enforce safety procedures IAW AR 385-10 and TSOP. e. Enforce environmental protection procedures IAW AR 200-1 and TSOP. <p>6. Hospital performs predeployment operator maintenance. (101-92Y-0006, 113-600-2001, 113-637-2001, 850-001-2000)</p> <ul style="list-style-type: none"> a. Performs PMCS IAW applicable TM(s). b. Notifies supervisor of maintenance problems beyond operator's capabilities. c. Employs safety procedures IAW AR 385-10 and TSOP. d. Employs environmental protection procedures IAW AR 200-1 and TSOP. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
091-CLT-3009	Supervise Maintenance Operations	STP 21-24-SMCT STP 9-63B14-SM-TG
091-CLT-4029	Supervise Preventive Maintenance Checks and Services (PMCS)	STP 21-24-SMCT
101-92Y-0006	Inspect equipment for accountability, cleanliness, and serviceability	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-3001	Control Mission Safety Hazard	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 NURSING SVC CNTL TEAM
 TRIAGE/PRE-OP/EMT
 LITTER BEARER SECTION
 OR/CMS CONTROL TEAM
 OPERATING ROOM A
 OPERATING ROOM B
 ORTHO CAST CLINIC
 2 CMS
 DENTAL SERVICE
 INPATIENT MEDICINE A
 OPERATING ROOM D
 5 INTENSIVE CARE WARD
 RADIOLOGY SERVICE
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 BLOOD BANK
 PT SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)
 OPERATING ROOM C

TASK: PREPARE VEHICLES AND EQUIPMENT FOR DEPLOYMENT (63-2-8006.08-705L)
 (FM 55-65) (AR 200-1) (AR 220-10)
 (AR 385-10) (AR 40-61) (DOD REG 4500.9-R)
 (FM 100-17) (FM 3-100.4) (FM 55-10)
 (FM 55-9) (FM 8-10) (FM 8-10-14)
 (TB 55-46-1) (TC 3-34.489)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital receives a movement directive to deploy to an overseas site. A rail head is available on the installation. All personnel are present and have been trained on requirements for preparing vehicles and equipment for deployment. Packing and crating, weighing and loading, and rail loading team(s) have been designated and trained. The movement directive, movement plan, deployment SOP, and deployment OPORD are available. The hospital has a trained officer and NCO appointed as UMO and alternate UMO. The hospital is deploying as part of a medical brigade/medical group deployment. Equipment preparation is performed day or night under all environmental conditions. This task should not be trained in MOPP4.

TASK STANDARDS: Vehicles and equipment to be deployed are prepared for deployment and loaded for movement to the APOE or SPOE IAW the deployment SOP, movement plan, and the hospital commander's guidance.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Hospital commander directs vehicle and equipment preparation activities.</p> <ul style="list-style-type: none"> a. Identifies vehicles, equipment, and supplies to be deployed based on movement directive, movement plan, deployment OPORD, medical brigade/medical group commander's guidance, and METT-TC. b. Identifies personnel, equipment, and vehicles scheduled to move to the APOE or SPOE by road or rail by reviewing movement plan and medical brigade/medical group commander's guidance. c. Designates a UMA and container packing area. d. Designates storage areas for equipment not to be deployed. e. Coordinates with the medical brigade DCSLOG/medical group S4 for disposition of equipment not to be deployed or stored by the unit. f. Provides leaders with disposition instructions for equipment not being deployed. g. Coordinates with medical brigade DCSLOG/medical group S4 for transportation support to the APOE or SPOE, if necessary. h. Inspects area to ensure all excess vehicles, equipment, and supplies have been turned-in or placed in a designated holding area. i. Notifies medical brigade DCSSPO/medical group S2/S3 when vehicles and containers are loaded and ready to move. j. Enforces safety procedures IAW AR 385-10 and TSOP. k. Enforces environmental protection procedures IAW AR 200-1 and TSOP. <p>* 2. UMO supervises vehicle and equipment preparation activities. (113-600-2001, 113-637-2001, 850-001-2000, 850-001-3001)</p> <ul style="list-style-type: none"> a. Updates AUDEL to reflect vehicles, equipment, and supplies to be deployed based on physical inventory and the commander's guidance. b. Updates AUDEL to reflect actual weights based on results of weighing and any dimensions beyond those listed in TB 55-46-1 for equipment TOE LIN/INDEX NO. c. Inputs updated AUDEL into the ITO or field movement control element TC-ACCIS station. <p>NOTE: When verified by the UMO, the updated AUDEL becomes the DEL produced by TC-ACCIS.</p> <ul style="list-style-type: none"> d. Provides UMC and/or supply and service division with information on oversize and overweight vehicles, equipment, and cargo requiring special handling, as required. e. Coordinates with UMC for DEL, BBPCT material requirements lists, vehicle/rail loading plans and schedules, special hauling permit requests, military shipping labels, and convoy clearance requests produced by TC-ACCIS. f. Coordinates with supply and service division for packing materials, weighing scales, MHE, containers, inserts, pallets, and other equipment preparation and loading materials, as required. g. Coordinates with supply and service division for RF/AIT tags for in-transit visibility of sensitive/classified cargo IAW higher HQ directives. h. Coordinates with supply and service division for customs inspection per hospital TSOP. i. Provides leaders with deployment forms, shipping labels, and documents, as required. j. Coordinates container pick-up with supply and service division. k. Provides special instructions to packing and crating teams, if necessary. l. Provides container packing schedule to leaders. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> m. Identifies transportation support requirements by reviewing movement plan and current vehicle status reports. n. Coordinates with supply and service division for movement of vehicles and equipment to rail loading site. o. Provides rail loading plan to rail loading team chief. p. Provides rail loading team with proper tools to conduct rail loadout. q. Coordinates with UMC for port call message and verification of movement plan APOE and SPOE requirements and procedures. r. Conducts risk assessment considering factors such as time, duration and cargo to ensure the mission is completed safely. s. Briefs hospital commander on status of preparation of vehicles and equipment for deployment. t. Enforces safety procedures IAW AR 385-10 and TSOP. u. Enforces environmental protection procedures IAW AR 200-1 and TSOP. <p>* 3. Leaders supervise preparation of DIV/SVC/SEC/TM for deployment. (101-92Y-0006, 113-600-2001, 113-637-2001, 850-001-2000, 850-001-3001)</p> <ul style="list-style-type: none"> a. Verify adequate space has been allowed for personnel items and secondary loads by reviewing loading plans. b. Revise loading plans, as required. c. Monitor packing and loading for compliance with deployment SOP, movement plan, and UMO's instructions. d. Inspect area to ensure all equipment to be deployed has been packed and/or loaded. e. Inspect area to ensure all excess vehicles, equipment, and supplies have been turned-in or placed in a designated holding area. f. Inspect internal loads to ensure loads are secure and in compliance with loading plans. g. Notify UMO of any load plan revisions. h. Enforce safety procedures IAW AR 385-10 and TSOP. i. Enforce environmental protection procedures IAW AR 200-1 and TSOP. <p>* 4. UMO maintains an up-to-date AUEL.</p> <ul style="list-style-type: none"> a. Conducts physical inventory of vehicles and equipment to be deployed to verify accuracy of AUEL. b. Revises AUEL, as required. c. Submits AUEL changes to UMC, if necessary. <p>5. Packing and crating teams prepare equipment for deployment. (850-001-2000)</p> <ul style="list-style-type: none"> a. Pack containers IAW loading plans, AUEL, and UMO's instructions. b. Pack hazardous materials IAW deployment SOP, UMO's instructions, and applicable publications. c. Prepare container packing lists and shipping documents IAW FM 55-65, UMO's instructions, and applicable publications. d. Distribute container packing lists and shipping documents IAW FM 55-65, UMO's instructions, and applicable publications. e. Place military shipping labels and designated markings on containers IAW movement plan, deployment SOP, FM 55-65, and UMO's instructions. f. Assist container pick-up crew in loading operations, as required. g. Employ safety procedures IAW AR 385-10 and TSOP. h. Employ environmental protection procedures IAW AR 200-1 and TSOP. <p>6. Hospital prepares vehicles, equipment, and personal gear for deployment. (850-001-2000)</p> <ul style="list-style-type: none"> a. Places equipment not being deployed in designated storage area IAW movement plan and the commander's instructions. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> b. Turns in excess vehicles, equipment, and supplies to supply SGT IAW deployment SOP and/or the commander's instructions. c. Packs personal gear IAW movement plan. d. Marks and/or tag vehicles, equipment, and personal gear IAW deployment SOP, movement plan, and UMO's instructions. e. Places military shipping labels on vehicles and equipment IAW movement plan and UMO's instructions. f. Moves equipment to be packed in containers to the container packing area IAW UMO's instructions. g. Loads vehicles IAW deployment SOP, movement plan, loading plans, and UMO's instructions. h. Moves vehicles to UMA or rail loading site, as directed. i. Employs safety procedures IAW AR 385-10 and TSOP. j. Employs environmental protection procedures IAW AR 200-1 and TSOP. <p>7. Weighing and marking team weighs and marks vehicles for deployment. (113-600-2001, 113-637-2001, 850-001-2000)</p> <ul style="list-style-type: none"> a. Sets up weighing and marking area in designated area IAW deployment SOP. b. Guides vehicles onto scales as they arrive. c. Identifies vehicle gross weight. d. Identifies vehicle axle weights (air movement only). e. Computes vehicle center of gravity based on axle weights (air movement only). f. Marks center of gravity on vehicles IAW deployment SOP, DOD 4500.9-R, and UMO'S instructions (air movement only). g. Reports gross weights for each deploying vehicle to UMO. h. Disestablishes weighing and marking area. i. Returns vehicle weighing scales IAW UMO or owning facility officials' instructions. j. Employs safety procedures IAW AR 385-10 and TSOP. k. Employs environmental protection procedures IAW AR 200-1 and TSOP. <p>* 8. Rail loading team chief supervises rail loading activities. (101-92Y-0006, 113-600-2001, 113-637-2001, 850-001-2000)</p> <ul style="list-style-type: none"> a. Conducts safety briefing for all hospital personnel at the rail loading site IAW local procedures. b. Coordinates with UMO for rail loading plans. c. Coordinates with installation UMC to identify special rail loading requirements. d. Verifies the presence of all rail guards by conducting roll call, if required. e. Verifies the presence of manifested vehicles and equipment by conducting physical inventory. f. Inspects vehicles and equipment for military shipping labels and proper markings. g. Provides a cargo manifest to conductor, if required. h. Notifies hospital commander when rail loading is complete. i. Enforces safety procedures IAW AR 385-10 and TSOP. j. Enforces environmental protection procedures IAW AR 200-1 and TSOP. <p>9. Rail loading team performs rail loading. (113-600-2001, 113-637-2001, 850-001-2000)</p> <ul style="list-style-type: none"> a. Stages vehicles IAW rail loading plan. b. Loads vehicles and equipment on railcars IAW rail loading plan and UMO's instructions. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
c. Secures vehicles and equipment IAW rail loading plan and UMO's instructions. d. Notifies rail loading team chief when rail loading is complete. e. Employs safety procedures IAW AR 385-10 and TSOP. f. Employs environmental protection procedures IAW AR 200-1 and TSOP.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
101-92Y-0006	Inspect equipment for accountability, cleanliness, and serviceability	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-3001	Control Mission Safety Hazard	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: PATIENT ADMIN DIV
 3 INTENSIVE CARE WARD
 NP WARD & CONSULT SVC
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 NURSING SVC CNTL TEAM
 TRIAGE/PRE-OP/EMT
 LITTER BEARER SECTION
 OR/CMS CONTROL TEAM
 OPERATING ROOM A
 OPERATING ROOM B
 ORTHO CAST CLINIC
 2 CMS
 DENTAL SERVICE
 INPATIENT MEDICINE A
 7 INTERMED CARE WARDS
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)
 OPERATING ROOM D
 RADIOLOGY SERVICE
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 BLOOD BANK
 PT SERVICE
 HOSPITAL MINISTRY TM
 OPERATING ROOM C
 5 INTENSIVE CARE WARD
 HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV

TASK: PREPARE HOSPITAL FOR NONTACTICAL MOVE (63-2-8007.08-705L)

(FM 55-30)	(AR 200-1)	(AR 385-10)
(DOD REG 4500.9-R)	(FM 3-100.4)	(FM 3-4)
(FM 3-5)	(FM 55-65)	(FM 55-9)
(FM 7-20)	(FM 8-10)	(FM 8-10-14)
(TC 3-34.489)		

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital receives a movement directive to move to the APOE/SPOE for deployment to an OCONUS site or redeployment to CONUS home station. Routes, scheduled halts, and logistics and administrative support are available IAW the movement plan. The hospital has an advance party at the APOE/SPOE or TAA/RAA and the advance party has conducted a route reconnaissance. The hospital march commander has been designated. Security for the move has been coordinated. The movement directive, movement plan, port call message, load plans, and strip maps are available. Vehicles are loaded and in the UMA. The hospital has a trained officer and NCO appointed as UMO and alternate UMO. The hospital is deploying as part of a medical brigade/medical group deployment. Preparation for movement is performed day or night under all environmental conditions.

NOTE: During deployment, it is used for the nontactical road march from home station to the APOE/SPOE. During redeployment, it is used for movement from the area of operations to the TAA/RAA.

from the TAA/RAA to APOE/SPOE, and from the APOD/SPOD to home station. This task should not be trained in MOPP4.

TASK STANDARDS: Hospital is ready to cross SP NLT time prescribed in movement directive.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. UMO supervises preparation for movement to either the APOE/SPOE, or TAA/RAA, or home station. (091-CLT-4029, 101-92Y-0006, 113-600-2001, 113-637-2001, 551-88N-0002, 551-88N-0004)</p> <ul style="list-style-type: none"> a. Coordinates with medical operations officer to verify movement plan information for accuracy. b. Computes travel time and distance from proposed SP to RP. c. Compares travel time and start time to verify hospital will arrive at APOE or SPOE IAW port call message. d. Inspects vehicles and equipment for proper markings, and military shipping labels and tags IAW DOD REG 4500.9-R, FM 55-9, movement plan, and current instructions. e. Notifies operations section that hospital is ready to move. f. Briefs hospital commander on preparations for movement. g. Enforces safety procedures IAW AR 385-10 and TSOP. h. Enforces environmental protection procedures IAW AR 200-1 and TSOP. <p>2. Hospital dismantles current operating site (redeployment). (850-001-2000, 850-001-3001)</p> <ul style="list-style-type: none"> a. Strikes tentage and camouflage nets (if available) IAW applicable TM(s) and within time specified in the displacement plan. b. Loads all designated equipment IAW hospital load plans and within time specified in the displacement plan. c. Dismantles wire communications, antennas, generators, and power cables within time specified in the displacement plan. d. Employs safety procedures IAW AR 385-10 and TSOP. e. Employs environmental protection procedures IAW AR 200-1 and TSOP. <p>3. Hospital prepares vehicles and equipment for movement to either the APOE/SPOE, or TAA/RAA, or home station. (101-92Y-0006, 551-88N-0002, 850-001-2000, 850-001-3001)</p> <ul style="list-style-type: none"> a. Performs before-operations PMCS on all vehicles and equipment. b. Corrects maintenance discrepancies within the operator's capabilities IAW applicable TM(s). c. Reports all maintenance deficiencies beyond operator's capability to immediate supervisor. d. Corrects loading deficiencies IAW loading plan, if necessary. e. Recomputes vehicle center of gravity, if necessary (APOE only). f. Remarks center of gravity on vehicle, if necessary (APOE only). g. Marks vehicles for movement to APOE/SPOE IAW DOD REG 4500.9-R, FM 55-30, movement order, and UMO's instructions. h. Places military shipping labels on vehicles and equipment IAW movement plan and UMO's instructions. i. Employs safety procedures IAW AR 385-10 and TSOP. j. Employs environmental protection procedures IAW AR 200-1 and TSOP. <p>* 4. March commander and leaders organize convoy for movement to either the APOE/SPOE, or TAA/RAA, or home station. (113-600-2001, 113-637-2001, 551-88N-0002, 551-88N-0004, 850-001-3001)</p> <ul style="list-style-type: none"> a. Assign vehicle positions with the heavier, slower vehicles placed first. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>b. Assign control vehicles.</p> <p>NOTE: Hospital assigns movement tracking system equipped vehicles as control vehicles, if available.</p> <p>c. Coordinate with supporting unit for sufficient or additional number of recovery vehicles and mechanics, if required.</p> <p>d. Assign sufficient number of recovery vehicles and mechanics to trail party element.</p> <p>e. Assign recovery vehicle(s) positions where they can move to disabled vehicles without disrupting convoy movement, if available.</p> <p>f. Provide trail maintenance party with minimum quantities of packaged POL supplies and Class IX ASL/PLL parts to support the convoy IAW FM 55-65, if required.</p> <p>g. Provide vehicle position listing with location of all vehicles to the trail party leader.</p> <p>h. Open radio net(s) as specified in the movement plan.</p> <p>i. Enforce safety procedures IAW AR 385-10 and TSOP.</p> <p>j. Enforce environmental protection procedures IAW AR 200-1 and TSOP.</p> <p>* 5. March commander and leaders conduct premovement inspections. (101-92Y-0006, 850-001-2000, 850-001-3001)</p> <p>a. Inspect personnel and their equipment for compliance with movement directive, movement plan, and the hospital commander's instructions.</p> <p>b. Inspect organizational equipment for accountability and serviceability.</p> <p>c. Inspect vehicles, trailers, and loads for serviceability, proper stowing, and security.</p> <p>d. Forward personnel and equipment status to hospital HQ operations section.</p> <p>e. Enforce safety procedures IAW AR 385-10 and TSOP.</p> <p>f. Enforce environmental protection procedures IAW AR 200-1 and TSOP.</p> <p>* 6. March commander conducts briefings for convoy personnel.</p> <p>a. Provides strip maps to each vehicle driver.</p> <p>b. Briefs convoy chain of command.</p> <p>c. Briefs convoy route.</p> <p>d. Prescribes the rate of march and catch-up speeds.</p> <p>e. Briefs vehicle intervals.</p> <p>f. Identifies scheduled halts.</p> <p>g. Briefs safety, environmental protection, accident, and break-down procedures.</p> <p>h. Identifies location of maintenance support.</p> <p>i. Provides location and identification of destination.</p> <p>j. Identifies location of medical support, if required.</p> <p>k. Briefs arm/hand signals, radio frequencies, and call signs.</p> <p>7. Hospital prepares to cross SP. (113-637-2001, 850-001-2000)</p> <p>a. Stages vehicles for convoy IAW march hospital commander's instructions.</p> <p>b. Notifies march hospital commander that vehicles are ready to cross SP for convoy to either the APOE/SPOE, or TAA/RAA, or home station.</p> <p>c. Employs safety procedures IAW AR 385-10 and TSOP.</p> <p>d. Employs environmental protection procedures IAW AR 200-1 and TSOP.</p>		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"**" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
091-CLT-4029	Supervise Preventive Maintenance Checks and Services (PMCS)	STP 21-24-SMCT
101-92Y-0006	Inspect equipment for accountability, cleanliness, and serviceability	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
551-88N-0002	Prepare for Unit Move	STP 21-24-SMCT
551-88N-0004	Coordinate Unit Movement	STP 21-24-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-3001	Control Mission Safety Hazard	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: OR/CMS CONTROL TEAM
 OPERATING ROOM A
 OPERATING ROOM B
 ORTHO CAST CLINIC
 2 CMS
 DENTAL SERVICE
 INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 TRIAGE/PRE-OP/EMT
 HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 LABORATORY SERVICE
 RADIOLOGY SERVICE
 PT SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)
 BLOOD BANK
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 NURSING SVC CNTL TEAM
 LITTER BEARER SECTION
 PHARMACY SERVICE
 OPERATING ROOM C
 OPERATING ROOM D
 5 INTENSIVE CARE WARD

TASK: CONDUCT NONTACTICAL ROAD MARCH (63-2-8008.08-705L)
 (FM 55-30) (AR 200-1) (AR 385-10)
 (FM 3-100.4) (FM 3-25.26) (FM 8-10)
 (FM 8-10-14) (TC 3-34.489)

ITERATION: 1 2 3 4 5 (Circle)
COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: Time specified to cross SP for convoy to either the APOE/SPOE, or TAA/RAA, or home station has arrived. All equipment to be moved by convoy is loaded and vehicles are positioned for departure. The route of march is identified and has been traveled by a reconnaissance party. All weight, height, and width restrictions along route of march have been verified. Coordination for rest stops, RON facilities, and personnel and maintenance support has been accomplished. A security element has been assigned. RP is within the either the APOE/SPOE, or TAA/RAA, or home station MA. Convoy operations may be performed during daylight or darkness. Radio and visual signals are used for march column control. The movement plan and deployment OPORD are available. Map and overlays with checkpoints, SP, RP, and critical points are available. Column may conduct halts during movement.

NOTE: During deployment, it is used for the nontactical road march from home station to the APOE/SPOE. During redeployment, it is used for movement from the area of operations to the TAA/RAA, from the TAA/RAA to APOE/SPOE, and from the APOD/SPOD to home station. This task should not be trained in MOPP4.

TASK STANDARDS: SP, checkpoints, and RP are crossed at times specified in the movement plan or times adjusted on the road movement table by the march commander.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> * 1. March commander initiates convoy. (113-637-2001) <ul style="list-style-type: none"> a. Directs lead vehicle to cross SP at specified time. b. Verifies vehicles have crossed the SP. c. Forwards SP crossing report to the operations section when hospital elements have crossed the SP. * 2. March commander reports convoy information to the operations section. (113-637-2001) <ul style="list-style-type: none"> a. Forwards checkpoint(s) clearance report as checkpoints are crossed. b. Employs current SOI/SSI codes in all transmissions. * 3. March commander enforces march discipline. (113-637-2001, 850-001-2000, 850-001-3001) <ul style="list-style-type: none"> a. Places directional guides at all critical intersections along route, if necessary. b. Assumes position(s) along march route that provides command presence at critical turns or other points of decision. c. Enforces all movement policies defined in the movement plan, with emphasis on formation, distances, speeds, passing procedures, and halts. d. Adjusts formation distances and speed consistent with roads and speed limits. e. Enforces security measures to protect equipment and cargo during halts. f. Communicates to leaders and operators, by radio or proper visual signals, any violations of march discipline or changes to current orders. g. Enforces safety procedures IAW AR 385-10 and TSOP. h. Enforces environmental protection procedures IAW AR 200-1 and TSOP. 4. Hospital employs march discipline. (551-88M-0005, 850-001-2000) <ul style="list-style-type: none"> a. Maintains designated march speed specified in movement plan or as prescribed by the march commander. b. Maintains proper vehicle interval as specified in movement plan or as adjusted by the march commander. c. Obeys vehicle driving regulations and safe driving procedures based on conditions. d. Crosses all check points as scheduled. e. Reacts correctly to march commander's arm/hand signals. f. Employs safety procedures IAW AR 385-10 and TSOP. g. Employs environmental protection procedures IAW AR 200-1 and TSOP. 5. Hospital conducts scheduled halt(s). (113-637-2001, 551-88M-0005) <ul style="list-style-type: none"> a. Stops column at prescribed time and location. b. Reports scheduled halt to operations section, if appropriate. c. Performs during-operation PMCS on vehicles (operators). d. Inspects vehicle loads for safety and security. e. Begins departure at specified time in the movement plan or march commander's instructions. f. Reports resumption of march to the operations section, if appropriate. 6. Hospital conducts unscheduled halt(s). (113-637-2001, 551-88M-0005, 850-001-2000) 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
a. Alerts march column with prescribed arm/hand signal. b. Reports halt and circumstances to the operations section, if appropriate. c. Resumes march as soon as reason for halt is rectified. d. Reports resumption of march to the operations section, if appropriate. e. Employs safety procedures IAW AR 385-10 and TSOP. f. Employs environmental protection procedures IAW AR 200-1 and TSOP. 7. Trail party recovers disabled vehicle. (101-92Y-0006, 113-637-2001, 551-88M-0005, 850-001-2000) a. Inspects disabled vehicle for repairability. b. Repairs disabled vehicle, when possible. c. Reports vehicle status to march commander. d. Tows disabled vehicle to applicable maintenance facility or destination based on march commander's instructions. e. Employs safety procedures IAW AR 385-10 and TSOP. f. Employs environmental protection procedures IAW AR 200-1 and TSOP. * 8. March commander monitors hospital crossing RP. (113-637-2001) a. Verifies that lead vehicle has crossed RP at specified time. b. Verifies the vehicles that have crossed RP. c. Forwards SITREP to operations section.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
101-92Y-0006	Inspect equipment for accountability, cleanliness, and serviceability	STP 21-24-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
551-88M-0005	Operate a Vehicle in a Convoy	STP 21-1-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-3001	Control Mission Safety Hazard	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 BLOOD BANK
 RADIOLOGY SERVICE
 PT SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)
 OR/CMS CONTROL TEAM
 TRIAGE/PRE-OP/EMT
 OPERATING ROOM C
 OPERATING ROOM D
 ORTHO CAST CLINIC
 2 CMS
 5 INTENSIVE CARE WARD
 SUPPLY & SERVICE DIV
 NURSING SVC CNTL TEAM
 LITTER BEARER SECTION
 OPERATING ROOM A
 OPERATING ROOM B
 DENTAL SERVICE
 INPATIENT MEDICINE A

TASK: PERFORM SEA PORT OF EMBARKATION ACTIVITIES FOR DEPLOYMENT
 (63-2-8009.08-705L)

(FM 55-65)
 (AR 385-10)
 (FM 8-10)

(AR 200-1)
 (FM 100-17)
 (FM 8-10-14)

(AR 220-10)
 (FM 3-100.4)
 (TC 3-34.489)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital's wheeled-vehicle convoy crosses the RP and is in the SPOE MA. The hospital commander has designated a SPOE team and SPOE team OIC. The hospital commander or SPOE team OIC has notified medical brigade/medical group, supporting installation, and port commander representatives of the hospital's arrival. PSA officials have requested hospital vehicle operators' assistance in offloading hospital vehicles deployed to the SPOE by rail. The rail head is located in the SPOE AO and the hospital's equipment has arrived. Transportation, maintenance, and logistics support are available. The movement plan, deployment SOP, MA plan, and deployment OPORD are available. The hospital has a trained officer and NCO appointed as UMO and alternate UMO. The hospital is deploying as part of a medical brigade/medical group deployment. SPOE activities are performed day or night under all environmental conditions. This task should not be trained in MOPP4.

TASK STANDARDS: SPOE activities are performed IAW movement plan, medical brigade/medical group staff, and PSA officials' instructions.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Hospital commander or SPOE team OIC directs SPOE activities.</p> <ul style="list-style-type: none"> a. Directs team to perform after-operation PMCS checks of vehicles upon arrival in the SPOE MA. b. Identifies transportation requirements for return to unit area. c. Coordinates with supporting installation officials for transportation, maintenance, and logistics support, as required. d. Coordinates with PSA officials to verify SPOE movement schedules, procedures, and requirements. e. Briefs team leaders on SPOE movement schedules, procedures, and requirements. f. Brief UMO on POC for maintenance support. g. Directs team to offload and inspect equipment arriving by rail. h. Coordinates with PSA to identify number of supercargoes authorized. i. Inspects supercargoes to ensure they are prepared for sea movement. j. Briefs supercargoes on boarding schedule, responsibilities, and POC during sea movement. k. Conducts acceptance inspection of vehicles, equipment, and cargo with PSA officials. l. Directs team to correct deficiencies noted during PSA acceptance inspection. m. Enforces safety procedures IAW AR 385-10 and TSOP. n. Enforces environmental protection procedures IAW AR 200-1 and TSOP. o. Transfers custody of vehicles, equipment, and cargo to SPOE officials. p. Briefs the medical command/medical brigade commander or designated representative on status of SPOE activities. <p>2. Supercargoes perform SPOE activities. (113-600-2001, 113-637-2001, 850-001-2000)</p> <ul style="list-style-type: none"> a. Report to port commander's representative IAW UMO's instructions. b. Perform SPOE activities IAW port commander's instructions. c. Coordinate with vessel POC for instructions on responsibilities and accommodations. d. Load baggage IAW instructions from vessel POC. e. Board ship IAW instructions from vessel POC. f. Employ safety procedures IAW AR 385-10 and TSOP. g. Employ environmental protection procedures IAW AR 200-1 and TSOP. <p>* 3. UMO coordinates SPOE activities. (113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Coordinates with PSA officials to verify loading sequence of vehicles and equipment (ship stow plan). b. Monitors PSA acceptance inspection of vehicles and cargo to determine deficiencies. c. Coordinates with maintenance support POC for disposition of excess fuel, POL products, and maintenance support, as necessary. d. Inspects military shipping labels and markings on vehicles and equipment for compliance with deployment SOP and PSA officials' instructions. e. Coordinates with PSA officials to correct deficiencies in military shipping labels and markings on vehicles and equipment. f. Briefs hospital commander and/or SPOE team OIC on status of SPOE activities. <p>* 4. UMO coordinates rail offloading. (113-600-2001, 113-637-2001, 850-001-2000)</p>		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> a. Coordinates with PSA officials and intermediate command UMO for rail offloading schedule and requirements. b. Designates personnel to assist in rail offloading activities. c. Briefs personnel designated to perform rail offloading activities on schedule and requirements. d. Supervises rail offloading activities. e. Assumes custody of equipment deployed by rail by signing applicable shipping documents. f. Enforces safety procedures IAW AR 385-10 and TSOP. g. Enforces environmental protection procedures IAW AR 200-1 and TSOP. h. Notifies SPOE team leaders equipment deployed by rail has arrived in the MA. i. Briefs hospital commander/OIC on status of SPOE activities. <p>5. SPOE team performs rail offloading operations. (850-001-2000)</p> <ul style="list-style-type: none"> a. Reports to the rail head IAW UMO's instructions. b. Offloads equipment from railcars IAW PSA officials' instructions. c. Moves equipment to SPOE MA IAW PSA officials' instructions. d. Employs safety procedures IAW AR 385-10 and TSOP. e. Employs environmental protection procedures IAW AR 200-1 and TSOP. <p>6. SPOE team performs SPOE MA maintenance. (101-92Y-0006, 850-001-2000)</p> <ul style="list-style-type: none"> a. Performs after operation PMCS IAW deployment SOP and applicable TM. b. Notifies supervisor of maintenance problems beyond operator's capability. c. Checks vehicles, cargo, and personal gear for completeness, damage, proper markings, and compliance with loading plans. d. Conducts final preparation of vehicles and equipment IAW deployment SOP and FM 55-65. e. Adjusts vehicle fuel levels IAW movement plan and PSA officials' instructions. f. Turns in excess fuel and POL products IAW UMO's instructions. g. Verifies placement of placards, labels, and certification documents on hazardous material IAW deployment SOP, movement plan, and PSA officials' instructions. h. Corrects deficiencies on vehicles, cargo, and personal gear IAW hospital leader's instructions. i. Moves to SPOE SA, as directed. j. Employs safety procedures IAW AR 385-10 and TSOP. k. Employs environmental protection procedures IAW AR 200-1 and TSOP. <p>* 7. SPOE team leaders supervise final preparation of vehicles, equipment, cargo, and personal gear for deployment. (101-92Y-0006, 113-600-2001, 113-637-2001, 850-001-2000, 850-001-3001)</p> <ul style="list-style-type: none"> a. Inspect military shipping labels and markings on vehicles and equipment for compliance with deployment SOP and UMO's instructions. b. Inspect vehicles and cargo to ensure deficiencies noted during acceptance inspection have been corrected. c. Coordinate maintenance assistance with hospital commander and/or SPOE team OIC. d. Enforce safety procedures IAW AR 385-10 and TSOP. e. Enforce environmental protection procedures IAW AR 200-1 and TSOP. <p>8. SPOE team performs final preparation of vehicles, equipment, cargo, and personal gear for deployment. (850-001-2000)</p> <ul style="list-style-type: none"> a. Moves vehicles and equipment to SPOE SA, as directed. b. Stages vehicles for loading IAW UMO's instructions. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
c. Corrects deficiencies in military shipping labels and markings on vehicles and equipment IAW UMO's instructions. d. Drives vehicles to call forward area, as directed. e. Employs safety procedures IAW AR 385-10 and TSOP. f. Employs environmental protection procedures IAW AR 200-1 and TSOP. * 9. UMO update transportation documentation. a. Verifies DEL by conducting physical inspection of equipment. b. Updates DEL, as required. c. Verifies the presence of supercargoes by conducting roll call. d. Updates supercargo manifest, as required. 10. SPOE team returns to hospital area. a. Assembles for return to hospital area IAW SPOE team OIC's instructions. b. Reports to transportation loading area IAW SPOE team OIC's instructions. c. Loads baggage on vehicles IAW SPOE team OIC's instructions. d. Boards transportation to return to unit IAW SPOE team OIC's instructions.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
101-92Y-0006	Inspect equipment for accountability, cleanliness, and serviceability	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-3001	Control Mission Safety Hazard	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: HOSPITAL HEADQUARTERS
HOSP OPERATIONS SECT
COMPANY HEADQUARTERS
ADMINISTRATION DIV
PATIENT ADMIN DIV
NUTRITION CARE DIV
SUPPLY & SERVICE DIV
NURSING SVC CNTL TEAM
TRIAGE/PRE-OP/EMT
LITTER BEARER SECTION
OR/CMS CONTROL TEAM
OPERATING ROOM A
OPERATING ROOM B
ORTHO CAST CLINIC
2 CMS
DENTAL SERVICE
INPATIENT MEDICINE A
3 INTENSIVE CARE WARD
7 INTERMED CARE WARDS
NP WARD & CONSULT SVC
2 MINIMAL CARE WARDS
PHARMACY SERVICE
LABORATORY SERVICE
BLOOD BANK
RADIOLOGY SERVICE
PT SERVICE
HOSPITAL MINISTRY TM
UNIT HEADQUARTERS
SUP & SVC DIV (AUG)
OPERATING ROOM C
OPERATING ROOM D
5 INTENSIVE CARE WARD

TASK: PERFORM AERIAL PORT OF EMBARKATION ACTIVITIES FOR DEPLOYMENT
(63-2-8010.08-705L)

(FM 100-17)
(AR 385-10)
(FM 55-10)
(TC 3-34.489)

(AR 200-1)
(DOD REG 4500.9-R)
(FM 8-10)
(TM 38-250)

(AR 220-10)
(FM 3-100.4)
(FM 8-10-14)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital arrives at the APOE MA for aerial deployment. Equipment and vehicles not deploying by air have been moved to the SPOE. The ITO or MCA/MCT has a UMC and advance party at the APOE to assist in APOE activities. Transportation support is available. The deployment SOP, movement plan, port call message, and medical brigade/medical group deployment OPORD are available. The hospital has a trained officer and NCO appointed as UMO and alternate UMO. The hospital is deploying as part of a medical brigade/medical group deployment. APOE activities are performed day or night under all environmental conditions unless terminated by the DACG. This task should not be trained in MOPP4.

TASK STANDARDS: APOE activities are performed IAW deployment SOP and movement plan and DACG officials' and the hospital commander's instructions.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Hospital commander directs APOE activities.</p> <ul style="list-style-type: none"> a. Notifies UMC and DACG officials that the unit has arrived at the APOE. b. Coordinates with UMC, DACG and/or supporting installation officials to verify APOE movement schedules, procedures, and requirements. c. Briefs hospital on duties and responsibilities based on UMC, DACG and/or supporting installation officials' instructions. d. Directs hospital to conduct final preparation of vehicles and equipment IAW deployment SOP and DOD 4500.9-R. e. Conducts acceptance inspection of vehicles and equipment with DACG officials at the alert holding area. f. Directs unit to correct deficiencies noted during acceptance inspection. g. Enforces safety procedures IAW AR 385-10 and TSOP. h. Enforces environmental protection procedures IAW AR 200-1 and TSOP. i. Transfers custody of equipment and cargo to DACG officials IAW deployment SOP. j. Briefs the medical brigade/medical group commander on status of APOE activities. <p>* 2. UMO supervises APOE activities. (113-637-2001, 850-001-2000, 850-001-3001)</p> <ul style="list-style-type: none"> a. Coordinates with DACG and/or supporting installation officials for transportation, maintenance, equipment, and other support, as required. b. Coordinates with DACG officials to verify APOE movement schedules, procedures, and requirements. c. Coordinates with medical brigade DCSLOG/medical group S4 section to ensure adequate shoring, dunnage, and floor protection are on hand and readily available for loading. d. Verifies unit vehicles, equipment, cargo, and secondary loads are properly marked and prepared for airlift IAW TALCE/DACG instructions. e. Coordinates with DACG to verify loading sequence of vehicles and equipment. f. Verifies that deficiencies noted during DACG acceptance inspection have been corrected. g. Verifies the presence of all manifested personnel by conducting roll call. h. Provides verified personnel and cargo manifest to DACG at the alert holding area. i. Provides load teams to load and tie down unit equipment under supervision of the DACG or loadmaster. j. Enforce safety procedures IAW AR 385-10 and TSOP. k. Enforce environmental protection procedures IAW AR 200-1 and TSOP. <p>* 3. Leaders supervise final preparation of vehicles, equipment, cargo, and personal gear for deployment. (101-92Y-0006, 113-637-2001, 850-001-2000, 850-001-3001)</p> <ul style="list-style-type: none"> a. Inspect vehicles, equipment, cargo, and personal gear for completeness, damage and compliance with loading plans IAW MA plan. b. Inspect vehicles, equipment, cargo, and personal gear for proper marking and documentation IAW MA plan. c. Inspect vehicles and cargo to ensure deficiencies noted during acceptance inspection have been corrected. d. Coordinate with the UMO for maintenance assistance, as required. e. Enforce safety procedures IAW AR 385-10 and TSOP. f. Enforce environmental protection procedures IAW AR 200-1 and TSOP. <p>4. Hospital performs APOE MA activities. (101-92Y-0006, 850-001-2000)</p> <ul style="list-style-type: none"> a. Performs after-operations PMCS IAW deployment SOP and applicable TMs. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> b. Notifies supervisor of maintenance problems beyond operator's capability to repair. c. Conducts final preparation of vehicles and equipment IAW DOD 4500.9-R and UMO's instructions. d. Adjusts vehicle fuel levels IAW TM 38-250 and UMO's instructions. e. Turns in excess fuel IAW UMO's instructions. f. Corrects deficiencies on vehicles, cargo, and personal gear IAW leaders' instructions. g. Corrects deficiencies on placement of placards, labels, and certification documents on hazardous material IAW deployment SOP, movement plan, TM 38-250, and UMO's instructions. h. Moves to APOE alert holding area, as directed. i. Employs safety procedures IAW AR 385-10 and TSOP. j. Employs environmental protection procedures IAW AR 200-1 and TSOP. <p>5. Hospital performs APOE alert holding area activities.</p> <ul style="list-style-type: none"> a. Corrects deficiencies in shipping documents, markings, custom labels, and decontamination tags on vehicles and equipment IAW deployment SOP, and UMO's instructions. b. Drives vehicles to call forward area, as directed. <p>6. Hospital performs APOE passenger activities.</p> <ul style="list-style-type: none"> a. Reports to designated location for DACG safety and anti-terrorism briefing IAW UMO's instructions. b. Provides baggage detail to load unit baggage on aircraft, as directed. c. Completes security screen IAW DACG officials' instructions. d. Boards aircraft IAW loadmaster's instructions. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
101-92Y-0006	Inspect equipment for accountability, cleanliness, and serviceability	STP 21-24-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-3001	Control Mission Safety Hazard	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: 2 CMS

DENTAL SERVICE
INPATIENT MEDICINE A
3 INTENSIVE CARE WARD
7 INTERMED CARE WARDS
NP WARD & CONSULT SVC
2 MINIMAL CARE WARDS
PHARMACY SERVICE
LABORATORY SERVICE
BLOOD BANK
ADMINISTRATION DIV
PATIENT ADMIN DIV
NUTRITION CARE DIV
NURSING SVC CNTL TEAM
TRIAGE/PRE-OP/EMT
LITTER BEARER SECTION
OR/CMS CONTROL TEAM
OPERATING ROOM A
OPERATING ROOM B
ORTHO CAST CLINIC
RADIOLOGY SERVICE
PT SERVICE
HOSPITAL MINISTRY TM
SUP & SVC DIV (AUG)
OPERATING ROOM C
OPERATING ROOM D
5 INTENSIVE CARE WARD
HOSPITAL HEADQUARTERS
HOSP OPERATIONS SECT
COMPANY HEADQUARTERS
SUPPLY & SERVICE DIV
UNIT HEADQUARTERS

TASK: PERFORM AERIAL PORT OF DEBARKATION ACTIVITIES FOR DEPLOYMENT

(63-2-8011.08-705L)

(FM 55-65)

(DOD REG 4500.9-R)

(FM 55-10)

(TC 3-34.489)

(AR 200-1)

(FM 100-17)

(FM 8-10)

(AR 385-10)

(FM 3-100.4)

(FM 8-10-14)

ITERATION:

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: Aircraft carrying main body lands at the APOD. The medical brigade/medical group has advance party personnel at the APOD to assist the hospital in APOD activities. Representatives from the hospital advance party and AACG meet the aircraft. AACG officials have requested that hospital personnel assist in offloading vehicles. The AACG has designated a holding area and a MA for the hospital to complete APOD activities. Transportation is available to move the hospital to the MA, SPOD, and theater SA. The hospital commander has designated an equipment reception team to travel to the SPOD and receive hospital vehicles and equipment deployed by ship. The deployment SOP is available. APOD activities are performed day or night under all environmental conditions.

NOTE: The equipment reception team is an ad hoc group of personnel designated by the hospital commander to receive the hospital's equipment once it arrives at the port. This task should not be trained in MOPP4.

TASK STANDARDS: APOD activities are performed IAW deployment SOP and AACG officials' and the hospital commander's instructions.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> * 1. Hospital commander coordinates arrival of personnel. <ul style="list-style-type: none"> a. Coordinates with hospital advance party and PMCT officials upon arrival for location of holding and MA(s), maintenance support, movement, security, and other special APOD requirements. b. Assembles hospital in holding area. c. Directs leaders to establish security, as required. d. Coordinates with medical brigade DCSLOG/medical group S4 representative or PMCT for transportation support to APOD MA, SPOD holding area, and theater SA. e. Coordinates with medical brigade DCSSPO/medical group S2/S3 representative for tactical intelligence, security requirements, and movement schedule. f. Briefs leaders on tactical situation, security requirements, movement schedule, and special APOD requirements. g. Directs leaders to establish security IAW medical operation officer's instructions. h. Directs hospital leaders to prepare hospital for movement to the TSB. i. Enforces safety procedures IAW AR 385-10 and TSOP. j. Enforces environmental protection procedures IAW AR 200-1 and TSOP. * 2. UMO supervises APOD activities. (113-637-2001, 551-88N-0004) <ul style="list-style-type: none"> a. Coordinates with AACG for offloading and movement schedules. b. Briefs leaders on offloading and movement schedules. c. Provides AACG, supporting installation officials, and operations section a copy of DEL. d. Coordinates with operations section for convoy routes, maps, and timetable for road movements to SPOE and theater SA. e. Coordinates with HSMO representatives for fuel and supplies for road movements. f. Briefs hospital commander on APOD activities. * 3. Leaders supervise APOD activities. (101-92Y-0006, 850-001-2000, 850-001-3001) <ul style="list-style-type: none"> a. Inspect personnel and weapons for accountability as they exit aircraft. b. Brief personnel on location of holding and MAs, movement requirements, and special APOD requirements. c. Establish security IAW the hospital commander's instructions. d. Designate personnel to assist in offloading aircraft, as required. e. Inspect personnel and personal gear at the holding area and MA to ensure all personnel have arrived with required personal gear and baggage. f. Brief hospital commander on APOD activities. g. Enforce safety procedures IAW AR 385-10 and TSOP. h. Enforce environmental protection procedures IAW AR 200-1 and TSOP. 4. Company HQ prepares soldiers for movement to TSB. (113-637-2001, 805C-PAD-2461) <ul style="list-style-type: none"> a. Issues individual supplies (e.g., ammunition, food, water, health and comfort items), as needed. b. Coordinates with the AACG for life support for unit personnel in the transit holding area, as needed. c. Maintains daily personnel accountability. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
5. Main body performs APOD activities. (101-92Y-0006, 850-001-2000) a. Disembarks aircraft IAW loadmaster's instructions. b. Assembles in APOD holding area, as directed. c. Performs offloading activities IAW AACG officials' and loadmaster's instructions. d. Performs security functions, as directed. e. Moves to APOD MA IAW the hospital commander's instructions. f. Inspects vehicles and equipment to ensure all equipment is offloaded and serviceable. g. Notifies leaders of vehicle and/or equipment deficiencies that can not be corrected. h. Reconfigures vehicles and cargo for road movement, if necessary. i. Fuels vehicles for convoy to theater SA, if appropriate. j. Loads baggage on transportation for movement to SPOD holding area or theater SA, as directed. k. Boards transportation for movement to SPOD holding area or theater SA, as directed. l. Employs safety procedures IAW AR 385-10 and TSOP. m. Employs environmental protection procedures IAW AR 200-1 and TSOP.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
101-92Y-0006	Inspect equipment for accountability, cleanliness, and serviceability	STP 21-24-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
551-88N-0004	Coordinate Unit Movement	STP 21-24-SMCT
805C-PAD-2461	Maintain Accountability of Personnel (Status Report)	STP 21-24-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-3001	Control Mission Safety Hazard	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 SUPPLY & SERVICE DIV
 UNIT HEADQUARTERS

TASK: PERFORM SEA PORT OF DEBARKATION ACTIVITIES FOR DEPLOYMENT
 (63-2-8012.08-705L)

(FM 55-65)
 (FM 100-17)
 (FM 8-10)

(AR 200-1)
 (FM 3-100.4)
 (FM 8-10-14)

(AR 385-10)
 (FM 55-10)
 (TC 3-34.489)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: Hospital equipment and supercargoes have arrived at the SPOD. The hospital commander has designated an equipment reception team and is located with the equipment reception team in the SPOD holding area. The equipment reception team has been trained and briefed on duties and responsibilities. The medical brigade/medical group HQ has deployed and the medical brigade/medical group commander and representatives from the medical brigade/medical group staff are located in the SPOD. The HSMO has coordinated with MCT for reception and onward movement requirements. A rail loading team chief and rail loading team has been designated and trained. Transportation support is available. HN or MP security is provided. The PSA has designated an area for equipment to be inventoried and inspected as it is offloaded. Rail and road MA(s) have been designated for the hospital to complete SPOD activities and prepare for movement to the theater SA. Sufficient railcars and vehicles are available to move the hospital to the theater SA. The hospital's main body is located in the theater SA. The deployment SOP is available. SPOD activities are performed day or night under all environmental conditions. This task should not be trained in MOPP4.

TASK STANDARDS: SPOD activities are performed IAW deployment SOP and PSA officials' and the hospital commander's guidance.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Hospital commander directs SPOD activities. (113-600-2001, 113-637-2001, 151-357-0002)</p> <ul style="list-style-type: none"> a. Coordinates with medical brigade DCSSPO/medical group S2/S3 representative and/or PSA and ATMCT officials upon arrival for location of holding and MA(s), maintenance, logistics, and movement support and security, and other special SPOD requirements. b. Coordinates with medical brigade DCSLOG/medical group S4 and/or PSA officials for life support for hospital personnel while at the SPOD. c. Identifies amount of PREPO materiel required by the hospital. d. Assembles hospital in holding area. e. Conducts acceptance inspection with PSA officials. f. Notifies supply and service division representative of missing or damaged equipment. g. Assumes custody of equipment and cargo IAW supply and service division representative and PSA officials' instructions. h. Coordinates with medical brigade DCSLOG/medical group S4 representative for transportation support to theater SA, if required. i. Coordinates with medical operations officer for departure schedules to the theater SA. j. Verifies arrival, morale, and welfare of supercargoes. k. Reestablishes accountability and responsibility for supercargoes. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> l. Directs convoy and rail loading parties to proceed to rail loading or road convoy MA(s) IAW medical operations officer's instructions. m. Monitors preparation of equipment for road convoy or rail movement to ensure compliance with TSOP. n. Briefs leaders on APOD requirements. o. Briefs medical command/medical brigade commander or designated representative on SPOD activities, as required. p. Enforces safety procedures IAW AR 385-10 and TSOP. q. Enforces environmental protection procedures IAW AR 200-1 and TSOP. <p>* 2. UMO supervises SPOD activities. (091-CLT-4029, 113-600-2001, 113-637-2001, 850-001-2000, 850-001-3001)</p> <ul style="list-style-type: none"> a. Coordinates with supply and service division representative to identify offloading schedules; location of holding and MA(s), location of PREPO vehicles and materiel; and other SPOD information, as required. b. Briefs personnel on offloading schedules, drawing PREPO vehicles and materiel, special SPOD requirements, and location of MA. c. Coordinates with medical operations officer representative to identify equipment, loading times and sites, and hospital loading requirements to prepare designated equipment for rail movement to theater SA. d. Coordinates with medical operations officer representatives for convoy routes, maps, tactical intelligence, and timetable for road move to theater SA. e. Coordinates with supply and service division representatives for fuel, ammunition, and supplies for road move to theater SA. f. Provides rail loading plan to rail loading team chief. g. Monitors rail loading procedures to ensure compliance with MCT's instructions. h. Monitors preparation of equipment for road convoy to ensure compliance with TSOP. i. Briefs equipment reception party on rail loading and convoy requirements. j. Enforces safety procedures IAW AR 385-10 and TSOP. k. Enforces environmental protection procedures IAW AR 200-1 and TSOP. l. Briefs hospital commander on SPOD activities. <p>3. Supercargoes perform SPOD activities.</p> <ul style="list-style-type: none"> a. Disembark ship IAW vessel POC's instructions. b. Report to commander for instructions. <p>4. Equipment reception team performs equipment reception activities. (101-92Y-0006, 113-600-2001, 113-637-2001, 850-001-2000)</p> <ul style="list-style-type: none"> a. Offloads vehicles IAW PSA officials' instructions. b. Inspects equipment to ensure all equipment is operational. c. Moves vehicles and materiel from PREPO locations to rail or convoy MA(s). d. Moves hospital vehicles and cargo to SPOD rail or convoy MA(s). e. Performs before-operations PMCS on all vehicles and equipment. f. Corrects all vehicle and equipment discrepancies within the operator's capabilities IAW applicable TM. g. Reports all deficiencies beyond operator's capability to immediate supervisor. h. Reconfigures vehicles and cargo for road movement, if necessary. i. Fuels vehicles for convoy to theater SA, if appropriate. j. Draws weapons, ammunition, and other tactical supplies from HSMO representative, if necessary. k. Notifies UMO that vehicles are offloaded and operational. l. Employs safety procedures IAW AR 385-10 and TSOP. m. Employs environmental protection procedures IAW AR 200-1 and TSOP. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 5. Rail loading team chief supervises rail loading activities. (113-600-2001, 113-637-2001, 850-001-2000)</p> <ul style="list-style-type: none"> a. Coordinates with UMO for rail loading plans. b. Coordinates with UMO to identify special rail loading requirements. c. Verifies the presence of all rail guards by conducting roll call. d. Verifies the presence of manifested vehicles and equipment by conducting physical inventory. e. Provides a copy of the personnel and cargo manifest to conductor. f. Notifies hospital commander when rail loading is completed. g. Employs safety procedures IAW AR 385-10 and TSOP. h. Employs environmental protection procedures IAW AR 200-1 and TSOP. <p>6. Rail loading team performs rail loading. (113-600-2001, 113-637-2001, 850-001-2000)</p> <ul style="list-style-type: none"> a. Stages vehicles IAW rail loading plan. b. Loads vehicles and equipment on railcars IAW rail loading plan and UMO's instructions. c. Secures vehicles and equipment IAW rail loading plan and UMO's instructions. d. Notifies rail loading team chief when rail loading is completed. e. Employs safety procedures IAW AR 385-10 and TSOP. f. Employs environmental protection procedures IAW AR 200-1 and TSOP. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
091-CLT-4029	Supervise Preventive Maintenance Checks and Services (PMCS)	STP 21-24-SMCT
101-92Y-0006	Inspect equipment for accountability, cleanliness, and serviceability	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
151-357-0002	Coordinate Combat Service Support (CSS) Operations	STP 21-24-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-3001	Control Mission Safety Hazard	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 SUPPLY & SERVICE DIV
 SUP & SVC DIV (AUG)
 UNIT HEADQUARTERS

TASK: PREPARE EQUIPMENT RECEPTION TEAM FOR TACTICAL ROAD MARCH (DEPLOYMENT)
 (63-2-8013.08-705L)

(FM 55-30)	(AR 200-1)	(AR 385-10)
(FM 3-100.4)	(FM 3-4)	(FM 3-5)
(FM 7-20)	(FM 8-10)	(FM 8-10-14)
(FM 8-10-6)	(TC 3-34.489)	

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital has received a movement order from the medical brigade DCSSPO/medical group S2/S3 to move from the SPOD MA to theater SA or TAA. The hospital's vehicles have been offloaded and are operational. Movement can occur in a field or MOU environment. The MCT has provided routes of march and a movement schedule. Coordination for MEDEVAC support has been accomplished by hospital staff personnel. The medical brigade/medical group and hospital TSOPs are available. The march commander has been designated. Strip maps are provided by the operations section. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: Equipment reception team is ready to cross SP NLT time prescribed in movement order. At MOPP4, performance degradation factors increase preparation time.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
1. Equipment reception team prepares vehicles and equipment. (052-191-1362, 850-001-2000) a. Removes all unit identification markings on vehicles. b. Covers all reflective surfaces of all vehicles or cargo with available materials. c. Hardens all vehicles using sandbags and/or other authorized materials. d. Places antennas at lowest height. e. Turns radio volume and squelch to lowest operational setting consistent with operational requirements. f. Sets squelch setting "on" and call-light "off" when operating at night. g. Attaches RF tags to vehicles IAW local directives, as available. h. Employs safety procedures IAW AR 385-10 and TSOP. i. Employs environmental protection procedures IAW AR 200-1 and TSOP.		
* 2. March commander and leaders organize convoy. (113-637-2001, 551-88M-0001, 551-88N-0002, 551-88N-0004, 850-001-2000) a. Assign vehicle positions with the heavier, slower vehicles placed first. b. Assign control vehicles in convoy without setting a pattern.		
NOTE: Hospital assigns movement tracking system equipped vehicles as control vehicles, if available. c. Assign recovery vehicle(s) positions where they can move to disabled vehicles without disrupting convoy movement. d. Assign hardened vehicle(s) with crew-served weapons interspersed throughout the convoy.		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> e. Assign passenger locations where all hospital personnel have a position and semi-automatic weapons are alternated throughout the convoy to cover front, rear, and flanks. f. Assign soldiers to air guard duties with specific search sectors covering 360 degrees. g. Assign sufficient number of recovery vehicles and mechanics to trail party element. h. Coordinate with supporting unit for sufficient or additional number of recovery vehicles and mechanics, if required. i. Provide vehicle position listing with locations of all vehicles to the trail party leader. j. Open radio net(s) as specified in the movement order. k. Enforce safety procedures IAW AR 385-10 and TSOP. l. Enforce environmental protection procedures IAW AR 200-1 and TSOP. <p>* 3. March commander and leaders conduct premovement inspections. (101-92Y-0006)</p> <ul style="list-style-type: none"> a. Inspect personnel and their equipment for compliance with the hospital commander's guidance, movement order, and TSOP. b. Inspect organizational equipment for accountability and serviceability. c. Inspect vehicles, trailers, and loads for serviceability, proper stowing, and security. d. Forward personnel and equipment status to hospital commander and the operations section. <p>* 4. March commander conducts briefings for convoy personnel. (551-88N-0002)</p> <ul style="list-style-type: none"> a. Provides strip maps to each vehicle driver. b. Briefs convoy chain of command. c. Briefs convoy route. d. Prescribes the rate of march and catch-up speeds. e. Briefs vehicle intervals. f. Identifies scheduled halts. g. Briefs safety, environmental protection, accident, and break-down procedures. h. Briefs immediate action security measures. i. Briefs blackout condition procedures. j. Identifies location of medical support. k. Identifies location of maintenance support. l. Provides location and identification of destination. m. Briefs arm/hand signals. n. Briefs RFs and call signs for control personnel and MEDEVAC support. <p>5. Equipment reception team prepares to cross SP. (071-004-0001, 071-004-0003, 071-311-2025)</p> <ul style="list-style-type: none"> a. Positions all vehicles IAW the march commander's instructions. b. Loads all individual weapons. c. Posts air guards in positions designated by march commander. d. Posts security guards to maintain 360-degree surveillance. e. Forwards movement readiness report to operations section. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"**" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
052-191-1362	CAMOUFLAGE EQUIPMENT	STP 21-1-SMCT
071-004-0001	Maintain an M9 Pistol	STP 21-1-SMCT
071-004-0003	Load an M9 Pistol	STP 21-1-SMCT
071-311-2025	Maintain an M16-Series Rifle	STP 21-1-SMCT
101-92Y-0006	Inspect equipment for accountability, cleanliness, and serviceability	STP 21-24-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
551-88M-0001	Lead a Convoy Serial/March Unit	STP 21-24-SMCT
551-88N-0002	Prepare for Unit Move	STP 21-24-SMCT
551-88N-0004	Coordinate Unit Movement	STP 21-24-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: LITTER BEARER SECTION
OR/CMS CONTROL TEAM
OPERATING ROOM A
PATIENT ADMIN DIV
SUPPLY & SERVICE DIV
NURSING SVC CNTL TEAM
TRIAGE/PRE-OP/EMT
ORTHO CAST CLINIC
2 CMS
DENTAL SERVICE
INPATIENT MEDICINE A
3 INTENSIVE CARE WARD
7 INTERMED CARE WARDS
NP WARD & CONSULT SVC
2 MINIMAL CARE WARDS
PHARMACY SERVICE
LABORATORY SERVICE
BLOOD BANK
RADIOLOGY SERVICE
PT SERVICE
HOSPITAL MINISTRY TM
UNIT HEADQUARTERS
SUP & SVC DIV (AUG)
HOSPITAL HEADQUARTERS
HOSP OPERATIONS SECT
COMPANY HEADQUARTERS
ADMINISTRATION DIV
NUTRITION CARE DIV
OPERATING ROOM C
OPERATING ROOM D
5 INTENSIVE CARE WARD

TASK: CONDUCT STAGING ACTIVITIES (63-2-8026.08-705L)

(FM 100-17)
(FM 3-100.4)
(TC 3-34.489)

(AR 200-1)
(FM 8-10)

(AR 385-10)
(FM 8-10-14)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital is in the process of deploying following receipt of an OPORD. The hospital has arrived in-theater at the APOD and has moved to the TSB for reuniting with hospital equipment. The hospital's equipment reception team has just arrived at the TSB from the SPOD with hospital equipment. The TSOP, hospital movement plan, security plan, hospital access rosters, and current maps are available. The hospital has a trained officer and/or NCO appointed as UMO and alternate UMO. The hospital is deploying as part of a higher HQ deployment. Staging activities are performed day or night under all environmental conditions.

NOTE: Since staging bases are not always available, the hospital should be prepared to move directly to the TAA or into their AO from the port staging area. When this is necessary, the marshaling/staging functions are performed in a designated staging area in the vicinity of the port. This task should not be trained in MOPP4.

TASK STANDARDS: Personnel and equipment are mission capable, configured for the specific mission, and prepared for onward movement to the TAA.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Hospital commander supervises staging activities.</p> <ul style="list-style-type: none"> a. Directs accountability be established for hospital personnel and equipment. b. Marshals unit personnel and equipment in preparation for onward movement. c. Notifies TSB's C2 element of hospital arrival. d. Files initial unit status report, as directed. e. Conducts "Road-to-War" brief. f. Conducts threat brief for all soldiers. g. Conducts ROE brief. h. Directs movement planning. i. Prepares hospital for mission. j. Receives daily situational briefings from hospital leaders. k. Briefs higher HQ on status of hospital. l. Notifies TSB when readiness is achieved. m. Enforces safety procedures IAW AR 385-10 and TSOP. n. Enforces environmental protection procedures IAW AR 200-1 and TSOP. <p>2. Company HQ performs staging activities. (101-92Y-0004, 101-92Y-0005, 113-637-2001, 850-001-2000, 850-001-3001)</p> <ul style="list-style-type: none"> a. Establishes command post. b. Verifies accountability of personnel and equipment. c. Coordinates for life support with supported element(s), as required. d. Provides information concerning staging area activities based on TSOP to element leaders. e. Conducts risk assessment for onward movement. f. Establishes communications with reception, staging, onward movement, and integration providers and higher-level commands. g. Establishes training objectives to be completed in the staging area. h. Verifies routes of march and support arrangements. i. Reports incremental buildup of combat power IAW TSB TSOP. j. Conducts daily meetings with staging base operators. k. Employs safety procedures IAW AR 385-10 and TSOP. l. Employs environmental protection procedures IAW AR 200-1 and TSOP. <p>3. UMO performs staging activities. (113-637-2001, 551-88N-0002, 551-88N-0003, 551-88N-0004, 850-001-2000, 850-001-3001)</p> <ul style="list-style-type: none"> a. Stages equipment in correct configuration for onward movement. b. Plans onward movement to the TAA. c. Coordinates with MCT for onward movement. d. Prepares vehicles and equipment for movement. e. Verifies equipment is properly loaded on vehicles. f. Identifies convoy support centers. g. Prepares movement order. h. Briefs convoy personnel. i. Verifies SP time is established. j. Employs safety procedures IAW AR 385-10 and TSOP. k. Employs environmental protection procedures IAW AR 200-1 and TSOP. <p>4. Hospital conducts staging activities. (101-92Y-0006, 805C-PAD-2461, 850-001-2000, 850-001-3001)</p> <ul style="list-style-type: none"> a. Verifies life support needs are met for unit personnel. b. Performs maintenance activities to ensure all equipment is serviceable and operational (e.g., refueling, PMCS, etc.). 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
c. Uploads equipment and supplies onto vehicles. d. Inventories all property. e. Identifies all shortages. f. Signs hand receipts, as needed. g. Maintains personnel accountability. h. Draws basic loads of Class I, II, III, IV, V, VIII, and IX, as needed. i. Initiates security measures, as directed. j. Performs force protection IAW the provisions of the Geneva Conventions. k. Conducts training, as needed. l. Conducts test driving, bore sighting, range activities, as directed. m. Employs safety procedures IAW AR 385-10 and TSOP. n. Employs environmental protection procedures IAW AR 200-1 and TSOP.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
101-92Y-0004	Enforce Property Accountability Policies	STP 21-24-SMCT
101-92Y-0005	Enforce Compliance with Property Accountability Policies	STP 21-24-SMCT
101-92Y-0006	Inspect equipment for accountability, cleanliness, and serviceability	STP 21-24-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
551-88N-0002	Prepare for Unit Move	STP 21-24-SMCT
551-88N-0003	Plan Unit Move	STP 21-24-SMCT
551-88N-0004	Coordinate Unit Movement	STP 21-24-SMCT
805C-PAD-2461	Maintain Accountability of Personnel (Status Report)	STP 21-24-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-3001	Control Mission Safety Hazard	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: ORTHO CAST CLINIC
 2 CMS
 5 INTENSIVE CARE WARD
 RADIOLOGY SERVICE
 ADMINISTRATION DIV
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 NURSING SVC CNTL TEAM
 TRIAGE/PRE-OP/EMT
 LITTER BEARER SECTION
 OR/CMS CONTROL TEAM
 OPERATING ROOM A
 OPERATING ROOM B
 DENTAL SERVICE
 INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 BLOOD BANK
 PT SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)
 OPERATING ROOM C
 OPERATING ROOM D
 HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS

TASK: CONDUCT INTEGRATION ACTIVITIES (63-2-8025.08-705L)
 (FM 100-17) (FM 55-65) (FM 8-10)
 (FM 8-10-14)

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital is in the process of deploying following receipt of an OPORD. The hospital has arrived at the POD, moved through the designated staging area site, and has closed in the TAA. Prior to onward movement from the staging area, the hospital has verified that it has met mission readiness criteria. The hospital initiates C2 procedures with the gaining command. The TSOP, OPLANs, hospital security plan, hospital access rosters, and current maps are available. The hospital is deploying as part of a higher HQ deployment. Integration activities are performed day or night under all environmental conditions. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: Personnel and equipment are combat ready and integrated into the operational mission of the gaining tactical force commander.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
* 1. Hospital commander supervises integration activities.		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
a. Directs communication link-up into gaining command net. b. Directs hospital to occupy area designated by gaining command. c. Directs hospital HQ to integrate hospital security plan into gaining command's operational force protection measures. d. Directs hospital HQ to integrate into the gaining command's CSS system. e. Directs hospital HQ to submit reports IAW gaining command TSOP/OPLANS. 2. Hospital HQ completes integration actions. (113-600-2001, 113-637-2001, 151-357-0002) a. Enters tactical communications net. b. Integrates unit into TAA security plan. c. Clarifies operational mission parameters with medical brigade DCSSPO/medical group S2/S3. d. Submits required reports to gaining command. e. Conducts training as directed by gaining command. f. Coordinates support requirements with gaining command. g. Establishes direct support relationships with various support elements in the support structure (e.g., supply, services, maintenance, medical, etc.). h. Assumes missions as directed by the gaining command.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
151-357-0002	Coordinate Combat Service Support (CSS) Operations	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 NURSING SVC CNTL TEAM
 TRIAGE/PRE-OP/EMT
 LITTER BEARER SECTION
 OR/CMS CONTROL TEAM
 OPERATING ROOM A
 OPERATING ROOM B
 ORTHO CAST CLINIC
 2 CMS
 DENTAL SERVICE
 INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 BLOOD BANK
 RADIOLOGY SERVICE
 PT SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)
 OPERATING ROOM C
 OPERATING ROOM D
 5 INTENSIVE CARE WARD

TASK: PERFORM REDEPLOYMENT PERSONNEL AND ADMINISTRATIVE ACTIONS

(63-2-8014.08-705L)

(FM 100-17)

(AR 600-8-101)

(FM 55-10)

(FM 55-65)

(FM 8-10)

(FM 8-10-14)

(TC 3-34.489)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital receives a warning order to redeploy to home station. The hospital is located in the TAA. Some personnel and administrative actions are initiated in the TAA and completed in the RAA. The hospital is redeploying as part of a medical brigade/medical group redeployment. The hospital adjutant has provided a SRP schedule to the hospital commander. The hospital adjutant has coordinated for ASG contact team support. Transportation to move the hospital to SRP facilities is available. The redeployment movement plan is available. The unit has a trained officer and/or NCO appointed as UMO and alternate UMO. Preparation activities for redeployment are performed day or night under all environmental conditions. This task should not be trained in MOPP4.

TASK STANDARDS: Redeployment SRP activities are accomplished IAW redeployment movement plan, hospital adjutant SRP schedule, and hospital commander's guidance.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Hospital commander directs personnel and administrative SRP activities.</p> <ul style="list-style-type: none"> a. Directs hospital adjutant to identify personnel and administrative requirements for redeployment. b. Designates hospital advance party representatives and SPOE team. c. Briefs leaders on personnel and administrative requirements for redeployment. d. Provides personnel and administrative processing schedule to company HQ. e. Directs the company HQ to develop a hospital personnel and administrative processing schedule. f. Forwards list of personnel unable to redeploy to medical brigade DCSPER/medical group S1. g. Forwards list of personnel redeploying as individuals. h. Directs personnel to complete personnel and administrative requirements for redeployment. i. Approves award and decoration recommendations. j. Coordinates with administrative division for personnel and administrative support, as required. k. Briefs medical brigade/medical group commander on status of personnel and administrative actions. <p>2. Company HQ supervises redeployment personnel and administrative actions. (805C-PAD-2461, 805C-PAD-4359)</p> <ul style="list-style-type: none"> a. Develops unit personnel and administrative processing schedule based on the redeployment movement plan, medical brigade DCSPER/medical group S1 SRP processing schedule, and commander's guidance. b. Distributes unit personnel and administrative processing schedule to unit elements. c. Monitors personnel and administrative processing to ensure personnel complete actions IAW schedule. d. Verifies redeployment records are updated prior to soldier's departure from theater. <p>3. Administrative division performs personnel redeployment processing functions. (113-600-2001, 113-637-2001, 805C-PAD-2044, 805C-PAD-2402, 805C-PAD-4359)</p> <ul style="list-style-type: none"> a. Identifies COA for soldiers not eligible for redeployment, to include temporary gaining command, transfer procedures, and administrative requirements. b. Provides list of soldiers eligible for redeployment and those scheduled to return as individuals. c. Provides redeploying soldiers medical, dental and personnel records for redeployment processing. d. Provides necessary forms to unit personnel for redeployment processing. e. Dispatches all soldier's updated records back to the unit's home station before the soldier departs. f. Sends records to home station on different conveyance as soldiers. g. Completes personnel and administrative requirements for deployment IAW higher HQ directives. h. Prepares passenger manifest. i. Processes recommendations for decorations and awards IAW hospital commander's instructions. j. Completes evaluation reports for eligible soldiers who are scheduled to redeploy individually. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
k. Inputs status changes and other actions to pay and personnel systems. l. Coordinates with medical brigade DCSPER/medical group S1 for personnel and administrative support, as required. m. Briefs commander on personnel and administrative actions, as required. * 4. Leaders supervise personnel and administrative actions. (113-600-2001, 113-637-2001, 805C-PAD-2044, 805C-PAD-2402, 805C-PAD-2461, 805C-PAD-4359) a. Direct personnel to complete personnel and administrative actions, as required. b. Monitor personnel and administrative processing to ensure personnel complete actions IAW schedule. c. Submit performance reports, award and decoration recommendations, and other personnel actions to hospital commander for approval/certification, as required. d. Coordinate with administrative division for personnel and administrative support, as required. e. Submit records and reports to hospital HQ IAW the redeployment movement plan and the hospital commander's instructions. f. Brief hospital commander on personnel and administrative actions. g. Brief personnel on personnel and administrative requirements.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
805C-PAD-2044	Recommend Individual for Award	STP 21-24-SMCT
805C-PAD-2402	Provide Input on Personnel Actions Affecting Subordinates	STP 21-24-SMCT
805C-PAD-2461	Maintain Accountability of Personnel (Status Report)	STP 21-24-SMCT
805C-PAD-4359	Manage Soldier's Deployment Requirements	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: BLOOD BANK
 RADIOLOGY SERVICE
 PT SERVICE
 HOSPITAL MINISTRY TM
 SUP & SVC DIV (AUG)
 OR/CMS CONTROL TEAM
 TRIAGE/PRE-OP/EMT
 OPERATING ROOM C
 OPERATING ROOM D
 ORTHO CAST CLINIC
 2 CMS
 5 INTENSIVE CARE WARD
 PATIENT ADMIN DIV
 HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 SUPPLY & SERVICE DIV
 UNIT HEADQUARTERS
 NUTRITION CARE DIV
 NURSING SVC CNTL TEAM
 LITTER BEARER SECTION
 OPERATING ROOM A
 OPERATING ROOM B
 DENTAL SERVICE
 INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE

TASK: PERFORM REDEPLOYMENT TRAINING ACTIVITIES (63-2-8015.08-705L)
 (FM 55-65) (AR 200-1) (AR 220-10)
 (AR 385-10) (FM 100-17) (FM 3-100.4)
 (FM 8-10) (FM 8-10-14) (TC 3-34.489)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital is preparing for redeployment to home station. Sufficient time exists for the hospital to conduct redeployment training. Training support is available to train hospital personnel in customs, USDA, USPHS, and other redeployment requirements. Training is conducted in the TAA and/or RAA. The hospital commander has designated a training officer and NCO. The redeployment movement plan, higher HQ redeployment OPORD, and training records are available. The hospital has a trained officer and/or NCO appointed as UMO and alternate UMO. The hospital is redeploying as part of a medical brigade/medical group HQ redeployment. Redeployment training activities are performed day or night under all environmental conditions. This task should not be trained in MOPP4.

TASK STANDARDS: Redeployment training is accomplished IAW the training schedule and the hospital commander's guidance.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
* 1. Hospital commander directs redeployment training activities. a. Identifies redeployment training requirements by reviewing the redeployment movement plan and medical command/medical brigade redeployment OPORD and in coordination with the medical brigade DCSPER/medical group S1.		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
b. Directs medical operations officer to develop a hospital training schedule. c. Designates personnel to receive redeployment training. d. Directs safety procedures IAW AR 385-10 and TSOP. e. Directs environmental protection procedures IAW AR 200-1 and TSOP. f. Briefs medical brigade/medical group commander on status of redeployment training. g. Completes verification statement and checklists indicating the status of the hospital. * 2. Training officer/NCO supervise redeployment training activities. (113-600-2001, 113-637-2001, 805C-PAD-1245, 850-001-2000, 850-001-3001) a. Develop training schedule based on redeployment OPORD, specialized training requirements identified by higher HQ, and hospital commander's guidance. b. Coordinate with medical operations officer for training support, as required. c. Provide training schedule to leaders, as appropriate. d. Provide stress control and family support reorientation briefings IAW higher HQ directives. e. Monitor training to ensure appropriate training is provided to personnel. f. Enforce safety procedures IAW AR 385-10 and TSOP. g. Enforce environmental protection procedures IAW AR 200-1 and TSOP. h. Brief hospital commander on status of redeployment training. * 3. Leaders perform redeployment training activities. (113-600-2001, 113-637-2001, 850-001-2000) a. Coordinate with UMO for required training support. b. Conduct training IAW training schedule, if required. c. Annotate training results on individual and team training records. d. Enforce safety procedures IAW AR 385-10 and TSOP. e. Enforce environmental protection procedures IAW AR 200-1 and TSOP.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"**" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-3001	Control Mission Safety Hazard	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: OPERATING ROOM C
 OPERATING ROOM D
 ORTHO CAST CLINIC
 2 CMS
 5 INTENSIVE CARE WARD
 RADIOLOGY SERVICE
 HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 NURSING SVC CNTL TEAM
 TRIAGE/PRE-OP/EMT
 LITTER BEARER SECTION
 OR/CMS CONTROL TEAM
 OPERATING ROOM A
 OPERATING ROOM B
 DENTAL SERVICE
 INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 BLOOD BANK
 PT SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)

TASK: PERFORM REDEPLOYMENT SUPPLY ACTIVITIES (63-2-8016.08-705L)

(AR 700-84)	(AR 200-1)	(AR 220-10)
(AR 385-10)	(FM 100-17)	(FM 10-27-4)
(FM 3-100.4)	(FM 55-65)	(FM 8-10)
(FM 8-10-14)	(TC 3-34.489)	

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital is preparing for redeployment to home station. Vehicles, equipment, and supplies are available for reconstitution of hospitals redeploying. Redeployment supply activities are accomplished in the TAA and RAA. The TSOP, redeployment movement plan, and medical brigade/medical group redeployment OPORD are available. The hospital is redeploying as part of a medical brigade/medical group redeployment. Redeployment supply activities to include unit and medical are performed day or night under all environmental conditions. This task should not be trained in MOPP4.

TASK STANDARDS: Redeployment supply activities are accomplished IAW the redeployment movement plan, TSOP, medical brigade/medical group redeployment OPORD, and the hospital commander's guidance.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Hospital commander directs redeployment supply activities.</p> <ul style="list-style-type: none"> a. Identifies vehicles and equipment to be left in-country. b. Identifies vehicles and equipment required to reconstitute the hospital before or after redeployment. c. Coordinates with medical brigade DCSLOG/medical group S4 to issue vehicles, equipment, and supplies required to reconstitute the hospital. d. Identifies supplies and equipment needed to redeploy to home station by reviewing the redeployment movement plan, redeployment OPORD, and coordination with the medical brigade DCSLOG/medical group S4. e. Directs leaders to turn-in vehicles, ammohospitalion, supplies, and equipment to be left in-country. f. Directs leaders to provide supply and equipment requests to supply and service division. g. Directs supply and service division to turn-in excess supplies and equipment IAW TSOP and medical brigade DCSLOG/medical group S4's instructions. h. Inspects area and facilities to ensure excess vehicles, equipment, and supplies have been turned-in. i. Enforces safety procedures IAW AR 385-10 and TSOP. j. Enforces environmental protection procedures IAW AR 200-1 and TSOP. k. Briefs medical brigade/medical group commander and medical brigade DCSLOG/medical group S4 on supply status, as required. <p>2. DIV/SVC/SEC/TM perform redeployment supply activities.</p> <ul style="list-style-type: none"> a. Identify shortages of vehicles, supplies, and equipment by conducting inventories and reviewing DEL. b. Identify shortages of clothing and personal equipment by inventorying organization clothing and individual equipment. c. Submit requests for vehicles, supplies, and equipment to supply and service division IAW TSOP and hospital the commander's instructions. <p>3. Supply and service division provides supply support. (101-92Y-0006, 113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Provides a copy of the AUCL to DIV/SVC/SEC/TM, as required. b. Submits request for supplies and equipment to medical brigade DCSLOG/medical group S4 IAW TSOP. c. Coordinates with medical brigade DCSLOG/medical group S4 to resolve or cancel outstanding requisitions. d. Coordinates with medical brigade DCSLOG/medical group S4 for transportation and MHE support to turn-in, pick-up, issue, and/or pack ammunition, equipment, and supplies, if necessary. e. Inspects issued vehicles and equipment for serviceability and completeness. f. Issues vehicles, equipment, and supplies to appropriate DIV/SVC/SEC/TM IAW TSOP and the commander's instructions. g. Secures unissued supplies and equipment IAW TSOP. h. Turns in equipment, supplies, and hazardous material to designated facility, as appropriate. i. Employs safety procedures IAW AR 385-10 and TSOP. j. Employs environmental protection procedures IAW AR 200-1 and TSOP. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
k. Briefs hospital commander on supply status.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"**" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
101-92Y-0006	Inspect equipment for accountability, cleanliness, and serviceability	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: DENTAL SERVICE
 INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 OPERATING ROOM A
 OPERATING ROOM B
 ORTHO CAST CLINIC
 2 CMS
 HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 NURSING SVC CNTL TEAM
 TRIAGE/PRE-OP/EMT
 LITTER BEARER SECTION
 OR/CMS CONTROL TEAM
 PHARMACY SERVICE
 LABORATORY SERVICE
 BLOOD BANK
 RADIOLOGY SERVICE
 PT SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)
 OPERATING ROOM C
 OPERATING ROOM D
 5 INTENSIVE CARE WARD

TASK: PERFORM REDEPLOYMENT MAINTENANCE ACTIVITIES (UNIT WITH MAINTENANCE ELEMENT) (63-2-8017.08-705L)

(DA PAM 738-750)	(AR 200-1)	(AR 220-1)
(AR 385-10)	(AR 700-138)	(AR 750-1)
(DA PAM 750-35)	(FM 100-17)	(FM 3-100.4)
(FM 4-30.3)	(FM 55-10)	(FM 55-65)
(FM 8-10)	(FM 8-10-14)	(TC 3-34.489)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital is preparing for redeployment to home station. A Motor Off has been designated by the hospital commander. Required tools, equipment, and personnel are available. MSTs are available in the TAA and RAA. The maintenance SOP is available. The hospital is redeploying as part of a medical brigade/medical group redeployment. Redeployment maintenance is performed day or night under all environmental conditions. This task should not be trained in MOPP4.

TASK STANDARDS: Redeployment maintenance is accomplished IAW the maintenance SOP and the hospital commander's guidance.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Hospital commander directs redeployment maintenance activities.</p> <ul style="list-style-type: none"> a. Identifies redeployment maintenance requirements IAW TA guidance. b. Monitors maintenance activities for compliance with the maintenance SOP and the hospital commander's guidance. c. Approves the use of controlled exchange when required repair parts are not available. d. Checks MCSR for accuracy and completeness. e. Forwards MCSR to the medical brigade DCSLOG/medical group S4. f. Coordinates with medical brigade DCSLOG/medical group S4 for maintenance support, as required. g. Prioritizes repair of vehicles and equipment. h. Enforces safety procedures IAW AR 385-10 and TSOP. i. Enforces environmental protection procedures IAW AR 200-1 and TSOP. <p>* 2. HSMO and/or motor SGT supervise redeployment maintenance activities. (091-CLT-3009, 091-CLT-4029, 113-600-2001, 113-637-2001, 850-001-2000, 850-001-3001)</p> <ul style="list-style-type: none"> a. Identify hospital operational readiness levels by reviewing vehicle and equipment status reports, PMCS, and redeployment maintenance checks. b. Prepare MCSR IAW AR 220-1 and AR 700-138. c. Submit current MCSR to hospital commander. d. Submit request for MSTs to hospital commander, as required. e. Submit request for controlled exchanges to hospital commander for approval. f. Designate maintenance personnel to assist MSTs IAW maintenance SOP, supply and service division, and hospital commander's instructions. g. Direct calibration of tools, if required. h. Verify PLL inventory by conducting spot checks. <ul style="list-style-type: none"> i. Verify completion of repairs by reviewing maintenance records. j. Coordinate with medical brigade DCSLOG/medical group S4 to identify status of vehicles and equipment in support maintenance. k. Coordinate with medical brigade DCSLOG/medical group S4 for disposition instructions for nonrepairable vehicles. l. Brief the hospital commander on maintenance status of vehicles and equipment, as required. m. Issue and/or reissue military drivers and equipment licenses to hospital personnel, as needed. n. Enforce safety procedures IAW AR 385-10 and TSOP. o. Enforce environmental protection procedures IAW AR 200-1 and TSOP. <p>3. Maintenance element(s) performs medical and organizational maintenance activities. (101-92Y-0006, 113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Calibrates tools, as required. b. Inspects equipment IAW appropriate operator and organizational maintenance TM(s). c. Records all deficiencies on equipment inspection worksheets. d. Corrects hospital-level maintenance deficiencies. e. Forwards requests for DS maintenance to supporting maintenance facility. f. Requests required repair parts from PLL clerk. g. Repairs equipment IAW applicable TM(s). h. Requests approval for controlled exchange through HSMO or SGT when required repair parts are not available. i. Performs controlled exchange IAW HSMO or SGT's instructions. j. Performs final inspection to ensure quality control of repairs. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
k. Conducts inventory of PLL to confirm shortages IAW PLL listing. l. Submits request for PLL replenishment to supply service division, as required. m. Performs technical inspections of replacement equipment IAW applicable TM(s) and manufacturer's instructions. n. Releases equipment to appropriate DIV/SVC/SEC/TM. o. Coordinates medical equipment maintenance with medical command DCSLOG/medical brigade S4, if necessary. p. Employs safety procedures IAW AR 385-10 and TSOP. q. Employs environmental protection procedures IAW AR 200-1 and TSOP. 4. Maintenance element(s) conducts transactions with MSTs. (113-600-2001, 113-637-2001) a. Identifies vehicles and equipment that require MST support. b. Prepares required documentation for submission to MST. c. Deliver vehicles and equipment to MST. d. Picks up equipment from MST upon notification repairs are completed. e. Notifies owning element to pick up vehicles and equipment. * 5. Leaders supervise redeployment operator maintenance activities. (091-CLT-3009, 091-CLT-4029, 101-92Y-0006, 113-600-2001, 113-637-2001, 850-001-2000, 850-001-3001) a. Monitor performance of PMCS and redeployment maintenance for compliance with the redeployment movement plan, maintenance SOP, applicable TM(s), and hospital commander's guidance. b. Inspect vehicles, weapons, and equipment to ensure compliance with maintenance SOP, applicable TM(s), and hospital commander's guidance. c. Provide input for MCSR to motor officer, as required. d. Enforce safety procedures IAW AR 385-10 and TSOP. e. Enforce environmental protection procedures IAW AR 200-1 and TSOP. 6. Hospital performs redeployment operator maintenance. (850-001-2000) a. Performs PMCS IAW applicable TM(s). b. Notifies supervisor of maintenance problems beyond operator's capabilities. c. Employs safety procedures IAW AR 385-10 and TSOP. d. Employs environmental protection procedures IAW AR 200-1 and TSOP.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"*" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
091-CLT-3009	Supervise Maintenance Operations	STP 21-24-SMCT STP 9-63B14-SM-TG
091-CLT-4029	Supervise Preventive Maintenance Checks and Services (PMCS)	STP 21-24-SMCT

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
101-92Y-0006	Inspect equipment for accountability, cleanliness, and serviceability	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-3001	Control Mission Safety Hazard	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: NP WARD & CONSULT SVC
 HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 NURSING SVC CNTL TEAM
 TRIAGE/PRE-OP/EMT
 LITTER BEARER SECTION
 OR/CMS CONTROL TEAM
 OPERATING ROOM A
 OPERATING ROOM B
 ORTHO CAST CLINIC
 2 CMS
 DENTAL SERVICE
 INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 BLOOD BANK
 RADIOLOGY SERVICE
 PT SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)
 OPERATING ROOM C
 OPERATING ROOM D
 5 INTENSIVE CARE WARD

TASK: PREPARE VEHICLES AND EQUIPMENT FOR REDEPLOYMENT (63-2-8018.08-705L)

(DA PAM 738-750)	(AR 200-1)	(AR 220-10)
(AR 385-10)	(AR 40-12)	(DOD REG 4500.9-R)
(FM 100-17)	(FM 3-100.4)	(FM 55-10)
(FM 55-30)	(FM 55-65)	(FM 55-9)
(FM 8-10)	(FM 8-10-14)	(TC 3-34.489)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital receives a movement directive to redeploy to home station. Preparation of vehicles and equipment for redeployment is performed in the TAA and/or RAA and APOE or SPOE UMA. A rail head is available. All personnel are present and have been trained on requirements for preparing vehicles and equipment for redeployment. Packing and crating, weighing and loading, vehicle and equipment cleaning, and rail loading teams have been designated and trained. Transportation support, railcars, weighing scales, packing materials, MHE, shipping containers, inserts, pallets, and other equipment preparation and loading materials are available. The movement directive, redeployment movement plan and medical brigade/medical group redeployment OPORD are available. The hospital has a trained officer and NCO appointed as UMO and alternate UMO. The hospital is redeploying as part

of a medical brigade/medical group redeployment. Equipment preparation is performed day or night under all environmental conditions. This task should not be trained in MOPP4.

TASK STANDARDS: Vehicles and equipment are prepared for redeployment and loaded for movement to APOE or SPOE IAW the redeployment movement plan and the hospital commander's guidance.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Hospital commander directs vehicle and equipment preparation activities.</p> <ul style="list-style-type: none"> a. Identifies equipment and supplies to be redeployed based on movement directive, AUEL, movement plan, and the hospital commander's guidance. b. Identifies personnel, equipment, and vehicles scheduled to move to the APOE or SPOE by road or rail by reviewing movement plan and medical brigade/medical group commander or medical brigade DCSSPO/medical group S2/S3's guidance. c. Designates a UMA and container packing area. d. Coordinates with medical brigade/medical group for USDA, USPHS, and customs contact team support. e. Coordinates with medical brigade DCSLOG/medical group S4 for transportation support to APOE or SPOE, if necessary. f. Inspects area to ensure all excess vehicles, equipment, and supplies have been turned-in. g. Notifies medical brigade DCSSPO/medical group S2/S3 when vehicles and containers are loaded and ready to move. h. Directs safety procedures IAW AR 385-10 and TSOP. i. Directs environmental protection procedures IAW AR 200-1 and TSOP. <p>* 2. UMO supervises vehicle and equipment preparation activities.</p> <ul style="list-style-type: none"> a. Coordinates with MCA/MCT TC-ACCIS site for AUEL, military shipping labels, and documents. <p>NOTE: If the unit did not deploy with a DEL produced by TC-ACCIS, and AUEL will be generated based on the unit property book and vehicle and secondary load lists.</p> <ul style="list-style-type: none"> b. Updates AUEL to reflect vehicles, equipment, and supplies to be redeployed based on physical inventory, operational status, and the commander's guidance. c. Updates AUEL to reflect actual weights based on results of weighing. d. Inputs updated AUEL into the MCA/MCT TC-ACCIS station. e. Provides MCA/MCT and/or supply and service division with information on oversize and overweight vehicles, equipment, and cargo requiring special handling, as required. f. Coordinates with TC-ACCIS site for DEL, BBPCT material requirements list, vehicle/rail loading plans and schedules, special hauling permit requests, military shipping labels, and convoy clearance requests produced by TC-ACCIS. g. Coordinates with supply and service division for packing materials, weighing scales, MHE, containers, inserts, pallets, and other equipment preparation and loading materials, as required. h. Coordinates with supply and service division for RF tags for sensitive/classified cargo, as required. i. Coordinates with USDA, USPHS, and customs contact team leaders for vehicle and equipment packing, loading, and cleaning instructions. j. Provides leaders with a vehicle and equipment cleaning schedule. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> k. Provides leaders with redeployment forms, shipping labels, and documents, as required. l. Coordinates container pick-up with supply and service division. m. Provides special instructions to packing and crating teams, if necessary. n. Provides container packing schedule to leaders and customs contact team. o. Identifies transportation support requirements by reviewing redeployment movement plan and current vehicle status reports. p. Coordinates with supply and service division for movement of vehicles and equipment to rail loading site. q. Provides rail loading plan to rail loading team OIC/NCOIC. r. Provides rail loading team proper tools to conduct rail loadout. s. Coordinates with supply and service division or MCA/MCT officials for port call message and verification of redeployment movement plan APOE or SPOE requirements and procedures. t. Enforces safety procedures IAW AR 385-10 and TSOP. u. Enforces environmental protection procedures IAW AR 200-1 and TSOP. v. Briefs hospital commander on status of preparation of vehicles and equipment for deployment. <p>* 3. Leaders supervise preparation of DIV/SVC/SEC/TM for deployment.</p> <ul style="list-style-type: none"> a. Verify adequate space has been allowed for personnel items and secondary loads by reviewing loading plans. b. Revise loading plans, as required. c. Monitor packing and loading for compliance with the redeployment movement plan and UMO and customs officials' instructions. d. Direct personnel to deliver vehicles and equipment to the vehicle and equipment cleaning site IAW UMO's instructions. e. Monitor vehicle and equipment cleaning operations to ensure vehicles and equipment are cleaned IAW the redeployment movement plan, USDA, and USPHS officials' instructions. f. Inspect area to ensure all equipment to be redeployed has been packed and/or loaded. g. Inspect area to ensure all excess vehicles, equipment, and supplies have been turned-in. h. Inspect internal loads to ensure loads are secure and in compliance with loading plans. i. Notify UMO of any load plan revisions. j. Enforce safety procedures IAW AR 385-10 and TSOP. k. Enforce environmental protection procedures IAW AR 200-1 and TSOP. <p>* 4. UMO maintains an up-to-date AUEL.</p> <ul style="list-style-type: none"> a. Conducts physical inventory of vehicles and equipment to be redeployed to verify accuracy of AUEL. b. Revises AUEL, as required. c. Submits AUEL changes to MCA/MCT TC-ACCIS site, if necessary. <p>5. Packing and crating teams prepare equipment for redeployment.</p> <ul style="list-style-type: none"> a. Pack containers IAW loading plans, AUEL, and UMO, USDA, USPHS, and customs officials' instructions. b. Pack hazardous materials IAW the redeployment movement plan and UMO, USDA, USPHS, and customs officials' instructions. c. Prepare container packing lists and shipping documents IAW FM 55-65 and UMO's instructions. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> d. Distribute container packing lists and shipping documents IAW FM 55-65, UMO, USDA, USPHS, and customs officials' instructions. e. Mark containers IAW the redeployment movement plan, FM 55-65, UMO, USDA, USPHS, and customs officials' instructions. f. Assist container pick-up crew in loading operations, as required. g. Employ safety procedures IAW AR 385-10 and TSOP. h. Employ environmental protection procedures IAW AR 200-1 and TSOP. <p>6. Vehicle and equipment cleaning team cleans vehicles and equipment for redeployment.</p> <ul style="list-style-type: none"> a. Guides vehicles into cleaning site, as directed by cleaning site officials. b. Cleans vehicles and equipment IAW USDA, USPHS, and officials' instructions. c. Reports completion of vehicle and equipment cleaning operations to UMO. <p>7. Hospital prepares vehicles, equipment, and personal gear for redeployment.</p> <ul style="list-style-type: none"> a. Turns in excess vehicles, equipment, and supplies to supply and service division. b. Packs personal gear IAW movement plan and customs officials' instructions. c. Marks and/or tag personal gear and equipment IAW the redeployment movement plan, UMOs, and customs officials' instructions. d. Moves equipment to be packed in containers to the container packing area IAW UMO's instructions. e. Loads vehicles IAW the redeployment movement plan, loading plans, UMO, and customs officials' instructions. f. Places RF tags on sensitive/classified cargo and/or vehicles as directed by higher HQ. g. Delivers vehicles and equipment to the vehicle and equipment cleaning site, as directed. h. Moves vehicles to UMA, as directed. i. Employs safety procedures IAW AR 385-10 and TSOP. j. Employs environmental protection procedures IAW AR 200-1 and TSOP. <p>8. Weighing and marking team weighs and marks vehicles for deployment.</p> <ul style="list-style-type: none"> a. Sets up weighing and marking area in designated area IAW the hospital commander's instructions. b. Guides vehicles onto scales as they arrive. c. Identifies vehicle gross weight. d. Identifies vehicle axle weights (air movement only). e. Computes vehicle center of gravity based on axle weights (air movement only). f. Marks center of gravity on vehicles IAW DOD 4500.9-R and UMO's instructions (air movement only). g. Reports gross weights for each deploying vehicle to UMO. h. Disestablishes weighing and marking area. i. Returns vehicle weighing scales IAW owning facility or UMO's instructions. j. Employs environmental protection procedures IAW AR 200-1 and TSOP. k. Employs safety procedures IAW AR 385-10 and TSOP. <p>9. Hospital prepares vehicles and equipment for movement to APOE or SPOE.</p> <ul style="list-style-type: none"> a. Stages vehicles for convoy to APOE or SPOE or rail loading site IAW UMO's instructions. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> b. Corrects loading deficiencies IAW loading plan, if necessary. c. Recomputes center of gravity, if necessary (air movement only). d. Remarks center of gravity on vehicles, if necessary (air movement only). e. Marks vehicles for movement to APOE or SPOE IAW FM 55-30, UMO, USDA, USPHS, and customs officials' instructions. f. Places military shipping labels on vehicles and equipment IAW UMO's instructions. g. Moves designated vehicles and equipment to the rail loading site IAW movement plan and UMO's instructions. h. Prepares convoy for movement to APOE or SPOE. <p>NOTE: Depending on tactical situation, see task steps 3 through 6 of task 8-2-8007.08-705L for detailed convoy preparation procedures.</p> <ul style="list-style-type: none"> i. Notifies UMO that vehicles are ready to cross SP for convoy to APOE or SPOE. j. Employs safety procedures IAW AR 385-10 and TSOP. k. Employs environmental protection procedures IAW AR 200-1 and TSOP. <p>*10. Rail loading team chief supervises rail loading activities.</p> <ul style="list-style-type: none"> a. Conducts safety briefing for hospital personnel at the rail loading site IAW governing regulations and local procedures. b. Coordinates with UMO for rail loading plans. c. Coordinates with UMO to identify special rail loading requirements. d. Verifies the presence of rail guards by conducting roll call, if required. e. Verifies the presence of manifested vehicles and equipment by conducting physical inventory. f. Provides cargo manifest to conductor. g. Inspects vehicles and equipment for military shipping labels and proper markings. h. Notifies hospital commander when rail loading is complete. i. Enforces safety procedures IAW AR 385-10 and TSOP. j. Enforces environmental protection procedures IAW AR 200-1 and TSOP. <p>11. Rail loading team performs rail loading.</p> <ul style="list-style-type: none"> a. Stages vehicles IAW rail loading plan. b. Loads vehicles and equipment on railcars IAW rail loading plan and UMO's instructions. c. Secures vehicles and equipment IAW rail loading plan and UMO's instructions. d. Notifies rail loading team chief when rail loading is complete. e. Employs safety procedures IAW AR 385-10 and TSOP. f. Employs environmental protection procedures IAW AR 200-1 and TSOP. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"*" indicates a leader task step.

ARTEP 8-705-MTP

SUPPORTING INDIVIDUAL TASKS: NONE

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 NURSING SVC CNTL TEAM
 TRIAGE/PRE-OP/EMT
 LITTER BEARER SECTION
 OR/CMS CONTROL TEAM
 OPERATING ROOM A
 OPERATING ROOM B
 ORTHO CAST CLINIC
 2 CMS
 DENTAL SERVICE
 INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 BLOOD BANK
 RADIOLOGY SERVICE
 PT SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)
 OPERATING ROOM C
 OPERATING ROOM D
 5 INTENSIVE CARE WARD

TASK: PERFORM SEA PORT OF EMBARKATION ACTIVITIES FOR REDEPLOYMENT
 (63-2-8019.08-705L)

(FM 55-65)	(AR 200-1)	(AR 220-10)
(AR 385-10)	(DOD REG 4500.9-R)	(FM 100-17)
(FM 3-100.4)	(FM 8-10)	(FM 8-10-14)
(TC 3-34.489)	(TM 38-250)	

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital's wheeled-vehicle convoy crosses the RP in the SPOE MA. The hospital commander has designated a hospital SPOE team and SPOE team OIC. The hospital has an advance party at the SPOE to assist in coordinating SPOE activities. Commercial support is not available. The hospital commander or SPOE team OIC has notified medical brigade/medical group and PSA officials of the hospital's arrival. PSA officials have requested hospital vehicle operators assistance in offloading vehicles deployed to the SPOE by rail. The rail head is located in the SPOE AO. Transportation, maintenance, logistics, and equipment cleaning support is available. An SPOE sterile area has been designated. The redeployment movement plan and redeployment OPORD are available. The hospital has a trained officer and NCO appointed as UMO and alternate UMO. The hospital is redeploying as part of a medical brigade/medical group deployment. SPOE activities are performed day or night under all environmental conditions. This task should not be trained in MOPP4.

TASK STANDARDS: SPOE activities are performed IAW the redeployment movement plan and medical brigade/medical group and hospital staff and PSA officials' instructions.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Hospital commander or SPOE team OIC directs SPOE activities. (091-CLT-4029, 101-92Y-0003, 101-92Y-0004, 101-92Y-0005, 113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Directs team to perform after-operation PMCS checks of vehicles. b. Identifies transportation requirements for return to unit area. c. Coordinates with supporting SUPCOM unit for transportation, maintenance, and logistics support, as required. d. Coordinates with PSA officials to verify SPOE movement schedules, procedures, and requirements. e. Briefs team leaders on SPOE movement schedules, procedures, and requirements. f. Directs team to offload and inspect equipment arriving by rail. g. Coordinates with PSA to identify number of supercargoes authorized and POC for supercargoes. h. Inspects supercargoes to ensure they are prepared for redeployment to include proper orders and equipment. i. Briefs supercargoes on boarding schedule, responsibilities, and POC during sea movement. j. Conducts acceptance inspection of vehicles, equipment, and cargo with PSA officials. k. Directs team to correct deficiencies noted during PSA acceptance inspection. l. Transfers custody of vehicles, equipment, and cargo to SPOE officials. m. Directs safety procedures IAW AR 385-10 and TSOP. n. Directs environmental protection procedures IAW AR 200-1 and TSOP. o. Briefs the medical brigade/medical group commander or designated representative on status of SPOE activities. <p>2. Supercargoes perform SPOE activities. (113-600-2001, 113-637-2001, 850-001-2000, 850-001-3001)</p> <ul style="list-style-type: none"> a. Report to port commander's representative IAW the commander's instructions. b. Perform SPOE activities IAW port commander's instructions. c. Coordinate with vessel POC for instructions on responsibilities and accommodations. d. Report to the customs inspection site IAW port commander's instructions. e. Load baggage IAW instruction from vessel POC. f. Board ship IAW instruction from vessel POC. g. Employ safety procedures IAW AR 385-10 and TSOP. h. Employ environmental protection procedures IAW AR 200-1 and TSOP. <p>* 3. UMO coordinates SPOE activities. (101-92Y-0006, 113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Coordinates with PSA officials to verify loading sequence of vehicles and equipment. b. Monitors PSA acceptance inspection of vehicles and cargo to identify deficiencies. c. Coordinates with maintenance support POC for disposition of excess fuel and POL products and maintenance support, as necessary. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> d. Coordinates with PSA officials for vehicle cleaning support and location of SPOE sterile area. e. Inspects shipping documents and labels, markings, customs labels, and decontamination tags on vehicles and equipment for compliance with MCA/MCT, customs, USDA, and USPHS officials' instructions. f. Coordinates with MCA/MCT, customs, USDA, and USPHS officials to correct deficiencies in shipping documents and labels, customs labels, and decontamination tags. g. Briefs hospital commander and/or SPOE team OIC on status of SPOE activities. <p>* 4. UMO coordinates rail offloading. (113-600-2001, 113-637-2001, 850-001-2000, 850-001-3001)</p> <ul style="list-style-type: none"> a. Coordinates with PSA officials for rail offloading schedule and requirements. b. Designates personnel to assist in rail offloading activities. c. Briefs designated personnel on schedule and requirements. d. Supervises rail offloading activities. e. Assumes custody of equipment by signing appropriate shipping documents. f. Notifies SPOE team leaders that equipment has arrived in the MA. g. Enforces safety procedures IAW AR 385-10 and TSOP. h. Enforces environmental protection procedures IAW AR 200-1 and TSOP. i. Briefs hospital commander and/or SPOE team OIC on status of rail offloading activities. <p>5. SPOE team performs rail offloading operations. (850-001-2000)</p> <ul style="list-style-type: none"> a. Reports to the rail head IAW UMO's instructions. b. Offloads equipment from railcars IAW PSA officials' instructions. c. Moves equipment to SPOE MA IAW PSA officials' instructions. d. Employs safety procedures IAW AR 385-10 and TSOP. e. Employs environmental protection procedures IAW AR 200-1 and TSOP. <p>6. SPOE team performs SPOE MA maintenance. (101-92Y-0006, 113-600-2001, 113-637-2001, 850-001-2000)</p> <ul style="list-style-type: none"> a. Performs after-operations PMCS IAW the redeployment movement plan and applicable TM(s). b. Notifies supervisor of maintenance problems beyond operator's capability. c. Checks vehicles, cargo and, personal gear for completeness, damage, proper markings, and compliance with loading plans. d. Conducts final preparation of vehicles and equipment IAW the redeployment movement plan, DOD 4500.9-R, and FM 55-65. e. Adjusts vehicle fuel levels IAW port call message and PSA officials' and UMO's instructions. f. Turns in excess fuel and POL products IAW UMO's instructions. g. Verifies placement of placards, labels, and certification documents on hazardous material IAW PSA officials' and UMO's instructions. h. Corrects deficiencies on vehicles, cargo, and personal gear IAW SPOE team leaders' instructions. i. Moves to SPOE vehicle and equipment cleaning site, as directed. j. Employs safety procedures IAW AR 385-10 and TSOP. k. Employs environmental protection procedures IAW AR 200-1 and TSOP. <p>7. SPOE team performs USDA and USPHS cleaning activities. (850-001-2000)</p> <ul style="list-style-type: none"> a. Performs vehicle cleaning IAW instructions from cleaning site personnel. b. Corrects USDA and USPHS inspection deficiencies IAW USDA and USPHS officials' instructions. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> c. Moves vehicles and equipment to designated sterile area IAW leaders' instructions. d. Employs safety procedures IAW AR 385-10 and TSOP. e. Employs environmental protection procedures IAW AR 200-1 and TSOP. <p>* 8. SPOE team leaders supervise final preparation of vehicles, equipment, cargo, and personal gear for redeployment. (101-92Y-0006, 113-600-2001, 113-637-2001, 850-001-2000, 850-001-3001)</p> <ul style="list-style-type: none"> a. Inspect military shipping labels, markings, customs labels, and decontamination tags on vehicles and equipment for compliance with UMO's instructions. b. Monitor customs inspection to ensure deficiencies are corrected. c. Inspect vehicles and cargo to ensure deficiencies noted during acceptance inspection have been corrected. d. Coordinate maintenance assistance with commander and/or SPOE team OIC. e. Enforce safety procedures IAW AR 385-10 and TSOP. f. Enforce environmental protection procedures IAW AR 200-1 and TSOP. <p>9. SPOE team performs final preparation of vehicles, equipment, cargo, and personal gear for redeployment. (850-001-2000)</p> <ul style="list-style-type: none"> a. Moves vehicles and equipment to SPOE SA, as directed. b. Stages vehicles for loading IAW UMO and PSA officials' instructions. c. Corrects deficiencies in shipping documents, markings, customs labels, and decontamination tags on vehicles and equipment IAW UMO and PSA officials' instructions. d. Corrects deficiencies noted during customs inspection. e. Drives vehicles to call forward area, as directed by PSA officials. f. Employs safety procedures IAW AR 385-10 and TSOP. g. Employs environmental protection procedures IAW AR 200-1 and TSOP. <p>*10. UMO updates transportation documentation.</p> <ul style="list-style-type: none"> a. Verifies DEL by conducting physical inspection of equipment. b. Updates DEL, as required. c. Verifies the presence of supercargoes by conducting roll call. d. Updates supercargo manifest, as required. e. Provides changes to DEL and supercargo manifest to PSA officials, as required. <p>11. SPOE team returns to hospital area.</p> <ul style="list-style-type: none"> a. Assembles personnel for return to hospital area IAW hospital commander or SPOE team OIC's instructions. b. Reports to transportation loading area IAW SPOE team OIC's instructions. c. Loads baggage on vehicles IAW SPOE team OIC's instructions. d. Boards transportation to return to hospital area IAW SPOE team OIC's instructions. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"*" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
091-CLT-4029	Supervise Preventive Maintenance Checks and Services (PMCS)	STP 21-24-SMCT
101-92Y-0003	Enforce Compliance with Supply Discipline Procedures	STP 21-24-SMCT
101-92Y-0004	Enforce Property Accountability Policies	STP 21-24-SMCT
101-92Y-0005	Enforce Compliance with Property Accountability Policies	STP 21-24-SMCT
101-92Y-0006	Inspect equipment for accountability, cleanliness, and serviceability	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-3001	Control Mission Safety Hazard	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE**OPFOR TASKS AND STANDARDS: NONE**

ELEMENTS: HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 NURSING SVC CNTL TEAM
 TRIAGE/PRE-OP/EMT
 LITTER BEARER SECTION
 OR/CMS CONTROL TEAM
 OPERATING ROOM A
 OPERATING ROOM B
 ORTHO CAST CLINIC
 2 CMS
 DENTAL SERVICE
 INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 BLOOD BANK
 RADIOLOGY SERVICE
 PT SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)
 OPERATING ROOM C
 OPERATING ROOM D
 5 INTENSIVE CARE WARD

TASK: PERFORM AERIAL PORT OF EMBARKATION ACTIVITIES FOR REDEPLOYMENT
 (63-2-8020.08-705L)

(FM 100-17)	(AR 200-1)	(AR 220-10)
(AR 385-10)	(DOD REG 4500.9-R)	(FM 3-100.4)
(FM 55-10)	(FM 55-65)	(FM 8-10)
(FM 8-10-14)	(TC 3-34.489)	(TM 38-250)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital arrives at the APOE MA for aerial redeployment. The hospital has an advance party at the APOE to assist in coordinating APOE activities. Transportation support is available. The redeployment movement plan and port call message are available. The hospital has a trained officer and NCO appointed as UMO and alternate UMO. The hospital is redeploying as part of a medical brigade/medical group redeployment. APOE activities are performed day or night under all environmental conditions unless terminated by the DACG. This task should not be trained in MOPP4.

TASK STANDARDS: APOE activities are performed IAW the redeployment movement plan and DACG officials' instructions.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Hospital commander directs APOE activities.</p> <ul style="list-style-type: none"> a. Notifies advance party OIC and/or DACG representative that the unit has arrived at the APOE. b. Coordinates with medical brigade DCSSPO/medical group S2/S3, PMCT, DACG and/or SUPCOM supporting unit officials to verify APOE movement schedules, procedures, and requirements. c. Provides manifest of hospital personnel and shipper's declaration of dangerous goods to medical brigade/medical group HQ for review by DACG or PMCT. d. Briefs hospital on APOE duties and responsibilities. e. Directs hospital to conduct final preparation of vehicles and equipment IAW the redeployment movement plan and DOD 4500.9-R. f. Conducts acceptance inspection of vehicles and equipment with DACG officials at the alert holding area. g. Directs hospital to correct deficiencies noted during acceptance inspection. h. Transfers custody of equipment and cargo to DACG officials IAW DOD 4500.9-R and FM 55-65. i. Directs safety procedures IAW AR 385-10 and TSOP. j. Directs environmental protection procedures IAW AR 200-1 and TSOP. k. Briefs the medical brigade/medical group commander or designated representative on status of APOE activities. <p>* 2. UMO supervises APOE activities. (091-CLT-4029, 113-600-2001, 113-637-2001, 850-001-2000, 850-001-3001)</p> <ul style="list-style-type: none"> a. Coordinates with supply and service division and/or DACG officials for transportation, maintenance, logistics, and other support, as required. b. Coordinates with operations section representative, PMCT, or DACG to verify APOE movement schedules, procedures, and requirements. c. Coordinates with supply and service division to ensure adequate shoring, dunnage, and floor protection is on hand and readily available for loading. d. Verifies unit vehicles, equipment, cargo, and secondary loads are properly marked and prepared for redeployment by air IAW TALCE/DACG. e. Coordinates with medical operations officer and/or site coordinator and/or DACG representative for equipment cleaning support, if necessary. f. Coordinates with DACG to verify loading sequence of vehicles and equipment. g. Designates personnel to verify weight and center of gravity marks, if required. h. Briefs designated personnel on weight and center of gravity marks verification requirements. i. Verifies that deficiencies noted during DACG acceptance inspection have been corrected. j. Verifies the presence of all manifested personnel by conducting roll call. k. Provides verified personnel and cargo manifest to DACG at the alert holding area. l. Provides load teams to load and tie down hospital equipment under supervision of the DACG or loadmaster. m. Enforces safety procedures IAW AR 385-10 and TSOP. n. Enforces environmental protection procedures IAW AR 200-1 and TSOP. <p>3. Hospital performs APOE MA activities. (113-600-2001, 113-637-2001, 850-001-2000)</p> <ul style="list-style-type: none"> a. Performs after-operations PMCS IAW applicable TM(s). 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> b. Notifies supervisor of maintenance problems beyond operator's capability to repair. c. Conduct final preparation of vehicles and equipment IAW DOD 4500.9-R and UMO's instructions. d. Adjusts vehicle fuel levels IAW TM 38-250 and DACG officials' instructions. e. Turns in excess fuel and POL products IAW UMO's instructions. f. Corrects deficiencies on vehicles, cargo, and personal gear IAW leaders' instructions. g. Corrects deficiencies on placement of placards, labels, and certification documents on hazardous material IAW UMO, leaders', customs, USDA, and USPHS officials' instructions, if necessary. h. Moves vehicles and equipment to APOE cleaning site or alert holding area, as directed. i. Employs safety procedures IAW AR 385-10 and TSOP. j. Employs environmental protection procedures IAW AR 200-1 and TSOP. <p>4. Hospital processes vehicles and equipment through the APOE cleaning site. (850-001-2000)</p> <ul style="list-style-type: none"> a. Delivers vehicles to APOE cleaning site IAW UMO's instructions. b. Performs vehicle cleaning IAW DACG officials' instructions. c. Returns vehicle and equipment to hospital area IAW leaders' instructions. d. Employs safety procedures IAW AR 385-10 and TSOP. e. Employs environmental protection procedures IAW AR 200-1 and TSOP. <p>* 5. Leaders supervise final preparation of vehicles, equipment, cargo, and personal gear for redeployment. (101-92Y-0006, 113-600-2001, 113-637-2001, 850-001-2000, 850-001-3001)</p> <ul style="list-style-type: none"> a. Inspect shipping documents, markings, customs labels, and decontamination tags on vehicles, equipment, cargo, and personal gear for compliance with the redeployment movement plan and UMO's instructions. b. Monitor customs inspection to ensure deficiencies are corrected. c. Inspect vehicles and cargo to ensure deficiencies noted during acceptance inspection have been corrected. d. Coordinate with the UMO for assistance in correcting shipping documentation and maintenance deficiencies, as required. e. Enforce safety procedures IAW AR 385-10 and TSOP. f. Enforce environmental protection procedures IAW AR 200-1 and TSOP. <p>6. Hospital performs APOE alert holding area activities. (850-001-2000)</p> <ul style="list-style-type: none"> a. Drives vehicles to call forward area, as directed. b. Boards transportation to terminal, as directed. c. Employs safety procedures IAW AR 385-10 and TSOP. d. Employs environmental protection procedures IAW AR 200-1 and TSOP. <p>7. Hospital performs APOE passenger activities.</p> <ul style="list-style-type: none"> a. Reports to designated location for safety and antiterrorism briefing, security screen, and customs inspection IAW UMO's instructions. b. Remains in quarantined area IAW DACG officials' instructions. c. Provides baggage detail to load hospital baggage on aircraft, as directed. d. Boards aircraft IAW loadmaster's instructions. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"**" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
091-CLT-4029	Supervise Preventive Maintenance Checks and Services (PMCS)	STP 21-24-SMCT
101-92Y-0006	Inspect equipment for accountability, cleanliness, and serviceability	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-3001	Control Mission Safety Hazard	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: 2 CMS

HOSPITAL HEADQUARTERS
HOSP OPERATIONS SECT
COMPANY HEADQUARTERS
ADMINISTRATION DIV
PATIENT ADMIN DIV
NUTRITION CARE DIV
SUPPLY & SERVICE DIV
TRIAGE/PRE-OP/EMT
NURSING SVC CNTL TEAM
LITTER BEARER SECTION
OR/CMS CONTROL TEAM
OPERATING ROOM A
OPERATING ROOM B
ORTHO CAST CLINIC
DENTAL SERVICE
INPATIENT MEDICINE A
3 INTENSIVE CARE WARD
7 INTERMED CARE WARDS
2 MINIMAL CARE WARDS
NP WARD & CONSULT SVC
LABORATORY SERVICE
PHARMACY SERVICE
RADIOLOGY SERVICE
BLOOD BANK
PT SERVICE
HOSPITAL MINISTRY TM
SUP & SVC DIV (AUG)
UNIT HEADQUARTERS
OPERATING ROOM D
OPERATING ROOM C
5 INTENSIVE CARE WARD

TASK: PERFORM AERIAL PORT OF DEBARKATION ACTIVITIES FOR REDEPLOYMENT

(63-2-8021.08-705L)

(FM 55-65)

(DOD REG 4500.9-R)

(FM 55-10)

(TC 3-34.489)

(AR 200-1)

(FM 100-17)

(FM 8-10)

(AR 385-10)

(FM 3-100.4)

(FM 8-10-14)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: Aircraft carrying main body lands at the APOD. The hospital has an advance party at the APOD to assist in coordinating APOD activities. Representatives from the hospital advance party, supporting installation, and AACG meet the aircraft. AACG officials request that hospital personnel assist in offloading the aircraft. The AACG has designated a holding area and an MA for the hospital to complete APOD activities. Transportation is available to move the hospital to the MA and home station. The redeployment movement plan is available. APOD activities are performed day or night under all environmental conditions. This task should not be trained in MOPP4.

TASK STANDARDS: APOD activities are performed IAW the redeployment movement plan and AACG officials' and the hospital commander's instructions.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>NOTE: RC-specific tasks and performance measures are annotated "RC."</p> <ul style="list-style-type: none"> * 1. Hospital commander coordinates arrival of personnel. <ul style="list-style-type: none"> a. Coordinates with hospital advance party and AACG officials upon arrival for USDA, USPHS, and customs inspections, location of holding and MA(s), maintenance support, movement support, security, and other special APOD requirements. b. Assembles hospital in holding area. c. Coordinates with medical brigade DCSSPO/medical group S2/S3 to verify arrangements for movement to home station (or demobilization station [RC]). d. Coordinates with medical brigade DCSSPO/medical group S2/S3 to verify demobilization station reporting procedures and POC (RC). e. Briefs leaders on APOD requirements and movement arrangements. f. Directs safety procedures IAW AR 385-10 and TSOP. g. Directs environmental protection procedures IAW AR 200-1 and TSOP. h. Briefs advance party OIC on APOD activities, as required. * 2. UMO coordinates APOD activities. (113-600-2001, 113-637-2001) <ul style="list-style-type: none"> a. Coordinates with AACG for offloading and movement schedules. b. Briefs leaders on offloading and movement schedules. c. Provides AACG, supporting installation officials, and medical operations officer representative a copy of DEL. d. Coordinates with operations section for convoy routes, maps, and timetable for road move to home station (or designated demobilization station [RC]). e. Coordinates with supply and service division for fuel and supplies for road move to home station (or designated demobilization station [RC]). f. Briefs hospital commander on APOD activities. * 3. Leaders supervise APOD activities. (101-92Y-0006, 113-600-2001, 113-637-2001, 850-001-2000, 850-001-3001) <ul style="list-style-type: none"> a. Inspect personnel and weapons for accountability as they exit aircraft. b. Brief personnel on APOD requirements based on the hospital commander's instructions. c. Monitor USDA, USPHS, and customs inspections to ensure personnel comply with USDA, USPHS, and customs officials' instructions. d. Designate personnel to assist in offloading aircraft, as required. e. Inspect personnel and personal gear at the holding area and MA(s) to ensure all personnel have arrived with required personal gear. f. Enforce safety procedures IAW AR 385-10 and TSOP. g. Enforce environmental protection procedures IAW AR 200-1 and TSOP. h. Brief hospital commander on APOD activities. 4. Hospital performs APOD activities. (101-92Y-0006, 113-600-2001, 113-637-2001, 850-001-2000) <ul style="list-style-type: none"> a. Disembarks aircraft IAW loadmaster's instructions. b. Assembles in APOD holding area, as directed. c. Performs offloading activities IAW AACG officials' and loadmaster's instructions. d. Moves to APOD MA IAW the hospital commander's instructions. e. Inspects vehicles and equipment to ensure all equipment is offloaded and serviceable. f. Notifies leaders of vehicle and/or equipment deficiencies that can not be corrected. g. Reconfigures vehicles and cargo for road movement, if necessary. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
h. Prepares convoy for movement to home station (or designated demobilization station [RC]), if necessary. NOTE: See task steps 3 through 6 of task 63-2-8007.08-705L for detailed convoy preparation procedures. i. Loads baggage on transportation for movement to home station (or designated demobilization station [RC]), as directed. j. Boards transportation for movement to home station, as directed. k. Employs safety procedures IAW AR 385-10 and TSOP. l. Employs environmental protection procedures IAW AR 200-1 and TSOP.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"*" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
101-92Y-0006	Inspect equipment for accountability, cleanliness, and serviceability	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-3001	Control Mission Safety Hazard	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: TRIAGE/PRE-OP/EMT
 HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 NURSING SVC CNTL TEAM
 LITTER BEARER SECTION
 OR/CMS CONTROL TEAM
 OPERATING ROOM A
 OPERATING ROOM B
 ORTHO CAST CLINIC
 2 CMS
 DENTAL SERVICE
 INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 BLOOD BANK
 RADIOLOGY SERVICE
 PT SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)
 OPERATING ROOM C
 OPERATING ROOM D
 5 INTENSIVE CARE WARD

TASK: PERFORM HOME STATION ACTIVITIES (63-2-8022.08-705L)

(FM 55-65)

(FM 100-17)

(FM 8-10)

(FM 8-10-14)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital main body arrives at home station. The higher HQ main body has arrived and their HQ is operational. The unit main body arrives at home station prior to equipment arrival at SPOD. The hospital receives notification of ship arrival schedule from the ITO. The redeployment movement plan and maintenance SOP are available. The hospital's welcome home reception activities have been coordinated with higher HQ support installations and rear detachment OIC prior to the unit's arrival. RC units have processed through a designated demobilization station prior to arrival at home station. Home station activities are performed day or night under all environmental conditions. This task should not be trained in MOPP4.

TASK STANDARDS: Home station activities are accomplished IAW the redeployment movement plan and the hospital commander's instructions.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
NOTE: RC-specific tasks and performance measures are annotated "RC."		
* 1. Hospital commander directs home station activities.		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> a. Coordinates with medical brigade/medical group commander and staff to identify requirements prior to arrival of equipment. b. Directs personnel to complete redeployment requirements based on the redeployment movement plan and medical brigade/medical group commander's instructions. c. Coordinates with medical brigade DCSSPO/medical group S2/S3 or ITO to identify unit's SPOD requirements for returning equipment. d. Designates an equipment reception team to receive vehicles and equipment at SPOD. e. Directs personnel to inventory, clean, and inspect vehicles, equipment, weapons, and personal gear as it is redeployed to home station. f. Coordinates with medical brigade DCSLOG/medical group S4 or procedures to turn-in float and replacement equipment. g. Coordinates with medical brigade/medical group commander and staff for guidance on reception activities. h. Approves AARs. i. Briefs hospital on reception activities. <p>2. UMO performs home station activities. (113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Coordinates with ITO for transportation support. b. Briefs equipment reception team leader on SPOD requirements. c. Verifies that all DEL listed vehicles and equipment have been redeployed by conducting physical inventory. d. Notifies hospital commander of discrepancies in DEL, if necessary. e. Updates AUEL, as required. <p>3. Administrative division performs home station personnel and administrative actions. (113-600-2001, 113-637-2001, 805C-PAD-2402)</p> <ul style="list-style-type: none"> a. Debriefs personnel IAW the hospital commander's instructions. b. Coordinates reception activities IAW the hospital commander's guidance. c. Consolidates hospital AARs. d. Prepares AARs IAW the redeployment movement plan and the hospital commander's instructions. e. Submits AARs to hospital commander for approval. f. Distributes AARs IAW the redeployment movement plan and the hospital commander's instructions. g. Maintains AARs and records IAW the redeployment movement plan and the hospital commander's instructions. h. Briefs redeploying personnel on all entitlements resulting from AD tour (RC). i. Identifies pending personnel actions of redeploying soldiers to determine unit and/or soldier actions needed, if any (e.g., ratings, awards, financial actions, UCMJ actions, LOD investigations, physicals, etc.). <p>4. Supply and service division performs home station supply activities. (101-92Y-0006)</p> <ul style="list-style-type: none"> a. Turns in float and replacement equipment IAW the hospital commander's instructions. b. Inspects weapons, basic loads, and CTA items for accountability and serviceability. <p>* 5. Leaders supervise home station activities. (091-CLT-4029, 101-92Y-0006)</p> <ul style="list-style-type: none"> a. Inspect vehicles, equipment, weapons, and personal gear for accountability compliance with the redeployment movement plan, maintenance SOP, and the hospital commander's instructions. b. Direct personnel to correct deficiencies in vehicles, equipment, weapons, and personal gear, as required. c. Submit AARs to unit HQ IAW the hospital commander's instructions. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
6. Equipment reception team leader performs home station equipment reception activities. (113-600-2001, 113-637-2001) <ul style="list-style-type: none"> a. Coordinates with UMO or ITO for transportation support to SPOD. b. Briefs equipment reception team on equipment reception schedule and requirements. c. Supervise movement to SPOD IAW UMO's instructions. 7. Hospital performs home station activities. (101-92Y-0006) <ul style="list-style-type: none"> a. Completes redeployment personnel and administrative requirements based on the redeployment movement plan and the hospital commander's instructions. b. Inventories, clean, and inspect vehicles, equipment, weapons, and personal gear IAW the redeployment movement plan, maintenance SOP, and the hospital commander's instructions. c. Cleans vehicles, equipment, weapons, and personal gear IAW the redeployment movement plan, maintenance SOP, and hospital commander's instructions. d. Inspects vehicles, equipment, weapons, and personal gear IAW the redeployment movement plan, maintenance SOP and hospital commander's instructions. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"**" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
091-CLT-4029	Supervise Preventive Maintenance Checks and Services (PMCS)	STP 21-24-SMCT
101-92Y-0006	Inspect equipment for accountability, cleanliness, and serviceability	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
805C-PAD-2402	Provide Input on Personnel Actions Affecting Subordinates	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 BLOOD BANK
 RADIOLOGY SERVICE
 PT SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)
 OR/CMS CONTROL TEAM
 TRIAGE/PRE-OP/EMT
 OPERATING ROOM C
 OPERATING ROOM D
 ORTHO CAST CLINIC
 2 CMS
 5 INTENSIVE CARE WARD
 HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 NURSING SVC CNTL TEAM
 LITTER BEARER SECTION
 OPERATING ROOM A
 OPERATING ROOM B
 DENTAL SERVICE
 INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD

TASK: PERFORM SEA PORT OF DEBARKATION ACTIVITIES FOR REDEPLOYMENT
 (63-2-8023.08-705L)

(FM 55-65)	(AR 200-1)	(AR 385-10)
(FM 100-17)	(FM 3-100.4)	(FM 55-10)
(FM 8-10)	(FM 8-10-14)	(TC 3-34.489)

ITERATION:	1	2	3	4	5	(Circle)
COMMANDER/LEADER ASSESSMENT:			T	P	U	(Circle)

CONDITIONS: Hospital equipment and supercargoes have arrived at the SPOD. The hospital commander has designated an OIC/NCOIC to accompany the equipment reception team to the SPOD holding area. The equipment reception team has been trained and briefed on duties and responsibilities. The redeployment movement plan is available. Medical brigade/medical group staff element is located in the SPOD to assist in coordinating SPOD activities. Transportation support is available. The PSA has coordinated for ship offloading and designated an area for equipment to be inventoried and inspected as it is offloaded. Rail and road MA(s) have been designated to prepare vehicles and equipment for movement. Sufficient railcars and vehicles are available to move the hospital to home station. SPOD activities are performed day or night under all environmental conditions.

NOTE: If SPOD is a military seaport, the commander may designate a rail loading team chief and rail loading team to perform rail loading activities. This task should not be trained in MOPP4.

TASK STANDARDS: SPOD activities are performed IAW the redeployment movement plan and PSA officials' and the hospital commander's guidance.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Equipment reception team OIC/NCOIC directs SPOD activities. (101-92Y-0006, 113-600-2001, 113-637-2001, 551-88N-0004, 850-001-2000, 850-001-3001)</p> <ul style="list-style-type: none"> a. Coordinates with medical command/medical brigade staff element and PSA officials upon arrival for USDA, USPHS, and customs inspections, location of holding and MA(s), maintenance support, movement, security, and other special SPOD requirements. b. Coordinates with medical brigade DCSLOG/medical group S4 and/or PSA officials for life support for unit personnel while at the SPOD. c. Assembles equipment reception team in holding area. d. Conducts acceptance inspection with PSA officials. e. Notifies medical brigade/medical group staff element OIC and medical brigade DCSLOG/medical group S4 representative of missing or damaged equipment. f. Assumes custody of equipment and cargo IAW supply and service division representatives and PSA officials' instructions. g. Coordinates with medical brigade DCSLOG/medical group S4 to verify movement to home station arrangements. h. Verifies arrival, morale, and welfare of supercargoes. i. Reestablishes accountability and responsibility for supercargoes. j. Directs equipment reception team to proceed to convoy MA IAW medical brigade DCSPER/medical group S1's instructions. k. Monitors preparation of equipment for road convoy to ensure compliance with TSOP. l. Directs safety procedures IAW AR 385-10 and TSOP. m. Directs environmental protection procedures IAW AR 200-1 and TSOP. n. Briefs equipment reception team leaders on SPOD requirements. o. Briefs medical brigade/medical group staff element OIC on SPOD activities, as required. <p>* 2. UMO supervises SPOD activities. (113-600-2001, 113-637-2001, 551-88N-0004, 850-001-2000, 850-001-3001)</p> <ul style="list-style-type: none"> a. Coordinates with HSMO representative to identify offloading schedules, location of holding and MA(s) and other SPOD information, as required. b. Briefs personnel on offloading schedules, location of MA(s), USDA, USPHS, customs, and other special SPOD requirements. c. Coordinates with HSMO representative and/or PSA officials to identify loading plans, schedules, and sites for rail movement, if required. d. Provides rail loading plans to rail loading team chief, if required. e. Monitors rail loading procedures to ensure compliance with PSA officials' instructions, if required. f. Monitors preparation of equipment for road convoy to ensure compliance with movement plan. g. Coordinates with medical brigade DCSSPO/medical group S2/3 representative for convoy routes, maps, and timetable for road move to home station. h. Coordinates with HSMO representative for fuel and supplies for road move to home station. i. Briefs equipment reception team on convoy requirements. j. Enforces safety procedures IAW AR 385-10 and TSOP. k. Enforces environmental protection procedures IAW AR 200-1 and TSOP. l. Briefs hospital commander on SPOD activities. <p>3. Supercargoes perform SPOD activities.</p> <ul style="list-style-type: none"> a. Disembark ship IAW vessel POC's instructions. b. Report to customs, USDA, and/or USPHS inspection site IAW vessel POC's instructions. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>c. Report to commander upon completion of customs inspection.</p> <p>4. Equipment reception team performs SPOD activities. (113-600-2001, 113-637-2001, 850-001-2000)</p> <p>a. Offloads vehicles and equipment IAW PSA officials' instructions.</p> <p>b. Inspects equipment to ensure all equipment is offloaded and serviceable.</p> <p>c. Notifies UMO of deficiencies that can not be corrected.</p> <p>d. Moves vehicles to USDA, USPHS, and customs inspection site(s) IAW UMO's instruction.</p> <p>e. Moves vehicles to rail loading site, if required.</p> <p>f. Performs rail loading activities, if required.</p> <p>NOTE: See task steps 10 and 11 of task 63-2-8018.08-705L for detailed rail loading procedures.</p> <p>g. Moves vehicles and cargo to convoy MA.</p> <p>h. Reconfigures vehicles and cargo for road movement, as appropriate.</p> <p>i. Fuels vehicles for convoy to home station, if appropriate.</p> <p>j. Prepares convoy for movement to home station, if necessary.</p> <p>NOTE: See task steps 3 through 6 of task 63-2-8007.08-705L for detailed preparations procedures.</p> <p>k. Employs safety procedures IAW AR 385-10 and TSOP.</p> <p>l. Employs environmental protection procedures IAW AR 200-1 and TSOP.</p> <p>m. Notifies hospital commander when equipment reception team is prepared to move.</p>		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
101-92Y-0006	Inspect equipment for accountability, cleanliness, and serviceability	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
551-88N-0004	Coordinate Unit Movement	STP 21-24-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-3001	Control Mission Safety Hazard	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 SUPPLY & SERVICE DIV
 NUTRITION CARE DIV
 TRIAGE/PRE-OP/EMT
 LITTER BEARER SECTION
 OR/CMS CONTROL TEAM
 OPERATING ROOM A
 OPERATING ROOM B
 ORTHO CAST CLINIC
 2 CMS
 DENTAL SERVICE
 INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 BLOOD BANK
 RADIOLOGY SERVICE
 PT SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)
 OPERATING ROOM C
 OPERATING ROOM D
 5 INTENSIVE CARE WARD
 PATIENT ADMIN DIV

TASK: PERFORM DEMOBILIZATION STATION ACTIVITIES (63-2-8024.08-705L)
 (FM 100-17) (AR 200-1) (AR 220-10)
 (AR 385-10) (FM 3-100.4) (FM 8-10)
 (FM 8-10-14) (TC 3-34.489)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital has redeployed to CONUS via airlift and arrived at the designated demobilization station via prearranged transportation. APOD activities (task 63-2-8021.08-705L) have been completed. The higher HQ has an advance party at the demobilization station to assist in coordinating demobilization activities. Transportation support is available. The TSOP, redeployment movement plan, and port call message are available. The hospital has a trained officer and/or NCO appointed as UMO and alternate UMO. The hospital is deploying as part of a higher HQ redeployment. Demobilization station activities are performed day or night under all environmental conditions.

NOTE: This task applies to RC units. This task should not be trained in MOPP4.

TASK STANDARDS: Demobilization station activities are performed IAW the redeployment movement plan and higher HQ guidance.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Hospital commander directs demobilization station activities.</p> <ul style="list-style-type: none"> a. Verifies accountability of personnel, weapons, and equipment. b. Notifies medical brigade/medical group HQ advance party representative that the unit has arrived at the demobilization station. c. Directs hospital HQ to coordinate with demobilization station operations section to verify life support for hospital personnel, processing schedules, procedures, and requirements. d. Briefs hospital on demobilization station duties and responsibilities. e. Directs convoy preparation activities. f. Verifies hospital personnel have been fully briefed on entitlements. g. Verifies hospital has completed reverse SRP or verified arrangements for holdover personnel. h. Coordinates with medical brigade/medical group and rear detachment, if applicable, on status of welcome home activities at home station. i. Verifies hospital convoy is prepared to cross SP, if applicable. j. Briefs the medical brigade/medical group commander or designated representative on status of demobilization station activities. k. Enforces safety procedures IAW AR 385-10 and TSOP. l. Enforces environmental protection procedures IAW AR 200-1 and TSOP. <p>* 2. UMO supervises demobilization station movement activities. (113-600-2001, 113-637-2001, 551-88N-0002, 850-001-2000, 850-001-3001)</p> <ul style="list-style-type: none"> a. Prepares movement plans for all modes of transportation, if required. b. Updates movement plans for all modes of transportation, if required. c. Coordinates with supply and service division and/or AACG officials for transportation, maintenance, logistics, and other support, as required. d. Coordinates with operations section, PMCT, or AACG to verify movement schedules, procedures, and requirements. e. Supervises off-loading and staging of unit vehicles IAW AACG guidance, if applicable. f. Coordinates with operations section element for convoy clearance. g. Supervises preparation of convey for movement to home station, if necessary. <p>NOTE: See task 63-2-8007.08-705L for detailed convoy preparation procedures.</p> <ul style="list-style-type: none"> h. Enforces safety procedures IAW AR 385-10 and TSOP. i. Enforces environmental protection procedures IAW AR 200-1 and TSOP. <p>3. Hospital HQ supervises demobilization station activities. (101-92Y-0004, 101-92Y-0005)</p> <ul style="list-style-type: none"> a. Establishes accountability of personnel, weapons, and equipment. b. Verifies life support and logistical support for hospital personnel with demobilization station staff elements. c. Directs hospital to secure weapons in designated arms room. d. Directs hospital to report to designated location for reverse SRP briefing. e. Monitors reverse SRP for unit personnel to resolve problems if they occur. f. Verifies hospital personnel have completed all reverse SRP activities, as necessary. g. Verifies transportation arrangements for all hospital personnel. <p>4. Hospital performs demobilization station activities. (850-001-2000)</p> <ul style="list-style-type: none"> a. Assembles in designated location for reverse SRP briefings. b. Performs reverse SRP activities, as directed. c. Prepares for departure via convoy and/or government transportation to home station. d. Prepares convoy for movement to home station, if necessary. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
NOTE: See task 63-2-8007.08-705L for detailed convoy preparation. e. Loads baggage on transportation for movement to home station, as directed. f. Boards transportation for movement to home station, as directed. g. Employs safety procedures IAW AR 385-10 and TSOP. h. Employs environmental protection procedures IAW AR 200-1 and TSOP.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
101-92Y-0004	Enforce Property Accountability Policies	STP 21-24-SMCT
101-92Y-0005	Enforce Compliance with Property Accountability Policies	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
551-88N-0002	Prepare for Unit Move	STP 21-24-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-3001	Control Mission Safety Hazard	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: PT SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)
 OR/CMS CONTROL TEAM
 TRIAGE/PRE-OP/EMT
 OPERATING ROOM C
 OPERATING ROOM D
 ORTHO CAST CLINIC
 2 CMS
 5 INTENSIVE CARE WARD
 HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 NURSING SVC CNTL TEAM
 LITTER BEARER SECTION
 OPERATING ROOM A
 OPERATING ROOM B
 DENTAL SERVICE
 INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 RADIOLOGY SERVICE
 BLOOD BANK

TASK: PREPARE HOSPITAL TO MOVE (63-2-1002.08-705L)

(FM 55-30)	(AR 200-1)	(AR 385-10)
(AR 55-30)	(ARTEP 8-705-10-DRILL)	(FM 21-10)
(FM 21-60)	(FM 24-1)	(FM 24-19)
(FM 24-33)	(FM 24-35)	(FM 24-35-1)
(FM 3-100.4)	(FM 3-25.26)	(FM 3-3)
(FM 3-4)	(FM 3-5)	(FM 3-7)
(FM 4-02.4)	(FM 7-20)	(FM 8-10)
(FM 8-10-14)	(FM 8-42)	(FM 8-55)
(TC 3-34.489)		

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The displacement plan is complete and element leaders brief soldiers on the plan. Movement can occur in a field or MOUT environment. The medical brigade operations branch/medical group S2/S3 section has selected tentative routes of march and has tasked the hospital for a reconnaissance party to reconnoiter a tentative route. Area reconnaissance has been accomplished by medical brigade/medical group staff personnel. The medical brigade operations branch/medical group S2/S3 section will designate the route for the hospital move. The medical brigade/medical group and TSOPs are available. The OPORD with movement order is available. The reconnaissance team is briefed by the operations section and hospital commander. The march commander has been designated. The hospital displacement plan has been disseminated. Strip maps are provided by the operations

sections. Load plans are available. Advance/quarterming party is dispatched prior to completion of this task. Patient evacuation has been coordinated. SOI/SSI is available. SCPE is on hand and/or field-expedient and natural shelters are available. The hospital commander has elected to locate outside the shelter and has appointed a liaison officer to coordinate C2 function between himself and the staff. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: Hospital is ready to cross SP NLT time prescribed in movement order. At MOPP4, performance degradation factors increase movement preparation completion time.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>1. Reconnaissance party conducts route reconnaissance. (031-503-1037, 031-503-2001, 031-503-2023, 071-326-5805, 071-329-1019, 113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Wears or carries designated uniform and equipment IAW TSOP and medical brigade operations branch/medical group S2/S3 section guidance. b. Activates the automatic chemical alarm(s) system on lead vehicle IAW applicable procedures, if available. c. Positions chemical detector paper where it can be observed at all times. d. Positions dosimeters where they can be constantly monitored. e. Verifies map information along route(s) for accuracy. f. Lists capacities of all bridges and height of underpasses. g. Identifies locations of all culverts, ferries, fording areas, steep grades, and possible ambush sites. h. Prepares overlay depicting route, obstructions, and key natural and man-made features. i. Computes travel time and distance from a proposed SP to RP. j. Debriefs medical operations officer and hospital commander upon return. <p>2. Hospital prepares vehicles and equipment. (052-191-1361, 052-191-1362, 091-CLT-4029, 101-92Y-0006, 850-001-2000)</p> <ul style="list-style-type: none"> a. Performs before-operations PMCS on all vehicles and equipment. b. Corrects all vehicle and equipment discrepancies within the operator's capabilities IAW applicable TM(s). c. Reports all deficiencies beyond operator's capability to immediate supervisor. d. Removes all hospital identification markings on vehicles. e. Covers all reflective surfaces of vehicles or cargo with available materials. f. Hardens vehicles using sandbags and/or other authorized material, as required. g. Places antennas at lowest height. h. Turns radio volume and squelch to lowest operational setting consistent with operational requirements. i. Sets squelch setting "on" and call light "off" when operating at night. j. Employs safety procedures IAW AR 385-10 and TSOP. k. Employs environmental protection procedures IAW AR 200-1 and TSOP. <p>3. Hospital dismantles current operating site (Relocate). (052-191-1362, 850-001-2000) (ARTEP 8-705-10-DRILL)</p> <ul style="list-style-type: none"> a. Strikes tentage, collapse shelters, and camouflage nets (if available) IAW applicable TM(s) and within time specified in the displacement plan. (08-4-D0022, 08-4-D0023) b. Loads all designated equipment IAW unit loading plans and within time specified in displacement plan. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> c. Disguises all critical equipment and supplies with tarpaulins or any other authorized covering. d. Dismantles wire communications, antennas, generators, and power cables within time specified in displacement plan. e. Removes all signs of area occupation. f. Positions all stay-behind party vehicles and equipment in areas that provide cover and do not impede departure of main body vehicles. g. Dispatches advance/quartermaster party NLT time specified in movement order. h. Marks medical waste burial sites IAW TSOP and FM 21-10, as required. i. Employs safety procedures IAW AR 385-10 and TSOP. j. Employs environmental protection procedures IAW AR 200-1 and TSOP. <p>* 4. March commander and leaders organize convoy. (113-600-2001, 113-637-2001, 551-721-4326, 551-88M-0001, 551-88N-0002)</p> <ul style="list-style-type: none"> a. Assign vehicle positions with the heavier, slower vehicles placed first. b. Assign control vehicles without setting a pattern. c. Assign recovery vehicle(s) positions where they can move to disabled vehicles without disrupting convoy movement. d. Assign hardened vehicle(s) at the head of each march element of the convoy, if sufficient vehicles are available. e. Assign medical personnel and vehicles to nonmedical convoy serials to provide en route emergency care. f. Assign passenger locations where all hospital personnel have a position, and weapons are alternated throughout the convoy to cover front, rear, and flanks. g. Assign soldiers to air guard duties with specific search sectors covering 360 degrees. h. Assign sufficient number of recovery vehicles and mechanics to trail party element. i. Coordinate with supporting unit for sufficient or additional number recovery vehicles and mechanics, if required. j. Provide vehicle position listing with location of all vehicles to the trail party leader. k. Open radio net(s) as specified in the movement order. <p>* 5. March commander and leaders conduct pre-movement inspections. (101-92Y-0006, 113-600-2001, 113-637-2001, 551-721-4326, 551-88M-0001)</p> <ul style="list-style-type: none"> a. Inspect personnel and their equipment for compliance with the hospital commander's guidance and TSOP or movement order. b. Inspect organizational equipment for accountability and serviceability. c. Inspect vehicles, trailers, and loads for serviceability, proper stowing, and security. d. Forward personnel and equipment status to hospital HQ and operations section. <p>* 6. March commander conducts briefings for convoy personnel. (551-721-4326, 551-88M-0001, 850-001-2000, 850-001-3001)</p> <ul style="list-style-type: none"> a. Provides strip maps to convoy personnel. b. Briefs convoy chain of command. c. Briefs convoy route. d. Prescribes the rate of march and catch-up speed. e. Briefs vehicle intervals. f. Identifies scheduled halts. g. Briefs safety, accident, and breakdown procedures. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
h. Briefs environmental protection procedures IAW AR 200-1 and TSOP. i. Briefs immediate action security measures. j. Briefs blackout condition procedures. k. Identifies location of CHS, if required. l. Identifies location of maintenance support. m. Provides location and identification of destination. n. Briefs arm and hand signals. o. Briefs radio frequencies and call signs for control personnel, security force commander, and MEDEVAC support. 7. Hospital prepares to cross SP. (052-191-1362, 071-004-0001, 071-004-0003, 071-311-2025, 071-331-1004) a. Positions all vehicles under overhead cover, if possible. b. Loads all individual weapons. c. Posts air guards in positions designated by march commander. d. Posts security guards to maintain 360-degree surveillance. e. Forwards movement readiness report to medical brigade operations branch/medical group S2/S3 section.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
031-503-1037	DETECT CHEMICAL AGENTS USING M8 OR M9 DETECTOR PAPER	STP 21-1-SMCT
031-503-2001	IDENTIFY CHEMICAL AGENTS USING M256-SERIES CHEMICAL AGENT DETECTOR KIT	STP 21-24-SMCT
031-503-2023	MEASURE RADIATION DOSE RATE AND TOTAL DOSE	STP 21-24-SMCT
052-191-1361	CAMOUFLAGE YOURSELF AND YOUR INDIVIDUAL EQUIPMENT	STP 21-1-SMCT
052-191-1362	CAMOUFLAGE EQUIPMENT	STP 21-1-SMCT
071-004-0001	Maintain an M9 Pistol	STP 21-1-SMCT
071-311-2025	Maintain an M16-Series Rifle	STP 21-1-SMCT
071-326-5805	Conduct a Route Reconnaissance Mission	STP 21-24-SMCT
071-329-1019	Use a Map Overlay	STP 21-24-SMCT
071-331-1004	Perform Duty as a Guard	STP 21-1-SMCT
091-CLT-4029	Supervise Preventive Maintenance Checks and Services (PMCS)	STP 21-24-SMCT
101-92Y-0006	Inspect equipment for accountability, cleanliness, and serviceability	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
551-721-4326	PERFORM DUTIES AS CONVOY COMMANDER	STP 21-24-SMCT
551-88M-0001	Lead a Convoy Serial/March Unit	STP 21-24-SMCT
551-88N-0002	Prepare for Unit Move	STP 21-24-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-3001	Control Mission Safety Hazard	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 NURSING SVC CNTL TEAM
 TRIAGE/PRE-OP/EMT
 LITTER BEARER SECTION
 OR/CMS CONTROL TEAM
 OPERATING ROOM A
 OPERATING ROOM B
 ORTHO CAST CLINIC
 2 CMS
 DENTAL SERVICE
 INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 BLOOD BANK
 RADIOLOGY SERVICE
 PT SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)
 OPERATING ROOM C
 OPERATING ROOM D
 5 INTENSIVE CARE WARD

TASK: CONDUCT TACTICAL ROAD MARCH (63-2-1003.08-705L)

(FM 55-30)	(AR 200-1)	(AR 385-10)
(AR 55-30)	(FM 21-60)	(FM 24-1)
(FM 24-18)	(FM 24-19)	(FM 24-33)
(FM 24-35)	(FM 24-35-1)	(FM 3-100.4)
(FM 3-25.26)	(FM 3-3)	(FM 3-4)
(FM 3-5)	(FM 3-7)	(FM 8-10)
(FM 8-10-14)	(FM 8-42)	(TC 3-34.489)

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: Time specified in movement order to cross SP has arrived. All equipment is uploaded and vehicles are positioned in the SPOD MA for departure to SA or TAA (deployment). All equipment is uploaded and vehicles are positioned for departure (relocate). Weapons, ammunition, and tactical equipment has been issued based on the tactical situation. The hospital HQ is established and has communications with the march commander. The route of march is identified. Convoy operations may be performed during daylight or darkness, including blackout conditions. The convoy may go through an urban area. Radio and visual signals are used for march column control. The hospital TSOP and OPORD with movement order are available. Map and overlays with checkpoints, RP, and critical points are available. Column may conduct halts during movement. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: SP, checkpoints, and RP are crossed at times specified in the movement order or times adjusted on the road movement table by operations section.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> * 1. March commander initiates convoy. (071-326-3013, 551-721-4326, 551-88M-0001) <ul style="list-style-type: none"> a. Directs lead vehicle cross SP at specified time. b. Verifies vehicles have crossed the SP. c. Forwards SP crossing report to the operations section when hospital elements have crossed the SP. * 2. March commander reports convoy information to the operations section. (113-600-2001, 113-637-2001) <ul style="list-style-type: none"> a. Forwards checkpoint(s) clearance report as checkpoints are crossed. b. Reports all ground sightings that conflict with maps and map overlays. c. Forwards en route NBC information. d. Reports all threat sightings using SALUTE format. e. Employs correct SOI/SSI codes in all transmissions. * 3. March commander enforces march discipline. (113-637-2001, 551-88M-0005, 850-001-2000, 850-001-3001) <ul style="list-style-type: none"> a. Assumes position(s) along march route that provides command presence at points of decision for reaction to changing tactical situation. b. Enforces all movement policies defined in the TSOP and movement order, with emphasis on formation, distances, speeds, passing procedures, and halts. c. Adjusts formation distances and speed consistent with NBC conditions. d. Enforces security measures, with emphasis on air guards surveillance, manning of individual weapons, and concealment of critical cargo. e. Communicates to unit leaders and operators, by radio or proper visual signals, any violations of march discipline, security procedures, or changes to current orders. f. Enforces COMSEC measures, including radio silence periods IAW the movement order and SOI/SSI. g. Enforces safety procedures IAW AR 385-10 and TSOP. h. Enforces environmental protection procedures IAW AR 200-1 and TSOP. 4. Hospital/equipment reception team employs march discipline. (071-331-0804, 551-88M-0005, 850-001-2000) <ul style="list-style-type: none"> a. Maintains designated march speed specified in movement order or as prescribed by the march commander. b. Maintains proper vehicle interval as specified in movement order or as adjusted by the march commander. c. Adjusts formation distances and speed consistent with NBC conditions. d. Dons eye protection goggles, if driver or passenger is in a vehicle without cover or when windshield is lowered. e. Crosses all check points as scheduled. f. Reacts correctly to march commander's arm and hand signals. g. Maintains ground and air surveillance that covers 360-degrees until movement is completed. h. Employs safety procedures IAW AR 385-10 and TSOP. i. Employs environmental protection procedures IAW AR 200-1 and TSOP. 5. Hospital/equipment reception team conducts scheduled halt(s). (101-92Y-0006, 113-600-2001, 113-637-2001, 551-88M-0005) 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> a. Stops column at prescribed time and location. b. Moves vehicles off road to positions that provide overhead cover while maintaining the prescribed interval between vehicles. c. Occupies hasty defensive positions with 360-degree protective coverage facing away from the road (passengers). d. Reports scheduled halt to hospital CP. e. Performs during-operation PMCS on vehicles (operators). f. Inspects vehicle loads for safety and security. g. Begins departure at specified time in the movement order. h. Reports resumption of march to the operations section. <p>6. Hospital/equipment reception team conducts unscheduled halt(s). (113-600-2001, 113-637-2001, 551-88M-0005)</p> <ul style="list-style-type: none"> a. Alerts march column with prescribed arm and hand signal. b. Reports halt and circumstances immediately to the operations section. c. Moves vehicles off the road while maintaining the prescribed interval between vehicles. d. Occupies hasty fighting position with 360-degree protective coverage. e. Resumes march as soon as reason for halt is rectified. f. Reports resumption of march to the operations section. <p>7. Trail party recovers disabled vehicle. (071-331-1004, 113-600-2001, 113-637-2001, 850-001-2000)</p> <ul style="list-style-type: none"> a. Posts guard to maintain surveillance until recovery operation is completed. b. Inspects disabled vehicle for repairability. c. Repairs disabled vehicle, when possible. d. Tows disabled vehicle to applicable maintenance facility. e. Reports vehicle status to march commander. f. Employs safety procedures IAW AR 385-10 and TSOP. g. Employs environmental protection procedures IAW AR 200-1 and TSOP. <p>8. Hospital/equipment reception team conducts a night convoy. (551-88M-0005)</p> <ul style="list-style-type: none"> a. Briefs drivers on night conditions. b. Provides visual adjustment period if march began during daylight. c. Prepares vehicles for blackout conditions IAW the TSOP. d. Maintains prescribed interval between vehicles. e. Wears night vision goggles (selected personnel), if available. f. Wears regular eye protection goggles (all other personnel). g. Employs ground guides during poor visibility periods. h. Employs safety procedures IAW AR 385-10 and TSOP. i. Employs environmental protection procedures IAW AR 200-1 and TSOP. <p>9. Hospital/equipment reception team conducts convoy through an urban area. (551-88M-0005, 850-001-2000)</p> <ul style="list-style-type: none"> a. Verifies all weight, height, and width restrictions along route of march. b. Employs close column formation. c. Obeys traffic control directions unless escorted by military or HN police. d. Employs directional guides at all critical intersections. e. Employ safety procedures IAW AR 385-10 and TSOP. f. Employ environmental protection procedures IAW AR 200-1 and TSOP. <p>*10. March commander monitors hospital or equipment reception team crossing RP.</p> <ul style="list-style-type: none"> a. Verifies that lead vehicle has crossed RP at specified time. b. Verifies the vehicles that have crossed RP. c. Forwards SITREP to operations section. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
071-326-3013	CONDUCT A TACTICAL ROAD MARCH	STP 21-24-SMCT
071-331-0804	Perform Surveillance Without the Aid of Electronic Devices	STP 21-1-SMCT
071-331-1004	Perform Duty as a Guard	STP 21-1-SMCT
101-92Y-0006	Inspect equipment for accountability, cleanliness, and serviceability	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
551-721-4326	PERFORM DUTIES AS CONVOY COMMANDER	STP 21-24-SMCT
551-88M-0001	Lead a Convoy Serial/March Unit	STP 21-24-SMCT
551-88M-0005	Operate a Vehicle in a Convoy	STP 21-1-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-3001	Control Mission Safety Hazard	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 OPERATING ROOM A
 OPERATING ROOM B
 ORTHO CAST CLINIC
 2 CMS
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 NURSING SVC CNTL TEAM
 TRIAGE/PRE-OP/EMT
 LITTER BEARER SECTION
 OR/CMS CONTROL TEAM
 5 INTENSIVE CARE WARD
 RADIOLOGY SERVICE
 DENTAL SERVICE
 INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 BLOOD BANK
 PT SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)
 OPERATING ROOM C
 OPERATING ROOM D

TASK: CROSS A CHEMICALLY CONTAMINATED AREA (03-3-C226.08-705L)

(FM 3-3)	(AR 200-1)	(AR 385-10)
(FM 100-15)	(FM 100-20)	(FM 20-3)
(FM 3-0)	(FM 3-100)	(FM 3-100.4)
(FM 3-11.21)	(FM 3-4)	(FM 3-5)
(FM 3-6)	(FM 3-7)	(FM 4-02.7)
(FM 8-10)	(FM 8-10-14)	(FM 8-10-8)
(FM 8-9)	(TC 3-34.489)	(TG 244)

ITERATION: 1M 2M 3M 4M 5M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. Orders are received from medical brigade operations branch/medical group S2/S3 section to cross a chemically contaminated area. The hospital is conducting a tactical road march and is currently at MOPP2. NBC reconnaissance, survey, and control teams have been designated. The location of the contaminated area and the type of contamination have been identified. The medical brigade/medical group TSOP, necessary maps, and overlays are available. The area cannot be bypassed without unacceptable delay to the move. The medical brigade operations branch/medical group S2/S3 section coordinates for additional chemical

decontamination support. Assembly areas may be in concealed locations or alongside roads, as the tactical situation dictates. Hospital may be required to camouflage when directed by commander of at least brigade level or equivalent. This task is always performed in MOPP4.

TASK STANDARDS: Hospital crosses the contaminated area by the shortest route possible.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ol style="list-style-type: none"> 1. Leading march element employs immediate protective measures. (031-503-1013, 031-503-1015, 031-503-1019, 031-503-1023, 031-503-1035, 031-503-1036, 031-503-3008, 031-506-2061) <ol style="list-style-type: none"> a. Assumes MOPP4. b. Conducts immediate decontamination, as necessary. * 2. March commander relays NBC information to march element(s). (031-506-1053, 071-329-1019, 113-600-2001, 113-637-2001) <ol style="list-style-type: none"> a. Notifies march element(s) of exact location and type of chemical contamination. b. Plots contaminated area on map overlays. c. Provides required protective measures and MOPP level designation to march element(s). d. Designates assembly area for each element for preparation of crossing the contaminated area. e. Directs required protective measures and MOPP level for assembly areas. f. Reports locations of assembly areas, halt time, and tentative resumption time to the operations section. g. Forwards NBC 4 chemical report to the operations section. 3. March elements occupy assembly area(s). (052-191-1361, 052-191-1362, 101-92Y-0006, 551-88M-0005) <ol style="list-style-type: none"> a. Move into assembly area without stopping on the route of march. b. Establish perimeter security with 360-degree surveillance. c. Employ camouflage (if directed) and concealment techniques, with emphasis on raising hoods, positioning mirrors toward the ground, and parking vehicles in area with overhead cover, if available. d. Perform during-operations PMCS IAW applicable TM(s). * 4. March commander selects crossing route. (031-503-1019) <ol style="list-style-type: none"> a. Identifies possible routes by conducting a map reconnaissance of contaminated area. b. Conducts comparative analysis of chemical data received from medical brigade operations branch/medical group S2/S3 section, terrain analysis, and time factors for a route selection. c. Selects route that minimizes chemical contamination. d. Requests approval of selected route from the medical brigade operations branch/medical group S2/S3 section. * 5. March commander supervises crossing preparation activities. (031-503-3004) <ol style="list-style-type: none"> a. Briefs reconnaissance team on mission, communications, and actions to be performed on other side of the contaminated area. b. Dispatches reconnaissance team to verify type of contamination and size of contaminated area. c. Directs precautionary measures and MOPP level required for crossing. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> d. Assigns crossing time(s) for each march element. e. Assigns assembly area on the other side of contaminated area for each march element to perform operational decontamination. <p>6. Chemical reconnaissance team conducts route survey. (031-503-1019, 031-503-1037, 031-503-2001)</p> <ul style="list-style-type: none"> a. Selects distances between reconnaissance checkpoints based on tactical situation and time available. b. Selects reconnaissance checkpoints at locations where chemical agents are likely to collect as prescribed in FM 3-3. c. Detects chemical vapors by using M256 kit. d. Checks presence of liquids with M8/M9 detector paper. e. Marks route with predetermined material. f. Records reconnaissance information, as collected. g. Forwards all reconnaissance information to the march commander after completion of survey. <p>7. Hospital prepares to cross contaminated area. (031-503-1015, 031-503-1023, 031-503-1035, 031-503-1037, 031-503-2001, 031-503-3008)</p> <ul style="list-style-type: none"> a. Places all externally stored equipment inside vehicles. b. Covers equipment with available material. c. Closes all vehicle doors, air vents, and windows, if possible. d. Positions chemical detector paper as prescribed in FM 3-4. e. Employs MOPP4. <p>8. March elements cross contaminated area. (551-88M-0005)</p> <ul style="list-style-type: none"> a. Follow route as marked by the reconnaissance party. b. Avoid low ground, overhead branches, and heavy brush. c. Move as quickly as possible across contaminated area without unnecessary halts and delays. d. Verify that all vehicles have crossed the contaminated area before stopping. e. Forward crossing report to the medical brigade operations branch/medical group S2/S3 section when all march elements have crossed the contaminated area. <p>* 9. March commander supervises decontamination measures. (850-001-2000, 850-001-3001)</p> <ul style="list-style-type: none"> a. Identifies level of required decontamination in coordination with the medical brigade operations branch/medical group S2/S3 section. b. Directs implementation of immediate and/or operational decontamination based on type of contamination, weather, and tactical situation. c. Enforces safety procedures IAW AR 385-10 and TSOP. d. Enforces environmental protection procedures IAW AR 200-1 and TSOP. <p>10. Hospital performs immediate decontamination. (031-503-1013, 031-503-1015, 031-503-1019, 031-503-1023, 031-503-1035, 031-503-3008, 850-001-2000)</p> <ul style="list-style-type: none"> a. Initiates skin decontamination techniques within one minute of exposure to liquid contamination, if MOPP4 is breached. b. Completes personal wipedown within 15 minutes of exit from contaminated area. c. Completes operator's spraydown within 15 minutes of personal wipedown. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
d. Employs safety measures to ensure DS2 does not touch personal or protective clothing. e. Employs environmental protection procedures IAW AR 200-1 and TSOP. f. Decontaminates only those areas that would cause further contamination of personnel or equipment. g. Conducts MOPP gear exchange, if required. h. Forwards decontamination status report to the medical brigade operations branch/medical group S2/S3 section. *11. March commander coordinates resumption of road march. (031-503-3010, 113-600-2001, 113-637-2001) a. Designates SP for all march elements to resume march. b. Reschedules check point and RP crossing times in coordination with the medical brigade operations branch/medical group S2/S3 section. c. Provides new march instructions to all march elements. d. Directs covering and marking of contaminated runoff areas. e. Affix locations of contaminated runoff areas on map overlays. f. Coordinates for thorough decontamination with medical brigade operations branch/medical group S2/S3 section, if required. g. Forwards resumption report to medical brigade operations branch/medical group S2/S3 section. 12. Hospital performs march resumption activities. (551-88M-0005) a. Covers area(s) used for decontamination. b. Marks contaminated runoff areas. c. Decontaminates the decontamination personnel. d. Crosses new SP at time prescribed by the march commander.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1M	2M	3M	4M	5M		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
031-503-1013	DECONTAMINATE YOURSELF AND INDIVIDUAL EQUIPMENT USING CHEMICAL DECONTAMINATING KITS	STP 21-1-SMCT
031-503-1015	PROTECT YOURSELF FROM NBC INJURY/CONTAMINATION WITH MISSION-ORIENTED PROTECTIVE POSTURE (MOPP) GEAR	STP 21-1-SMCT
031-503-1019	REACT TO CHEMICAL OR BIOLOGICAL HAZARD/ATTACK	STP 21-1-SMCT

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
031-503-1023	PROTECT YOURSELF FROM NBC INJURY/CONTAMINATION WHEN CHANGING MOPP GEAR	STP 21-24-SMCT
031-503-1035	PROTECT YOURSELF FROM CHEMICAL/BIOLOGICAL CONTAMINATION USING YOUR ASSIGNED PROTECTIVE MASK	STP 21-1-SMCT
031-503-1036	MAINTAIN YOUR ASSIGNED PROTECTIVE MASK	STP 21-1-SMCT
031-503-1037	DETECT CHEMICAL AGENTS USING M8 OR M9 DETECTOR PAPER	STP 21-1-SMCT
031-503-2001	IDENTIFY CHEMICAL AGENTS USING M256-SERIES CHEMICAL AGENT DETECTOR KIT	STP 21-24-SMCT
031-503-3004	SUPERVISE THE CROSSING OF A CONTAMINATED AREA	STP 3-54B1-SM STP 21-24-SMCT
031-503-3008	IMPLEMENT MISSION-ORIENTED PROTECTIVE POSTURE (MOPP)	STP 21-24-SMCT
031-503-3010	SUPERVISE EMPLOYMENT OF NBC MARKERS	STP 21-24-SMCT
031-506-1053	REPORT NBC INFORMATION USING NBC 4 REPORT	STP 21-24-SMCT
031-506-2061	CONDUCT A MASK FIT TEST	STP 21-24-SMCT STP 3-54B2-SM
052-191-1361	CAMOUFLAGE YOURSELF AND YOUR INDIVIDUAL EQUIPMENT	STP 21-1-SMCT
052-191-1362	CAMOUFLAGE EQUIPMENT	STP 21-1-SMCT
071-329-1019	Use a Map Overlay	STP 21-24-SMCT
101-92Y-0006	Inspect equipment for accountability, cleanliness, and serviceability	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
551-88M-0005	Operate a Vehicle in a Convoy	STP 21-1-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-3001	Control Mission Safety Hazard	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS

TASK: DISRUPT ENEMY MOVEMENT AND OPERATIONS USING PERSISTENT AND NON-PERSISTENT CHEMICAL WEAPONS (08-OPFOR-1001)

CONDITION: OPFOR units deliver chemical agents by means of conventional artillery weapons or aircraft along selected routes and key bases in the rear area.

STANDARD: Deliver chemical agents in low and/or densely wooded areas. Delay movement of enemy supplies and equipment to forward areas by disrupting C2 system. Restrict enemy units movement in rear area. Channel movement into predesignated ambush areas. Contaminate enemy supplies and equipment. Inflict a high rate of casualties on enemy forces.

ELEMENTS: 5 INTENSIVE CARE WARD
 RADIOLOGY SERVICE
 HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 NURSING SVC CNTL TEAM
 TRIAGE/PRE-OP/EMT
 LITTER BEARER SECTION
 OR/CMS CONTROL TEAM
 OPERATING ROOM A
 OPERATING ROOM B
 ORTHO CAST CLINIC
 2 CMS
 DENTAL SERVICE
 INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 BLOOD BANK
 PT SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)
 OPERATING ROOM C
 OPERATING ROOM D

TASK: CROSS A RADIOLOGICALLY CONTAMINATED AREA (03-3-C208.08-705L)

(FM 3-3)	(FM 100-20)	(FM 20-3)
(FM 3-0)	(FM 3-100)	(FM 3-11.21)
(FM 3-4)	(FM 3-5)	(FM 3-7)
(FM 4-02.7)	(FM 8-10)	(FM 8-10-14)
(FM 8-10-8)	(FM 8-9)	(TC 3-34.489)
(TG 244)		

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. Orders are received from medical brigade operations branch/medical group S2/S3 section to cross a radiologically contaminated area. The hospital is conducting a tactical road march. NBC reconnaissance, survey, and survey control teams have been designated. The location of the contaminated area has been identified. The area cannot be bypassed without unacceptable delay to the move. In addition to radiological contamination, the hospital is prepared to react to chemical hazards that may occur after an area is radiologically contaminated. The hospital TSOP, necessary maps, and overlays are available. The operations section coordinates for additional NBC decontamination support. Assembly areas may be in concealed locations

or alongside roads as the tactical situation dictates. MOPP2 has been designated. Hospital may be camouflaged when directed by a commander of at least brigade level or equivalent. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: Hospital crosses the contaminated area by the shortest route possible.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>1. Leading march element employs immediate protective measures (031-503-1013, 031-503-1015, 031-503-1018, 031-503-1019, 031-503-1023, 031-503-1035, 031-503-1036, 031-503-3008, 031-503-4002)</p> <ul style="list-style-type: none"> a. Covers nose and mouth with handkerchief or clean rag. b. Dons designated MOPP gear to minimize skin exposure. c. Covers all equipment, munitions, fuel, and water containers. d. Zeros dosimeters. e. Wears individual dosimeters (directed personnel). f. Occupies closed vehicles (non-essential personnel). <p>* 2. March commander relays NBC information to march elements (031-506-1053, 071-329-1019, 071-329-1030)</p> <ul style="list-style-type: none"> a. Plots contamination area on map overlay(s). b. Notifies all march elements of reported location and type of contamination. c. Designates assembly area(s) for march elements to complete preparations to cross area. d. Directs required protective measures and MOPP level for assembly area(s). e. Report locations of assembly area(s), halt time, and tentative resumption time to the medical brigade operations branch/medical group S2/S3 section. f. Forwards NBC 4 nuclear report to medical brigade operations branch/medical group S2/S3 section. g. Directs recording of dose rates IAW time intervals established in the TSOP. <p>3. March elements occupy assembly area(s). (052-191-1361, 052-191-1362, 071-326-0513, 551-88M-0005)</p> <ul style="list-style-type: none"> a. Move into assembly area without stopping on the route of march. b. Establish perimeter security with 360-degree surveillance and individual weapons positioned along likely avenues of approach. c. Employ camouflage (if directed) and concealment techniques, with emphasis on mirrors toward the ground, and parking vehicles in an area with overhead cover, if available. d. Perform during-operations PMCS IAW TSOP and applicable TM(s). <p>4. Designated personnel perform monitoring activities. (031-503-2023)</p> <ul style="list-style-type: none"> a. Record dose rates IAW time intervals specified in the TSOP. <p>NOTE: During actual fallout, dose rates must be recorded at a minimum of every 15 minutes.</p> <ul style="list-style-type: none"> b. Establish correlation factor. c. Record correlation factor. d. Report correlation factor figures to the hospital defense team. e. Record dose rate at 30-minute intervals after peak dose rate has been reported. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 5. March commander organizes radiological reconnaissance team(s). (071-332-5000, 551-721-4326)</p> <ul style="list-style-type: none"> a. Identifies possible routes through contaminated area by map reconnaissance. b. Tasks march elements for vehicles, personnel, and equipment. c. Prepares overlays and/or strip maps to guide reconnaissance team(s) on assigned routes. d. Briefs reconnaissance team(s) on route, mission, and reporting procedures. <p>* 6. March commander selects a crossing route. (031-503-3004)</p> <ul style="list-style-type: none"> a. Employs a correlation factor to determine ground dose rates from radiological survey reports. b. Identifies contamination levels for tentative routes from NBC 5 report and/or radiological survey reports. c. Forwards radiological survey data to medical brigade operations branch/medical group S2/S3 section. d. Establishes new exposure limits from OEG based on survey reports and in coordination with the medical brigade operations branch/medical group S2/S3 section. e. Selects best route that minimizes exposure and permits the fastest travel based on METT-TC. f. Requests route clearance and approval from medical brigade operations branch/medical group S2/S3 section. <p>* 7. March commander supervises crossing preparation activities. (031-503-3004, 551-721-4326)</p> <ul style="list-style-type: none"> a. Assigns crossing time(s) for all march elements. b. Assigns assembly area location(s) for all march elements on the other side of the contaminated area for immediate decontamination. c. Directs placement of extra shielding consistent with available materials. d. Directs precautionary measures and MOPP level required for crossing. e. Coordinates with medical brigade operations branch/medical group S2/S3 section, for immediate and operational decontamination support. <p>8. NBC reconnaissance team(s) conduct a radiological route survey. (031-503-1015, 031-503-1023, 031-503-2023, 031-503-3008, 031-503-3010, 031-506-1053)</p> <ul style="list-style-type: none"> a. Employ MOPP4. b. Employ additional shielding for nonarmored vehicles. c. Inspect serviceability of all radiacmeters and other reconnaissance equipment. d. Plot checkpoints and distance intervals along route on overlays, based on tactical situation and time available. e. Employ radiacmeters and dosimeters to measure dose rate readings inside the vehicle(s) at selected intervals between the checkpoints. f. Employ radiacmeters and dosimeters to measure dose rate readings outside the vehicle to determine the correlation factor. g. Report survey data to march commander. h. Place entrance markers at boundary of contaminated area. <p>NOTE: Markers should face away from the contaminated area in order to facilitate identification by convoy lead vehicle.</p>		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> i. Report location of contaminated areas to march commander via NBC 4 nuclear report format. j. Report reading, time, and location of contamination detection to medical brigade operations branch/medical group S2/S3 section. k. Terminate radiological survey activities when turnback dose or turnback dose rate is reached, or when the specified area has been reconnoitered. <p>9. Hospital prepares to cross contaminated area. (031-503-1015, 031-503-1018)</p> <ul style="list-style-type: none"> a. Employs MOPP4. b. Employs equipment and cargo protection measures. c. Closes all doors, air vents, and windows on vehicles, if possible. d. Employs extra shielding for non-armored vehicles, if available. <p>10. Hospital crosses contaminated area. (031-503-1015, 031-503-1018)</p> <ul style="list-style-type: none"> a. Follows route as marked by reconnaissance party or by overlay. b. Employs precautions that minimize dust. c. Avoids low ground, overhead branches, and heavy brush. d. Moves as quickly as possible across contaminated area without unnecessary halts and delays. e. Verifies that all vehicles have crossed the contaminated area and are out of the affected area before stopping. f. Forwards crossing report to march commander. <p>*11. March commander supervises crossing of contaminated area. (031-503-3004)</p> <ul style="list-style-type: none"> a. Establishes extended interval or staggered parallel routes to minimize radioactive dust pickup. b. Monitors march elements crossings to ensure compliance with TSOP. c. Maintains communications with all march elements during crossing. d. Directs dropping of all expendable covering materials at the edge of the contaminated area. e. Forwards crossing report to medical brigade operations branch/medical group S2/S3 section when all march elements have crossed the contaminated area. <p>*12. March commander supervises decontamination measures. (031-506-1053)</p> <ul style="list-style-type: none"> a. Identifies level of decontamination required in coordination with medical brigade operations branch/medical group S2/S3 section. b. Directs implementation of immediate decontamination based on level of contamination, weather, and tactical situation. c. Directs implementation of operational decontamination based on level of contamination, weather, and the tactical situation. d. Enforces OPSEC measures during decontamination operations. e. Records radiation level readings from selected personnel wearing dosimeters. f. Forwards radiation exposure status to the medical brigade/medical group operations branch. g. Coordinates thorough decontamination support with the medical brigade operations branch/medical group S2/S3 section. <p>13. Hospital performs radiological decontamination. (031-503-1013, 031-503-2023, 031-507-2006)</p> <ul style="list-style-type: none"> a. Locates radiological contamination using radiacmeter. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> b. Performs personal wipedown technique on individual equipment within 15 minutes of contamination by brushing, scraping, or shaking dry contaminant from equipment, if possible. c. Washes exposed area of skin with soap and water. d. Wipes off mask, hood, helmet, gloves, footwear covers, and other personal equipment with soapy water. e. Disposes of contaminated dust and articles IAW prescribed techniques in OPORD and TSOP. f. Measures level of residual radiation using radiacmeters to determine if contamination is negligible. g. Assists in operational decontamination of equipment (vehicle washdown). h. Conducts thorough decontamination. i. Constructs sumps and runoff ditches to control contaminated drainage. <p>14. March commander coordinates resumption of road march. (031-503-3010, 551-721-4326)</p> <ul style="list-style-type: none"> a. Designates SP location and times for all march elements. b. Reschedules checkpoint and RP crossing times in coordination with medical brigade operations branch/medical group S2/S3 section. c. Provides new march instructions to all march elements. d. Directs covering and marking of contaminated runoff areas. e. Affixes locations of contaminated runoff areas on map overlay(s). f. Forwards march resumption report to medical brigade operations branch/medical group S2/S3 section. <p>15. Hospital performs march resumption activities. (031-507-2038, 551-88M-0005)</p> <ul style="list-style-type: none"> a. Covers areas used for decontamination. b. Marks entrance and exit to contaminated area. c. Records radiation dose readings of areas used for decontamination operations. d. Crosses new SP at time prescribed by the march commander. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number
031-503-1013

Task Title
DECONTAMINATE YOURSELF AND
INDIVIDUAL EQUIPMENT USING
CHEMICAL DECONTAMINATING KITS

References
STP 21-1-SMCT

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
031-503-1015	PROTECT YOURSELF FROM NBC INJURY/CONTAMINATION WITH MISSION-ORIENTED PROTECTIVE POSTURE (MOPP) GEAR	STP 21-1-SMCT
031-503-1018	REACT TO NUCLEAR HAZARD/ATTACK	STP 21-1-SMCT
031-503-1019	REACT TO CHEMICAL OR BIOLOGICAL HAZARD/ATTACK	STP 21-1-SMCT
031-503-1023	PROTECT YOURSELF FROM NBC INJURY/CONTAMINATION WHEN CHANGING MOPP GEAR	STP 21-24-SMCT
031-503-1035	PROTECT YOURSELF FROM CHEMICAL/BIOLOGICAL CONTAMINATION USING YOUR ASSIGNED PROTECTIVE MASK	STP 21-1-SMCT
031-503-1036	MAINTAIN YOUR ASSIGNED PROTECTIVE MASK	STP 21-1-SMCT
031-503-2023	MEASURE RADIATION DOSE RATE AND TOTAL DOSE	STP 21-24-SMCT
031-503-3004	SUPERVISE THE CROSSING OF A CONTAMINATED AREA	STP 3-54B1-SM STP 21-24-SMCT
031-503-3008	IMPLEMENT MISSION-ORIENTED PROTECTIVE POSTURE (MOPP)	STP 21-24-SMCT
031-503-3010	SUPERVISE EMPLOYMENT OF NBC MARKERS	STP 21-24-SMCT
031-503-4002	SUPERVISE UNIT PREPARATION FOR AN NBC ATTACK	STP 21-24-SMCT
031-506-1053	REPORT NBC INFORMATION USING NBC 4 REPORT	STP 21-24-SMCT
031-507-2006	CONDUCT UNSUPPORTED OPERATIONAL DECONTAMINATION	STP 3-54B2-SM
031-507-2038	CONTROL CONTAMINATED WASTE	STP 3-54B2-SM
052-191-1361	CAMOUFLAGE YOURSELF AND YOUR INDIVIDUAL EQUIPMENT	STP 21-1-SMCT
052-191-1362	CAMOUFLAGE EQUIPMENT	STP 21-1-SMCT
071-326-0513	Select Temporary Fighting Positions	STP 21-1-SMCT
071-329-1019	Use a Map Overlay	STP 21-24-SMCT
071-329-1030	Navigate from One Point on the Ground to Another Point While Mounted	STP 21-1-SMCT
071-332-5000	Prepare an Operation Overlay	STP 21-24-SMCT
551-721-4326	PERFORM DUTIES AS CONVOY COMMANDER	STP 21-24-SMCT
551-88M-0005	Operate a Vehicle in a Convoy	STP 21-1-SMCT

SUPPORTING COLLECTIVE TASKS

Task Number	Task Title	References
63-1-1040.08-705L	MAINTAIN COMMUNICATIONS	ARTEP 8-705-MTP

OPFOR TASKS AND STANDARDS

TASK: DISRUPT ENEMY MOVEMENT AND OPERATIONS USING TACTICAL NUCLEAR WEAPONS
(08-OPFOR-1002)

CONDITION: Tactical nuclear weapons are employed against key locations in the rear area.

STANDARD: Disrupt or delay movement of equipment and supplies to forward areas. Destroy enemy equipment and supplies (less medical). Inflict a high rate of nuclear casualties among enemy troops. Deny enemy use of specified areas. Contaminate enemy equipment and supplies.

ELEMENTS: OPERATING ROOM D
 ORTHO CAST CLINIC
 2 CMS
 5 INTENSIVE CARE WARD
 RADIOLOGY SERVICE
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 NURSING SVC CNTL TEAM
 TRIAGE/PRE-OP/EMT
 LITTER BEARER SECTION
 OR/CMS CONTROL TEAM
 OPERATING ROOM A
 OPERATING ROOM B
 DENTAL SERVICE
 INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 BLOOD BANK
 PT SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)
 OPERATING ROOM C
 HOSPITAL HEADQUARTERS

TASK: DEFEND MARCH ELEMENTS (63-2-1006.08-705L)

(FM 55-30)	(AR 600-8-1)	(AR 71-32)
(FM 21-11)	(FM 3-3)	(FM 3-4)
(FM 3-5)	(FM 3-7)	(FM 8-10)
(FM 8-10-14)	(FM 8-10-6)	

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: Threat forces attack the march column. The equipment reception team (deployment) or hospital (relocate) is conducting a tactical road march. Weapons, ammunition, and tactical equipment has been issued based on the tactical situation. The hospital HQ is established and has communications with the march commander. The movement order and TSOP are available. The threat is capable of launching ground, air, and indirect fire attacks. The march column has radio communications with the operations section. Hospital movement order and TSOP are available. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: Attacks are repelled by proper immediate action techniques and march is resumed IAW movement order and TSOP.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. March commander supervises reaction to sniper fire. (113-637-2001, 551-721-4326, 551-88M-0001)</p> <ul style="list-style-type: none"> a. Locates approximate location of sniper incident on map from march element reports. b. Identifies whether area is a free fire zone or restricted fire zone. c. Authorizes return fire only if sniper(s) are located. d. Directs march elements to increase march speed and interval between vehicles until they have cleared the area. e. Provides instructions to follow-on march elements. f. Forwards incident report to operations section. <p>2. Hospital/equipment reception team takes action against sniper fire. (071-004-0001, 071-004-0003, 071-004-0004, 071-004-0006, 071-311-2025, 071-326-0502, 071-326-0510, 181-105-1001, 301-371-1000, 551-88M-0005)</p> <ul style="list-style-type: none"> a. Reports sniper fire to march commander immediately upon contact. b. Returns fire immediately that suppresses their fire (designated personnel only). c. Increases column rate of march and vehicle interval. <p>* 3. March commander supervises defense against ambush, road blocked or road not blocked. (071-329-1019, 113-637-2001, 551-721-4326, 551-88M-0001)</p> <ul style="list-style-type: none"> a. Identifies location of ambush site on map with map overlay. b. Directs march elements under attack to employ correct protective actions as prescribed in the TSOP and movement order. c. Provides instructions on halt points and security requirements to all march elements. d. Forwards initial incident report to operations section. e. Maintains constant communications with all march elements engaging threat to immediately make adjustments to tactical situation. f. Forwards subsequent SITREPs to operations section as situation changes. g. Requests immediate support from operations section. h. Develops contingency plans to displace elements not under attack and withdraw elements under attack. <p>4. Hospital/equipment reception team defends against ground ambush (road not blocked). (071-004-0001, 071-004-0003, 071-004-0004, 071-004-0006, 071-311-2025, 071-326-0502, 071-326-0510, 113-637-2001, 181-105-1001, 551-88M-0005)</p> <ul style="list-style-type: none"> a. Reports ambush to march commander immediately upon contact. b. Identifies threat location(s). c. Returns fire immediately that suppresses their fire (non-driving personnel). d. Stops vehicles (not in kill zone). e. Increases rate of march until out of kill zone (vehicles in kill zone). f. Keeps roadway clear by pushing disabled vehicles aside. g. Organizes security element(s) of soldiers not in kill zone (senior member present). 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>h. Directs suppressive fire of security elements to allow remaining vehicles to pass through kill zone (senior member present).</p> <p>i. Forwards SITREP to march commander.</p> <p>5. Hospital/equipment reception team defends against ground attack (road blocked). (071-004-0001, 071-004-0003, 071-004-0004, 071-004-0006, 071-311-2025, 071-326-0502, 071-326-0510, 071-326-0513, 113-637-2001, 181-105-1001, 301-371-1000, 551-88M-0005)</p> <p>a. Reports ambush to march commander immediately upon contact.</p> <p>b. Dismounts vehicles on opposite side of direction of ambush.</p> <p>c. Returns fire immediately that suppresses their fire (soldiers in kill zone).</p> <p>d. Takes up firing positions while awaiting orders (soldiers not in kill zone).</p> <p>e. Organizes security element(s) of soldiers not in kill zone (senior member present).</p> <p>f. Directs suppressive fire of security elements to allow removal of road block (senior member present).</p> <p>g. Forwards SITREP to march commander.</p> <p>6. Hospital/equipment reception team employs passive defense measures against air attack. (071-004-0001, 071-004-0003, 071-004-0004, 071-004-0006, 071-311-2025, 071-326-0513, 113-637-2001, 181-105-1001, 301-371-1000, 551-88M-0005)</p> <p>a. Provides the prescribed signal to alert column.</p> <p>b. Staggers vehicles to avoid linear patterns.</p> <p>c. Drives vehicle in shadows or woodline.</p> <p>d. Assumes firing positions.</p> <p>e. Fires only if fired upon and on command.</p> <p>f. Reports all aircraft actions to operations section.</p> <p>7. Hospital/equipment reception team employs active defense measures against air attack. (071-004-0001, 071-004-0003, 071-004-0004, 071-004-0006, 071-311-2025, 071-326-0513, 113-637-2001, 181-105-1001, 301-371-1000, 551-88M-0005)</p> <p>a. Employs the prescribed signal to alert march elements.</p> <p>b. Identifies threat aircraft visually.</p> <p>c. Disperses vehicles to concealed locations.</p> <p>d. Assumes firing positions.</p> <p>e. Fires weapons at attacking aircraft only if fired upon and on command.</p> <p>* 8. March commander supervises reorganization after attack. (113-637-2001, 551-721-4326, 551-88M-0001)</p> <p>a. Identifies status of all personnel, equipment, and cargo through march element reports.</p> <p>b. Coordinates requirements within march elements for load transfer, vehicle repairs, mortuary affairs, and MEDEVAC.</p> <p>c. Requests emergency destruction authorization from operations section for unrepairable items (except medical).</p> <p>d. Forwards SITREP to operations section.</p> <p>9. Hospital/equipment reception team reorganizes after the attack. (081-831-1000, 081-831-1046, 551-88M-0005)</p> <p>a. Maintains 360-degree surveillance.</p>		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
b. Reestablishes chain of command, if necessary. c. Treats casualties. (08-2-0314.08-705L) NOTE: See task 08-2-0314.08-705L for detailed treatment and evacuation procedures. d. Conducts battlefield stress reduction and prevention procedures. (08-2-R303.08-705L) NOTE: See task 08-2-R303.08-705L for detailed procedures. e. Reports casualties to administrative division, as required. f. Requests MEDEVAC support through march commander, if required. g. Secures landing zone, if AE is required. h. Evacuates casualties. i. Performs mortuary affairs functions. (10-2-C318.08-705L) NOTE: See task 10-2-C318.08-705L for detailed mortuary affairs procedures. j. Assesses damage to vehicles and cargo to determine operability and repairability. k. Performs BDAR for recoverable vehicles. l. Removes critical items from unrecoverable vehicles. m. Requests emergency destruction of vehicles and nonmedical equipment from march commander. n. Forwards SITREP to march commander. o. Reorganizes march elements. p. Resumes march.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"*" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
071-004-0001	Maintain an M9 Pistol	STP 21-1-SMCT
071-004-0003	Load an M9 Pistol	STP 21-1-SMCT
071-004-0004	Unload an M9 Pistol	STP 21-1-SMCT
071-004-0006	Engage Targets with an M9 Pistol	STP 21-1-SMCT
071-311-2025	Maintain an M16-Series Rifle	STP 21-1-SMCT
071-326-0502	Move Under Direct Fire	STP 21-1-SMCT
071-326-0510	React to Indirect Fire While Dismounted	STP 21-1-SMCT
071-326-0513	Select Temporary Fighting Positions	STP 21-1-SMCT
071-329-1019	Use a Map Overlay	STP 21-24-SMCT
081-831-1000	EVALUATE A CASUALTY	STP 21-1-SMCT
081-831-1046	TRANSPORT A CASUALTY	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
181-105-1001	Comply with the Law of War and the Geneva and Hague Conventions	STP 21-1-SMCT
301-371-1000	REPORT INTELLIGENCE INFORMATION	STP 21-1-SMCT
551-721-4326	PERFORM DUTIES AS CONVOY COMMANDER	STP 21-24-SMCT
551-88M-0001	Lead a Convoy Serial/March Unit	STP 21-24-SMCT
551-88M-0005	Operate a Vehicle in a Convoy	STP 21-1-SMCT

SUPPORTING COLLECTIVE TASKS

Task Number	Task Title	References
08-2-0314.08-705L	TREAT HOSPITAL CASUALTIES	ARTEP 8-705-MTP
08-2-R303.08-705L	CONDUCT BATTLEFIELD STRESS REDUCTION AND PREVENTION PROCEDURES	ARTEP 8-705-MTP
10-2-C318.08-705L	PERFORM MORTUARY AFFAIRS OPERATIONS	ARTEP 8-705-MTP

OPFOR TASKS AND STANDARDS

TASK: CONDUCT HASTY AMBUSH (08-OPFOR-1003)

CONDITION: OPFOR element is moving in a wooded area when a enemy march element is seen moving along a nearby route.

STANDARD: Prepare ambush site before arrival of enemy element. Surprise enemy forces. Inflict casualties within the designated kill zone. Inflict damage to vehicles and equipment within the designated kill zone. Delay enemy march elements from reaching its specified destination for a specified period. Withdraw, on order, within two minutes of ambush initiation. Report actions to superiors.

TASK: CONDUCT DELIBERATE AMBUSH (08-OPFOR-1004)

CONDITION: OPFOR element is operating along an enemy MSR. OPFOR intelligence has reported that an enemy element is conducting a road march along the route. OPFOR has set up an ambush. The march element is approximately fifteen minutes from the ambush point. OPFOR element possesses automatic weapons, anti-armor weapons, and command detonated mines. OPFOR HQ has ordered complete destruction of march element.

STANDARD: Prepare ambush site before arrival of enemy element. Surprise enemy forces. Force enemy march element to halt in kill zone. Initiate ambush on order of OPFOR leader. Kill, wound, or capture enemy personnel, and destroy all specified vehicles and equipment in the kill zone. Engage all enemy reinforcements and security elements. Consolidate and withdraw from the area on order. Report all specified PIR and other intelligence requirements.

TASK: CONDUCT SNIPER OPERATIONS (08-OPFOR-1005)

CONDITION: OPFOR has assigned snipers, regular and/or irregular elements, in the enemy rear area along MSR and near support sites.

STANDARD: Set up well-concealed location(s). Engage vehicle drivers or personnel on foot with short bursts of semi-automatic fire. Kill or wound selected target. Prevent position from being discovered by enemy forces. Evacuate the area without being spotted. Report all specified PIR and other intelligence requirements to OPFOR HQ.

ELEMENT: HOSP OPERATIONS SECT**TASK: PERFORM ADVANCE/QUARTERING PARTY ACTIVITIES (63-1-1015.08-705L)**

(FM 55-30)	(AR 200-1)	(AR 385-10)
(FM 100-20)	(FM 101-5)	(FM 20-3)
(FM 24-1)	(FM 24-18)	(FM 24-19)
(FM 24-33)	(FM 24-35)	(FM 24-35-1)
(FM 27-10)	(FM 3-0)	(FM 3-100.4)
(FM 3-11.21)	(FM 3-3)	(FM 3-4)
(FM 3-5)	(FM 3-7)	(FM 8-10)
(FM 8-10-14)	(FM 8-9)	(TC 24-20)
(TC 3-34.489)	(TG 244)	

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. The hospital has analog and/or digital communications with higher and lower HQ. The medical brigade/medical group HQ OPORD with all annexes, status reports, maps, overlays, and other required documents has been forwarded to the commander (or his digital device, when available). Departure time for the advance/quartering party has arrived. The party are prepared to depart the assembly area. The operations section has provided all essential information to the party leader, to include the route, order of march, and ETA for the main body. Area has been cleared by EOD. Engineers have completed site preparation. The party leader has issued tentative hospital area and CP layout, traffic circulation, and communications plans. The party consists of an OIC, and security, staff, and communications elements, and representatives from subordinate elements. Sufficient guides, markers, and other equipment are available. The TSOP is available. The party deploys in MOPP2. This task is performed under all environmental conditions, both day and night. The unit is subject to air, NBC, and ground threat forces attack.

NOTE: If survey team(s) monitor high levels of contamination, the area should be evacuated immediately. This task should not be trained in MOPP4.

TASK STANDARDS: Advance/quartering party's movement is conducted IAW movement order. All new area preparation tasks as directed by the medical operations officer are accomplished IAW TSOP and the OPORD.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
1. Operations section organizes hospital advance/quartering party. (113-600-2001, 113-637-2001) <ul style="list-style-type: none"> a. Provides required size of parties to subordinate elements. b. Briefs party leaders IAW the TSOP. c. Dispatches party as prescribed in the movement order. 		
2. Advance/quartering party moves to new operating site. (071-329-1019, 113-600-2001, 113-637-2001) <ul style="list-style-type: none"> a. Maintains situational awareness at all times using analog and/or digital communications (e.g., radio, MTS, etc.). b. Crosses SP, checkpoints, and the RP at times prescribed in the movement order. c. Follows route prescribed in the movement order. d. Reports route changes, intelligence, and any other information to the main body by route guides, route markers, or non-electronic means. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>e. Moves into a concealed predesignated assembly area and await clearance of new area.</p> <p>* 3. Advance/quartering party leader supervises securing the hospital's new AO. (031-503-1037, 031-503-2001, 031-506-3020, 031-506-3032, 113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Dispatches security element to sweep the area to locate mines, booby traps, or other signs of threat presence. b. Dispatches NBC survey and monitoring teams personnel to sweep assigned unit area IAW TSOP. c. Places dismount point on probable avenues of approach consistent with personnel assets. d. Conducts area reconnaissance (mounted or dismounted) with subordinate elements' leaders pointing out general locations of each element. e. Moves entire advance/quartering party into the new area. f. Forwards closing report to main body, if possible. <p>4. Advance/quartering party secures the new hospital area. (031-503-1037, 031-503-2001, 031-503-2023, 031-503-3008, 031-504-1008, 031-505-1011, 031-506-1013, 031-506-1051, 031-506-3020, 031-506-3030, 031-506-3032, 031-507-1021, 052-192-1135)</p> <ul style="list-style-type: none"> a. Dons protective mask before entering new area. b. Sweeps area to locate mines, booby traps, or other signs of threat presence (security elements). c. Surveys assigned areas for NBC contamination (survey and monitor teams). <p>NOTE: If contamination is detected, assume MOPP4 and evacuate the area immediately.</p> <ul style="list-style-type: none"> d. Occupies dismount point on probable avenues of approach. e. Moves into new area as directed by party leader. <p>* 5. Advance/quartering party leader supervises area preparation. (113-597-0002, 113-597-1002, 113-600-2001, 113-611-1015, 113-637-2001, 301-371-1050)</p> <ul style="list-style-type: none"> a. Maintains situational awareness at all times using analog and/or digital communications (e.g., radio, MTS, etc.). b. Monitors movement of hospital elements into their respective areas to ensure compliance with layout plan and traffic circulation plan. c. Supervises implementation of hasty security plan to ensure that each element secures its individual area. d. Supervises implementation of communications plan in coordination with the communications representatives to ensure some type of communications exists between the CP and all hospital elements. e. Enforces OPSEC measures during preparation of hospital elements' areas. f. Tasks element representatives to block all other possible entrance and exit points with available materials. <p>6. Advance/quartering party implements tentative hospital layout plan. (113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Marks hospital traffic circulation pattern IAW layout plan. b. Marks location of treatment area IAW unit movement plan and TSOP. c. Establishes entrance and exit points to all hospital elements. d. Constructs barriers to block all other possible entrance and exit points. e. Forwards layout plan to hospital HQ using analog and/or digital communications. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>7. Advance/quartering party implements hasty security plan. (052-191-1361, 052-191-1362)</p> <ul style="list-style-type: none"> a. Prepares hospital hasty defensive sketch. b. Enforces camouflage and concealment measures if directed by a brigade commander or higher. c. Identifies locations for emplacement of emergency alarm devices. <p>8. Advance/quartering party implements communications plan. (113-597-1002, 113-611-1015, 301-371-1050)</p> <ul style="list-style-type: none"> a. Establishes wire communication between CP and subordinate elements. b. Establishes wire communications between CP and medical brigade/medical group. c. Employs signal security measures. <p>* 9. Advance/quartering party leader supervises reception of main body. (113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Maintains situational awareness at all times using analog and/or digital communications (e.g., radio, MTS, etc.). b. Identifies guide pickup points. c. Briefs ground guides on moving main body into their respective area with emphasis on OPSEC measures. d. Directs dispatching of unit guides to the RP. e. Monitors subordinate elements' guide activities to ensure compliance with party leader's guidance and TSOP. f. Enforces counter-surveillance measures. g. Provides progress report to the operations section and hospital commander upon arrival of main body. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
031-503-1037	DETECT CHEMICAL AGENTS USING M8 OR M9 DETECTOR PAPER	STP 21-1-SMCT
031-503-2001	IDENTIFY CHEMICAL AGENTS USING M256-SERIES CHEMICAL AGENT DETECTOR KIT	STP 21-24-SMCT
031-503-2023	MEASURE RADIATION DOSE RATE AND TOTAL DOSE	STP 3-54B1-SM STP 21-24-SMCT
031-503-3008	IMPLEMENT MISSION-ORIENTED PROTECTIVE POSTURE (MOPP)	STP 3-54B1-SM STP 21-24-SMCT
031-504-1008	OPERATE THE M8A1 ALARM SYSTEM	STP 3-54B1-SM

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
031-505-1011	OPERATE THE AN/PDR27-SERIES RADIAC SET	STP 3-54B1-SM
031-506-1013	COLLECT NBC SAMPLES	STP 3-54B1-SM
031-506-1051	RECORD DATA ON DA FORM 1971-R OR 1971-1-R	STP 3-54B1-SM
031-506-3020	SUPERVISE RADIOLOGICAL MONITORING	STP 3-54B34-SM-TG
031-506-3030	CONDUCT NBC SAMPLING OPERATIONS	STP 3-54B34-SM-TG
031-506-3032	SUPERVISE CHEMICAL SURVEY	STP 3-54B34-SM-TG
031-507-1021	MARK NBC CONTAMINATED AREA	STP 3-54B1-SM
052-191-1361	CAMOUFLAGE YOURSELF AND YOUR INDIVIDUAL EQUIPMENT	STP 21-1-SMCT
052-191-1362	CAMOUFLAGE EQUIPMENT	STP 21-1-SMCT
052-192-1135	LOCATE MINES BY PROBING	STP 21-1-SMCT
071-329-1019	Use a Map Overlay	STP 21-24-SMCT
113-597-0002	Troubleshoot Tactical Lightweight Digital Facsimile (LDF) AN/UXC-7 or a Similar System	STP 11-31U14-SM-TG
113-597-1002	Install Tactical Lightweight Digital Facsimile (LDF) AN/UXC-7 or a Similar System	STP 11-31U14-SM-TG
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-611-1015	Select a Radio Site	STP 11-31U14-SM-TG
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
301-371-1050	IMPLEMENT OPERATIONS SECURITY (OPSEC) MEASURES	STP 21-1-SMCT

SUPPORTING COLLECTIVE TASKS: NONE**OPFOR TASKS AND STANDARDS: NONE**

ELEMENTS: HOSPITAL HEADQUARTERS
HOSP OPERATIONS SECT

TASK: ESTABLISH HOSPITAL COMMAND POST [FORWARD] (63-1-1016.08-705L)

(FM 8-10)
 (FM 11-50)
 (FM 24-1)
 (FM 8-55)

(ARTEP 8-705-10P-DRILL)
 (FM 19-10)
 (FM 8-10-14)

(FM 101-5)
 (FM 20-3)
 (FM 8-42)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital has analog and/or digital communications with higher and lower HQ. The medical brigade/medical group HQ OPORD with all annexes, status reports, maps, overlays, and other required documents has been forwarded to the commander (or his digital device, when available). The hospital advance/quartering party has secured new area. The staff sections have assigned personnel to establish the CP (Forward). The staff advance party element is part of the advance/quartering party. The TSOP, with advance element's duties, is available. The operations section has provided instructions relating to CP site preparation. Communications requirements have been determined and requested from the supporting signal element. This task is performed under all environmental conditions, both day and night. The unit is subject to air, NBC, and ground threat forces attack. This task should not be trained in MOPP4.

TASK STANDARDS: C2 of hospital sustainment operations continues during hospital HQ "jump" to a new location. At MOPP4, performance degradation factors increase the time required to establish the CP (forward).

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
1. Staff advance party element establishes CP (Forward). (031-504-1008, 052-195-3066, 071-329-1019) a. Positions vehicle, tentage, or equipment to be used IAW layout plan. b. Sets up internal arrangement to permit immediate access to all required information. c. Sets up maps and overlays which display locations of other medical treatment facilities. d. Positions M8A1 alarm. e. Constructs barriers around CP (forward) as prescribed by the TSOP.		
2. Staff advance party element provides supervision over forward operations. (113-600-2001, 113-637-2001) (ARTEP 8-705-10P-DRILL) a. Provides staff supervision over establishment of the CP area to ensure compliance with layout plan and TSOP. (08-4-D0020) b. Establishes analog/digital communications with medical brigade DCSPER/medical group S1, adjacent units, and subordinate elements as prescribed by the movement order, TSOP, and SOI/SSI. c. Provides movement assistance to subordinate elements out of the range of rear CP communications. d. Maintains situation map(s) with current disposition of friendly and enemy units (use appropriate BFACS, if available).		
3. Staff advance party element provides supervision over forward hospital elements. (113-600-2001, 113-637-2001) a. Maintains current status of all hospitalization support and services assets.		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
b. Maintains current status of the availability of hospitalization support and services assets. c. Maintains situation maps with current facilities co-located with the hospital. d. Notifies medical brigade/medical group HQ and subordinate elements when the CP is operational. e. Maintains current patient listing, if required. f. Maintains current staff files and journals. g. Relays operational information from supported units to rear hospital HQ that affects hospitalization support and services operations using appropriate BFACS, radio, wire, or messenger. h. Provides current operations briefing to operations section and respective staff sections upon arrival of main body.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
031-504-1008	OPERATE THE M8A1 ALARM SYSTEM	STP 3-54B1-SM
052-195-3066	DIRECT CONSTRUCTION OF NONEXPLOSIVE OBSTACLES	STP 21-24-SMCT
071-329-1019	Use a Map Overlay	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENT: HOSP OPERATIONS SECT**TASK: SUPERVISE ESTABLISHMENT OF SUBORDINATE ELEMENTS AND HOSPITAL HEADQUARTERS (63-1-1019.08-705L)**

(FM 55-30)

(ARTEP 8-705-10-DRILL)

(FM 8-10)

(TC 3-34.489)

(AR 200-1)

(FM 3-100.4)

(FM 8-10-14)

(AR 385-10)

(FM 63-3)

(FM 8-55)

ITERATION:

1

2

3

4

5

(Circle)

COMMANDER/LEADER ASSESSMENT:

T

P

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(Circle)

CONDITIONS: The hospital HQ has analog and/or digital communications with higher and lower HQ. The medical brigade/medical group HQ OPORD with all annexes, status reports, maps, overlays, and other required documents has been forwarded to the commander (or his digital device, when available). The advance/quartermaster party is dispatched to new CP area. Subordinate elements are moving along designated route(s) to new area(s). Subordinate elements are required to submit closing reports. The advance CP has been established by the hospital advance/quartermaster party. The advance/quartermaster party leader briefs the hospital commander on status of new area preparation. The medical operations officer issued occupation plans to the CP and subordinate elements. OPORD and TSOP are available. This task is performed under all environmental conditions, both day and night. The hospital is subject to air, NBC, and ground threat forces attack. Hospital should not set up in a contaminated area. This task should not be trained in MOPP4.

TASK STANDARDS: Hospitalization support and services facilities, and the CP are established IAW occupation plan, OPORD, and TSOP. All new CP preparation tasks are accomplished as directed by the medical operations officer IAW TSOP and OPORD. At MOPP4, performance degradation factors increase the time required to establish a CP.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
1. Operations section monitors movement of advance/quartermaster party. (113-600-2001, 113-637-2001, 151-357-0002) <ul style="list-style-type: none"> a. Maintains situational awareness at all times using analog and/or digital communications (e.g., radio, BFACS, etc.). b. Maintains constant communications IAW movement order and TSOP. c. Coordinates support or emergency action requirements with appropriate element based on assistance required. 		
2. Staff advance party element performs CP functions. (113-600-2001, 113-637-2001) <ul style="list-style-type: none"> a. Supervises establishment of hospital area IAW layout plan and TSOP. (08-4-D0020, 08-4-D0021, 08-4-D0023) (ARTEP 8-705-10-DRILL) b. Establishes hospital messenger runner system until wire communications are established. c. Coordinates hospitalization support and services operations from forward location (limited operations). d. Supervises the establishment of wire communications within the CP area. e. Sets up hospital situation map(s). 		
3. Operations section monitors deployment of subordinate elements and hospital HQ. (071-329-1019, 113-600-2001, 113-637-2001, 551-88N-0004, 850-001-2000, 850-001-3001) <ul style="list-style-type: none"> a. Maintains situational awareness at all times using analog and/or digital communications (e.g., radio, BFACS, etc.). 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
b. Supervises deployment of elements as prescribed by the occupation plan. c. Coordinates impact of position changes with other staff sections. d. Approves position changes of subordinate elements that are caused by terrain and/or tactical considerations. e. Posts situation map(s) and overlay(s) to reflect new positions. f. Provides deployment update to hospital commander and XO. g. Enforces safety procedures IAW AR 385-10 and TSOP. h. Enforces environmental protection procedures IAW AR 385-10 and TSOP.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
071-329-1019	Use a Map Overlay	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
151-357-0002	Coordinate Combat Service Support (CSS) Operations	STP 21-24-SMCT
551-88N-0004	Coordinate Unit Movement	STP 21-24-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-3001	Control Mission Safety Hazard	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 SUPPLY & SERVICE DIV
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)

TASK: ESTABLISH TACTICAL OPERATIONS CENTER, ADMINISTRATIVE AREAS, AND OPERATIONAL AREAS (63-1-1020.08-705L)

(FM 8-10)

(AR 200-1)

(AR 385-10)

(FM 101-5)

(FM 3-100.4)

(FM 63-3)

(FM 8-10-14)

(FM 8-55)

(TC 3-34.489)

ITERATION:

1

2

3

4

5

(Circle)

COMMANDER/LEADER ASSESSMENT:

T

P

U

(Circle)

CONDITIONS: The hospital HQ has analog and/or digital communications with higher and lower HQ. The medical brigade/medical group HQ OPOD with all annexes, status reports, maps, overlays, and other required documents has been forwarded to the commander (or his digital device, when available). The main body has arrived at the new location. The medical operations officer has selected the general location of the TOC and administrative areas. Advance CP personnel have identified specific locations and initial preparations are completed. All required personnel and equipment are available. The CP (Forward) maintains operational control until the new TOC is established. This task is performed under all environmental conditions, both day and night. The unit is subject to air, NBC, and ground threat forces attack. Hospital should not set up in a contaminated area. This task should not be trained in MOPP4.

TASK STANDARDS: TOC is capable of communicating with and controlling hospitalization support and services assets and survival measures within the time specified in the TSOP. At MOPP4, performance degradation factors increases the time required to establish the TOC and administrative areas.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>1. Operations section establishes the TOC. (071-329-1019, 301-371-1050)</p> <ul style="list-style-type: none"> a. Identifies staff work areas that facilitate immediate access of staff personnel to all required information. b. Sets up internal arrangement IAW XO and medical operations officer guidance. c. Sets up analog/digital maps, map overlays, and informational displays which show the current tactical situations of friendly and enemy forces affecting the mission. d. Sets up analog/digital status boards. <p>NOTE: Status boards should display locations of hospitalization support and services, their capabilities, and status of personnel and equipment.</p> <ul style="list-style-type: none"> e. Establishes hospital commander's briefing area. f. Prepares sleep plan that is consistent with phases of supported unit's operations. g. Establishes policy files, records, staff journals, and section workbooks. h. Sets up area access and security IAW the TSOP. <p>2. Administrative and supply and service divisions establish administrative areas. (113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Identify staff working areas that facilitate immediate staff access to all required information. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> b. Set up maps and status boards displaying status of internal logistics, personnel, and equipment. c. Establish communications in the order of the priority specified by the TSOP. d. Establish policy files, records, staff journals, and section workbooks. e. Secure unissued weapons and ammunition. f. Report to medical operations officer when area is operational. <p>3. Staff sections set up staff operational areas. (113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Position equipment IAW layout plan. b. Establish communications with hospital switchboard. c. Establish field sanitation facilities IAW layout plan. d. Establish security. e. Camouflage area (when directed). f. Employ safety procedures IAW AR 385-10 and TSOP. g. Employ environmental protection procedures IAW AR 200-1 and TSOP. h. Report to medical operations officer when area is operational. <p>4. Supply and service division sets up maintenance areas. (052-191-1361, 052-191-1362, 113-600-2001, 113-637-2001, 850-001-2000)</p> <ul style="list-style-type: none"> a. Positions equipment IAW layout plan. b. Establishes communications with hospital switchboard. c. Sets up maintenance tent. d. Establishes field sanitation facilities IAW layout plan. e. Establishes area security. f. Camouflages area (when directed). g. Employs safety procedures IAW AR 385-10 and TSOP. h. Employs environmental protection procedures IAW AR 200-1 and TSOP. i. Reports to medical operations officer when area is operational. <p>5. Supply and service division sets up Class VIII supply area. (052-191-1361, 052-191-1362, 113-600-2001, 113-637-2001, 850-001-2000)</p> <ul style="list-style-type: none"> a. Positions equipment IAW layout plan. b. Establishes communications with the hospital switchboard. c. Positions supply vehicles. d. Safeguards medical supplies IAW the TSOP. e. Camouflages area (when directed). f. Employs safety procedures IAW AR 385-10 and TSOP. g. Employs environmental protection procedures IAW AR 200-1 and TSOP. h. Establishes area security. i. Reports to medical operations officer when area is operational. <p>6. Operations section establishes analog and/or digital communications. (113-571-1003, 113-580-0053, 113-580-0054, 113-580-1031, 113-580-1032, 113-580-1033, 113-580-1035, 113-583-1022, 113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Establishes all communications nets in order of the priority specified in the TSOP and OPORD. b. Establishes area for processing incoming and outgoing messages. <p>NOTE: Performance measures 6c through 6g applies to units with digital communications equipment.</p> <ul style="list-style-type: none"> c. Installs local area network. d. Operates local area network. e. Issues passwords. f. Installs anti-virus. g. Troubleshoots hardware needing repair. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"*" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
052-191-1361	CAMOUFLAGE YOURSELF AND YOUR INDIVIDUAL EQUIPMENT	STP 21-1-SMCT
052-191-1362	CAMOUFLAGE EQUIPMENT	STP 21-1-SMCT
071-329-1019	Use a Map Overlay	STP 21-24-SMCT
113-571-1003	ESTABLISH, ENTER, AND LEAVE A RADIO NET	STP 11-31C13-SM-TG
113-580-0053	Troubleshoot a Tactical Local Area Network (LAN)	STP 11-31U14-SM-TG
113-580-0054	Troubleshoot Communications Equipment Within the Standardized Integrated Command Post System (SICPS)	STP 11-31U14-SM-TG
113-580-1031	PREPARE A MICROCOMPUTER (EVEREX SMC/EDS 486/33) SYSTEM FOR OPERATION	STP 11-74B14-SM-TG
113-580-1032	Configure a Desktop IBM or Compatible Microcomputer for Operation	STP 11-31U14-SM-TG
113-580-1033	Install Network Hardware/Software in a Desktop IBM or Compatible Microcomputer	STP 11-31U14-SM-TG
113-580-1035	Install a Tactical Local Area Network (LAN)	STP 11-31U14-SM-TG
113-583-1022	INSTALL DATA COMMUNICATIONS EQUIPMENT	STP 11-74B14-SM-TG
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
301-371-1050	IMPLEMENT OPERATIONS SECURITY (OPSEC) MEASURES	STP 21-1-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENT: HOSP OPERATIONS SECT**TASK: SUPERVISE OPERATIONS SECURITY PROGRAM (63-1-1038.08-705L)**

(AR 530-1)	(AR 5-12)	(FM 100-10)
(FM 100-20)	(FM 3-0)	(FM 3-11.21)
(FM 3-3)	(FM 3-4)	(FM 3-5)
(FM 63-3)	(FM 8-10)	(FM 8-10-14)
(FM 8-9)	(TG 244)	

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. The hospital HQ has analog and/or digital communications with higher and lower HQ. The medical brigade/medical group HQ OPORD with all annexes, status reports, maps, overlays, and other required documents has been forwarded to the commander (or his digital device, when available). Hospitalization support and services operations have commenced. The CP area has been established. Threat may be in the form of conventional or unconventional forces and have the capability of intelligence gathering. OPSEC program is a passive defensive measure. The supporting rear area operations element coordinates OPSEC activity throughout the area. Medical brigade/medical group OPSEC estimate is available. OPSEC teams identify OPSEC weaknesses and risks by examining unit and CP communications, signatures and tactical deployment patterns and camouflage. This information with recommended countermeasures is disseminated to the hospital through the medical brigade/medical group or supported unit. SCPE is on hand and/or field-expedient and natural shelters are available. The hospital commander has elected to locate outside the shelter and has appointed a liaison officer to coordinate C2 functions between him and the staff. This task is performed under all environmental conditions, both day and night. The unit is subject to air, NBC, and ground threat forces attack. This task should not be trained in MOPP4.

TASK STANDARDS: The OPSEC program is planned and implemented IAW OPORD and TSOP. At MOPP4, performance degradation factors increase for OPSEC planning and implementation.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>1. Operations section plans OPSEC program for current operations. (113-600-2001, 113-637-2001, 301-371-1000, 301-371-1050)</p> <ul style="list-style-type: none"> a. Identifies established policies and procedures by reviewing TSOP. b. Lists enemy intelligence collection capabilities by extracting information from the medical brigade/medical group OPSEC estimates or annex. c. Lists EEFI from medical brigade/medical group OPSEC estimate or annex. d. Lists indicators which affect or may compromise the EEFI. e. Lists all countermeasure requirements by reviewing medical brigade/medical group OPSEC estimate or annex and the hospital's operations profile. f. Prepares hospital's OPSEC plan. <p>NOTE: OPSEC plan should implement CP policies and procedures to overcome or neutralize the enemy's ability to collect information in the areas of communications, intelligence, logistics, and administrative actions.</p> <ul style="list-style-type: none"> g. Disseminates OPSEC plan to all hospital elements. <p>2. Operations section implements OPSEC plan. (301-371-1050)</p> <ul style="list-style-type: none"> a. Enforces COMSEC measures to deny friendly information to the enemy by telecommunication means. b. Enforces ELSEC measures to protect electromagnetic transmissions from enemy identification or location. c. Enforces TEMPEST controls to render enemy detection devices ineffective. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
d. Enforces EP to ensure the hospital receiving and sending information essential to mission accomplishment is not disrupted. e. Enforces information security measures to prevent compromise of classified and non-classified information. f. Enforces physical security measures to prevent espionage, sabotage, or theft at the hospital. g. Controls usage of passwords, when required. h. Installs anti-virus software, when required. 3. Operations section provides feedback on status of OPSEC program. (113-600-2001, 113-637-2001, 151-357-0002, 301-371-1050) a. Inspects hospital elements' positions for OPSEC effectiveness. b. Inspects hospital's camouflage and concealment measures for compliance with TSOP, OPORD, and current tactical situation. c. Identifies OPSEC weakness and recommended corrections by continuously reviewing medical brigade/medical group OPSEC updates. d. Coordinates additional support requirements with medical brigade/medical group or the supported unit. e. Provides feedback report to hospital commander, staff and subordinate elements on activities that affect OPSEC measures.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
151-357-0002	Coordinate Combat Service Support (CSS) Operations	STP 21-24-SMCT
301-371-1000	REPORT INTELLIGENCE INFORMATION	STP 21-1-SMCT
301-371-1050	IMPLEMENT OPERATIONS SECURITY (OPSEC) MEASURES	STP 21-1-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENT: HOSP OPERATIONS SECT**TASK: SUPERVISE NUCLEAR, BIOLOGICAL, AND CHEMICAL DEFENSE OPERATIONS**
(03-1-C404.08-705L)

(FM 3-4)	(FM 100-20)	(FM 3-0)
(FM 3-100)	(FM 3-11.21)	(FM 3-3)
(FM 3-5)	(FM 4-02.33)	(FM 4-02.7)
(FM 8-10)	(FM 8-10-14)	(FM 8-10-6)
(FM 8-285)	(FM 8-42)	(FM 8-55)
(FM 8-9)	(TG 244)	(TM 10-5410-228-24)
(TM 10-5410-283-14&P)		

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. Hospitalization support and services operations have commenced. The CP area has been established. Hospital elements are functional. Threat has the capability to launch NBC attacks. The hospital commander and staff require updated NBC data for current operations and future planning. The operations section is required to provide C2 to hospital elements during NBC intrusions. The NBC defense plan, TSOP, and OPORD are available. Isolated NBC incident(s) have occurred. Some operational areas have reported contamination. NBC decontamination augmentation for patients and equipment has been requested. SCPE is on hand and/or field-expedient and natural shelters are available. The hospital commander has elected to locate outside the shelter and has appointed a liaison officer to coordinate C2 functions between him and the staff. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: Hospitalization support and services is maintained at a level that allows the supported forces to sustain momentum of operations. NBC defense measures are conducted IAW NBC defense plan, TSOP, and OPORD. At MOPP4, performance degradation factors increase time required to implement NBC defense operations.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
1. Operations section develops NBC defense plan. (031-506-3001, 031-506-3002, 031-506-3003, 031-506-3004, 031-506-3059) a. Identifies established policies and procedures by reviewing NBC defense portion of the TSOP. b. Identifies NBC threat and recommended countermeasures by analyzing the medical brigade/medical group NBC vulnerability analysis. c. Prepares NBC defense requirement forecast. d. Prepares for management and assistance of patients. e. Coordinates for medical evacuation support through the medical brigade/medical group MRO. f. Coordinates with supply and service division, the medical brigade DSCLOG/medical group S4 and the supporting LOG SPT Co, MED BN (LOG) for alternate methods of supply. g. Coordinates with medical brigade communications branch/medical group communications section for alternate lines of communication. h. Coordinates with medical brigade operations branch/medical group S2/S3 section for additional patient and equipment decontamination team support. i. Prepares NBC defense item consumption plan.		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> j. Prepares personnel, patient, equipment, and facilities decontamination plan. k. Disseminates NBC defense plan to all hospital elements. <p>2. Operations section directs preparation of hospital for NBC attack.</p> <ul style="list-style-type: none"> a. Identifies backup C2 procedures. b. Alerts NBC defense team(s). c. Maintains NBC situation map(s). d. Directs periodic monitoring of assigned areas. e. Directs appropriate MOPP level. f. Directs preparation for receiving NBC decontamination augmentation. g. Directs redeployment of units and facilities. <p>3. Operations section directs response to initial effects of NBC attack. (031-506-3005, 031-506-3023, 031-506-3045, 031-506-3052, 031-506-3062)</p> <ul style="list-style-type: none"> a. Revises MOPP level, as necessary. b. Alerts higher and adjacent units. c. Reestablishes chains of command and communications. d. Assesses injury to personnel and patients. e. Assesses damage to equipment and facilities. f. Coordinates with command/medical brigade operations section for assistance for hospital elements. g. Alerts mortuary affairs, EPW collection points, and subordinate units of NBC hazards. h. Forwards initial and subsequent NBC 1 reports to medical brigade operations branch/medical group S2/S3 section and supporting rear operations element. i. Computes yield and ground zero location. j. Prepares downwind hazard prediction. k. Prepares simplified fallout prediction. l. Forwards NBC 6 report (chemical and biological only) to medical brigade operations branch/medical group S2/S3 section. m. Provides current status of augmented chemical unit employment, protective measures, and MOPP and OEG implementation to hospital HQ staff. <p>4. Operations section directs response to residual effects of NBC attack. (031-506-3043, 031-506-3045, 031-506-3053)</p> <ul style="list-style-type: none"> a. Plots NBC 4 report on situation map. b. Forwards NBC medical brigade operations branch/medical group S2/S3 section, as appropriate. c. Maintains radiation exposure status. d. Prepares contamination overlay. e. Predicts contamination duration period. f. Plots NBC 3 report on situation map. g. Briefs NBC implications to hospital commander. h. Lists restoration decontamination requirements. i. Recommends survey requirements to medical brigade/medical group NBC element. j. Coordinates with supply and service division for replacement of NBC equipment and supplies. k. Coordinates for replacement of decontamination team personnel and mass casualty handling procedures with the medical brigade DCSPER/medical group S1. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> l. Directs revised MOPP level, as required. m. Coordinates clearing of obstacles with the supporting engineer and supporting rear operations element. n. Directs placement of warning signs. o. Updates NBC defense contingency plan. p. Provides current status of augmented chemical hospital employment, protective measures, and MOPP and OEG implementation to hospital HQ staff. <p>5. Operations section directs preparation for a friendly NBC strike.</p> <ul style="list-style-type: none"> a. Disseminates STRIKWARN message to all hospital elements. b. Disseminates STRIKWARN message to all hospital elements. c. Provides current situation briefing to hospital commander. d. Implements NBC protective measures. <p>6. Operations section directs radiological and chemical surveys. (031-506-3020, 031-506-4022)</p> <ul style="list-style-type: none"> a. Selects survey techniques IAW FM 3-4. b. Tasks hospital elements to provide NBC team(s). c. Formulates turnback dose and dose rates. d. Prepares overlays and strip maps to destination. e. Briefs survey team(s) on current situation and information requirements. f. Recommends courses of action by analyzing survey team(s) data to hospital commander. g. Lists decontamination requirements. <p>7. Operations section directs radiological and chemical decontamination. (031-503-3010, 031-506-2027, 031-506-3023)</p> <ul style="list-style-type: none"> a. Identifies degree and extent of hazards. b. Establishes an acceptable level of decontamination IAW the commander's guidance. c. Directs MOPP gear exchange. d. Identifies areas and facilities for sustainment decontamination. e. Supervises marking of contaminated runoff areas. f. Updates hospital radiation exposure status for all hospital elements. g. Requests replenishment of NBC decon equipment and supplies from supply and service division. <p>8. Operations section coordinates operational decontamination. (031-507-2006)</p> <ul style="list-style-type: none"> a. Directs performance of PMCS before operations checks on vehicles and equipment. b. Identifies contaminated locations and routes to be taken. c. Coordinates set up assistance with site supervisor. d. Monitors equipment decontamination operations for compliance with TSOP. e. Forwards SITREP to medical brigade operations branch/medical group S2/S3 section and supporting rear operations element. <p>9. Operations section coordinates detailed equipment decontamination. (031-507-2013, 031-507-2018, 031-507-2038)</p> <ul style="list-style-type: none"> a. Coordinates decontamination operations with higher, lower, and adjacent units. b. Coordinates additional support from medical brigade operations branch/medical group S2/S3 section and/or supporting rear operations element. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
c. Coordinates decontamination priorities with command/medical brigade operations section . d. Directs NBC augmentations to designated area(s). e. Monitors decontamination operation to ensure priority guidance is being followed. f. Provides decontamination status update to medical brigade operations branch/medical group S2/S3 section and supporting rear operations element.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"*" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
031-503-3010	SUPERVISE EMPLOYMENT OF NBC MARKERS	STP 21-24-SMCT
031-506-2027	SELECT DETAILED EQUIPMENT DECONTAMINATION SITE	STP 3-54B2-SM
031-506-3001	PLAN DECONTAMINATION OPERATIONS	STP 3-54B34-SM-TG
031-506-3002	PLAN RADIOLOGICAL SURVEY	STP 3-54B34-SM-TG
031-506-3003	PLAN CHEMICAL SURVEY	STP 3-54B34-SM-TG
031-506-3004	PLAN BIOLOGICAL SAMPLING OPERATIONS	STP 3-54B34-SM-TG
031-506-3005	PREPARE DOWNWIND HAZARD PREDICTION AND NBC 3 (CHEMICAL OR BIOLOGICAL) REPORT	STP 3-54B34-SM-TG
031-506-3020	SUPERVISE RADIOLOGICAL MONITORING	STP 3-54B34-SM-TG
031-506-3023	DETERMINE RADIATION DECAY FACTORS	STP 3-54B34-SM-TG
031-506-3043	PREPARE DETAILED FALLOUT PREDICTIONS AND NBC 3 NUCLEAR REPORT	STP 3-54B34-SM-TG
031-506-3045	PREPARE EFFECTIVE DOWNWIND MESSAGE	STP 3-54B34-SM-TG
031-506-3052	PREPARE NBC 2 REPORT	STP 3-54B34-SM-TG
031-506-3053	PLOT NBC 4 REPORT	STP 3-54B34-SM-TG
031-506-3059	INSPECT UNIT NBC TRAINING PROGRAM	STP 3-54B34-SM-TG
031-506-3062	PREPARE NBC 6 REPORT	STP 3-54B34-SM-TG
031-506-4022	PERFORM NUCLEAR VULNERABILITY ANALYSIS	STP 3-54B34-SM-TG
031-507-2006	CONDUCT UNSUPPORTED OPERATIONAL DECONTAMINATION	STP 3-54B2-SM
031-507-2018	SUPERVISE THOROUGH TROOP DECONTAMINATION	STP 3-54B2-SM
031-507-2038	CONTROL CONTAMINATED WASTE	STP 3-54B2-SM

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: OPERATING ROOM C
 OPERATING ROOM D
 ORTHO CAST CLINIC
 2 CMS
 5 INTENSIVE CARE WARD
 RADIOLOGY SERVICE
 HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 NURSING SVC CNTL TEAM
 TRIAGE/PRE-OP/EMT
 LITTER BEARER SECTION
 OR/CMS CONTROL TEAM
 OPERATING ROOM A
 OPERATING ROOM B
 DENTAL SERVICE
 INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 BLOOD BANK
 PT SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)

TASK: OCCUPY NEW OPERATING SITE (63-2-1009.08-705L)

(FM 55-30)	(AR 200-1)	(AR 385-10)
(FM 20-3)	(FM 21-60)	(FM 3-100.4)
(FM 4-02.7)	(FM 8-10)	(FM 8-10-14)
(FM 8-42)	(FM 8-55)	(TC 3-34.489)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: Main body is moving into assigned positions. Advance/quartering party leader briefs the hospital commander on the status of site preparation. Hospital commander assembles platoon and section leaders for briefing. All essential information and TSOP is available. Movement into new area can occur during daylight or darkness. While hospital is moving into position, the threat has the capability to launch a surprise attack with a small group. Hospital may be required to camouflage when directed by a hospital commander of at least brigade level or equivalent. SCPE is on hand and/or field-expedient and natural shelters are available. This task should not be trained in MOPP4.

TASK STANDARDS: Hospital completes initial camouflage, and security functions within 20 minutes of arrival in new area. Hospital commander finalizes layout plan within 30 minutes of arrival at new area.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ol style="list-style-type: none"> 1. Hospital moves vehicles into positions. (071-331-0815, 551-88M-0005) <ol style="list-style-type: none"> a. Reacts correctly to guide's prescribed visual signals. b. Takes actions to minimize noise. c. Takes actions to minimize dust and exhaust smoke. d. Drives vehicles into predestinated positions without stopping in exposed areas. e. Positions vehicles facing toward roadway to allow for quick dispersion. f. Employs safety procedures IAW AR 385-10 and TSOP. g. Employs environmental protection procedures IAW AR 200-1 and TSOP. 2. Hospital moves vehicles to positions at night. (071-331-0815, 551-88M-0005) <ol style="list-style-type: none"> a. Picks up guides at dismount point. b. Turns off blackout drive lights at dismount point. c. Reacts correctly to filtered flashlight signals of guide. d. Maintains noise and light discipline. e. Takes actions to minimize dust and exhaust smoke. f. Employs safety procedures IAW AR 385-10 and TSOP. g. Employs environmental protection procedures IAW AR 200-1 and TSOP. 3. Vehicle operators perform initial camouflage measures when directed. (052-191-1361, 052-191-1362, 091-CLT-4029, 101-92Y-0006) <ol style="list-style-type: none"> a. Minimize reflections by turning mirrors toward the ground. b. Employ natural terrain patterns, available overhead cover, and shadows, with vehicles backed in for quick exit. c. Cover windshields with available natural or artificial materials. d. Remove vehicle tracks by using available sweeping materials. e. Perform after-operations PMCS. f. Employ safety procedures IAW AR 385-10 and TSOP. g. Employ environmental protection procedures IAW AR 200-1 and TSOP. 4. Hospital occupies initial defensive positions (designated personnel only). (052-191-1361, 052-191-1362, 071-326-5703, 071-331-0815) <ol style="list-style-type: none"> a. Occupies positions as directed by advance/quartermaster party leader. b. Prepares hasty defensive positions that provide frontal protection from direct fire and are at least half a meter (18 inches) deep. c. Positions individual weapons on likely avenues of approach and in locations within the hospital assigned perimeter that provide interlocking fires. d. Employs hasty camouflage measures, when directed. e. Employs light and noise discipline along defensive line. f. Employs correct challenge and password techniques. * 5. Hospital commander finalizes hospital layout plan. <ol style="list-style-type: none"> a. Adjusts layout plan as changes are required by terrain and tactical considerations, and patient flow requirements. b. Records adjustment(s) on map overlay(s). c. Identifies camouflage requirements based on terrain features, if directed. d. Identifies essential tasks to be completed. e. Briefs leaders on final layout plan and tasks to be performed. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"*" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
052-191-1361	CAMOUFLAGE YOURSELF AND YOUR INDIVIDUAL EQUIPMENT	STP 21-1-SMCT
052-191-1362	CAMOUFLAGE EQUIPMENT	STP 21-1-SMCT
071-326-5703	Construct Individual Fighting Positions	STP 21-1-SMCT
071-331-0815	Practice Noise, Light, and Litter Discipline	STP 21-1-SMCT
091-CLT-4029	Supervise Preventive Maintenance Checks and Services (PMCS)	STP 21-24-SMCT
101-92Y-0006	Inspect equipment for accountability, cleanliness, and serviceability	STP 21-24-SMCT
551-88M-0005	Operate a Vehicle in a Convoy	STP 21-1-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: OPERATING ROOM B
 ORTHO CAST CLINIC
 2 CMS
 DENTAL SERVICE
 INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 BLOOD BANK
 RADIOLOGY SERVICE
 PT SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)
 OR/CMS CONTROL TEAM
 TRIAGE/PRE-OP/EMT
 OPERATING ROOM C
 OPERATING ROOM D
 5 INTENSIVE CARE WARD
 ADMINISTRATION DIV
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 NURSING SVC CNTL TEAM
 LITTER BEARER SECTION
 OPERATING ROOM A
 HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS

TASK: SET UP HOSPITAL DEFENSE (63-2-1011.08-705L)

(FM 71-2)	(AR 200-1)	(AR 385-10)
(FM 100-20)	(FM 20-3)	(FM 21-75)
(FM 22-6)	(FM 3-0)	(FM 3-100.4)
(FM 3-11.21)	(FM 7-10)	(FM 71-3)
(FM 4-02.7)	(FM 7-20)	(FM 7-30)
(FM 7-8)	(FM 8-10)	(FM 8-10-14)
(FM 8-55)	(FM 8-9)	(TC 3-34.489)
(TG 244)		

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. Hospital defense plan is completed. All defensive positions and locations of barriers are selected. The medical brigade/medical group and hospital TSOP are available. Time limit is set for the hospital to complete defense preparations. This task is accomplished simultaneously with establishment of the hospital HQ. This task may be performed under all environmental conditions. The may be subject to threat, air, ground, NBC, or DE attacks. SCPE is on hand and/or field-expedient and natural shelters are available. This task should not be trained in MOPP4.

TASK STANDARDS: All preparations are completed for the defense within the time specified and IAW the defense plan and the provisions of the Geneva Conventions, and hospital commander's guidance.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Leaders supervise set up of hospital defensive area. (052-195-3066, 071-326-5704, 181-105-1001, 181-105-2001, 181-105-2002, 850-001-2000, 850-001-3001)</p> <ul style="list-style-type: none"> a. Assign all personnel to primary defensive positions as prescribed in the defensive plan. b. Assign defensive areas of fire for each primary position as prescribed in the defense plan. c. Assign alternate and supplementary positions for each primary position. d. Assign defensive areas of fire for each supplementary position. e. Verify defensive areas, range cards, aiming stakes, and possible dead space before authorizing construction of positions. f. Supervise construction of individual defensive positions and patients bunkers. g. Supervise clearing of fields of fire. h. Supervise construction of barriers IAW the defense plan. i. Supervise construction of dismount point. j. Assign personnel to hospital internal reaction force IAW defense plan. k. Inspect hospital preparations to ensure compliance with defense plan. l. Prepare defensive area sketch showing the location and area of fire for each weapon, all known dead space, and the location and estimated ranges to prominent terrain features within the element area. m. Forward element area sketch to CP. n. Post area sketch in CP. o. Position chemical agent alarm within hospital defense area. p. Direct establishment of ammunition resupply and casualty collection points in a central location within the hospital area. q. Coordinate with the base cluster commander, as appropriate. r. Enforce safety procedures IAW AR 385-10 and TSOP. s. Enforce environmental protection procedures IAW AR 200-1 and TSOP. <p>2. Element personnel construct primary defensive positions. (052-191-1361, 052-191-1362, 071-326-5703, 850-001-2000)</p> <ul style="list-style-type: none"> a. Identify position location and defensive areas of fire as directed by element leader. b. Dig a hasty defensive position at least one-half meter (18 to 20 inches) deep and with partially cleared fields of fire. c. Construct patient bunkers IAW hospital commander's layout plan. d. Walk defensive area to determine ranges and dead space using the buddy system. e. Install defensive aiming stakes to identify area directed by element leader. f. Dig position to fit the natural cover available at least armpit deep using dirt to build a parapet (front cover) at least one-half (18 to 20 inches) meter thick. g. Dig two trench grenade sumps, one at each end of the two-man position, ensuring that the floor of the position is sloped toward the sumps. h. Complete clearing fields of fire. i. Construct overhead and flank cover for fighting position as time permits. j. Camouflage position to prevent easy detection from 35 meters, when directed. k. Report completion of individual primary positions to the element leader. l. Mark alternate and supplementary positions as directed by element leader. m. Employ safety procedures IAW AR 385-10 and TSOP. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>n. Employ environmental protection procedures IAW AR 200-1 and TSOP.</p> <p>3. Element personnel emplace access control barriers and early-warning devices. (052-191-1361, 052-191-1362, 850-001-2000)</p> <ul style="list-style-type: none"> a. Emplace barriers and concertina IAW hospital defense plan and early-warning devices. b. Camouflage all barriers and devices, when directed. c. Employ safety procedures IAW AR 385-10 and TSOP. d. Employ environmental protection procedures IAW AR 200-1 and TSOP. e. Report completion of barrier emplacements to the element leader. <p>* 4. Element leaders supervise set up of element defensive area.</p> <ul style="list-style-type: none"> a. Consolidate element defense sketches, after verification of compliance, into a defensive area sketch. b. Forward element's defensive area sketch to hospital CP within one hour after arrival at the new site. c. Inspect element positions to ensure structure, camouflage, and location comply with the hospital defense plan and TSOP. d. Verify interlocking fires, dead space, and defensive areas of fire for weapon positions. e. Inspect dismount points and personnel for communications, camouflage, and knowledge of withdrawal route. f. Inspect dismount points to ensure compliance with hospital defense plan and TSOP. g. Enforce safety procedures IAW AR 385-10 and TSOP. h. Enforce environmental protection procedures IAW AR 200-1 and TSOP. i. Report completion of element area set up to CP. <p>5. Hospital personnel establish dismount points. (052-191-1361, 052-191-1362)</p> <ul style="list-style-type: none"> a. Position dismount point within effective small arms range of hospital elements. b. Establish communications (wire or radio) with nearest hospital element. c. Camouflage dismount point to prevent easy detection from 35 meters, when directed. d. Establish withdrawal route that provides adequate cover and concealment. <p>* 6. Commander supervises set up of the hospital's defensive area.</p> <ul style="list-style-type: none"> a. Inspects defensive preparation to ensure compliance with the defensive plan. b. Consolidates element defensive area sketch, after verification of compliance, into the hospital area sketch. c. Forwards hospital defensive area sketch to the medical brigade operations branch/medical group S2/S3 section. d. Posts defensive area sketch in the CP. e. Directs establishment of centrally located ammunition resupply and casualty collection point in the hospital area. f. Directs safety procedures IAW AR 385-10 and TSOP. g. Directs environmental protection procedures IAW AR 200-1 and TSOP. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
052-191-1361	CAMOUFLAGE YOURSELF AND YOUR INDIVIDUAL EQUIPMENT	STP 21-1-SMCT
052-191-1362	CAMOUFLAGE EQUIPMENT	STP 21-1-SMCT
052-195-3066	DIRECT CONSTRUCTION OF NONEXPLOSIVE OBSTACLES	STP 21-24-SMCT
071-326-5703	Construct Individual Fighting Positions	STP 21-1-SMCT
071-326-5704	Supervise Construction of a Fighting Position	STP 21-24-SMCT
181-105-1001	Comply with the Law of War and the Geneva and Hague Conventions	STP 21-1-SMCT
181-105-2001	Enforce the Law of War and the Geneva and Hague Conventions	STP 21-24-SMCT
181-105-2002	Conduct Combat Operations According to the Law of War	STP 21-24-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-3001	Control Mission Safety Hazard	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENT: ADMINISTRATION DIV**TASK: ESTABLISH HOSPITAL HEADQUARTERS AREA (08-1-0218.08-705L)**

(FM 8-10)	(AR 200-1)	(AR 385-10)
(FM 100-20)	(FM 101-5)	(FM 21-10)
(FM 3-0)	(FM 3-100.4)	(FM 3-11.21)
(FM 4-25.12)	(FM 8-10-14)	(FM 8-9)
(FM 90-5(HTF))	(TC 3-34.489)	(TC 8-13)
(TG 244)		

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. The advance/quartermaster party guides have escorted the hospital main body to their respective locations at the new field or MOUT operating site. Administrative, hospital supply, and maintenance operating areas have been identified in the commander's layout plan. This task is performed under all environmental conditions. The unit may be subject to attack by threat forces, including air, ground, NBC, or DE attack. Although the hospital area of operations is established simultaneously with unit defense, unit defense has priority. Hospital may be required to camouflage when directed by a commander of at least brigade level or equivalent. SCPE is on hand and/or field-expedient and natural shelters are available. This task should not be trained in MOPP4.

TASK STANDARDS: All hospital HQ elements are set up IAW the hospital TSOP and hospital commander's layout plan.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
* 1. Hospital adjutant and leaders supervise setup operations. <ol style="list-style-type: none"> Enforce OPSEC procedures. Enforce safety procedures IAW AR 385-10 and TSOP. Enforce environmental protection procedures IAW AR 200-1 and TSOP. Revise layout plan as required. Direct setup of field sanitation facilities. Maintain radio contact with medical brigade/medical group within limitations of authorized equipment. 2. Administrative division personnel set up the hospital. <ol style="list-style-type: none"> Position equipment as required IAW layout plan. Establish communications with hospital elements. Establish field sanitation facilities. Employ OPSEC measures. Employ safety procedures IAW AR 385-10 and TSOP. Employ environmental protection procedures IAW AR 200-1 and TSOP. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"*" indicates a leader task step.

ARTEP 8-705-MTP

SUPPORTING INDIVIDUAL TASKS: NONE

SUPPORTING COLLECTIVE TASKS

Task Number	Task Title	References
63-1-1040.08-705L	MAINTAIN COMMUNICATIONS	ARTEP 8-705-MTP

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: COMPANY HEADQUARTERS
UNIT HEADQUARTERS

TASK: ESTABLISH COMPANY HEADQUARTERS AREA (63-2-0008.08-705L)

(FM 8-10)	(AR 200-1)	(AR 385-10)
(FM 101-5)	(FM 10-23)	(FM 20-3)
(FM 21-10)	(FM 3-100.4)	(FM 4-02.7)
(FM 4-25.12)	(FM 8-10-14)	(FM 90-10)
(TC 3-34.489)		

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: Advance/quartermen party guides have escorted the hospital's main body to their respective locations at the new field or MCUT operating site. Selected personnel from the main body have been assigned to hasty defensive fighting positions to reinforce area security which has already been established by the party. The hospital commander has briefed leaders on the occupation plan. The general location of the company's CP has been identified. The party has established the hospital's forward CP and has completed some preliminary preparations. Medical command/medical brigade, hospital TSOPs, and layout plans are available. Administrative, food service, hospital supply, and maintenance operating areas have been identified in the hospital commander's layout plan. This task is performed under all environmental conditions. The hospital may be subject to attack by threat forces, including air, ground, NBC, or DE attack. Although the unit area of operations is established simultaneously with hospital defense, hospital defense has priority. Company may be required to camouflage when directed by a commander of at least brigade level or equivalent. SCPE is on hand and/or field-expedient and natural shelters are available. This task should not be trained in MOPP4.

TASK STANDARDS: All company HQ elements are set up IAW the hospital TSOP and hospital commander's layout plan.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
* 1. Company commander and 1SG direct setup operations. (081-831-1047, 113-600-2001, 113-637-2001, 301-371-1050, 850-001-2000, 850-001-3001) <ol style="list-style-type: none"> Enforce OPSEC procedures. Enforce safety procedures IAW AR 385-10 and TSOP. Enforce environmental protection procedures IAW AR 200-1 and TSOP. Direct setup of field sanitation facilities. Direct dispersion of hospital equipment. Direct unit defense. Direct setup of bivouac areas. Maintain radio contact with operations section. Coordinate establishment of wire communications with operations sections. Designate mortuary affairs collection point, if required. Coordinate for field food service support with nutrition care division, if required. Coordinate for unit and medical supply support with supply and service division, if required. Coordinate for maintenance support with supply and service division, if required. Coordinate for ADPE support (including maintenance/repairs) with operations section, if required. Revise layout plan as required. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
2. Company HQ sets up the company administration area. (052-191-1361, 052-191-1362, 081-831-1047, 081-831-9000, 113-587-0068, 113-587-1065, 113-600-2001, 113-620-0107, 113-620-1040, 113-637-2001, 850-001-2000) a. Positions equipment IAW layout plan. b. Establishes communications with unit elements. c. Establishes field sanitation facilities. d. Employs OPSEC measures. e. Establishes troop sleeping area. f. Employs safety procedures IAW AR 385-10 and TSOP. g. Employs environmental protection procedures IAW AR 200-1 and TSOP.		
3. Armorer sets up arms room area. (101-521-1156, 101-521-1201, 101-521-1202, 101-521-1203, 101-521-1204, 113-600-2001, 850-001-2000) a. Positions equipment IAW layout plan. b. Establishes communications with the hospital switchboard. c. Secures unissued weapons and ammunition.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
052-191-1361	CAMOUFLAGE YOURSELF AND YOUR INDIVIDUAL EQUIPMENT	STP 21-1-SMCT
052-191-1362	CAMOUFLAGE EQUIPMENT	STP 21-1-SMCT
081-831-1047	SUPERVISE THE IMPLEMENTATION OF PREVENTIVE MEDICINE POLICIES	STP 21-24-SMCT
081-831-9000	IMPLEMENT PREVENTIVE MEDICINE MEASURES (PMM)	STP 21-24-SMCT
101-521-1156	STORE SELECTED SUPPLIES AND EQUIPMENT IN UNIT STORAGE AREAS	STP 10-92Y1-SM
101-521-1201	CONTROL WEAPONS AND AMMUNITION IN THE ARMS ROOM	STP 10-92Y1-SM
101-521-1202	MAINTAIN KEY CONTROL REGISTER FOR WEAPONS STORAGE AREA	STP 10-92Y1-SM
101-521-1203	ISSUE AND RECEIVE UNIT WEAPONS	STP 10-92Y1-SM
101-521-1204	PERFORM ORGANIZATIONAL MAINTENANCE ON SMALL ARMS	STP 10-92Y1-SM
113-587-0068	Troubleshoot Secure AN/GRC-160 Radio Sets With or Without the AN/VIC-1	STP 11-31U14-SM-TG
113-587-1065	Install Secure AN/GRC-160 Radio Sets With or Without the AN/VIC-1	STP 11-31U14-SM-TG
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-620-0107	Troubleshoot Improved High Frequency Radio (IHFR) Set AN/GRC-213 or a Similar System	STP 11-31U14-SM-TG

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
113-620-1040	Install Improved High Frequency Radio (IHFR) Set AN/GRC-213 or a Similar System	STP 11-31U14-SM-TG
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
301-371-1050	IMPLEMENT OPERATIONS SECURITY (OPSEC) MEASURES	STP 21-1-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-3001	Control Mission Safety Hazard	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE**OPFOR TASKS AND STANDARDS: NONE**

ELEMENTS: MED TM, PATHOLOGY
 7 INTERMED CARE WARDS
 HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 NURSING SVC CNTL TEAM
 TRIAGE/PRE-OP/EMT
 OR/CMS CONTROL TEAM
 OPERATING ROOM A
 OPERATING ROOM B
 ORTHO CAST CLINIC
 2 CMS
 DENTAL SERVICE
 HEAD & NECK SURG TEAM
 MED TM, NEUROSURGERY
 MED TM, EYE SURGERY
 3 INTENSIVE CARE WARD
 OPERATING ROOM D
 5 INTENSIVE CARE WARD
 RADIOLOGY SERVICE
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 BLOOD BANK
 PT SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 OPERATING ROOM C
 SUP & SVC DIV (AUG)
 MED TM, RENAL DIALYSIS
 MED TM, INFECT DIS

TASK: ESTABLISH HOSPITAL OPERATIONAL AREAS (08-2-0220.08-705L)

(FM 8-10-14)	(AR 200-1)	(AR 385-10)
(ARTEP 8-705-10-DRILL)	(FM 100-20)	(FM 21-10)
(FM 24-1)	(FM 24-18)	(FM 24-19)
(FM 24-33)	(FM 24-35)	(FM 24-35-1)
(FM 3-0)	(FM 3-100.4)	(FM 3-11.21)
(FM 4-02.7)	(FM 4-25.12)	(FM 71-3)
(FM 8-10)	(FM 8-10-6)	(FM 8-505)
(FM 8-74)	(FM 8-9)	(JP 4-06)
(TC 3-34.489)	(TC 8-13)	(TG 244)
(TM 10-7360-206-13)	(TM 10-7360-211-13&P)	(TM 10-8340-211-13)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. The advance/quartermaster party guides have escorted the hospital main body to their respective locations at the new field or MOUT operating site. The operating areas for hospital treatment and support elements have been identified in the hospital commander's layout plan. Some adjustments to the layout plan may be necessary. Selected personnel from the main body have been assigned to hasty defensive positions to reinforce area security which has already been established by the advance/quartermaster party. The selected areas designated for helipad and ambulance turn around points are set up first. The hospital TSOP, medical brigade/medical

group OPORD, and hospital commander's layout plan are available. The hospital HQ, company HQ, operational areas, and defense are established simultaneously, with defense having priority. Priorities for establishment of the various sections is established IAW TSOP and hospital commander guidance. Hospitalization support and services are provided at previous locations during setup. Hospital may be required to camouflage when directed by a commander of at least brigade level or higher. This task may be performed under all environmental conditions, day or night. Hospital should not set up in a contaminated area. This task should not be trained in MOPP4.

TASK STANDARDS: All hospital treatment and support elements are setup IAW the hospital TSOP and the hospital commander's layout plan, in time to meet operational requirements set in medical brigade/medical group OPORD.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Hospital commander and leaders finalize the internal layout plan. (850-001-2000, 850-001-4001)</p> <ul style="list-style-type: none"> a. Develop a vehicle traffic pattern which facilitates the movement of equipment and patients. b. Adjust the location of operational areas or positions of equipment to improve workflow and security. c. Coordinate with medical brigade operations branch/medical group S2/S3 section for augmentation of nonmedical personnel to conduct decontamination procedures. d. Enforce safety procedures IAW AR 385-10, CSOP, and TSOP. e. Enforce environmental protection procedures IAW AR 200-1 and TSOP. <p>2. Emergency medical service personnel establish TRIAGE/EMT/PREOP treatment areas.</p> <ul style="list-style-type: none"> a. Erect tents in areas marked by advance/quartermaster party IAW TC 8-13 and manufacturer's instructions. (08-4-D0020, 08-4-D0021, 08-4-D0024) (ARTEP 8-705-10-DRILL) b. Install electric light and emergency power system in tent IAW TC 8-13 and manufacturer's instructions. c. Set up patient care and work areas to provide maximum efficient work flow for the type of operation performed. d. Set up medical equipment. e. Check all equipment for serviceability IAW applicable TM(s) and manufacturer's instructions. f. Provide maximum drainage to maintain dry floors. g. Provide space for initial examination, triage, diagnosis, PREOP care and maintenance of life-sustaining treatment. h. Set up helicopter LZ IAW FM 8-10-6. i. Mark ambulance/vehicle turn-around point IAW the TSOP. j. Install communications IAW TSOP. k. Employ safety procedures IAW AR 385-10 and TSOP. l. Enforce environmental protection procedures IAW AR 200-1 and TSOP. m. Report to deputy commander for professional service when area is operational. <p>3. Emergency medical service personnel establish NBC treatment/decontamination area. (031-503-1015, 081-833-0093)</p> <ul style="list-style-type: none"> a. Position equipment IAW hospital TSOP. b. Establish dirty helicopter landing area IAW FM 8-10-6. c. Mark ambulance/vehicle turn-around point IAW the TSOP. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> d. Mark hot line. e. Post warning markers. f. Designate personnel for specific functions to perform during the decontamination and/or treatment process. g. Designate collection point for contaminated waste. h. Employ safety procedures IAW AR 385-10, CSOP, and TSOP. i. Employ environmental protection procedures IAW AR 200-1 and TSOP. j. Notify hospital HQ when area is operational. <p>4. OR personnel establish operating room suites. (081-837-0028, 081-837-0029, 081-837-0030, 081-837-0031, 081-837-0032, 081-837-0033, 081-837-0034, 081-837-0035, 081-837-0036, 081-837-0037)</p> <ul style="list-style-type: none"> a. Erect tents and shelters IAW TC 8-13 and manufacturer's instructions. (08-4-D0020, 08-4-D0021, 08-4-D0024) (ARTEP 8-705-10-DRILL) b. Install electrical power distribution IAW TC 8-13 and manufacturer's instructions. c. Install communications IAW TSOP. d. Set up section and surgical accessory equipment IAW CSOP, TM(s), and manufacturer's instructions. e. Inspect section and surgical accessory equipment for proper function. f. Employ safety procedures IAW AR 385-10, CSOP, and TSOP. g. Employ environmental protection procedures IAW AR 200-1, CSOP, and TSOP. h. Notify chief surgical service when area is operational. <p>5. CMS personnel establish the CMS. (081-825-0001, 081-825-0002, 081-825-0003, 081-825-0004, 081-825-0005, 081-825-0006, 081-825-0007, 081-825-0008, 081-825-0009, 081-825-0010)</p> <ul style="list-style-type: none"> a. Erect tents and shelters IAW TC 8-13 and manufacturer's instructions. (08-4-D0020, 08-4-D0021, 08-4-D0024) (ARTEP 8-705-10-DRILL) b. Install electrical power distribution IAW TC 8-13 and manufacturer's instructions. c. Install communications IAW TSOP. d. Position equipment IAW TSOP. e. Inspect sterilizer for proper operations IAW TC 8-13, manufacturer's instructions, and TSOP. f. Perform PMCS on sterilizer and other equipment. g. Employ safety procedures IAW AR 385-10, CSOP, and TSOP. h. Employ environmental protection procedures IAW AR 200-1, CSOP, and TSOP. i. Report to chief surgical service when area is operational. <p>6. Augmentation teams (Head and Neck Surgery, Neurosurgery, Eye Surgery, Pathology, Dialysis, and Infectious Disease Teams) establish AO.</p> <ul style="list-style-type: none"> a. Erect tents IAW TC 8-13 and manufacturer's instructions. b. Install electrical power distribution IAW TC 8-13 and manufacturer's instructions. c. Install communications IAW TSOP. d. Set up section and surgical accessory equipment IAW CSOP, TM(s), and manufacturer's instructions (surgical augmentation teams only). e. Position equipment IAW layout plan. f. Check equipment for operability and safe function. g. Position x-ray equipment to minimize radiation hazard IAW CSOP, TC 8-13, applicable TM(s), and manufacturer's instructions. h. Employ safety procedures IAW AR 385-10, CSOP, and TSOP. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> i. Employ environmental protection procedures IAW AR 200-1, CSOP, and TSOP. j. Report to chief surgical service when area is operational. <p>7. Ancillary service (pharmacy, laboratory, radiology, and PT/OT services; ortho cast clinic and blood bank) personnel establish AO. (081-823-0150, 081-823-0151, 081-823-0152, 081-823-0153, 081-823-0154, 081-823-0155, 081-823-0156, 081-823-0157)</p> <ul style="list-style-type: none"> a. Erect tents IAW TC 8-13 and manufacturer's instructions. (08-4-D0020, 08-4-D0021, 08-4-D0024) (ARTEP 8-705-10-DRILL) b. Install electrical power distribution IAW TC 8-13 and manufacturer's instructions. c. Install communications IAW TSOP. d. Position equipment IAW layout plan. e. Check equipment for operability and safe function. f. Position x-ray equipment to minimize radiation hazard IAW CSOP, TC 8-13, applicable TM(s), and manufacturer's instructions. g. Employ safety procedures IAW AR 385-10, CSOP, and TSOP. h. Employ environmental protection procedures IAW AR 200-1, CSOP, and TSOP. i. Report to chief surgical service when area is operational. <p>8. Ward personnel establish ICU, ICW, MCW, patient support section, inpatient medical A, and NP ward and consultation service.</p> <ul style="list-style-type: none"> a. Erect tents IAW TC 8-13 and manufacturer's instructions. (08-4-D0020, 08-4-D0021, 08-4-D0024) (ARTEP 8-705-10-DRILL) b. Install electrical power distribution IAW TC 8-13 and manufacturer's instructions. c. Install communications IAW TSOP. d. Inspect equipment for operability and safe function. e. Employ safety procedures IAW AR 385-10, CSOP, and TSOP. f. Employ environmental protection procedures IAW AR 200-1, CSOP, and TSOP. g. Report to chief nursing service when area is operational. <p>9. Dental service personnel establish AO.</p> <ul style="list-style-type: none"> a. Erect tents IAW TC 8-13 and manufacturer's instructions. (08-4-D0020, 08-4-D0021, 08-4-D0024) (ARTEP 8-705-10-DRILL) b. Install electrical power distribution IAW TC 8-13 and manufacturer's instructions. c. Install communications IAW TSOP. d. Position radiology equipment to minimize radiation hazard IAW CSOP, TM(s), and manufacturer's instructions. e. Employ safety procedures IAW AR 385-10, CSOP, and TSOP. f. Employ environmental protection procedures IAW AR 200-1, CSOP, and TSOP. g. Inspect equipment for operability and safe function. h. Report to deputy commander for professional service when area is operational. <p>10. Power generation personnel establish power-generating equipment. (091-52D-1111, 091-52D-1181, 091-52D-1182, 091-52D-1183, 091-52D-1184, 091-52D-1185, 091-52D-1186, 091-52D-1188, 091-52D-1189)</p> <ul style="list-style-type: none"> a. Position generator and equipment IAW TC 8-13. b. Connect main generator cable. c. Ground generator and equipment. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> d. Inspect operational capability of equipment. e. Notify all hospital elements prior to operational test of power. f. Perform PMCS on generators and accessory equipment. g. Employ safety procedures IAW AR 385-10 and TSOP. h. Employ environmental protection procedures IAW AR 200-1 and TSOP. i. Report to supply and service division when area is operational. <p>11. Supply and service division personnel establish operational area. (081-872-0050, 081-872-0051, 091-CLT-3003, 091-CLT-4029, 101-92Y-0006, 113-600-2001, 113-637-2001, 301-371-1050, 850-001-2000, 850-001-4001)</p> <ul style="list-style-type: none"> a. Erect tents IAW TC 8-13 and manufacturer's instructions. (08-4-D0020, 08-4-D0021, 08-4-D0024) (ARTEP 8-705-10-DRILL) b. Arrange facilities within the maintenance areas to ensure efficient repair and services of all equipment. c. Set up Class VIII supply, POL, and potable water supply areas. d. Set up waste water systems. e. Install electrical power distribution IAW TC 8-13 and manufacturer's instructions. f. Install communications IAW TSOP. g. Provide continuous logistical support. h. Inspect equipment for operability and safe function. i. Set up maintenance areas. j. Perform PMCS on vehicles and equipment. k. Employ safety procedures IAW AR 385-10 and TSOP. l. Employ environmental protection procedures IAW AR 200-1 and TSOP. m. Report to hospital XO when area is operational. <p>12. PAD personnel establish AO.</p> <ul style="list-style-type: none"> a. Install electrical power distribution IAW TC 8-13 and manufacturer's instructions. b. Install communications IAW TSOP. c. Set up equipment IAW TSOP. d. Check equipment for operability and safe function. e. Employ safety procedures IAW AR 385-10 and TSOP. f. Employ environmental protection procedures IAW AR 200-1 and TSOP. g. Report to hospital XO when area is operational. <p>13. Nutrition care division personnel establish AMFFS facility. (081-878-0072, 081-878-0074, 081-878-0078, 081-878-0080, 081-878-0084, 081-878-0088, 081-878-0089, 101-524-1301, 101-524-1501, 101-524-1502)</p> <ul style="list-style-type: none"> a. Erect tents IAW TC 8-13 and manufacturer's instructions. (08-4-D0020, 08-4-D0021, 08-4-D0024) (ARTEP 8-705-10-DRILL) b. Position equipment IAW layout plan. c. Set up KFM IAW TC 8-13 and FM 8-505. d. Set up FSC IAW TC 8-13 and TM 10-7360-211-13&P. e. Install electrical power distribution IAW TC 8-13 and manufacturer's instructions. f. Install communications IAW TSOP. g. Perform PMCS on all equipment. h. Prepare a waste disposal area IAW FM 8-505 and TSOP. i. Set up hand washing facilities IAW FM 8-505 and TSOP. j. Set up fuel storage area, refueling area, and M2 burner lighting area IAW FM 8-505 and TSOP. k. Employ safety procedures IAW AR 385-10 and TSOP. l. Employ environmental protection procedures IAW AR 200-1 and TSOP. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
m. Report to hospital XO when area is operational. 14. Hospital ministry team establishes AO. (091-CLT-4029, 101-92Y-0006, 113-600-2001, 113-637-2001, 805D-211-1304, 805D-211-1305, 850-001-2000) a. Erects tent IAW TM(s) and manufacturer's instructions. b. Positions equipment IAW hospital TSOP. c. Installs communications IAW TSOP. d. Checks equipment for operability and safe function. e. Employs safety procedures IAW AR 385-10 and TSOP. f. Employs environmental protection procedures IAW AR 200-1 and TSOP. g. Reports to chief administrative service when area is operational.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
031-503-1015	PROTECT YOURSELF FROM NBC INJURY/CONTAMINATION WITH MISSION-ORIENTED PROTECTIVE POSTURE (MOPP) GEAR	STP 21-1-SMCT
081-823-0150	PREPARE THE FIELD X-RAY TABLE FOR OPERATION	STP 8-91P15-SM-TG
081-823-0151	PREPARE THE 50/100 mA 90 kVp FIELD X-RAY APPARATUS FOR OPERATION	STP 8-91P15-SM-TG
081-823-0152	PREPARE THE GX-111 PORTABLE RADIOGRAPHIC UNIT FOR OPERATION	STP 8-91P15-SM-TG
081-823-0153	PREPARE THE MECHANICAL POLAROID FILM PROCESSOR FOR OPERATION	STP 8-91P15-SM-TG
081-823-0154	PREPARE THE DARKROOM TENT FOR OPERATION	STP 8-91P15-SM-TG
081-823-0155	PREPARE THE MANUAL PROCESSOR FOR OPERATION	STP 8-91P15-SM-TG
081-823-0156	CALIBRATE THE 50/100 mA 90 kVp FIELD X-RAY APPARATUS	STP 8-91P15-SM-TG
081-823-0157	LOAD THE POLAROID CASSETTE	STP 8-91P15-SM-TG
081-825-0001	PROCESS ITEMS FOR STERILIZATION	STP 8-91D14-SM-TG
081-825-0002	PREPARE INSTRUMENT SETS	STP 8-91D14-SM-TG
081-825-0003	PREPARE RUBBER GOODS FOR STERILIZATION	STP 8-91D14-SM-TG
081-825-0004	PREPARE GLASSWARE AND NEEDLES FOR STERILIZATION	STP 8-91D14-SM-TG
081-825-0005	PREPARE LINENS FOR STERILIZATION	STP 8-91D14-SM-TG
081-825-0006	PREPARE SURGICAL SPONGES FOR STERILIZATION	STP 8-91D14-SM-TG
081-825-0007	OPERATE A STEAM STERILIZER	STP 8-91D14-SM-TG

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-825-0008	STERILIZE ITEMS USING A HIGH PRESSURE (FLASH) STERILIZER	STP 8-91D14-SM-TG
081-825-0009	STERILIZE ITEMS USING THE ETHYLENE OXIDE STERILIZER	STP 8-91D14-SM-TG
081-825-0010	PERFORM CHEMICAL DISINFECTION OR STERILIZATION	STP 8-91D14-SM-TG
081-833-0093	SET UP A CASUALTY DECONTAMINATION STATION	STP 8-91W15-SM-TG
081-837-0028	PREPARE THE SUCTION MACHINE FOR USE	STP 8-91D14-SM-TG
081-837-0029	PREPARE THE SUCTION MACHINE FOR MOVEMENT	STP 8-91D14-SM-TG
081-837-0030	PREPARE THE SCRUB SINK FOR USE	STP 8-91D14-SM-TG
081-837-0031	PREPARE THE SCRUB SINK FOR MOVEMENT	STP 8-91D14-SM-TG
081-837-0032	PREPARE THE O.R. LIGHT FOR USE	STP 8-91D14-SM-TG
081-837-0033	PREPARE THE O.R. LIGHT FOR MOVEMENT	STP 8-91D14-SM-TG
081-837-0034	PREPARE THE O.R. TABLE FOR USE	STP 8-91D14-SM-TG
081-837-0035	PREPARE THE O.R. TABLE FOR MOVEMENT	STP 8-91D14-SM-TG
081-837-0036	PREPARE THE STEAM STERILIZER FOR USE	STP 8-91D14-SM-TG
081-837-0037	PREPARE THE STEAM STERILIZER FOR MOVEMENT	STP 8-91D14-SM-TG
081-872-0050	SET UP THE ARMY TACTICAL COMMAND CONTROL SYSTEM (ATCCS)	STP 8-76J15-SM-TG
081-872-0051	INITIATE THEATER ARMY MEDICAL MANAGEMENT INFORMATION SYSTEM (TAMMIS) SOFTWARE	STP 8-76J15-SM-TG
081-878-0072	PERFORM OPERATOR MAINTENANCE ON FIELD KITCHEN MODULAR STEAM TABLE SERVING LINES	STP 8-91M1-SM
081-878-0074	PERFORM OPERATOR MAINTENANCE ON FIELD KITCHEN MODULAR GRIDDLES	STP 8-91M1-SM
081-878-0078	PERFORM OPERATOR MAINTENANCE ON FIELD KITCHEN GRINDERS	STP 8-91M1-SM
081-878-0080	PERFORM OPERATOR MAINTENANCE ON FIELD KITCHEN BLENDERS	STP 8-91M1-SM
081-878-0084	DIRECT PERSONNEL IN THE FOOD SANITATION CENTER	STP 8-91M25-SM-TG
081-878-0088	SUPERVISE PERSONNEL IN THE CLEANING AND MAINTENANCE OF MEDICAL FIELD FEEDING EQUIPMENT	STP 8-91M25-SM-TG
081-878-0089	ESTABLISH THE LAYOUT OF MEDICAL FIELD FEEDING EQUIPMENT	STP 8-91M25-SM-TG
091-52D-1111	Perform Preventive Maintenance Checks and Services on a Generator Set	STP 9-52D13-SM-TG
091-52D-1181	Correct Malfunction of Main AC Generator Assembly on a Generator Set	STP 9-52D13-SM-TG
091-52D-1182	Correct Malfunction of Electrical Governor System on a Generator Set	STP 9-52D13-SM-TG

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
091-52D-1183	Correct Malfunction of Battery Charging System on the Engine of a Generator Set	STP 9-52D13-SM-TG
091-52D-1184	Correct Malfunction of Components of the Lubrication System on a Diesel Engine of a Generator Set	STP 9-52D13-SM-TG
091-52D-1185	Correct Malfunction of the Fuel System on a Diesel Engine of a Generator Set	STP 9-52D13-SM-TG
091-52D-1186	Correct Malfunction of the Starting System on a Diesel Engine of a Generator Set	STP 9-52D13-SM-TG
091-52D-1188	Perform Procedures to determine Generator Selection to Meet a Particular Power Demand	STP 9-52D13-SM-TG
091-52D-1189	Perform Paralleling Procedures on Generator Sets	STP 9-52D13-SM-TG
091-CLT-3003	Establish Maintenance Facilities	STP 9-63B14-SM-TG
091-CLT-4029	Supervise Preventive Maintenance Checks and Services (PMCS)	STP 21-24-SMCT
101-524-1301	PERFORM OPERATOR MAINTENANCE ON THE M2 BURNER UNIT	STP 8-91M1-SM
101-524-1501	OPERATE AND MAINTAIN THE M59 RANGE OUTFIT	STP 8-91M1-SM
101-524-1502	OPERATE AND MAINTAIN THE IMMERSION HEATER	STP 8-91M1-SM
101-92Y-0006	Inspect equipment for accountability, cleanliness, and serviceability	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
301-371-1050	IMPLEMENT OPERATIONS SECURITY (OPSEC) MEASURES	STP 21-1-SMCT
805D-211-1304	Relocate the UMT in a Field or Combat Environment	STP 16-56M10-SM
805D-211-1305	Report UMT Status	STP 16-56M10-SM
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-4001	Integrate Risk Management Into Platoon	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE**OPFOR TASKS AND STANDARDS: NONE**

ELEMENTS: HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 NURSING SVC CNTL TEAM
 TRIAGE/PRE-OP/EMT
 DENTAL SERVICE
 INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LITTER BEARER SECTION
 OR/CMS CONTROL TEAM
 OPERATING ROOM A
 OPERATING ROOM B
 ORTHO CAST CLINIC
 2 CMS
 LABORATORY SERVICE
 BLOOD BANK
 RADIOLOGY SERVICE
 PT SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)
 OPERATING ROOM C
 OPERATING ROOM D
 5 INTENSIVE CARE WARD

TASK: EMPLOY PHYSICAL SECURITY MEASURES (63-2-R306.08-705L)

(FM 3-19.30)	(AR 190-13)	(AR 600-8-1)
(FM 19-4)	(FM 21-10)	(FM 21-11)
(FM 21-60)	(FM 22-6)	(FM 24-35)
(FM 24-35-1)	(FM 3-19.1)	(FM 3-3)
(FM 3-4)	(FM 3-5)	(FM 3-7)
(FM 4-02.7)	(FM 8-10)	(FM 8-10-14)
(FM 8-10-6)		

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: Hospitalization support and services operations are occurring. Guard posts are established at strategic locations along the hospital assigned area. Guards report that one to three individuals have been sighted attempting to infiltrate the area. The intrusion may cause casualties and damage to hospital equipment. The medical brigade/medical group TSOP and OPORD are available. This task may be performed under all environmental conditions, day or night. SCPE is on hand and/or field-expedient and natural shelters are available. The hospital commander has elected to locate outside the shelter and has appointed a liaison officer to coordinate C2 functions between him and the staff.

NOTE: At MOPP4, only those tasks deemed mission essential by the hospital commander are performed. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: Hospital elements are not surprised by threat intrusion and the attack is repelled using techniques and procedures outlined in the medical brigade/medical group OPORD, hospital TSOP, and IAW provisions of the Geneva Conventions.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Operations section prepares physical security plan.</p> <ul style="list-style-type: none"> a. Develops procedures for dismount point to control entry of vehicles into the hospital area. b. Develops procedures for selecting and manning CP defensive positions. c. Develops procedures for reporting threat intrusions or sightings. d. Integrates adjacent unit plans into the hospital physical security plan. e. Verifies that defensive plans comply with the provisions of the Geneva Conventions. f. Forwards physical security plan to hospital commander for approval. <p>2. Operations section supervises guard force. (113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Tasks hospital elements to man guard posts in the CP area. b. Establishes communication network that permits access to all guard posts. <p>3. Hospital personnel perform guard duty functions. (071-331-1004)</p> <ul style="list-style-type: none"> a. Man position or guard posts as designated by leader or special orders. b. Observe assigned defensive area. c. Employ challenge and password procedures as prescribed in the TSOP and SOI/SSI. d. Report all suspicious activities to the guard commander or as prescribed in special orders. <p>* 4. Hospital commander and leaders direct response(s) against saboteurs or terrorists. (071-430-0002, 071-430-0006, 113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Forward incident report to the medical brigade operation branch/medical group S2/S3 section. b. Direct perimeter manning level increases as prescribed by the TSOP. c. Maintain a current operations status of the situation. d. Forward incident report to the medical brigade operation branch/medical group S2/S3 section. e. Direct shifting of internal reaction force from assembly areas to threat contact area(s). f. Sound "All Clear" signal as soon as attack is over. g. Direct decrease in manning levels consistent with the tactical situation. <p>5. Hospital personnel respond to saboteur or terrorist intrusions. (071-004-0006, 071-430-0002, 071-430-0006, 081-831-1046, 081-831-1054, 101-515-1998, 101-515-1999, 181-105-1001, 805C-PAD-2060)</p> <ul style="list-style-type: none"> a. Occupy predestinated defensive positions (designated personnel only). b. Report to hospital CP (personnel selected for internal reaction force). c. Investigate assigned defensive area for threat activities. d. Return fire at target, in defensive area, as prescribed by rules of engagement and the provisions of the Geneva Conventions. e. Treat casualties. (08-2-0314.08-705L) <p>NOTE: See task 08-2-0314.08-705L for detailed treatment and evacuation procedures.</p> <ul style="list-style-type: none"> f. Conduct battlefield stress reduction and prevention procedures. (08-2-R303.08-705L) <p>NOTE: See task 08-2-R303.08-705L for detailed procedures.</p>		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
g. Report casualties to CP, as required. h. Evacuate casualties. i. Perform mortuary affairs functions. (10-2-C318.08-705L) NOTE: See task 10-2-C318.08-705L for detailed mortuary affairs operations. * 6. Hospital commander supervises post-attack activities. a. Forwards casualty and damage report(s) submitted by unit elements to medical brigade PAS, SPO, and logistics sections/medical group S1, S2/S3, and S4 sections. b. Coordinates CHS requirements caused by destruction of supplies, equipment, or personnel with medical brigade operation branch/medical group S2/S3 section. c. Directs supply and service division to coordinate replenishment of destroyed equipment and supplies with medical brigade logistics section/medical group S4 section. d. Directs supply and service to request replenishment of destroyed medical equipment and supplies from LOG SPT Co, MED BN (LOG). e. Directs hospital elements to continue their assigned missions.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
071-004-0006	Engage Targets with an M9 Pistol	STP 21-1-SMCT
071-331-1004	Perform Duty as a Guard	STP 21-1-SMCT
071-430-0002	Conduct a Defense by a Squad	STP 21-24-SMCT
071-430-0006	Conduct a Defense by a Platoon	STP 21-24-SMCT
081-831-1046	TRANSPORT A CASUALTY	STP 21-1-SMCT
081-831-1054	EVACUATE CASUALTIES	STP 21-24-SMCT
101-515-1998	Evacuate Isolated Remains	STP 21-1-SMCT
101-515-1999	Recover Isolated Remains	STP 21-1-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
181-105-1001	Comply with the Law of War and the Geneva and Hague Conventions	STP 21-1-SMCT

SUPPORTING COLLECTIVE TASKS

Task Number	Task Title	References
08-2-0314.08-705L	TREAT HOSPITAL CASUALTIES	ARTEP 8-705-MTP
08-2-R303.08-705L	CONDUCT BATTLEFIELD STRESS REDUCTION AND PREVENTION PROCEDURES	ARTEP 8-705-MTP

SUPPORTING COLLECTIVE TASKS

Task Number	Task Title	References
10-2-C318.08-705L	PERFORM MORTUARY AFFAIRS OPERATIONS	ARTEP 8-705-MTP

OPFOR TASKS AND STANDARDS

TASK: CONDUCT TERRORIST AND SABOTEUR ATTACKS (08-OPFOR-1013)

CONDITION: OPFOR dispatches small teams into enemy rear area to disrupt CSS operations.

STANDARD: Locate rear support bases and C2 facilities. Delay and disrupt CSS operations through probes. Infiltrate CSS bases to conduct sabotage and terrorist activities. Inflict casualties. Destroy supplies and equipment.

ELEMENT: SUPPLY & SERVICE DIV**TASK: SET UP LAUNDRY SERVICE AND BATH AREA (08-1-0259.08-705L)**

(FM 8-10-14)	(AR 200-1)	(AR 385-10)
(FM 100-10)	(FM 100-20)	(FM 10-16)
(FM 10-52)	(FM 10-52-1)	(FM 20-3)
(FM 3-0)	(FM 3-100.4)	(FM 3-11.21)
(FM 42-414)	(FM 63-3)	(FM 8-10)
(FM 8-9)	(TC 3-34.489)	(TG 244)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. Laundry and bath element has occupied initial position in hospital's AO. Site may be a field site or MOUT environment. Selected area has access to MSR and ample parking. TSOP is available. Defense measures are continually employed. The enemy is capable of conducting ground or air warfare. Laundry and bath element does not occupy a contaminated area. This task may be performed under all environmental conditions, day or night. This task should not be trained in MOPP4.

TASK STANDARDS: Laundry and bath is set up IAW layout plan.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Shower NCO and team chiefs supervise set up of laundry service and bath AO. (091-CLT-4029, 850-001-2000, 850-001-4001)</p> <ul style="list-style-type: none"> a. Revise layout plan, if required, based on current situation. b. Designate location of team elements based on revised layout plan. c. Coordinate updated, layout plan with hospital commander. d. Inspect set up IAW layout plan. e. Enforce safety procedures IAW AR 385-10 and TSOP. f. Enforce environmental protection procedures IAW AR 200-1 and TSOP. g. Monitor PMCS. h. Report operational condition of equipment to supply and service division. i. Report to chief of supply and service division when area is operational. <p>2. Laundry and bath personnel set up laundry and bath AO.</p> <ul style="list-style-type: none"> a. Occupy positions required for local area security IAW TSOP. b. Set up required shelters IAW FM 42-414. c. Set up laundry equipment IAW FM 42-414. d. Set up portable bath unit. e. Employ safety procedures IAW AR 385-10 and TSOP. f. Employ environmental protection procedures IAW AR 200-1 and TSOP. g. Perform PMCS. h. Establish communications with hospital elements. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
091-CLT-4029	Supervise Preventive Maintenance Checks and Services (PMCS)	STP 21-24-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-4001	Integrate Risk Management Into Platoon	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE**OPFOR TASKS AND STANDARDS: NONE**

ELEMENTS: HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 NURSING SVC CNTL TEAM
 TRIAGE/PRE-OP/EMT
 LITTER BEARER SECTION
 OR/CMS CONTROL TEAM
 DENTAL SERVICE
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 BLOOD BANK
 RADIOLOGY SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)
 5 INTENSIVE CARE WARD

TASK: PREPARE FOR OPERATIONS UNDER NUCLEAR, BIOLOGICAL, AND CHEMICAL CONDITIONS (03-3-C201.08-705L)

(FM 3-3)	(AR 200-1)	(AR 350-41)
(AR 385-10)	(FM 100-20)	(FM 21-10)
(FM 3-0)	(FM 3-100.4)	(FM 3-11.21)
(FM 3-4)	(FM 3-5)	(FM 3-7)
(FM 4-02.4)	(FM 4-02.7)	(FM 4-25.12)
(FM 8-10)	(FM 8-10-14)	(FM 8-9)
(TC 3-34.489)	(TG 244)	

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. A constant NBC threat exists. The CP, bivouac, administrative, operational areas, and perimeter defenses are set up. The medical brigade/medical group HQ TSOP and OPORD are available. Unit and individual NBC defense equipment are available. The hospital commander has provided his guidance. Threat has the capability to deliver chemical and biological agents and nuclear weapons. NBC vulnerability analysis is performed by the hospital NBC NCO and distributed to the unit. SCPE is on hand and/or field-expedient and natural shelters are available.

NOTE: Preparatory NBC activities would normally be done prior to unit's entry into MOPP4. This task should not be trained in MOPP4.

TASK STANDARDS: All NBC defense preparatory tasks are completed IAW the TSOP and OPORD and within the time set forth by medical brigade DCSSPO/medical group S2/S3.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Hospital commander and leaders plan hospital NBC defense preparatory activities. (031-506-3001, 031-506-3059)</p> <ul style="list-style-type: none"> a. Identify stated policies and procedures by reviewing the TSOP and OPORD. b. Identify current NBC threat and recommended countermeasures in coordination with the medical brigade operations branch/medical group S2/S3 section and hospital NBC NCO. c. Identify location(s) of natural shelters consistent with NBC threat. d. Identify location(s) for construction of protective shelters, if required or available. e. Identify location(s) for placement of automatic alarm systems. f. Plan for management and assistance of patients. g. Provide instructions on improvement of individual defensive positions. h. Request additional chemical patient decontamination MES from LOG SPT Co, MED BN (LOG) , if required. i. Identify the availability of personnel to perform tasks. j. Designate MOPP level as prescribed by medical brigade/medical group commander. k. Establish decontamination priorities for operational sites in coordination with the medical brigade operations branch/medical group S2/S3 section and hospital NBC NCO. l. List tasks to be performed and time limits for each task. m. Disseminate NBC defense preparation plan to all hospital elements. n. Task each hospital elements to provide NBC equipment operators. o. Conduct MOPP analysis. p. Provide guidance for the protection of food, water, and mission essential supplies. q. Provide guidance for the protection of patients. r. Plan for management and assistance of patients, if required. <p>* 2. DIV/SVC/SEC/TM leaders implement NBC defense plan and preparatory tasks. (031-503-3008, 031-503-4002, 031-506-1053, 031-506-2061, 031-506-2061O)</p> <ul style="list-style-type: none"> a. Conduct inventory of all elements NBC defense equipment. b. Request issue of inventory shortages from the supply and service division. c. Direct placement of automatic alarm system(s) located in elements area. d. Direct improvement of individual defensive positions with consideration for blast, thermal, nuclear radiation, electromagnetic pulse, transient radiation effects on electronics, and blackout. e. Supervise construction of man-made protective shelters located in assigned area. f. Assign personnel (including patients) to a protective shelter. g. Forward roster of all element NBC defense equipment operators to the TOC. h. Provide instructions on audio and visual NBC alarms, MOPP level, and protective shelters. i. Provide instructions on preparing patients for an NBC environment. j. Inspect all NBC defense equipment for fitting, serviceability, and accountability. k. Enforce field sanitation and personal hygiene measures. l. Enforce safety procedures IAW AR 385-10 and TSOP. m. Enforce environmental protection procedures IAW AR 200-1 and TSOP. n. Inspect all personnel for compliance with measures prescribed by TSOP, OPORD, and the commander's directives. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
o. Provide for protection of patients, when required. p. Forward element completion report to hospital HQ 3. Hospital personnel perform NBC defense preparatory tasks. (031-503-1015, 031-503-1023, 031-503-1035, 031-503-1036) a. Construct protective shelters (e.g., man-made and/or CPS) at locations designated by element leaders. NOTE: CPS equipment may be used for patients, if available. c. Erect SCPE at locations designated by element leaders. d. Improve defensive positions with consideration for blast, thermal, and radiation effects. e. Perform PMCS on all chemical defense equipment, to include survey, monitoring, and chemical detector equipment. f. Zero all dosimeters using appropriate charger. g. Inspect protective masks and clothing for serviceability and accountability. h. Identify assigned protective shelters or defensive positions in case of an attack. i. Carry protective mask with hood, skin decontamination kit, and detector paper (as permitted by designated MOPP level). j. Store overgarments, overboots, and gloves within reach while at work station (as permitted by designated MOPP level). k. Store patients' protective masks, over garments, overboots, gloves, and patient protective wraps within reach while in treatment area IAW CSOP (when available). l. Employ field sanitation and personal hygiene measures IAW 21-10. m. Employ measures for protection of patient. n. Employ safety procedures IAW AR 385-10 and TSOP. o. Employ environmental protection procedures IAW AR 200-1 and TSOP.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

“(*)” indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
031-503-1015	PROTECT YOURSELF FROM NBC INJURY/CONTAMINATION WITH MISSION-ORIENTED PROTECTIVE POSTURE (MOPP) GEAR	STP 21-1-SMCT
031-503-1023	PROTECT YOURSELF FROM NBC INJURY/CONTAMINATION WHEN CHANGING MOPP GEAR	STP 21-24-SMCT
031-503-1035	PROTECT YOURSELF FROM CHEMICAL/BIOLOGICAL CONTAMINATION USING YOUR ASSIGNED PROTECTIVE MASK	STP 21-1-SMCT

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
031-503-1036	MAINTAIN YOUR ASSIGNED PROTECTIVE MASK	STP 21-1-SMCT
031-503-3008	IMPLEMENT MISSION-ORIENTED PROTECTIVE POSTURE (MOPP)	STP 21-24-SMCT
031-503-4002	SUPERVISE UNIT PREPARATION FOR AN NBC ATTACK	STP 21-24-SMCT
031-506-1053	REPORT NBC INFORMATION USING NBC 4 REPORT	STP 21-24-SMCT
031-506-2061	CONDUCT A MASK FIT TEST	STP 21-24-SMCT
031-506-3001	PLAN DECONTAMINATION OPERATIONS	STP 3-54B34-SM-TG
031-506-3059	INSPECT UNIT NBC TRAINING PROGRAM	STP 3-54B34-SM-TG

SUPPORTING COLLECTIVE TASKS: NONE**OPFOR TASKS AND STANDARDS: NONE**

ELEMENTS: TRIAGE/PRE-OP/EMT
 OPERATING ROOM C
 HOSPITAL HEADQUARTERS
 OPERATING ROOM D
 ORTHO CAST CLINIC
 2 CMS
 5 INTENSIVE CARE WARD
 RADIOLOGY SERVICE
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 NURSING SVC CNTL TEAM
 LITTER BEARER SECTION
 OR/CMS CONTROL TEAM
 OPERATING ROOM A
 OPERATING ROOM B
 DENTAL SERVICE
 INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 BLOOD BANK
 PT SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)

TASK: USE PASSIVE AIR DEFENSE MEASURES (44-3-C220.08-705L)

(FM 44-8)

(FM 20-3)

(FM 3-3)

(FM 3-4)

(FM 3-5)

(FM 4-02.7)

(FM 44-80)

(FM 8-10)

(FM 8-10-14)

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: Threat aircraft sighting is reported in the general area. The hospital is currently providing patient support. A commander of brigade level or equivalent has directed camouflage. SCPE is on hand and/or field-expedient and natural shelters are available. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: All available resources are employed to hide the hospital from detection by air, and lessen its vulnerability if attacked. At MOPP4, air watch activities are significantly degraded due to eye-lens distortions.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
1. Hospital employs camouflage and concealment techniques. (052-191-1361, 052-191-1362)		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> a. Covers all shiny items with emphasis on windshields, mirrors, and tail lights. b. Camouflages vehicles, tents, and supplies so they are not seen from above. c. Disperses vehicles, tents, and supplies at distances consistent with the size of the area to reduce vulnerability to air attacks. d. Constructs field fortifications with available materials to protect personnel, patients, and mission-essential equipment. e. Establishes attack alarm procedures. f. Rehearses alarm procedures. <p>* 2. Hospital commander and leaders supervise air watch activities. (113-600-2001, 113-637-2001, 301-371-1000, 441-091-3000)</p> <ul style="list-style-type: none"> a. Direct manning of dismount point that provide an early warning of approaching aircraft. b. Establish a listening watch on the air defense early warning radio net, if equipment is available. c. Depict on the map board current threat aircraft sightings in the immediate area. d. Forward all aircraft sightings and direction of flight to medical brigade operations branch/medical group S2/S3 section. <p>3. Hospital personnel react to aircraft sightings. (071-331-0804, 301-371-1000)</p> <ul style="list-style-type: none"> a. Sound prescribed alarm to alert all hospital personnel of the presence of threat aircraft. b. Occupy predesignated defensive positions and field fortifications. c. Move patients to fortified areas. d. Maintain constant surveillance of assigned search area. e. Identify threat aircraft visually. f. Remain concealed and hold fire to avoid revealing position. g. Restrict movement of vehicles or movement of personnel in open areas. h. Sound "All Clear" signal as directed by hospital HQ. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"*" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
052-191-1361	CAMOUFLAGE YOURSELF AND YOUR INDIVIDUAL EQUIPMENT	STP 21-1-SMCT
052-191-1362	CAMOUFLAGE EQUIPMENT	STP 21-1-SMCT
071-331-0804	Perform Surveillance Without the Aid of Electronic Devices	STP 21-1-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
301-371-1000	REPORT INTELLIGENCE INFORMATION	STP 21-1-SMCT

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
441-091-3000	Supervise the Implementation of Air Defense Measures	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS

TASK: CONDUCT AERIAL RECONNAISSANCE (08-OPFOR-1007)

CONDITION: OPFOR HQ requires intelligence on location and identification of enemy elements. Aircraft is dispatched to take photographs and conduct a visual inspection of enemy rear area.

STANDARD: Photograph assigned sectors. Make quick visual checks where cloud ceiling is low. Locate enemy positions in the rear area, particularly support and storage bases, and C2 facilities. Report PIR and other information requirements to OPFOR HQ.

ELEMENTS: COMPANY HEADQUARTERS

ADMINISTRATION DIV
PATIENT ADMIN DIV
NUTRITION CARE DIV
SUPPLY & SERVICE DIV
NURSING SVC CNTL TEAM
TRIAGE/PRE-OP/EMT
LITTER BEARER SECTION
OR/CMS CONTROL TEAM
OPERATING ROOM A
OPERATING ROOM B
ORTHO CAST CLINIC
2 CMS
DENTAL SERVICE
7 INTERMED CARE WARDS
NP WARD & CONSULT SVC
2 MINIMAL CARE WARDS
PHARMACY SERVICE
HOSPITAL HEADQUARTERS
HOSP OPERATIONS SECT
INPATIENT MEDICINE A
3 INTENSIVE CARE WARD
LABORATORY SERVICE
BLOOD BANK
RADIOLOGY SERVICE
PT SERVICE
HOSPITAL MINISTRY TM
UNIT HEADQUARTERS
SUP & SVC DIV (AUG)
OPERATING ROOM C
OPERATING ROOM D
5 INTENSIVE CARE WARD

TASK: TAKE ACTIVE AIR DEFENSE MEASURES AGAINST HOSTILE AIRCRAFT

(44-3-C221.08-705L)

(FM 44-8)

(FM 21-11)

(FM 3-3)

(FM 3-4)

(FM 3-5)

(FM 4-02.7)

(FM 44-80)

(FM 8-10)

(FM 8-10-14)

(FM 8-10-6)

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: Hospital receives early warning of unknown or hostile aircraft in the area. The hospital is deployed supporting TO. Air attack causes casualties and damage to operating area and facilities. SCPE is on hand and/or field-expedient and natural shelters are available. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: Hospital repulses all attacking aircraft. At MOPP4, air search, aircraft engagement, and post-attack activities are significantly degraded due to protective clothing.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>1. Hospital personnel employ preparatory measures before engaging hostile aircraft. (071-004-0003, 071-331-0804, 113-637-2001, 301-371-1000)</p> <ul style="list-style-type: none"> a. Sound air attack alarm to alert all personnel of the presence of hostile aircraft. b. Relocate patients to predesignated defensive positions and field fortifications. c. Occupy predesignated defensive positions and field fortifications. d. Search assigned defensive area for approaching aircraft. e. Identify threat aircraft visually. f. Report all aircraft actions to operations section. g. Prepare personnel to automatically return fire, if fired upon by aircraft. <p>2. Hospital engages hostile aircraft. (071-004-0006)</p> <ul style="list-style-type: none"> a. Places weapon on highest rate of fire. b. Selects proper aim point for the type of aircraft and direction of flight. c. Engages hostile aircraft with all available small arms until repulsed. <p>* 3. Hospital commander and leaders supervise post-attack activities. (113-637-2001, 301-371-1000, 805C-PAD-2060)</p> <ul style="list-style-type: none"> a. Give "All Clear" signal when hostile aircraft have departed the area. b. Forward damage report to medical brigade operations branch/medical group S2/S3 section. c. Submit PIR to medical brigade operations branch/medical group S2/S3 section. d. Coordinate casualty evacuation with medical brigade DCSPER/medical group S1 and medical brigade operations branch/medical group S2/S3 section. e. Direct clearing of mission-hindering destroyed supplies and equipment. f. Coordinate changes or delays to support plan caused by air attack with medical brigade operations branch/medical group S2/S3 section. g. Coordinate replacement of personnel and equipment with medical brigade DCSPER and DCSLOG/medical group S1 and S4. h. Direct hospital to continue assigned mission. <p>4. Hospital personnel perform post-attack activities. (101-515-1998, 101-515-1999, 113-600-2001, 113-637-2001, 805C-PAD-2060)</p> <ul style="list-style-type: none"> a. Treat casualties. (08-2-0314.08-705L) <p>NOTE: See task 08-2-0314.08-705L for detailed treatment and evacuation procedures.</p> <ul style="list-style-type: none"> b. Conduct battlefield stress reduction and prevention procedures. (08-2-R303.08-705L) <p>NOTE: See task 08-2-R303.08-705L for detailed procedures.</p> <ul style="list-style-type: none"> c. Report casualties to TOC. d. Evacuate casualties. e. Reconstruct damaged defensive positions and field fortifications. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
f. Repair damaged camouflage material, if previously directed to camouflage. g. Move KIA remains and personal effects to a predesignated location. (10-2-C318.08-705L) NOTE: See task 10-2-C318.08-705L for detailed mortuary affairs procedures. h. Move debris clear of area essential to mission accomplishment. i. Continue mission as directed by the hospital commander.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
071-004-0003	Load an M9 Pistol	STP 21-1-SMCT
071-004-0006	Engage Targets with an M9 Pistol	STP 21-1-SMCT
071-331-0804	Perform Surveillance Without the Aid of Electronic Devices	STP 21-1-SMCT
101-515-1998	Evacuate Isolated Remains	STP 21-1-SMCT
101-515-1999	Recover Isolated Remains	STP 21-1-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
301-371-1000	REPORT INTELLIGENCE INFORMATION	STP 21-1-SMCT

SUPPORTING COLLECTIVE TASKS

Task Number	Task Title	References
08-2-0314.08-705L	TREAT HOSPITAL CASUALTIES	ARTEP 8-705-MTP
08-2-R303.08-705L	CONDUCT BATTLEFIELD STRESS REDUCTION AND PREVENTION PROCEDURES	ARTEP 8-705-MTP
10-2-C318.08-705L	PERFORM MORTUARY AFFAIRS OPERATIONS	ARTEP 8-705-MTP

OPFOR TASKS AND STANDARDS

TASK: CONDUCT AIR ATTACKS (08-OPFOR-1006)

CONDITION: OPFOR elements in the rear area have forwarded the positions of enemy support sites and/or the locations of road march elements. OPFOR aircraft have been dispatched to attack enemy installations or convoys.

STANDARD: Locate C2 site(s) or convoys. Make attack runs on designated target(s). Destroy enemy equipment, supplies, vehicles, and personnel.

ELEMENTS: OR/CMS CONTROL TEAM
 TRIAGE/PRE-OP/EMT
 DENTAL SERVICE
 INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD
 HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 BLOOD BANK
 RADIOLOGY SERVICE
 PT SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 OPERATING ROOM A
 OPERATING ROOM B
 ORTHO CAST CLINIC
 2 CMS
 SUP & SVC DIV (AUG)
 7 INTERMED CARE WARDS
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 NURSING SVC CNTL TEAM
 LITTER BEARER SECTION
 OPERATING ROOM C
 OPERATING ROOM D
 5 INTENSIVE CARE WARD

TASK: EMPLOY OPERATIONS SECURITY MEASURES (63-2-1016.08-705L)

(FM 34-54)	(AR 380-19-1)	(AR 380-5)
(AR 5-12)	(AR 525-22)	(AR 530-1)
(FM 100-20)	(FM 20-3)	(FM 24-1)
(FM 24-18)	(FM 24-19)	(FM 24-33)
(FM 24-35)	(FM 24-35-1)	(FM 3-0)
(FM 3-11.21)	(FM 3-19.30)	(FM 3-3)
(FM 3-4)	(FM 3-5)	(FM 4-02.7)
(FM 71-2)	(FM 71-3)	(FM 8-10)
(FM 8-10-14)	(FM 8-9)	(TG 244)

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. Hospitalization support and services operations are commencing. The hospital AO is established. Implementation of the support plan is conducted by radio, wire, and normal distribution. Hospital is authorized automated equipment. Threat forces are capable of intelligence gathering by electronic, visual, and auditory means. DE devices may be used in the area. The medical brigade/medical group OPSEC plan and hospital TSOP are available. Commander of brigade level or equivalent has directed camouflage. This task may be performed under all environmental conditions, day or night. SCPE is on hand and/or field-expedient and natural shelters are available. The hospital commander has elected to locate outside the shelter and has

appointed a liaison officer to coordinate C2 functions between him and the staff. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: The hospital location is not compromised by electronic, visual, or auditory means. At MOPP4, performance degradation factors increase the implementation time for OPSEC measures.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Hospital commander and leaders supervise OPSEC activities. (301-371-1050)</p> <ul style="list-style-type: none"> a. Inspect access and dismount point(s) to ensure compliance with TSOP or other written and/or oral instructions. b. Inspect hospital's camouflage to ensure compliance with TSOP and the hospital commander guidance. c. Monitor information security measures to ensure compliance with TSOP and hospital commander guidance. d. Monitor signal security measures to ensure compliance with TSOP and the command guidance. e. Monitor employment of counter and counter-surveillance measures to ensure procedures are taken IAW TSOP and the command guidance. f. Monitor employment of automated systems security and defense against DE devices preventive measures to ensure compliance with TSOP and the command guidance. g. Perform "on-the-spot correction" when OPSEC weaknesses or violations are discovered. <p>2. Hospital personnel employ information security measures. (121-004-1518, 121-030-1504, 121-030-1505, 121-030-1507, 301-371-1050, 301-371-1052, 805C-PAD-3594)</p> <ul style="list-style-type: none"> a. Account for all OPORDs and annexes by requiring receipt signature during distribution. b. Account for all SOI/SSIs at all times. c. Control all operational information on a need-to-know basis. d. Maintain all classified information and materials in an authorized security container. e. Maintain emergency destruction instructions IAW applicable regulations and the TSOP. f. Maintain details of military activities separate from personal materials. <p>3. Hospital personnel employ SIGSEC measures. (113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Transmit mission essential information by radio only. b. Employ authentication and encryption codes specified in the SOI/SSI. c. Employ code names for persons, equipment, hospitals, and locations when transmitting over nonsecure means. d. Transmit messages no longer than 20 seconds. e. Report all COMSEC discrepancies and violations to medical brigade communications branch/medical group communications section. <p>4. Hospital personnel employ EP.</p> <ul style="list-style-type: none"> a. Tune equipment to assigned frequencies specified in current SOI/SSI. b. Observe all radio silence periods as directed. c. Employ correct anti-jamming procedures. d. Forward MIJFEEDER voice template report to medical brigade communications branch/medical group communications section within ten minutes of the incident. <p>5. Hospital personnel employ counter-surveillance measures. (071-331-0815)</p>		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
a. Employ litter prevention measures that keeps area free of trash, litter, or personal items. b. Employ measures that prevent creating footpaths and vehicle tracks between elements in the hospital area. c. Set radio volumes and squelches on lowest possible setting. 6. Hospital personnel employ automated systems security. a. Position computers within an enclosure that provides controlled access. b. Secure all electrical facilities that support the system. c. Restrict access to the computer by use of classified passwords. d. Control all log-ons and file access by the use of unique operator passwords. e. Destroy all printouts of reports and lists as new ones are printed. 7. Hospital personnel employ defense against DE devices. a. Position hospital equipment and vehicles in covered or concealed locations. b. Cover glass or mirrors within line-of-sight of known threat locations. c. Wear laser safety goggles when laser devices are used in the immediate area, if available.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
071-331-0815	Practice Noise, Light, and Litter Discipline	STP 21-1-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
121-004-1518	Receipt/Transfer Classified Material	STP 11-74B14-SM-TG STP 12-71L12-SM
121-030-1504	MAINTAIN A SECURITY CONTAINER CHECK SHEET (STANDARD FORM 702)	STP 12-71L12-SM
121-030-1505	PREPARE STANDARD FORM 700 (SECURITY CONTAINER INFORMATION)	STP 12-71L12-SM
121-030-1507	SAFEGUARD "FOR OFFICIAL USE ONLY" (FOUO) MATERIAL	STP 12-71L12-SM
301-371-1050	IMPLEMENT OPERATIONS SECURITY (OPSEC) MEASURES	STP 21-1-SMCT
805C-PAD-3594	Store Classified Information and Materials	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS

TASK: CONDUCT AERIAL RECONNAISSANCE (08-OPFOR-1007)

CONDITION: OPFOR HQ requires intelligence on location and identification of enemy elements. Aircraft is dispatched to take photographs and conduct a visual inspection of enemy rear area.

STANDARD: Photograph assigned sectors. Make quick visual checks where cloud ceiling is low. Locate enemy positions in the rear area, particularly support and storage bases, and C2 facilities. Report PIR and other information requirements to OPFOR HQ.

TASK: GATHER INTELLIGENCE (08-OPFOR-1008)

CONDITION: OPFOR small elements, operating in the rear area, are planning attacks on enemy bases. Information is needed to complete plans.

STANDARD: Identify all PIR and other intelligence requirements. Pass through any outpost, defensive wire, or warning device undetected. Move to an observation point that offers cover and concealment and is close enough to gather PIR and other intelligence requirements. Gather all PIR and other intelligence requirements. Withdraw from area undetected. Report all information to OPFOR HQ.

TASK: CONDUCT ELECTRONIC WARFARE (08-OPFOR-1012)

CONDITION: OPFOR employs large numbers of RDF sets, along with ground and airborne, and communications analysts to monitor enemy forces for loose communications security practices.

STANDARD: Locate the positions of enemy command, intelligence, and LOG radio nets. Forward locations to OPFOR HQ. Use jamming signals against enemy radio receivers. Monitor enemy radio nets for intelligence information.

ELEMENTS: 5 INTENSIVE CARE WARD
 HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 TRIAGE/PRE-OP/EMT
 LITTER BEARER SECTION
 OR/CMS CONTROL TEAM
 OPERATING ROOM A
 OPERATING ROOM B
 ORTHO CAST CLINIC
 2 CMS
 DENTAL SERVICE
 INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 BLOOD BANK
 RADIOLOGY SERVICE
 PT SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)
 OPERATING ROOM C
 OPERATING ROOM D
 NURSING SVC CNTL TEAM

TASK: PREPARE FOR A CHEMICAL ATTACK (03-3-C202.08-705L)

(FM 3-4)	(AR 350-41)	(FM 100-20)
(FM 21-10)	(FM 3-0)	(FM 3-100)
(FM 3-11.21)	(FM 3-3)	(FM 3-5)
(FM 3-7)	(FM 4-02.7)	(FM 8-10)
(FM 8-10-14)	(FM 8-285)	(FM 8-9)
(TG 244)		

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. The medical command/medical brigade operations branch advised hospital HQ that, based on latest intelligence reports, the threat may use chemical weapons. The operations section directs implementation of actions to minimize casualties and damage. NBC defense equipment is available. Patient protective equipment is available. Hospital is currently operating at MOPP2. The medical brigade/medical group TSOP and OPORD are available. SCPE is on hand and/or field-expedient and natural shelters are available.

NOTE: This task contains a series of preparatory actions leading up to MOPP4. This task should not be trained in MOPP4.

TASK STANDARDS: Preparations for the chemical attack are completed prior to the attack or the effects of the attack reaching the hospital's location.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Hospital commander and leaders issue warning order. (031-503-3008, 031-503-4002)</p> <ul style="list-style-type: none"> a. Conduct chemical vulnerability analysis. b. Conduct MOPP analysis. c. Notify all hospital personnel, patients, and attached or OPCON elements of threat status. d. Direct implementation of defensive preparations consistent with the mission and threat. e. Provide guidance on level of degradation of support mission. <p>2. Hospital personnel take additional actions consistent with mission. (031-503-1015, 031-503-1019, 031-503-1035, 031-503-2001, 031-506-2061)</p> <ul style="list-style-type: none"> a. Harden individual defensive fighting position(s) and support facilities. b. Employ proper field sanitation measures and personal hygiene. c. Check operation of detection equipment as directed by leaders or supervisors. d. Identify protective shelter location(s), if available. e. Inspect all hospital personnel and patients protective masks and clothing for proper fitting. f. Implement patient protective procedure. g. Cover all exposed equipment and supplies. h. Implement procedures to prevent further contamination IAW TSOP. i. Shut down all non-essential equipment. j. Monitor area by testing with detector kits and/or paper to determine level of contamination, as necessary. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
031-503-1015	PROTECT YOURSELF FROM NBC INJURY/CONTAMINATION WITH MISSION-ORIENTED PROTECTIVE POSTURE (MOPP) GEAR	STP 21-1-SMCT
031-503-1019	REACT TO CHEMICAL OR BIOLOGICAL HAZARD/ATTACK	STP 21-1-SMCT
031-503-1035	PROTECT YOURSELF FROM CHEMICAL/BIOLOGICAL CONTAMINATION USING YOUR ASSIGNED PROTECTIVE MASK	STP 21-1-SMCT
031-503-2001	IDENTIFY CHEMICAL AGENTS USING M256-SERIES CHEMICAL AGENT DETECTOR KIT	STP 21-24-SMCT

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
031-503-3008	IMPLEMENT MISSION-ORIENTED PROTECTIVE POSTURE (MOPP)	STP 3-54B1-SM STP 21-24-SMCT
031-503-4002	SUPERVISE UNIT PREPARATION FOR AN NBC ATTACK	STP 21-24-SMCT
031-506-2061	CONDUCT A MASK FIT TEST	STP 21-24-SMCT STP 3-54B2-SM

SUPPORTING COLLECTIVE TASKS: NONE**OPFOR TASKS AND STANDARDS: NONE**

ELEMENTS: HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 2 CMS
 DENTAL SERVICE
 INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 BLOOD BANK
 RADIOLOGY SERVICE
 PT SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)
 OR/CMS CONTROL TEAM
 TRIAGE/PRE-OP/EMT
 OPERATING ROOM C
 OPERATING ROOM D
 ORTHO CAST CLINIC
 5 INTENSIVE CARE WARD
 NURSING SVC CNTL TEAM
 LITTER BEARER SECTION
 OPERATING ROOM A
 OPERATING ROOM B

TASK: RESPOND TO A CHEMICAL ATTACK (03-3-C203.08-705L)

(FM 3-4)	(AR 350-41)	(AR 600-8-1)
(FM 100-20)	(FM 3-0)	(FM 3-100)
(FM 3-11.21)	(FM 3-3)	(FM 3-5)
(FM 4-02.7)	(FM 8-10)	(FM 8-10-14)
(FM 8-9)	(TG 244)	

ITERATION: 1M 2M 3M 4M 5M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. Automatic alarms sound or color changes in chemical detector paper to indicate presence of contaminants. The hospital is tactically deployed at MOPP2. Intelligence reports from the medical brigade operations branch/medical group S2/S3 section indicate that the threat is capable of attacking with chemical weapons. The medical brigade/medical group OPORD and TSOP are available. This task is always performed in MOPP4.

TASK STANDARDS: Hospital personnel react to the chemical alarm within nine seconds, assume MOPP4 within two to four minutes, and perform testing and unmasking procedures until hospital is reorganized and reduced MOPP level functions are reinstated.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>1. Hospital personnel protect equipment. (031-503-1015, 031-503-1019, 031-503-1023, 031-503-1035, 031-503-1037, 031-503-2001, 031-503-3005, 031-503-3008)</p> <ul style="list-style-type: none"> a. Cover all exposed equipment and supplies. b. Implement procedures to prevent further contamination IAW TSOP. c. Monitor the area to determine contamination levels by testing with detector kits and detector paper. <p>2. Hospital personnel employ protective measures. (031-503-1037, 031-503-2001)</p> <ul style="list-style-type: none"> a. Don protective mask within 9 seconds, with hood within 15 seconds. b. Initiate appropriate vocal and nonvocal alarm. c. Don protective gloves within 45 seconds of alarm. d. Assist patients to don MOPP gear, as required. e. Conduct skin (immediate) decontamination within two minutes. f. Conduct operator spraydown (if equipment is available) and personal equipment decontamination within 15 minutes. g. Submit NBC 1 report. h. Identify type of agent using chemical agent detector kit. i. Continue mission unless directed otherwise. <p>* 3. Medical operations officer provides NBC reports to medical brigade operations branch/medical group S2/S3 section. (031-503-3005)</p> <ul style="list-style-type: none"> a. Forwards initial NBC 1 report as soon as tactical situation permits. b. Forwards follow-up NBC 1 report within 20 minutes after the attack. c. Requests permission to move if mission permits. d. Coordinates with medical brigade operations branch/medical group S2/S3 section for operational or thorough decontamination support. <p>* 4. Leaders initiate unmasking procedures when chemical agent detector kits indicate negative results. (031-503-3002, 031-506-2061)</p> <p>NOTE: Agent used is a blood or choking agent that requires no decontamination.</p> <ul style="list-style-type: none"> a. Direct two individuals to conduct unmasking procedures. b. Observe directed individuals for 10 minutes for symptoms of illness. c. Observe directed individual for delayed symptoms. d. Treat directed individual with delayed symptoms. (08-2-0314.08-705L) <p>NOTE: See task 08-2-0314.08-705L for detailed treatment and evacuation procedures.</p> <ul style="list-style-type: none"> e. Report casualties to administrative division, as required. f. Evacuate casualties, as required. g. Initiate "All Clear" signal, if CAM readings are negative and no symptoms of chemical poisoning are detected. <p>5. Hospital personnel employ unmasking procedures when chemical agent detector kits indicate negative results. (031-503-1023, 031-503-1035, 031-503-3002)</p> <ul style="list-style-type: none"> a. Unmask for five minutes in a shady area (directed individuals). b. Perform remasking procedures (directed personnel). c. Unmask when "All Clear" is given. <p>NOTE: Task steps 6 and 7 are only performed if chemical agent detector kits are not available.</p> <p>* 6. Leaders initiate unmasking procedures using M8/M9 detector paper. (031-503-1037, 031-503-3002)</p> <ul style="list-style-type: none"> a. Check area for physical signs of liquid contamination using M8/M9 detector paper. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> b. Direct two individuals to conduct unmasking procedures to include taking a deep breath, breaking the seal of their masks, and keeping their eyes open for 15 seconds. c. Direct the two individuals to remask, including clearing and resealing their masks. d. Observe directed individuals for ten minutes for symptoms of chemical incapacitation. e. Direct the two individuals to unmask again, to include breaking the seal of their mask and taking two or three breaths. f. Direct the two individuals to remask again, including clearing and resealing their masks. g. Observe directed individuals for another ten minutes for chemical symptoms. h. Direct the two individuals to unmask for five minutes. i. Direct the two individuals to remask again. j. Continue to observe directed individuals another ten minutes for delayed symptoms. k. Treat directed individuals with delayed symptoms, if required. (08-2-0314.08-705L) <p>NOTE: See task 08-2-0314.08-705L for detailed treatment and evacuation procedures.</p> <ul style="list-style-type: none"> l. Report casualties, as required. m. Evacuate casualties, as required. n. Initiate "All Clear" if no symptoms appear. <p>NOTE: Complete performance measures 6a through 6n in the sequence listed above.</p> <p>7: Hospital personnel employ unmasking procedures using M8 detector paper. (031-503-1015, 031-503-1023, 031-503-1035, 031-503-1037, 031-503-3002)</p> <ul style="list-style-type: none"> a. Unmask in a shady area when directed by leaders (directed individuals). b. Follow instructions of leaders (directed individuals). c. Perform remasking procedures when directed by leaders (directed individuals). d. Unmask when "All Clear" is given. <p>* 8. Hospital commander and leaders reorganize hospital area.</p> <ul style="list-style-type: none"> a. Reestablish chain of command. b. Coordinate required hospital MOPP level with the medical brigade DCSSPO/medical group S2/S3. c. Inspect hospital personnel to ensure that individuals remain at the directed MOPP level. d. Direct periodic chemical monitoring in the hospital area. e. Supervise the request and distribution of replacement chemical defense equipment and supplies. f. Conduct battlefield stress reduction and prevention procedures. (08-2-R303.08-705L) <p>NOTE: See task 08-2-R303.08-705L for detailed procedures.</p>		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1M	2M	3M	4M	5M		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
031-503-1015	PROTECT YOURSELF FROM NBC INJURY/CONTAMINATION WITH MISSION-ORIENTED PROTECTIVE POSTURE (MOPP) GEAR	STP 21-1-SMCT
031-503-1019	REACT TO CHEMICAL OR BIOLOGICAL HAZARD/ATTACK	STP 21-1-SMCT
031-503-1023	PROTECT YOURSELF FROM NBC INJURY/CONTAMINATION WHEN CHANGING MOPP GEAR	STP 21-24-SMCT
031-503-1035	PROTECT YOURSELF FROM CHEMICAL/BIOLOGICAL CONTAMINATION USING YOUR ASSIGNED PROTECTIVE MASK	STP 21-1-SMCT
031-503-1037	DETECT CHEMICAL AGENTS USING M8 OR M9 DETECTOR PAPER	STP 21-1-SMCT
031-503-2001	IDENTIFY CHEMICAL AGENTS USING M256-SERIES CHEMICAL AGENT DETECTOR KIT	STP 21-24-SMCT
031-503-3002	CONDUCT UNMASKING PROCEDURES	STP 3-54B1-SM STP 21-24-SMCT
031-503-3005	SUBMIT AN NBC 1 REPORT	STP 3-54B1-SM STP 21-24-SMCT
031-503-3008	IMPLEMENT MISSION-ORIENTED PROTECTIVE POSTURE (MOPP)	STP 3-54B1-SM STP 21-24-SMCT
031-506-2061	CONDUCT A MASK FIT TEST	STP 21-24-SMCT STP 3-54B2-SM

SUPPORTING COLLECTIVE TASKS

Task Number	Task Title	References
08-2-0314.08-705L	TREAT HOSPITAL CASUALTIES	ARTEP 8-705-MTP
08-2-R303.08-705L	CONDUCT BATTLEFIELD STRESS REDUCTION AND PREVENTION PROCEDURES	ARTEP 8-705-MTP

OPFOR TASKS AND STANDARDS

TASK: DISRUPT ENEMY MOVEMENT AND OPERATIONS USING PERSISTENT AND NON-PERSISTENT CHEMICAL WEAPONS (08-OPFOR-1001)

CONDITION: OPFOR units deliver chemical agents by means of conventional artillery weapons or aircraft along selected routes and key bases in the rear area.

STANDARD: Deliver chemical agents in low and/or densely wooded areas. Delay movement of enemy supplies and equipment to forward areas by disrupting C2 system. Restrict enemy units movement in rear area. Channel movement into predesignated ambush areas. Contaminate enemy supplies and equipment. Inflict a high rate of casualties on enemy forces.

ELEMENTS: HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 TRIAGE/PRE-OP/EMT
 LITTER BEARER SECTION
 OR/CMS CONTROL TEAM
 OPERATING ROOM A
 ORTHO CAST CLINIC
 2 CMS
 DENTAL SERVICE
 INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 BLOOD BANK
 RADIOLOGY SERVICE
 PT SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)
 OPERATING ROOM C
 OPERATING ROOM D
 5 INTENSIVE CARE WARD
 NURSING SVC CNTL TEAM
 OPERATING ROOM B

TASK: CONDUCT OPERATIONAL DECONTAMINATION (03-3-C224.08-705L)

(FM 3-5)	(FM 100-20)	(FM 3-0)
(FM 3-100)	(FM 3-100.4)	(FM 3-11.21)
(FM 3-3)	(FM 3-4)	(FM 3-7)
(FM 4-02.7)	(FM 8-10)	(FM 8-10-14)
(FM 8-9)	(TC 3-34.489)	(TG 244)

ITERATION: 1M 2M 3M 4M 5M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. As the result of a chemical attack, the hospital is contaminated with a persistent chemical agent. Hospital has assumed MOPP4. Replacement overgarments, SDKs, IEDKs, brooms, mops, supertropical bleach, or other expedient chemical defense items are on hand. The higher HQ TSOP and OPORD are available. This task is always performed in MOPP4.

TASK STANDARDS: Hospital personnel perform operational decontamination within 15 minutes after attack.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
1. Hospital personnel perform essential decontamination. (031-503-1013, 850-001-2000) <ul style="list-style-type: none"> a. Complete skin decontamination using M258A1 skin decontamination kit within one minute of attack or contamination. b. Conduct personal equipment wipe down with supertropical bleach. 2. Hospital personnel perform patient decontamination procedures, as necessary. <ul style="list-style-type: none"> a. Decontaminate patients IAW FM 4-02.7. (08-5-D0002, 08-5-D0003) b. Discard contaminated articles into designated containers. 3. Hospital personnel exchange MOPP gear. (031-503-1013, 031-503-1023, 031-503-1035). <ul style="list-style-type: none"> a. Perform individual decontamination of load-carrying equipment. b. Remove contaminated hoods and outer garments using buddy system. c. Don fresh overgarments, overshoes, and gloves by using the buddy system. d. Secure hood using the buddy system. e. Secure individual load-carrying equipment. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1M	2M	3M	4M	5M		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"*" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
031-503-1013	DECONTAMINATE YOURSELF AND INDIVIDUAL EQUIPMENT USING CHEMICAL DECONTAMINATING KITS	STP 21-1-SMCT
031-503-1023	PROTECT YOURSELF FROM NBC INJURY/CONTAMINATION WHEN CHANGING MOPP GEAR	STP 21-24-SMCT
031-503-1035	PROTECT YOURSELF FROM CHEMICAL/BIOLOGICAL CONTAMINATION USING YOUR ASSIGNED PROTECTIVE MASK	STP 21-1-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 TRIAGE/PRE-OP/EMT
 LITTER BEARER SECTION
 OR/CMS CONTROL TEAM
 OPERATING ROOM A
 ORTHO CAST CLINIC
 2 CMS
 DENTAL SERVICE
 INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 BLOOD BANK
 RADIOLOGY SERVICE
 PT SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)
 OPERATING ROOM C
 OPERATING ROOM D
 5 INTENSIVE CARE WARD

TASK: CONDUCT THOROUGH DECONTAMINATION (03-2-C312.08-705L)

(FM 3-5)	(FM 100-20)	(FM 3-0)
(FM 3-100.4)	(FM 3-11.21)	(FM 3-3)
(FM 3-4)	(FM 3-7)	(FM 8-10)
(FM 8-10-14)	(FM 4-02.7)	(FM 8-9)
(TC 3-34.489)	(TG 244)	

ITERATION: 1M 2M 3M 4M 5M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. The hospital has completed operations in a contaminated area. The tactical situation allows the hospital time to conduct a detailed equipment decontamination. Decontamination equipment and crew are available to assist the hospital. Only those personnel directly involved in decontamination are in MOPP4. This task is always performed in MOPP4.

TASK STANDARDS: Contamination removal allows personnel to operate equipment safely for extended periods at reduced MOPP levels.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
1. Hospital HQ coordinates for thorough decontamination. (031-506-2027) a. Coordinates for additional decontamination support requirements with the medical brigade operations branch/medical group S2/S3 section IAW FM 3-5.		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> b. Coordinates time and location with medical brigade operations branch/medical group S2/S3 section or supporting decontamination element. c. Dispatches an advance party to rendezvous with decontamination elements at the decontamination site. d. Provides security and traffic control at the decontamination site. e. Forward completion report to medical brigade operations branch/medical group S2/S3 section. <p>2. Hospital prepares for decontamination. (031-507-2013, 031-507-2038)</p> <ul style="list-style-type: none"> a. Completes immediate decontamination prior to leaving old AO. b. Prioritizes vehicles based on the commander's guidance. c. Closes all doors, windows, and flaps on vehicles, if possible. d. Removes all items from inside vehicle that cannot be decontaminated by using DS2. e. Moves vehicles and equipment to the decontamination site. <p>3. Hospital processes vehicles and equipment through the decontamination site. (031-507-2013)</p> <ul style="list-style-type: none"> a. Processes vehicles and equipment IAW directions of the decontamination element during decontamination operations. b. Moves vehicles to hospital motor pool area after decontamination is completed. <p>4. Hospital personnel clear the decontamination site. (031-507-2038)</p> <ul style="list-style-type: none"> a. Provide assistance to decontamination element, as required. b. Notifies hospital HQ of completion. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1M	2M	3M	4M	5M		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"**" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
031-506-2027	SELECT DETAILED EQUIPMENT DECONTAMINATION SITE	STP 3-54B2-SM
031-507-2013	SUPERVISE THOROUGH EQUIPMENT DECONTAMINATION	STP 3-54B2-SM
031-507-2038	CONTROL CONTAMINATED WASTE	STP 3-54B2-SM

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 TRIAGE/PRE-OP/EMT
 LITTER BEARER SECTION
 OR/CMS CONTROL TEAM
 OPERATING ROOM A
 OPERATING ROOM B
 ORTHO CAST CLINIC
 2 CMS
 DENTAL SERVICE
 INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 NURSING SVC CNTL TEAM
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 BLOOD BANK
 RADIOLOGY SERVICE
 PT SERVICE
 HOSPITAL MINISTRY TM
 SUP & SVC DIV (AUG)
 UNIT HEADQUARTERS
 OPERATING ROOM C
 OPERATING ROOM D
 5 INTENSIVE CARE WARD

TASK: PREPARE FOR A FRIENDLY NUCLEAR STRIKE (03-3-C205.08-705L)

(FM 3-4)	(AR 350-41)	(FM 100-20)
(FM 3-0)	(FM 3-100)	(FM 3-11.21)
(FM 3-5)	(FM 3-7)	(FM 4-02.7)
(FM 8-10)	(FM 8-10-14)	(FM 8-9)
(TG 244)		

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. The hospital receives a STRIKWARN message from the medical brigade DCSSPO/medical group S2/S3 with specific actions to be implemented. The hospital is supporting TO. In addition to radiological contamination, the hospital is prepared to react to chemical hazards that may occur after an area is radiologically contaminated. Medical brigade/medical group OPORD and TSOP are available. This task may be performed under all environmental conditions. The hospital may be subject to attack by threat forces, NBC attack, or radiological fallout. SCPE is on hand and/or field-expedient and natural shelters are available. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: Preparations for a friendly nuclear strike are completed within 30 minutes of the time specified in the warning. At MOPP4, performance degradation factors increase strike preparation time threefold.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
1. Hospital HQ acknowledges warning. (113-600-2001, 113-637-2001) a. Authenticates the call. b. Transcribes message to hard copy with 100 percent accuracy. c. Acknowledges receipt by return message. * 2. Hospital commander and leaders issue warning order. a. Alert assigned and attached hospital elements by most expedient means. b. Relay specific directed actions by land lines or messengers. 3. Hospital performs preparatory actions. (031-503-1015, 031-503-1023, 031-503-1035, 031-503-3008, 031-503-4002) a. Covers foxholes and shelters. b. Places all externally stored equipment inside tents or shelters, if possible. c. Places vehicles and equipment on terrain that provides shielding. d. Covers all equipment, munitions, fuel, food, and water containers. e. Covers nose and mouth with handkerchief or clean rag. f. Wears designated MOPP gear to minimize skin exposure. g. Zeros dosimeters. h. Wears individual dosimeters (directed personnel). i. Disconnects non-essential electronic equipment. j. Ties down essential antennas. k. Disassembles non-essential antennas and antenna leads. l. Improves shelters and individual positions with consideration for blast, thermal, and radiation effects. m. Secures loose flammable or explosive items and water containers. n. Starts periodic monitoring. o. Continues to harden positions and vehicles. p. Disconnects all electronic equipment prior to detonation. q. Prepares patients for nuclear attack IAW TSOP, if required. r. Conducts battlefield stress reduction and prevention procedures. (08-2-R303.08-705L) NOTE: See task 08-2-R303.08-705L for detailed procedures.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
031-503-1015	PROTECT YOURSELF FROM NBC INJURY/CONTAMINATION WITH MISSION-ORIENTED PROTECTIVE POSTURE (MOPP) GEAR	STP 21-1-SMCT
031-503-1023	PROTECT YOURSELF FROM NBC INJURY/CONTAMINATION WHEN CHANGING MOPP GEAR	STP 21-24-SMCT

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
031-503-1035	PROTECT YOURSELF FROM CHEMICAL/BIOLOGICAL CONTAMINATION USING YOUR ASSIGNED PROTECTIVE MASK	STP 21-1-SMCT
031-503-3008	IMPLEMENT MISSION-ORIENTED PROTECTIVE POSTURE (MOPP)	STP 21-24-SMCT
031-503-4002	SUPERVISE UNIT PREPARATION FOR AN NBC ATTACK	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT

SUPPORTING COLLECTIVE TASKS

Task Number	Task Title	References
08-2-R303.08-705L	CONDUCT BATTLEFIELD STRESS REDUCTION AND PREVENTION PROCEDURES	ARTEP 8-705-MTP

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: NURSING SVC CNTL TEAM
HOSP OPERATIONS SECT
COMPANY HEADQUARTERS
ADMINISTRATION DIV
PATIENT ADMIN DIV
NUTRITION CARE DIV
SUPPLY & SERVICE DIV
TRIAGE/PRE-OP/EMT
LITTER BEARER SECTION
OR/CMS CONTROL TEAM
OPERATING ROOM A
OPERATING ROOM B
ORTHO CAST CLINIC
2 CMS
DENTAL SERVICE
INPATIENT MEDICINE A
3 INTENSIVE CARE WARD
7 INTERMED CARE WARDS
NP WARD & CONSULT SVC
2 MINIMAL CARE WARDS
PHARMACY SERVICE
LABORATORY SERVICE
BLOOD BANK
RADIOLOGY SERVICE
PT SERVICE
HOSPITAL MINISTRY TM
UNIT HEADQUARTERS
SUP & SVC DIV (AUG)
OPERATING ROOM C
OPERATING ROOM D
5 INTENSIVE CARE WARD
HOSPITAL HEADQUARTERS

TASK: RESPOND TO THE INITIAL EFFECTS OF A NUCLEAR ATTACK (03-3-C223.08-705L)

(FM 3-4)	(AR 350-41)	(FM 100-20)
(FM 3-0)	(FM 3-100)	(FM 3-11.21)
(FM 3-5)	(FM 3-7)	(FM 4-02.7)
(FM 8-10)	(FM 8-10-14)	(FM 8-10-6)
(FM 8-9)	(TG 244)	

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. Brilliant light flashes across the horizon. Intelligence summaries from medical brigade operations branch/medical group S2/S3 section indicate the possible use of tactical nuclear weapons by threat. The hospital is supporting tactical operations. All non essential equipment is stowed for protection. Positions and equipment are hardened. MOPP2 is designated. The hospital has all authorized NBC equipment on hand. The medical brigade/medical group OPORD and hospital TSOP are available. SCPE is on hand and/or field-expedient and natural shelters are available. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: Hospital personnel take immediate protective actions and reorganize the hospital area as prescribed by the TSOP and OPORD. At MOPP4, performance degradation factors increase protective action implementation times.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>1. Hospital personnel employ immediate protective actions. (031-503-1015, 031-503-1018, 031-503-1023, 031-503-1036, 031-503-2023, 031-503-3008, 031-506-2061)</p> <ul style="list-style-type: none"> a. Request permission to move out of the expected hazard area if mission permits. b. Disconnect electronic equipment, if applicable. c. Protect all food, water, and mission essential supplies from contamination, if possible. d. Continue to improve positions prior to the arrival of fallout, if possible. e. Seek cover. f. Lie face down on ground with head toward blast. g. Drop to the floor, under a desk or table, if in a shelter or building. h. Cover eyes and exposed skin. i. Place hands and fingers over ears. j. Stay concealed and covered until blast wave passes and debris stops falling. k. Don protective mask within nine seconds after flash and blast have passed. l. Commence continuous monitoring. m. Report radiation exposure status IAW dosimeter readings. <p>2. Hospital personnel reorganize hospital area. (031-503-3005, 081-831-1046, 081-831-1054, 101-92Y-0006, 805C-PAD-2060)</p> <ul style="list-style-type: none"> a. Inspect immediate area for casualties and damaged equipment. b. Forward NBC 1 nuclear report to the medical brigade DCSSPO/medical group S2/S3. c. Perform ADC operations. (63-2-1028.08-705L) <p>NOTE: See task 63-2-1028.08-705L for detail ADC procedures.</p> <ul style="list-style-type: none"> d. Treat casualties. (08-2-0314.08-705L) <p>NOTE: See task 08-2-0314.08-705L for detailed treatment and evacuation procedures.</p> <ul style="list-style-type: none"> e. Conduct battlefield stress reduction and prevention procedures. (08-2-R303.08-705L) <p>NOTE: See task 08-2-R303.08-705L for detailed procedures.</p> <ul style="list-style-type: none"> f. Report casualties to administrative division, as required. g. Evacuate casualties. h. Reestablish chain of command. i. Resume operational mission within time established by the medical brigade operations branch/ medical group S2/S3 section. j. Forward casualty reports to medical brigade/medical group S1. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"**" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
031-503-1015	PROTECT YOURSELF FROM NBC INJURY/CONTAMINATION WITH MISSION-ORIENTED PROTECTIVE POSTURE (MOPP) GEAR	STP 21-1-SMCT
031-503-1018	REACT TO NUCLEAR HAZARD/ATTACK	STP 21-1-SMCT
031-503-1023	PROTECT YOURSELF FROM NBC INJURY/CONTAMINATION WHEN CHANGING MOPP GEAR	STP 21-24-SMCT
031-503-1036	MAINTAIN YOUR ASSIGNED PROTECTIVE MASK	STP 21-1-SMCT
031-503-2023	MEASURE RADIATION DOSE RATE AND TOTAL DOSE	STP 21-24-SMCT
031-503-3005	SUBMIT AN NBC 1 REPORT	STP 3-54B1-SM STP 21-24-SMCT
031-503-3008	IMPLEMENT MISSION-ORIENTED PROTECTIVE POSTURE (MOPP)	STP 3-54B1-SM STP 21-24-SMCT
031-506-2061	CONDUCT A MASK FIT TEST	STP 21-24-SMCT STP 3-54B2-SM
081-831-1046	TRANSPORT A CASUALTY	STP 21-1-SMCT
081-831-1054	EVACUATE CASUALTIES	STP 21-24-SMCT
101-92Y-0006	Inspect equipment for accountability, cleanliness, and serviceability	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS

Task Number	Task Title	References
08-2-0314.08-705L	TREAT HOSPITAL CASUALTIES	ARTEP 8-705-MTP
08-2-R303.08-705L	CONDUCT BATTLEFIELD STRESS REDUCTION AND PREVENTION PROCEDURES	ARTEP 8-705-MTP
63-2-1028.08-705L	PERFORM AREA DAMAGE CONTROL FUNCTIONS	ARTEP 8-705-MTP

OPFOR TASKS AND STANDARDS

TASK: DISRUPT ENEMY MOVEMENT AND OPERATIONS USING TACTICAL NUCLEAR WEAPONS
(08-OPFOR-1002)

CONDITION: Tactical nuclear weapons are employed against key locations in the rear area.

STANDARD: Disrupt or delay movement of equipment and supplies to forward areas. Destroy enemy equipment and supplies (less medical). Inflict a high rate of nuclear casualties among enemy troops. Deny enemy use of specified areas. Contaminate enemy equipment and supplies.

ELEMENTS: HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 NURSING SVC CNTL TEAM
 SUPPLY & SERVICE DIV
 TRIAGE/PRE-OP/EMT
 LITTER BEARER SECTION
 OR/CMS CONTROL TEAM
 OPERATING ROOM A
 OPERATING ROOM B
 ORTHO CAST CLINIC
 2 CMS
 DENTAL SERVICE
 INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 BLOOD BANK
 RADIOLOGY SERVICE
 PT SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)
 OPERATING ROOM C
 OPERATING ROOM D
 5 INTENSIVE CARE WARD

TASK: RESPOND TO THE RESIDUAL EFFECTS OF A NUCLEAR ATTACK (03-3-C222.08-705L)

(FM 3-5)	(AR 350-41)	(FM 100-20)
(FM 3-0)	(FM 3-11.21)	(FM 3-4)
(FM 3-7)	(FM 4-02.7)	(FM 8-10)
(FM 8-10-14)	(FM 8-9)	(TG 244)

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. The hospital is located within the predicted fallout area. The medical brigade operations branch/medical group S2/S3 section has disseminated a simplified fallout prediction with ETA for fallout. Medical brigade/medical group TSOP and hospital NBC defense equipment are available. NBC 3 nuclear reports and OEG have been provided by the medical brigade operations branch/medical group S2/S3 section. SCPE is on hand and/or field-expedient and natural shelters are available. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: Hospital personnel complete fallout preparation before arrival of fallout IAW TSOP and directives provided by the medical brigade operations branch/medical group S2/S3 section. At MOPP4, performance degradation factors increase fallout preparation implementation time.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>1. Hospital prepares for radiological fallout. (031-503-1015, 031-503-1018, 031-503-1023, 031-503-2023, 031-503-3008, 031-506-1053, 031-507-2038)</p> <ul style="list-style-type: none"> a. Covers nose and mouth with handkerchief or clean rag. b. Dons designated MOPP gear to minimize skin exposure. c. Wears individual dosimeters (directed personnel). d. Covers foxhole and shelter. e. Places patients inside shelters. f. Places all externally stored equipment inside tents or shelters IAW TSOP. g. Covers all equipment, munitions, fuel, food, and water containers. h. Continues operational mission as directed by medical brigade operations branch/medical group S2/S3 section. i. Provides patient care within the shelter, as required. j. Occupies shelters or closed vehicles, as directed. k. Conducts battlefield stress reduction and prevention procedures. (08-2-R303.08-705L) <p>NOTE: See task 08-2-R303.08-705L for detailed procedures.</p> <ul style="list-style-type: none"> l. Starts continuous monitoring. m. Continues to improve and increase overhead cover prior to the arrival of fallout. n. Occupies shelters upon the arrival of fallout. o. Calculates optimum time of exit. p. Determines what zone of fallout prediction the hospital is in. q. Estimates how much radiation is expected. r. Submits NBC 4 initial report. s. Takes readings every 15 minutes. t. Submits NBC 4 peak report. u. Takes readings every 30 minutes. v. Submits NBC-series report based on readings. <p>2. Hospital NBC defense teams perform monitoring activities. (031-503-1018, 031-503-1023, 031-503-2023, 031-506-1053, 031-506-2027, 031-507-2006, 031-507-2038, 113-600-2001, 113-637-2001, 191-376-4114)</p> <ul style="list-style-type: none"> a. Initiate radiacmeter monitoring to determine radiation dose rates. b. Relay warning to hospital personnel. c. Take shelter, if mission permits, until "All Clear" is given or if directed to move. d. Monitor radiacmeter to determine dose rate and total dosage. e. Report dose rate and total dosage to medical brigade operations branch/medical group S2/S3 section. f. Comply with entry and exit point procedures. <p>* 3. Hospital commander and leaders develop contingency plan. (031-503-1013, 113-600-2001, 113-637-2001, 191-376-4114)</p> <ul style="list-style-type: none"> a. Identify current mission status. b. Perform comparative analysis between the RES and the OEG. c. Direct development of personnel rotation plans by hospital elements to minimize personnel exposure for those outside the shelter. d. Direct development of entry and exit procedures by hospital elements to minimize shelter and vehicle contamination. e. Develop relocation plan in coordination with the medical brigade operations branch/medical group S2/S3 section. f. Disseminate contingency plan to all elements and the medical brigade operations branch/medical group S2/S3 section. g. Coordinate for decontamination after fallout is complete. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
h. Conduct thorough decontamination.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
031-503-1013	DECONTAMINATE YOURSELF AND INDIVIDUAL EQUIPMENT USING CHEMICAL DECONTAMINATING KITS	STP 21-1-SMCT
031-503-1015	PROTECT YOURSELF FROM NBC INJURY/CONTAMINATION WITH MISSION-ORIENTED PROTECTIVE POSTURE (MOPP) GEAR	STP 21-1-SMCT
031-503-1018	REACT TO NUCLEAR HAZARD/ATTACK	STP 21-1-SMCT
031-503-1023	PROTECT YOURSELF FROM NBC INJURY/CONTAMINATION WHEN CHANGING MOPP GEAR	STP 21-24-SMCT
031-503-2023	MEASURE RADIATION DOSE RATE AND TOTAL DOSE	STP 21-24-SMCT
031-503-3008	IMPLEMENT MISSION-ORIENTED PROTECTIVE POSTURE (MOPP)	STP 3-54B1-SM STP 21-24-SMCT
031-506-1053	REPORT NBC INFORMATION USING NBC 4 REPORT	STP 21-24-SMCT
031-506-2027	SELECT DETAILED EQUIPMENT DECONTAMINATION SITE	STP 3-54B2-SM
031-507-2006	CONDUCT UNSUPPORTED OPERATIONAL DECONTAMINATION	STP 3-54B2-SM
031-507-2038	CONTROL CONTAMINATED WASTE	STP 3-54B2-SM
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
191-376-4114	Control Entry to and Exit From a Restricted Area	STP 21-1-SMCT

SUPPORTING COLLECTIVE TASKS

Task Number	Task Title	References
08-2-R303.08-705L	CONDUCT BATTLEFIELD STRESS REDUCTION AND PREVENTION PROCEDURES	ARTEP 8-705-MTP

OPFOR TASKS AND STANDARDS

TASK: DISRUPT ENEMY MOVEMENT AND OPERATIONS USING TACTICAL NUCLEAR WEAPONS
(08-OPFOR-1002)

CONDITION: Tactical nuclear weapons are employed against key locations in the rear area.

STANDARD: Disrupt or delay movement of equipment and supplies to forward areas. Destroy enemy equipment and supplies (less medical). Inflict a high rate of nuclear casualties among enemy troops. Deny enemy use of specified areas. Contaminate enemy equipment and supplies.

ELEMENTS: HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 NURSING SVC CNTL TEAM
 TRIAGE/PRE-OP/EMT
 LITTER BEARER SECTION
 OR/CMS CONTROL TEAM
 OPERATING ROOM B
 OPERATING ROOM A
 2 CMS
 ORTHO CAST CLINIC
 INPATIENT MEDICINE A
 DENTAL SERVICE
 7 INTERMED CARE WARDS
 3 INTENSIVE CARE WARD
 2 MINIMAL CARE WARDS
 NP WARD & CONSULT SVC
 LABORATORY SERVICE
 PHARMACY SERVICE
 RADIOLOGY SERVICE
 BLOOD BANK
 HOSPITAL MINISTRY TM
 PT SERVICE
 SUP & SVC DIV (AUG)
 UNIT HEADQUARTERS
 OPERATING ROOM C
 OPERATING ROOM D
 5 INTENSIVE CARE WARD

TASK: PERFORM RADIOLOGICAL DECONTAMINATION (63-2-R207.08-705L)

(FM 3-5)	(AR 11-9)	(AR 200-1)
(AR 350-41)	(FM 100-20)	(FM 3-0)
(FM 3-100.4)	(FM 3-11.21)	(FM 3-4)
(FM 3-7)	(FM 4-02.7)	(FM 8-10)
(FM 8-10-14)	(FM 8-9)	(TC 3-34.489)
(TG 244)		

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. The hospital area is contaminated by radiological fallout. Medical brigade/medical group OPORD and TSOP are available. NBC 3 report and OEG have been provided by the medical brigade operations branch/medical group S2/S3 section. External NBC decontamination support's requested in coordination with the medical brigade operations branch/medical group S2/S3 section. SCPE is on hand and/or field-expedient and natural shelters are available. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: Hospital decontaminates personnel, patients, and equipment to within the established negligible risk level established by the medical brigade operations branch/medical group S2/S3 section.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ol style="list-style-type: none"> 1. Hospital performs immediate decontamination procedures. (031-503-1013, 031-503-1015, 850-001-2000) <ol style="list-style-type: none"> a. Starts immediate decontamination procedures within 15 minutes of indications of contamination. b. Employs immediate decontamination procedures IAW medical brigade/medical group TSOP. c. Disposes of contaminated dust and articles IAW prescribed techniques in OPOD and medical brigade/medical group TSOP. d. Employs environmental protection procedures IAW AR 200-1 and TSOP. 2. Hospital performs patient decontamination procedures. (850-001-2000) <ol style="list-style-type: none"> a. Surveys all patients with radiac set to determine level of radiological contamination. b. Decontaminates patients IAW FM 4-02.7. c. Discards contaminated articles into designated containers. d. Employs environmental protection procedures IAW AR 200-1 and TSOP. 3. Hospital performs operational decontamination procedures. (031-503-1013, 031-503-1015, 850-001-2000) <ol style="list-style-type: none"> a. Employs operational decontamination procedures IAW OPOD and hospital TSOP. b. Disposes of contaminated dust and water IAW prescribed techniques in the TSOP. c. Employs environmental protection procedures IAW AR 200-1 and TSOP. 4. Hospital commander directs resumption of operational mission. (113-600-2001, 113-637-2001) <ol style="list-style-type: none"> a. Directs elements to perform assigned mission as specified by OPOD and hospital commander's guidance. b. Monitors hospital radiation status in coordination with each element to ensure compliance with medical brigade/medical group commander's OEG. c. Forwards radiation status updates to the medical brigade operations branch/medical group S2/S3 section. d. Coordinates replenishment of NBC decontamination items with the supply and service division. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

“(*)” indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
031-503-1013	DECONTAMINATE YOURSELF AND INDIVIDUAL EQUIPMENT USING CHEMICAL DECONTAMINATING KITS	STP 21-1-SMCT

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
031-503-1015	PROTECT YOURSELF FROM NBC INJURY/CONTAMINATION WITH MISSION-ORIENTED PROTECTIVE POSTURE (MOPP) GEAR	STP 21-1-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 BLOOD BANK
 RADIOLOGY SERVICE
 PT SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 NURSING SVC CNTL TEAM
 LITTER BEARER SECTION
 TRIAGE/PRE-OP/EMT
 OR/CMS CONTROL TEAM
 OPERATING ROOM A
 OPERATING ROOM B
 ORTHO CAST CLINIC
 2 CMS
 DENTAL SERVICE
 SUP & SVC DIV (AUG)
 OPERATING ROOM C
 OPERATING ROOM D
 5 INTENSIVE CARE WARD

TASK: DEFEND HOSPITAL AREA (63-2-1024.08-705L)

(FM 7-10)	(AR 600-8-1)	(AR 71-32)
(FM 20-3)	(FM 21-75)	(FM 23-35)
(FM 24-19)	(FM 3-05.70)	(FM 3-3)
(FM 3-4)	(FM 3-5)	(FM 4-02.7)
(FM 55-30)	(FM 6-22.5)	(FM 7-20)
(FM 8-10)	(FM 8-10-14)	

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The dismount point reports a large threat element outside the hospital's defensive area. Intelligence report's from the medical brigade operations branch/medical group S2/S3 section indicate threat elements operating in the general area. The hospital has completed defensive preparations. Communications are established with the BCOC and/or operations section. The hospital commander has directed all but "priority" hospitalization support and services to be discontinued and all available personnel be assigned to defensive perimeter duties. Chemical agents have been employed by threat forces in past engagements. The OPORD and TSOP are available. SCPE is on hand and/or field-expedient and natural shelters are available. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: Threat force is repelled and delayed until the hospital is relieved by MP or TCF. At MOPP4, performance degradation factors increase task completion time.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Hospital commander and leaders direct reaction to threat elements. (071-329-1019, 071-430-0002, 071-430-0006, 113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Direct reduction of hospitalization support and services operations. b. Direct employment of maximum defensive level. c. Recall all dismount point personnel, if not detected by threat forces. d. Maintain map surveillance of all threat activity in the hospital's defensive area. e. Forward SPOTREPs to the BCOC and/or medical brigade operations branch/medical group S2/S3 section. f. Forward SHELREPs to the BCOC and/or medical brigade operations branch/medical group S2/S3 section. g. Maintain communications with the BCOC and/or medical brigade operations branch/medical group S2/S3 section. h. Direct hospital defensive fires to repel and/or delay penetration by threat forces into the area. <p>2. Hospital reacts to threat. (071-004-0001, 071-004-0003, 071-004-0004, 071-004-0006, 071-311-2025, 071-326-0510, 071-326-0511, 071-326-3002, 071-430-0002, 071-430-0006, 081-831-1046, 081-831-1054, 113-600-2001, 113-637-2001, 181-105-1001, 181-105-2002, 301-371-1000, 805C-PAD-2060)</p> <ul style="list-style-type: none"> a. Sounds attack alarm. b. Occupies defensive positions, as directed. c. Assembles at predesignated rally point (internal reaction force). d. Forwards SALUTE report to TOC. e. Conducts defensive fires to repel and/or delay penetration into hospital defense. f. Treats casualties. (08-2-0314.08-705L) <p>NOTE: See task 08-2-0314.08-705L for detailed treatment and evacuation procedures.</p> <ul style="list-style-type: none"> g. Conducts battlefield stress reduction and prevention procedures. (08-2-R303.08-705L) <p>NOTE: See task 08-2-R303.08-705L for detailed procedures.</p> <ul style="list-style-type: none"> h. Reports casualties to the TOC, as required. i. Evacuates casualties. j. Forwards SITREP to TOC. k. Replaces injured key personnel. l. Replaces weapons that are destroyed during the engagement, if available. m. Continues patient care. <p>3. Hospital reacts to indirect fire. (031-503-1015, 031-503-1023, 031-503-1035, 031-503-3002, 031-503-3008, 071-326-0510, 071-326-3002, 071-410-0002)</p> <ul style="list-style-type: none"> a. Sounds alarm. b. Relocates patients to protected areas, if possible. c. Seeks overhead cover protection of defensive fighting position. d. Dons protective mask within 9 seconds (with hood, within 15 seconds). e. Forwards SHELREP to TOC. f. Conducts standard unmasking procedures, if chemical alarms or detector paper is not available. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
031-503-1015	PROTECT YOURSELF FROM NBC INJURY/CONTAMINATION WITH MISSION-ORIENTED PROTECTIVE POSTURE (MOPP) GEAR	STP 21-1-SMCT
031-503-1023	PROTECT YOURSELF FROM NBC INJURY/CONTAMINATION WHEN CHANGING MOPP GEAR	STP 21-24-SMCT
031-503-1035	PROTECT YOURSELF FROM CHEMICAL/BIOLOGICAL CONTAMINATION USING YOUR ASSIGNED PROTECTIVE MASK	STP 21-1-SMCT
031-503-3002	CONDUCT UNMASKING PROCEDURES	STP 21-24-SMCT
031-503-3008	IMPLEMENT MISSION-ORIENTED PROTECTIVE POSTURE (MOPP)	STP 21-24-SMCT
071-004-0001	Maintain an M9 Pistol	STP 21-1-SMCT
071-004-0003	Load an M9 Pistol	STP 21-1-SMCT
071-004-0004	Unload an M9 Pistol	STP 21-1-SMCT
071-004-0006	Engage Targets with an M9 Pistol	STP 21-1-SMCT
071-311-2025	Maintain an M16-Series Rifle	STP 21-1-SMCT
071-326-0510	React to Indirect Fire While Dismounted	STP 21-1-SMCT
071-326-0511	React to Flares	STP 21-1-SMCT
071-326-3002	React to Indirect Fire While Mounted	STP 21-1-SMCT
071-329-1019	Use a Map Overlay	STP 21-24-SMCT
071-410-0002	React to Direct Fire While Mounted	STP 21-1-SMCT
071-430-0002	Conduct a Defense by a Squad	STP 21-24-SMCT
071-430-0006	Conduct a Defense by a Platoon	STP 21-24-SMCT
081-831-1046	TRANSPORT A CASUALTY	STP 21-1-SMCT
081-831-1054	EVACUATE CASUALTIES	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
181-105-1001	Comply with the Law of War and the Geneva and Hague Conventions.	STP 21-1-SMCT
181-105-2002	Conduct Combat Operations According to the Law of War	STP 21-24-SMCT
301-371-1000	REPORT INTELLIGENCE INFORMATION	STP 21-1-SMCT

SUPPORTING COLLECTIVE TASKS

Task Number	Task Title	References
08-2-0314.08-705L	TREAT HOSPITAL CASUALTIES	ARTEP 8-705-MTP

SUPPORTING COLLECTIVE TASKS

Task Number	Task Title	References
08-2-R303.08-705L	CONDUCT BATTLEFIELD STRESS REDUCTION AND PREVENTION PROCEDURES	ARTEP 8-705-MTP

OPFOR TASKS AND STANDARDS

TASK: CONDUCT AIR ATTACKS (08-OPFOR-1006)

CONDITION: OPFOR elements in the rear area have forwarded the positions of enemy support sites and/or the locations of road march elements. OPFOR aircraft have been dispatched to attack enemy installations or convoys.

STANDARD: Locate C2 site(s) or convoys. Make attack runs on designated target(s). Destroy enemy equipment, supplies, vehicles, and personnel.

TASK: CONDUCT RAID (08-OPFOR-1009)

CONDITION: OPFOR element has occupied an objective rally point and has orders to conduct a raid on a CSS base.

STANDARD: Surprise enemy forces. Assault enemy support base and accomplish assigned tasks. Destroy specified equipment and supplies. Avoid decisive engagement. Withdraw all personnel from objective area(s) within time prescribed. Obtain all PIR from raid site.

TASK: ATTACK (08-OPFOR-1010)

CONDITION: Enemy rear area CSS base has been located by OPFOR element. PIR and other intelligence requirements has been obtained by OPFOR patrols. OPFOR element has automatic and anti-armor weapons, and light mortars. OPFOR element is approximately the size of two platoons.

STANDARD: Develop an attack plan. Initiate attack using a scheme of maneuver that exploits enemy flanks, gaps, and weaknesses. Use covered and concealed routes to approach enemy units' flanks, gaps, or weakly held areas. Employ indirect fire to support attack. Penetrate enemy defenses. Destroy equipment and supplies. Inflict casualties. Isolate the CSS base by blocking reinforcements. Force enemy units to displace. Withdraw before CSS base is reinforced with tactical combat forces.

TASK: MAINTAIN CONTACT (08-OPFOR-1011)

CONDITION: OPFOR element is tactically engaged with enemy base defense forces. Enemy forces are withdrawing under pressure.

STANDARD: Engage enemy forces decisively. Advance own unit or forces as enemy withdraws. Inflict casualties.

TASK: CONDUCT TERRORIST AND SABOTEUR ATTACKS (08-OPFOR-1013)

CONDITION: OPFOR dispatches small teams into enemy rear area to disrupt CSS operations.

STANDARD: Locate rear support bases and C2 facilities. Delay and disrupt CSS operations through probes. Infiltrate CSS bases to conduct sabotage and terrorist activities. Inflict casualties. Destroy supplies and equipment.

ELEMENTS: DENTAL SERVICE
 INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 BLOOD BANK
 RADIOLOGY SERVICE
 PT SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)
 OR/CMS CONTROL TEAM
 TRIAGE/PRE-OP/EMT
 OPERATING ROOM C
 OPERATING ROOM D
 ORTHO CAST CLINIC
 2 CMS
 5 INTENSIVE CARE WARD
 HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 NURSING SVC CNTL TEAM
 LITTER BEARER SECTION
 OPERATING ROOM A
 OPERATING ROOM B

TASK: REORGANIZE HOSPITAL DEFENSE (63-2-1026.08-705L)

(FM 7-20)	(AR 200-1)	(AR 385-10)
(AR 600-8-1)	(FM 21-11)	(FM 21-75)
(FM 3-05.70)	(FM 3-100.4)	(FM 3-3)
(FM 3-4)	(FM 3-5)	(FM 3-7)
(FM 4-02.7)	(FM 55-30)	(FM 8-10)
(FM 8-10-14)	(FM 8-10-6)	(FM 8-55)
(TC 3-34.489)		

ITERATION:	1	2	3	4	5	M	(Circle)
COMMANDER/LEADER ASSESSMENT:	T	P	U				(Circle)

CONDITIONS: Contact with attacking threat elements is broken. Threat has withdrawn from immediate area. The hospital maintains a high state of readiness. Further threat assaults can occur. The hospital sustains casualties and damage to defensive positions. Hospital may camouflage when directed by a commander of least brigade level or equivalent. SCPE is on hand and/or field-expedient and natural shelters are available. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: Hospital defenses are reorganized within the time prescribed by hospital commander. At MOPP4, performance degradation factors increase defense reorganization completion time.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Hospital commander and leaders supervise reorganization of hospital defenses. (071-326-5704, 071-430-0003, 071-430-0004, 071-430-0007, 071-430-0008, 113-600-2001, 113-637-2001, 301-371-1000)</p> <ul style="list-style-type: none"> a. Identify status of personnel, patients, weapons, equipment, and supplies (including medical). b. Fill key leadership positions. c. Reassign personnel to defensive positions most critical to hospital defense. d. Supervise distribution or redistribution of ammunition. e. Request ammunition resupply from supply and service division. f. Reassign defensive positions and areas of fire. g. Supervise replacement and/or reconstruction of defensive positions, camouflage, and barriers. h. Enforce safety procedures IAW AR 385-10 and TSOP. i. Enforce environmental protection procedures IAW AR 200-1 and TSOP. j. Prepare updated hospital defense sketch. k. Forward sketch to the BCOC and/or medical brigade operations branch/medical group S2/S3 section. l. Forward personnel, weapons, supplies, and equipment status report to the BCOC and/or medical brigade operations branch/medical group S2/S3 section. <p>2. Hospital performs defensive reorganization activities. (052-191-1361, 052-191-1362, 071-004-0001, 071-311-2025, 071-326-5703, 081-831-1046, 081-831-1054, 101-92Y-0006, 113-600-2001, 113-637-2001, 301-371-1000, 805C-PAD-2060)</p> <ul style="list-style-type: none"> a. Mans all critical defensive positions. b. Redistributes ammunition to all defensive positions. c. Reports ammunition status to TOC. d. Occupies newly assigned defensive positions. e. Establishes new areas of fire. f. Performs PMCS on assigned weapons. g. Reconstructs defensive positions. h. Reconstructs man-made barriers. i. Replaces damaged camouflage, if previously directed to camouflage. j. Employs safety procedures IAW AR 385-10 and TSOP. k. Employs environmental protection procedures IAW AR 200-1 and TSOP. l. Reports all threat activities to TOC. m. Treats casualties. (08-2-0314.08-705L) <p>NOTE: See task 08-2-0314.08-705L for detailed treatment and evacuation procedures.</p> <ul style="list-style-type: none"> n. Conducts battlefield stress reduction and prevention procedures. (08-2-R303.08-705L) <p>NOTE: See task 08-2-R303.08-705L for detailed procedures.</p> <ul style="list-style-type: none"> o. Reports casualties to the TOC. p. Evacuates casualties. q. Reports casualties to the TOC. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
052-191-1361	CAMOUFLAGE YOURSELF AND YOUR INDIVIDUAL EQUIPMENT	STP 21-1-SMCT
052-191-1362	CAMOUFLAGE EQUIPMENT	STP 21-1-SMCT
071-004-0001	Maintain an M9 Pistol	STP 21-1-SMCT
071-311-2025	Maintain an M16-Series Rifle	STP 21-1-SMCT
071-326-5703	Construct Individual Fighting Positions	STP 21-1-SMCT
071-326-5704	Supervise Construction of a Fighting Position	STP 21-24-SMCT
071-430-0003	Consolidate a Squad Following Enemy Contact While in the Defense	STP 21-24-SMCT
071-430-0004	Reorganize a Squad Following Enemy Contact While in the Defense	STP 21-24-SMCT
071-430-0007	Consolidate a Platoon Following Enemy Contact While in the Defense	STP 21-24-SMCT
071-430-0008	Reorganize a Platoon Following Enemy Contact While in the Defense	STP 21-24-SMCT
081-831-1046	TRANSPORT A CASUALTY	STP 21-1-SMCT
081-831-1054	EVACUATE CASUALTIES	STP 21-24-SMCT
101-92Y-0006	Inspect equipment for accountability, cleanliness, and serviceability	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
301-371-1000	REPORT INTELLIGENCE INFORMATION	STP 21-1-SMCT

SUPPORTING COLLECTIVE TASKS

Task Number	Task Title	References
08-2-0314.08-705L	TREAT HOSPITAL CASUALTIES	ARTEP 8-705-MTP
08-2-R303.08-705L	CONDUCT BATTLEFIELD STRESS REDUCTION AND PREVENTION PROCEDURES	ARTEP 8-705-MTP

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: HOSP OPERATIONS SECT
 HOSPITAL MINISTRY TM
 OPERATING ROOM D
 ORTHO CAST CLINIC
 2 CMS
 5 INTENSIVE CARE WARD
 RADIOLOGY SERVICE
 HOSPITAL HEADQUARTERS
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 TRIAGE/PRE-OP/EMT
 LITTER BEARER SECTION
 OR/CMS CONTROL TEAM
 OPERATING ROOM A
 OPERATING ROOM B
 DENTAL SERVICE
 INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 BLOOD BANK
 PT SERVICE
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)
 OPERATING ROOM C
 NURSING SVC CNTL TEAM

TASK: PREPARE FOR HOSPITALIZATION SUPPORT AND SERVICES OPERATIONS
 (08-1-0225.08-705L)

(AR 220-1)	(AR 40-61)	(AR 710-2)
(DA PAM 710-2-1)	(FM 100-19)	(FM 100-20)
(FM 101-5)	(FM 3-0)	(FM 3-11.21)
(FM 3-3)	(FM 3-4)	(FM 3-5)
(FM 8-10)	(FM 8-10-14)	(FM 8-10-6)
(FM 8-42)	(FM 8-55)	(FM 8-9)
(TC 3-34.489)	(TG 244)	

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. The operations section has been assigned the responsibility of providing plan(s) for hospitalization support and services plan(s). The medical brigade/medical group commander's decision and concept of support operations are available. Hospitalization support and services requirements for theater operations have been determined. The hospital commander has provided planning guidance. Air, ground, and/or NBC attacks may be conducted. Current status reports are available. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: The plan for hospitalization support and services conforms to the medical brigade/medical group commander's concept of operations and guidance established from hospital

commander. At MOPP4, performance degradation factors increase completion time for hospitalization support and services operations.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ol style="list-style-type: none"> 1. Operations section develops hospitalization support and services plan. <ol style="list-style-type: none"> a. Identifies hospitalization resources available. b. Coordinates with the medical brigade DCSSPO/medical group S2/S3 for hospitalization support and services priorities. c. Formulates a hospitalization support and services base plan IAW FM 8-42, FM 8-55, and TSOP. d. Coordinates with the medical brigade DCSSPO/medical group S2/S3 for the attachment and detachment of medical augmentation. e. Plans alternate location for the hospital. f. Identifies communications and control procedures which will expedite patient regulating and dispositions. g. Coordinates with medical brigade DCSPER/medical group S1 for patient RTD procedures. h. Identifies additional command policies or directives pertaining to hospitalization support and services operations which may cause revisions to the hospitalization support and services plan. i. Establishes procedures for further evacuation of patients. j. Incorporates input from hospital elements into the hospitalization support and services plan. k. Modifies existing plans as the situation dictates. l. Forwards plan to medical brigade DCSSPO/medical group S2/S3. 2. Administrative services personnel prepare hospital administration support plan. <ol style="list-style-type: none"> a. Develop procedures for personnel administration support for the hospital. b. Develop procedures for the admission, disposition, records, and reports of patients. c. Develop procedures for nutrition care division services for patients and staff IAW CSOP. d. Develop procedures for supply and service division functions. e. Develop procedures for hospital operations, security, communications, deployment, and relocation. 3. Professional services prepare the hospital treatment plan. <ol style="list-style-type: none"> a. Develop procedures for hospital clinical service support. b. Develop procedures for pharmacy, laboratory, blood bank, and radiology services. c. Develop procedures for supervision of nursing service personnel. d. Develop procedures for the ICU, ICW, MCW, patient support section, and NP ward and consultation service. e. Develop procedures for TRIAGE/EMT/PREOP and litter bearer service. f. Develop procedures for the OR, CMS, orthopedic cast clinic, and OR/CMS control team. g. Develop procedures for inpatient medical A activities. h. Develop procedures for dental service for staff and patients. i. Develop procedures for PT/OT service. j. Forward treatment plan to hospital commander for approval or modification. 4. Hospital ministry team prepares the hospital ministry support plan. (01-1631.00-0017, 01-1671.00-0002, 805D-208-2102, 805D-211-1102, 805D-211-2101) <ol style="list-style-type: none"> a. Develops procedures for religious support and pastoral care for staff and patients. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
b. Forwards ministry support plan to hospital commander for approval or modification.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
01-1631.00-0017	Develop the Battalion Portion of the Command Master Religious Plan	STP 16-56II-OFS
01-1671.00-0002	Develop a Religious Support Plan	STP 16-56II-OFS
805D-208-2102	Prepare the Command Master Religious Plan (CMRP)	STP 16-56M25-SM-TG
805D-211-1102	Extract Pertinent Unit Ministry Team (UMT) Information from an Operation Order (OPORD)	STP 16-56M10-SM
805D-211-2101	Prepare Unit Ministry Team (UMT) Input to Staff Estimates, OPLANs and OPORDS	STP 16-56M25-SM-TG

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENT: HOSP OPERATIONS SECT**TASK: COORDINATE HOSPITALIZATION SUPPORT AND SERVICES OPERATIONS**
(08-1-0226.08-705L)

(AR 220-1)	(AR 40-61)	(AR 710-2)
(DA PAM 710-2-1)	(FM 100-19)	(FM 100-20)
(FM 101-5)	(FM 3-0)	(FM 3-100)
(FM 3-11.21)	(FM 3-3)	(FM 3-4)
(FM 3-5)	(FM 8-10)	(FM 8-10-14)
(FM 8-42)	(FM 8-55)	(FM 8-9)
(TC 3-34.489)	(TG 244)	

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. Additional hospitalization support and services requirements are being generated as a result of tactical operations. The CHS annex from the medical brigade/medical group OPORD and TSOP are available. Initial contact has been made with supported theater level element. Threat has the capability to launch a NBC attack into hospital's and subordinate elements' areas. Contingency plans for hospitalization augmentation support have been developed and approved by the medical brigade/medical group commander. SCPE is on hand and/or field-expedient and natural shelters are available. The hospital commander has elected to locate outside the shelter and has appointed a liaison Off to coordinate C2 functions between himself and the staff. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: Hospitalization support and services requirements are coordinated with the medical brigade operations branch/ medical group S2/S3 section for additional support at the times specified in the medical brigade/medical group CHS annex and the hospital TSOP. At MOPP4, performance degradation factors increase hospitalization support and services coordination completion time.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Operations section processes support request from the medical brigade DCSSPO/medical group S2/S3 and hospital elements.</p> <ul style="list-style-type: none"> a. Authenticates the accuracy of the support request. b. Identifies the hospitalization support and services and service requirements. c. Establishes priority for requested support. d. Provides warning order to hospital elements or any attached medical asset selected for hospitalization support and services mission. e. Coordinates through the medical brigade DCSSPO/medical group S2/S3 for additional hospitalization augmentation support. f. Requests NBC decontamination support from the medical brigade operations branch/medical group S2/S3 section. g. Requests additional CHS IAW with the CHS annex of the medical brigade/medical group OPORD and TSOP. <p>2. Operations section coordinates hospitalization support and services operations for execution of mission requirements.</p> <ul style="list-style-type: none"> a. Requests aeromedical evacuation or GA support through the medical brigade operations branch/medical group S2/S3 section. b. Monitors implementation of hospitalization support and services plan to determine when to direct or shift priorities IAW TSOP. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> c. Requests additional hospitalization support and services IAW OPLAN/OPORD and TSOP. d. Forwards all medical information of potential intelligence value to the medical brigade operations branch/medical group S2/S3 section. <p>3. Operations section monitors hospital operations.</p> <ul style="list-style-type: none"> a. Maintains current status of all essential equipment. b. Verifies PMCS activities within the hospital for compliance with TSOP. c. Verifies levels of all classes of supplies in coordination with the supply and service division to determine operational capabilities. d. Verifies personnel strength and replacements through the administrative division to determine operational capabilities. e. Maintains a current list of hospital shortcomings. f. Verifies the efficiency and flexibility of hospitalization support and services operations. g. Provides daily readiness update to hospital commander and medical brigade/medical group HQ. <p>4. Operations section updates NBC hospitalization support and services plan.</p> <ul style="list-style-type: none"> a. Coordinates NBC updates with medical brigade operations branch/medical group S2/S3 section. b. Identifies status of contaminated and uncontaminated supplies. c. Plans resupply of medical equipment and supplies for patients. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS: NONE

SUPPORTING COLLECTIVE TASKS

Task Number	Task Title	References
08-1-0225.08-705L	PREPARE FOR HOSPITALIZATION SUPPORT AND SERVICES OPERATIONS	ARTEP 8-705-MTP
63-1-1040.08-705L	MAINTAIN COMMUNICATIONS	ARTEP 8-705-MTP

OPFOR TASKS AND STANDARDS: NONE

**ELEMENTS: COMPANY HEADQUARTERS
ADMINISTRATION DIV**

TASK: PROVIDE PERSONNEL SERVICE SUPPORT (63-1-1042.08-705L)

(FM 12-6)	(AR 190-8)	(AR 25-50)
(AR 380-19)	(AR 380-5)	(AR 600-8)
(AR 600-8-101)	(AR 600-8-22)	(AR 600-8-6)
(AR 614-200)	(DA PAM 600-8-1)	(DA PAM 600-8-2)
(DA PAM 611-21)	(FM 19-10)	(FM 19-4)
(FM 3-3)	(FM 3-4)	(FM 3-5)
(FM 63-3)	(FM 8-10)	(FM 8-10-14)

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital HQ has analog and/or digital communications with higher and lower HQ. The medical brigade/medical group HQ OPORD with all annexes, status reports, maps, overlays, and other required documents has been forwarded to the commander (or his digital device, when available). Hospitalization support and services operations have commenced. The hospital HQ CP and administrative areas are operational. Personnel rosters are available. Casualties, transfers, and EPW cause personnel actions and adjustments. The medical brigade/medical group and hospital CHS annexes are available. The hospital TSOP and OPORD are available. This task may be performed under all environmental conditions. The hospital may be subject to attack by threat forces, NBC attack, or radiological fallout. Although SCPE is on hand, the administrative division/company HQ operates in field expedient or natural shelters under reduced manpower conditions. This task is performed under all environmental conditions, both day and night. The unit is subject to air, NBC, and ground threat forces attack. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: PSS actions are processed at 95 percent accuracy within 24 hours of receipt request. All PSS activities are conducted IAW TSOP and OPORD. At MOPP4, performance degradation factors decreases PSS to minimum actions.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
1. Administrative division performs strength accounting. (121-014-3474, 121-014-3478, 121-014-3480, 121-014-3482, 121-014-3484, 121-014-3486, 121-014-3488, 121-014-3490, 121-014-3494, 121-015-3011) a. Consolidates element's personnel status reports. b. Forwards personnel status report medical brigade DCSPER/medical group S1 NLT time specified in OPORD/TSOP. c. Updates personnel roster to reflect status of all personnel. d. Prepares PSR IAW TSOP and FM 12-6. e. Briefs PSR to hospital commander and staff. f. Forwards PSR-Part 1, Personnel Daily Summary through command channels to medical brigade DCSPER/medical group S1. g. Forwards PSR-Part 2; Personnel Requirements Report through AG channels to supporting servicing agency. h. Prepares wartime SIDPERS transactions IAW DA Pam 600-8-1. i. Inspects SIDPERS personnel transaction registers to resolve strength imbalances.		
2. Administrative division processes replacements. (113-600-2001, 113-637-2001, 805C-PAD-2060, 805C-PAD-2461) a. Establishes a replacement receiving point.		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> b. Assigns replacements based on unit requirements, priority of requirements, and MOS. c. Prepares arrival transactions and data cards. d. Briefs replacements on unit assignment and tactical situations. e. Updates hospital's personnel roster. f. Coordinates with company HQ further processing of newly assigned personnel. <p>3. Administrative division processes casualty feeder reports. (121-014-3474, 805C-PAD-2060, 805C-PAD-2461)</p> <ul style="list-style-type: none"> a. Verifies casualty feeder reports and witness statements from company HQ for completeness and accuracy. b. Corrects casualty status and identity data based on input from company HQ commander and mortuary affairs elements. c. Prepares SIDPERS deceased transaction and a SIDPERS organization strength report change for KIAs and MIAs (after 90 days). d. Forwards casualty data and transactions to medical brigade DCSPER/medical group S1. <p>4. Administrative division coordinates internal hospital support. (081-831-1047, 081-831-9000, 113-600-2001, 113-637-2001, 151-357-0002)</p> <ul style="list-style-type: none"> a. Calculates probable internal hospital support requirements. b. Coordinates with PAD for normal and emergency evacuation. c. Coordinates with professional service for routine and emergency use policy of medical and dental facilities. d. Monitors routine and emergency treatment and evacuation procedures to determine strength changes. e. Monitors hospital PVNTMED measures to ensure compliance with TSOP. f. Develops battle stress management plan. g. Monitors implementation of combat stress control management plan to ensure hospital support is provided to subordinate elements. <p>5. Company HQ processes replacements.</p> <ul style="list-style-type: none"> a. Inspects all replacement personnel for proper weapons, equipment, clothing, and shot records. b. Briefs replacements on tactical situation. c. Briefs replacements on specific duties. d. Issues required supplies and equipment. e. Escorts replacements to assigned area. f. Records replacement data on personnel roster. <p>6. Administrative division administers EPW program. (113-600-2001, 113-637-2001, 151-357-0002, 301-371-1200)</p> <ul style="list-style-type: none"> a. Identifies collection sites within the hospital and those operated by the supporting MP element. b. Coordinates evacuation with supporting MP. c. Forwards enemy medical materiel to the supply and service division. d. Coordinates CHS requirements with the TRIAGE/PRE-OP/EMT. e. Procures collection point(s) guards from subordinate elements. f. Coordinates evacuation of EPW from the hospital area to MP collection point with operation section. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"**" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-831-1047	SUPERVISE THE IMPLEMENTATION OF PREVENTIVE MEDICINE POLICIES	STP 21-24-SMCT
081-831-9000	IMPLEMENT PREVENTIVE MEDICINE MEASURES (PMM)	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
121-014-3474	REVIEW CASUALTY REPORTS	STP 12-75H35-SM-TG
121-014-3478	REVIEW SIDPERS INPUT	STP 12-75H35-SM-TG
121-014-3480	REVIEW THE PROCESSING OF THE PERSONNEL TRANSACTION REGISTER BY ORIGINATOR (PTRO)	STP 12-75H35-SM-TG
121-014-3482	REVIEW PERSONNEL TRANSACTION REGISTER BY UNIT (PTRU)	STP 12-75H35-SM-TG
121-014-3484	REVIEW THE UNIT PERSONNEL ACCOUNTABILITY NOTICES	STP 12-75H35-SM-TG
121-014-3486	REVIEW THE PROCESSING JUMPS TRANSACTION REPORTS	STP 12-75H35-SM-TG
121-014-3488	REVIEW PERSONNEL ASSET INVENTORY (PAI)	STP 12-75H35-SM-TG
121-014-3490	REVIEW UNIT STRENGTH RECONCILIATION, USING THE PERSONNEL ZERO STRENGTH BALANCE REPORT	STP 12-75H35-SM-TG
121-014-3494	REVIEW C2SRS	STP 12-75H35-SM-TG
121-015-3011	REVIEW DUTY STATUS CHANGE (DYST)	STP 12-75H35-SM-TG
151-357-0002	Coordinate Combat Service Support (CSS) Operations	STP 21-24-SMCT
301-371-1200	PROCESS CAPTURED MATERIEL	STP 21-24-SMCT
805C-PAD-2461	Maintain Accountability of Personnel (Status Report)	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: UNIT HEADQUARTERS
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 SUPPLY & SERVICE DIV
 SUP & SVC DIV (AUG)

TASK: PROVIDE ADMINISTRATIVE SERVICE SUPPORT (63-1-1043.08-705L)

(FM 12-6)	(AR 1-201)	(AR 190-11)
(AR 190-13)	(AR 200-1)	(AR 215-1)
(AR 25-1)	(AR 25-50)	(AR 27-1)
(AR 27-10)	(AR 380-5)	(AR 385-10)
(AR 600-15)	(AR 600-20)	(AR 600-38)
(AR 600-8-1)	(AR 600-8-10)	(AR 600-8-19)
(AR 600-8-2)	(AR 600-8-22)	(AR 614-185)
(AR 614-200)	(DA PAM 600-8)	(DA PAM 600-8-1)
(DA PAM 600-8-2)	(DA PAM 611-21)	(DOD 4525.6-M VOL 2)
(FM 100-10)	(FM 14-100)	(FM 21-20)
(FM 27-1)	(FM 3-100.4)	(FM 3-19.1)
(FM 8-10)	(FM 8-10-14)	(IPDS USER MANUAL 302)
(TC 3-34.489)		

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital HQ has analog and/or digital communications with higher and lower HQ. The medical brigade/medical group HQ OPORD with all annexes, status reports, maps, overlays, and other required documents has been forwarded to the commander (or his digital device, when available). Hospitalization support and services operations have stabilized. Administrative support activities have increased. Subordinate elements are requesting morale, welfare, and recreation support. The medical brigade/medical group and hospital OPORDs are available. The hospital TSOP is available. This task is performed under all environmental conditions, both day and night. The hospital is subject to air, NBC, and ground threat forces attack. Although SCPE may be on hand, the administrative division operates in field-expedient and natural shelters under reduced manpower conditions. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: All administrative actions are processed and forwarded IAW TSOP and OPORD within the time prescribed. All morale support resources are employed in a manner that enhances and sustains soldier morale within the hospital. At MOPP4, performance degradation factors increases time required to perform administrative actions.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
1. Administrative division provides mail service. (121-005-1201, 121-005-1205, 121-005-1208, 121-005-1211, 121-005-1212, 121-005-1216, 121-005-1218, 121-005-1222, 121-005-1223, 121-005-1227, 121-005-1240, 850-001-2000) a. Maintains situational awareness at all times. b. Maintains current locations of all subordinate elements. c. Collects mail from supporting postal activity for all subordinate elements. d. Sorts mail by element and location. e. Delivers all mail to subordinate elements. f. Returns all undelivered mail to supporting postal activity. g. Employs safety procedures AR 385-10 and TSOP. h. Employs environmental protection procedures IAW AR 200-1 and TSOP.		
2. Administrative division operates distribution center. (121-004-1223, 121-004-1224, 121-004-1518, 121-030-1507, 805C-PAD-3594)		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> a. Collects correspondence from all subordinate elements. b. Forwards all correspondence to appropriate elements. c. Secures classified materials IAW AR 190-13, TSOP, and local directives. <p>3. Administrative division processes promotion recommendations. (121-014-3418, 121-014-3420, 121-015-3007, 805C-PAD-2402)</p> <ul style="list-style-type: none"> a. Forwards all promotion requests to medical brigade PAS/medical group S1 section and servicing personnel elements. b. Maintains suspense file on all forwarded promotion actions. <p>4. Administrative division administers awards program. (121-014-3450, 121-014-3452, 805C-PAD-2044, 805C-PAD-2402)</p> <ul style="list-style-type: none"> a. Inspects incoming award recommendations for accuracy and completeness. b. Forwards all recommendations to medical brigade PAS/medical group S1 section and supporting personnel elements. c. Maintains suspense file on all award recommendations. <p>5. Administrative division processes UMCJ actions. (121-002-1302, 121-002-1303, 121-002-1305, 121-002-1306, 121-002-1307, 121-002-1309, 121-002-1310, 121-002-1311, 121-002-1313, 121-002-1314, 121-002-1316, 121-002-1319, 121-002-2501, 121-002-2502, 121-002-2504, 121-002-2505, 121-015-3005, 805C-PAD-2402, 805C-PAD-2407)</p> <ul style="list-style-type: none"> a. Prepares flagging actions requested by subordinate units. b. Processes flagging actions from subordinate units. c. Prepares judicial and nonjudicial proceedings documents. d. Coordinates judicial actions with hospital and company HQ commanders. e. Forwards all documents to medical brigade PAS/medical group S1 section. f. Processes all appeals IAW AR 27-10. <p>6. Administrative division processes personnel and finance actions and SIDPERS transactions. (121-014-3478, 121-026-3004, 805C-PAD-2402)</p> <ul style="list-style-type: none"> a. Verifies changes for accuracy and completeness. b. Prepares SIDPERS input data IAW DA Pam 600-8-1 and DA Pam 600-8-2. c. Forwards all completed actions to medical brigade PAS/medical group S1 section and supporting personnel servicing element. d. Reports SIDPERS disposition to initiating unit(s). e. Coordinates financial support or commercial vending services. <p>7. Administrative division performs administrative functions. (101-92Y-0006, 121-004-1203, 121-004-1205, 121-004-1207, 121-004-1208, 121-004-1216, 121-004-1223, 121-004-1224, 121-004-1227, 121-004-1228, 121-004-1515, 121-004-3533, 121-004-3539, 121-014-3462, 121-031-3471, 121-031-3527)</p> <ul style="list-style-type: none"> a. Maintains leave control log. b. Maintains duty rosters. c. Prepares military correspondence. d. Maintains required functional files. e. Forwards all recurring reports to appropriate activity IAW TSOP and OPORD. f. Maintains required regulations, publications, and SOPs IAW TSOP. g. Maintains inventory levels of publications and/or blank forms. h. Provides reproduction services. i. Performs PMCS. <p>8. Administrative division provides MWR support.</p> <ul style="list-style-type: none"> a. Identifies subordinate MWR requirements. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> b. Identifies supporting MWR capabilities and resources allocated to the hospital. c. Provides recommendation to the hospital commander on prioritization of MWR support to subordinate units. d. Coordinates MWR support deliveries IAW the hospital commander's priority. <p>9. Administrative division coordinates external MWR support. (113-600-2001, 113-637-2001, 151-357-0002)</p> <ul style="list-style-type: none"> a. Coordinates for newspapers, books, magazines, and other publications with medical brigade PAS/medical group S1 section. b. Coordinates for personal sundry items with the medical brigade logistics section/medical group S4 section. c. Coordinates for musical, tactical PX, rest and recuperation support with medical brigade PAS/medical group S1 section. d. Coordinates motion pictures and other entertainment with medical brigade PAS/medical group S1 section. e. Coordinates additional religious support with medical brigade/medical group UMT. <p>10. Supply and service division performs equipment status reporting.</p> <ul style="list-style-type: none"> a. Consolidates elements' equipment status reports. b. Forwards equipment status reports to medical brigade DCSLOG/medical group NLT time specified in OPORD and TSOP. c. Updates equipment status rosters to accurately reflect status. <p>11. Company HQ provides health, welfare, and morale support.</p> <ul style="list-style-type: none"> a. Distributes specialty packs and sundry items IAW OPORD/TSOP. b. Monitors hospital sleep and rest plan for compliance with TSOP. c. Supervises physical conditioning program. d. Coordinates with supply and service division for bath, laundry, and clothing exchange support. e. Coordinates with hospital chaplain for religious activity support. f. Disseminates health, welfare, and morale support information to all hospital elements. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
101-92Y-0006	Inspect equipment for accountability, cleanliness, and serviceability	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
121-002-1302	PROCESS SOLDIER FOR CONFINEMENT	STP 12-71D15-SM-TG

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
121-002-1303	PROCESS AN ARTICLE 32 INVESTIGATION	STP 12-71D15-SM-TG
121-002-1305	PROCESS COURT-MARTIAL CHARGE SHEET (DD FORM 458) FOR PREFERRAL	STP 12-71D15-SM-TG
121-002-1306	PREPARE COURT-MARTIAL CONVENING ORDER	STP 12-71D15-SM-TG
121-002-1307	PREPARE REFERRAL TO TRIAL	STP 12-71D15-SM-TG
121-002-1309	PREPARE REPORT OF JUDICIAL AND DISCIPLINARY ACTIVITY	STP 12-71D15-SM-TG
121-002-1310	PROCESS SPECIAL COURT-MARTIAL SUMMARIZED RECORD OF TRIAL	STP 12-71D15-SM-TG
121-002-1311	PREPARE INITIAL COURT-MARTIAL PROMULGATING ORDER	STP 12-71D15-SM-TG
121-002-1313	PROCESS RECORD OF TRIAL BY SUMMARY COURT-MARTIAL (DD FORM 2329)	STP 12-71D15-SM-TG
121-002-1314	PREPARE CONVENING AUTHORITY'S ACTION	STP 12-71D15-SM-TG
121-002-1316	PREPARE RECORD OF INITIAL ACTION UNDER ARTICLE 15, UCMJ	STP 12-71D15-SM-TG
121-002-1319	PREPARE RECORD OF SUPPLEMENTARY ACTION (DA FORM 2627-2)	STP 12-71D15-SM-TG
121-002-2501	PROCESS RECORD OF TRIAL	STP 12-71D15-SM-TG
121-002-2502	PREPARE SUBPOENA (DA FORM 453) AND VOUCHERS FOR PAYMENT OF WITNESS (SF 1156 AND SF 1157)	STP 12-71D15-SM-TG
121-002-2504	PREPARE REPORT OF RESULT OF TRIAL (DA FORM 4430-R)	STP 12-71D15-SM-TG
121-002-2505	REVIEW COURT-MARTIAL CHARGE SHEET (DD FORM 458)	STP 12-71D15-SM-TG
121-004-1203	Type a Letter	STP 12-71L12-SM
121-004-1205	TYPE A JOINT MESSAGEFORM	STP 12-71L12-SM
121-004-1207	REQUEST RESUPPLY OF PUBLICATIONS AND/OR BLANK FORMS USING DA FORM 4569	STP 12-75B12-SM
121-004-1208	TYPE MILITARY ORDERS	STP 12-71L12-SM
121-004-1216	TYPE A SPECIAL PURPOSE MEMORANDUM	STP 12-71L12-SM
121-004-1223	ROUTE INCOMING DISTRIBUTION	STP 12-71L12-SM
121-004-1224	DISPATCH OUTGOING DISTRIBUTION	STP 12-71L12-SM
121-004-1227	Establish Files	STP 12-71L12-SM
121-004-1228	File Documents/Correspondence	STP 12-71L12-SM
121-004-1515	POST REGULATIONS AND DIRECTIVES	STP 12-71L12-SM
121-004-1518	Receipt/Transfer Classified Material	STP 12-71L12-SM
121-004-3533	DRAFT MILITARY CORRESPONDENCE	STP 12-75H35-SM-TG
121-004-3539	REVIEW CORRESPONDENCE	STP 12-75H35-SM-TG
121-005-1201	ACCEPT DOMESTIC MAIL	STP 12-71L12-SM
121-005-1205	ACCEPT DOMESTIC MAIL REQUIRING SPECIAL SERVICES	STP 12-71L12-SM
121-005-1208	ACCEPT INTERNATIONAL POSTAL UNION MAIL	STP 12-71L12-SM
121-005-1211	ACCEPT INTERNATIONAL PARCEL POST	STP 12-71L12-SM
121-005-1212	MAINTAIN STAMP STOCK	STP 12-71L12-SM
121-005-1216	PROCESS INCOMING REGISTERED MAIL	STP 12-71L12-SM

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
121-005-1218	PROCESS MAIL	STP 12-71L12-SM
121-005-1222	DELIVER REGISTERED MAIL	STP 12-71L12-SM
121-005-1223	DISPATCH OUTGOING REGISTERED MAIL	STP 12-71L12-SM
121-005-1227	CLOSE A REGISTRY SECTION	STP 12-71L12-SM
121-005-1240	MAINTAIN POSTAL SUPPLIES	STP 12-71L12-SM
121-014-3418	PROCESS SEMI-CENTRALIZED ENLISTED PROMOTIONS SGT THROUGH SSG	STP 12-75H35-SM-TG
121-014-3420	DETERMINE ELIGIBILITY FOR PROMOTION TO 1LT/CW2	STP 12-75H35-SM-TG
121-014-3450	REVIEW AWARDS	STP 12-75H35-SM-TG
121-014-3452	REVIEW AWARD OF THE GOOD CONDUCT MEDAL	STP 12-75H35-SM-TG
121-014-3462	PROCESS A REQUEST FOR LEAVE/EMERGENCY LEAVE	STP 12-75H35-SM-TG
121-014-3478	REVIEW SIDPERS INPUT	STP 12-75H35-SM-TG
121-015-3005	REVIEW AND MONITOR SUSPENSION OF FAVORABLE PERSONNEL ACTIONS (FLAGS)	STP 12-75H35-SM-TG
121-015-3007	REVIEW JUNIOR ENLISTED ADVANCEMENTS, PV2 THROUGH SPC	STP 12-75H35-SM-TG
121-026-3004	REVIEW MANAGEMENT OF SIDPERS INPUT/OUTPUT CONTROL	STP 12-75H35-SM-TG
121-030-1507	SAFEGUARD "FOR OFFICIAL USE ONLY" (FOUO) MATERIAL	STP 12-71L12-SM
121-031-3471	PERFORM SYSTEM ADMINISTRATION	STP 12-75H35-SM-TG
121-031-3527	MONITOR THE MAINTENANCE OF FILES	STP 12-75H35-SM-TG
151-357-0002	Coordinate Combat Service Support (CSS) Operations	STP 21-24-SMCT
805C-PAD-2044	Recommend Individual for Award	STP 21-24-SMCT
805C-PAD-2402	Provide Input on Personnel Actions Affecting Subordinates	STP 21-24-SMCT
805C-PAD-2407	Recommend Disciplinary Action for a Soldier	STP 21-24-SMCT
805C-PAD-3594	Store Classified Information and Materials	STP 21-24-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE**OPFOR TASKS AND STANDARDS: NONE**

ELEMENTS: COMPANY HEADQUARTERS
 SUPPLY & SERVICE DIV
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)

TASK: PROVIDE UNIT SUPPLY SUPPORT (10-2-C320.08-705L)

(DA PAM 710-2-1)	(AR 190-11)	(AR 190-51)
(AR 200-1)	(AR 385-10)	(AR 700-138)
(AR 710-1)	(AR 710-2)	(AR 725-50)
(AR 735-5)	(FM 10-15)	(FM 10-27-4)
(FM 3-100.4)	(FM 3-3)	(FM 3-4)
(FM 3-5)	(FM 4-02.7)	(FM 8-10)
(FM 8-10-14)	(FM 8-42)	(FM 8-55)
(TC 3-34.489)	(TM 743-200-1)	

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: Supply and service division is receiving requests for supplies from hospital elements. Equipment and supplies are arriving through supply channels, but additional supplies may be required. Unissued small arms and ammunition are stored in the supply area. Weapons may malfunction during operations. The hospital TSOP and OPORD are available. The supply area has been established and supply support is a continuous task that is performed simultaneously with other support and operational tasks. This task may be performed under all environmental conditions. The hospital may be subject to attack by threat forces, including air, ground, NBC, or DE attack. SCPE is on hand and/or field-expedient and natural shelters are available. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: Supply, weapon, and ammunition requirements are established by the TSOP and/or OPORD are on hand or are coordinated for use, when needed. At MOPP4, performance degradation factors decreases unit supply support to minimal essential actions.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
* 1. HSMO and medical supply NCO direct unit supply operation. (101-92Y-0006, 850-001-3001, 850-001-4001) a. Inspect operations by reviewing supply records and status to ensure compliance with supply regulations, directives, and the TSOP. b. Directs inventories of supplies and equipment to calculate assets on hand. c. Direct controlled item inventories IAW supply regulations, directives, and the TSOP. d. Inspect unit's supply, equipment, controlled item, weapon, and ammunition storage areas to ensure compliance with supply regulations, directives, and the TSOP. e. Direct issue of supplies and equipment IAW hospital and/or the TSOP. f. Forward supply, weapons, and small arms ammunition requirements to the medical brigade DCSLOG/medical group S4. g. Monitor safety procedures IAW AR 385-10 and TSOP. h. Monitor environmental protection procedures IAW AR 200-1 and TSOP.		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>2. Supply SGT supervises unit supply operations. (101-521-2151, 101-521-2152, 101-521-2154, 101-521-2155, 101-521-2156, 101-521-2158, 101-521-2159, 101-521-2160, 101-521-2161, 101-521-2202, 101-521-2252, 101-521-3101, 101-521-3102, 101-521-3105, 101-521-3107, 101-521-3251, 101-521-3252, 101-521-3253, 101-521-3254, 101-521-4104, 101-92Y-0001, 101-92Y-0003, 101-92Y-0004, 101-92Y-0005, 113-600-2001, 113-637-2001, 850-001-2000, 850-001-3001)</p> <ul style="list-style-type: none"> a. Inspects supply status to determine due in quantity of total assets. b. Conducts inventories to calculate assets on hand. c. Develops unit supply storage plans. d. Monitors supply transactions (including controlled items, if required) to ensure compliance with supply regulations, directives, and the TSOP. e. Supervises weapon and ammunition control. f. Prepares input to MCSR. g. Enforces safety procedures IAW AR 385-10 and TSOP. h. Enforces environmental protection procedures IAW AR 200-1 and TSOP. i. Conducts external sling load resupply procedures. (10-2-C325.08-705L) <p>NOTE: See task 10-2-C325.08-705L for detailed procedures.</p> <ul style="list-style-type: none"> j. Coordinates with appropriate elements of CMMC and COSCOM CSGs for movement control, nonmedical supplies and equipment, field services (e.g., bath and laundry), and transportation of RTD soldiers to replacement companies. <p>3. Supply specialist requests additional supplies. (101-521-1151, 101-521-1153, 101-521-1157, 101-521-1163, 113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Coordinates supply requirements with requesting elements. b. Calculates resupply requirements. c. Records requests on appropriate supply document register. d. Maintains adequate supply stock levels IAW the TSOP. e. Coordinates resupply requirements with the medical brigade logistics section/medical group S4 section. <p>4. Supply specialist receives supplies. (101-521-1154, 101-521-1156, 101-521-1163, 101-92Y-0006, 113-600-2001, 113-637-2001, 850-001-2000)</p> <ul style="list-style-type: none"> a. Inspects incoming supplies for quantity and condition IAW supply regulations, directives, and the TSOP. b. Records receipt on appropriate supply document register. c. Stores supplies, including hazardous, controlled, and other coded material IAW storage plans. d. Notifies requesting element that supplies and/or equipment are available for issue. e. Employs safety procedures IAW AR 385-10 and TSOP. f. Employs environmental protection procedures IAW AR 200-1 and TSOP. <p>5. Supply specialist issues supplies. (101-521-1155, 101-521-1158, 850-001-2000)</p> <ul style="list-style-type: none"> a. Processes supply requests IAW supply regulations, directives, and the TSOP. b. Prepares transaction documents IAW supply regulations, directives, and TSOP. c. Issues supplies as prescribed by hospital commander's guidance. d. Issues one basic uniform to each RTD soldier, as required. e. Maintains prescribed copies of transactions IAW supply regulations and directives. f. Employs safety procedures IAW AR 385-10 and TSOP. g. Employs environmental protection procedures IAW AR 200-1 and TSOP. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
6. Company HQ armorer maintains small arms and ammunition. (101-521-1201, 101-521-1202, 101-521-1203, 101-521-1204, 101-521-2161, 101-521-3105, 101-521-3107, 113-600-2001, 113-637-2001, 850-001-2000) a. Processes unit weapons and ammunition IAW the TSOP. b. Issues unit weapons and ammunition IAW the TSOP. c. Controls stored weapons and ammunition IAW applicable regulations, directives, and the TSOP. d. Requests ammunition resupply from the supply and service division. e. Performs unit-level maintenance on small arms. f. Forwards weapons beyond organizational repair capabilities to supporting maintenance element. g. Employs safety procedures IAW AR 385-10 and TSOP. h. Employs environmental protection procedures IAW AR 200-1 and TSOP.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
101-521-1151	ORDER SUPPLIES AND EQUIPMENT	STP 10-92Y1-SM
101-521-1153	REQUEST CANCELLATION OF SUPPLIES	STP 10-92Y1-SM
101-521-1154	RECEIVE SUPPLIES AND EQUIPMENT	STP 10-92Y1-SM
101-521-1155	ISSUE SUPPLIES AND EQUIPMENT TO HAND-RECEIPT HOLDERS	STP 10-92Y1-SM
101-521-1156	STORE SELECTED SUPPLIES AND EQUIPMENT IN UNIT STORAGE AREAS	STP 10-92Y1-SM
101-521-1157	MAINTAIN DUE-IN STATUS FILE FOR REQUESTED ITEMS	STP 10-92Y1-SM
101-521-1158	PREPARE AND MAINTAIN HAND-RECEIPT AND SUBHAND-RECEIPT FILES	STP 10-92Y1-SM
101-521-1163	PREPARE AND MAINTAIN A DOCUMENT REGISTER	STP 10-92Y1-SM
101-521-1201	CONTROL WEAPONS AND AMMUNITION IN THE ARMS ROOM	STP 10-92Y1-SM
101-521-1202	MAINTAIN KEY CONTROL REGISTER FOR WEAPONS STORAGE AREA	STP 10-92Y1-SM
101-521-1203	ISSUE AND RECEIVE UNIT WEAPONS	STP 10-92Y1-SM
101-521-1204	PERFORM ORGANIZATIONAL MAINTENANCE ON SMALL ARMS	STP 10-92Y1-SM
101-521-2151	PREPARE A PROPERTY BOOK	STP 10-92Y24-SM-TG
101-521-2152	POST TRANSACTIONS TO THE MANUAL PROPERTY BOOK	STP 10-92Y24-SM-TG
		STP 8-76J15-SM-TG

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
101-521-2154	DETERMINE METHOD OF OBTAINING RELIEF FROM RESPONSIBILITY FOR LOST, DAMAGED, OR DESTROYED PROPERTY	STP 10-92Y24-SM-TG
101-521-2155	REVIEW AND PROCESS A CASH SALE FOR HAND TOOLS	STP 10-92Y24-SM-TG
101-521-2156	REVIEW AND PROCESS A STATEMENT OF CHARGES	STP 10-92Y24-SM-TG
101-521-2158	REVIEW AND PROCESS A CASH COLLECTION VOUCHER (CCV)	STP 10-92Y24-SM-TG
101-521-2159	REVIEW AND PROCESS A REPORT OF SURVEY	STP 10-92Y24-SM-TG
101-521-2160	REVIEW AND PROCESS AN ADMINISTRATIVE ADJUSTMENT REPORT (AAR)	STP 10-92Y24-SM-TG
101-521-2161	REQUEST AND TURN IN AMMUNITION	STP 10-92Y24-SM-TG
101-521-2202	PLAN FOR THE STORAGE OF SUPPLIES (CLASSES I, III, AND V)	STP 10-92Y24-SM-TG
101-521-2252	PREPARE EQUIPMENT TRANSFER, LOSS, OR GAIN REPORT	STP 10-92Y24-SM-TG
101-521-3101	ACCOUNT FOR ABSENTEE'S CLOTHING, EQUIPMENT, AND PERSONAL EFFECTS	STP 10-92Y24-SM-TG
101-521-3102	DISPOSE OF ABSENTEE'S CLOTHING, EQUIPMENT, AND PERSONAL EFFECTS	STP 10-92Y24-SM-TG
101-521-3105	DIRECT THE CONTROL AND SECURITY OF WEAPONS AND AMMUNITION IN UNIT STORAGE AREA	STP 10-92Y24-SM-TG
101-521-3107	INSPECT ORGANIZATIONAL MAINTENANCE OF WEAPONS	STP 10-92Y24-SM-TG
101-521-3251	MAINTAIN MANUAL/AUTOMATED HAND RECEIPT	STP 10-92Y24-SM-TG
101-521-3252	CONTROL/SUPERVISE PROPERTY ADMINISTRATION IN UNIT SUPPORTED BY MANUAL/AUTOMATED SYSTEMS	STP 10-92Y24-SM-TG
101-521-3253	DIRECT AND CONTROL METHOD OF OBTAINING RELIEF FROM RESPONSIBILITY FOR LOST, DAMAGED, OR DESTROYED PROPERTY AT UNIT LEVEL	STP 10-92Y24-SM-TG
101-521-3254	DIRECT THE PLANNING AND FORECASTING OF SUPPLIES (CLASSES I, III, AND V) AT THE UNIT LEVEL	STP 10-92Y24-SM-TG
101-521-4104	PREPARE MATERIEL CONDITION STATUS REPORT	STP 10-92Y24-SM-TG
101-92Y-0001	Supervise Supply Activities	STP 21-24-SMCT
101-92Y-0003	Enforce Compliance with Supply Discipline Procedures	STP 21-24-SMCT
101-92Y-0004	Enforce Property Accountability Policies	STP 21-24-SMCT
101-92Y-0005	Enforce Compliance with Property Accountability Policies	STP 21-24-SMCT.
101-92Y-0006	Inspect equipment for accountability, cleanliness, and serviceability	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-3001	Control Mission Safety Hazard	STP 21-24-SMCT
850-001-4001	Integrate Risk Management Into Platoon	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS

Task Number	Task Title	References
10-2-C325.08-705L	RECEIVE EXTERNAL SLING LOAD RESUPPLY	ARTEP 8-705-MTP

OPFOR TASKS AND STANDARDS: NONE

**ELEMENTS: SUPPLY & SERVICE DIV
SUP & SVC DIV (AUG)**
TASK: PROVIDE MEDICAL SUPPLY SUPPORT (08-1-0249.08-705L)

(AR 40-61)	(AR 190-11)	(AR 190-51)
(AR 200-1)	(AR 385-10)	(AR 700-138)
(AR 710-2)	(AR 725-50)	(AR 735-5)
(AR 750-1)	(DA PAM 710-2-1)	(DA PAM 710-2-2)
(DA PAM 738-750)	(FM 100-20)	(FM 10-15)
(FM 3-0)	(FM 3-100.4)	(FM 3-11.21)
(FM 8-10)	(FM 8-10-14)	(FM 8-42)
(FM 8-55)	(FM 8-9)	(TC 3-34.489)
(TG 244)	(TM 743-200-1)	

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. The supply and service division is receiving requests for medical supplies from hospital elements. Medical equipment and supplies are arriving through supply channels, but additional supplies may be required. The hospital may require emergency resupply of Class VIII items. Hazardous and coded material may require storage. Hospital OPORD and TSOP are available. A locator system has been established. Applicable reference materials and TMs are on hand. Medical supply support is a continuous task and is performed simultaneously with other tasks. This task is performed under all environmental conditions. The hospital may be subject to attack by threat forces, including air, ground, NBC, or DE attack. SCPE is on hand and/or field-expedient and natural shelters are available. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: Medical supply requirements are provided IAW applicable regulations, TSOP, and OPORD. At MOPP4, performance degradation factors decreases medical supply support to minimum essential actions.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. HSMO and medical supply NCO supervises medical supply operations. (081-872-0026, 091-CLT-4029, 101-517-3812, 101-517-3833, 101-517-4801, 101-517-4804, 101-518-2153, 101-518-3107, 101-518-3155, 850-001-2000, 850-001-4001)</p> <ul style="list-style-type: none"> a. Verifies medical supply status to determine total assets. b. Manages inventory to calculate assets on hand. c. Modifies existing medical supply plans IAW tactical situation, TSOP, and FM 8-55. d. Monitors periodic and unscheduled maintenance for compliance with applicable TM(s) and TSOP. e. Monitors medical logistics procedures by reviewing logistics transactions for compliance with logistics TSOP. f. Finalizes input to MCSR IAW AR 700-138. g. Submits adjustment documents for lost, damaged, or destroyed nonexpendable equipment. <p>NOTE: Medical equipment and supplies are afforded protection under the provisions of the Geneva Conventions.</p> <ul style="list-style-type: none"> h. Monitors quality control procedures for all medical supplies for compliance with logistics TSOP. i. Processes emergency requests for resupply. j. Manages maintenance of equipment IAW TSOP. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>k. Monitors safety procedures IAW AR 385-10 and TSOP.</p> <p>l. Monitors environmental protection procedures IAW AR 200-1 and TSOP.</p> <p>* 2. Medical supply SGT supervises medical supply operation. (081-872-0018, 081-872-0019, 081-872-0024, 081-872-0026, 081-872-0033, 081-872-0034, 081-872-0036, 081-872-0039, 081-872-0042, 081-872-0044, 081-872-0045, 081-872-0046, 081-872-0056, 081-878-0001, 091-CLT-4029, 101-517-1806, 101-517-2801, 101-517-3812, 101-517-3833, 101-517-4801, 101-517-4804, 101-518-2152, 101-518-2153, 101-518-3104, 101-518-3107, 101-518-3155, 101-521-1153, 101-521-1164, 101-521-1170, 101-521-2151, 101-521-2152, 101-521-2154, 101-525-3010, 850-001-2000, 850-001-4001)</p> <p>a. Verifies medical status to determine total assets.</p> <p>b. Conducts inventories to calculate assets on hand.</p> <p>c. Develops supply storage plans.</p> <p>d. Monitors medical supply transactions (including controlled items) to ensure compliance with supply regulations, directives, and the TSOP.</p> <p>e. Perform quality control of all unit and medical materiel IAW AR 40-61, supply regulations, directives, and the TSOP.</p> <p>f. Coordinates emergency resupply methods and procedures with HSMO/medical supply NCO.</p> <p>g. Coordinates aircraft support through HSMO/medical supply NCO to medical brigade DCSSPO/medical group S2/S3 for delivery of supplies, if required.</p> <p>h. Processes emergency requests for resupply through HSMO/medical supply NCO to supporting MED BN (LOG) (FWD).</p> <p>i. Prepares input to MCSRs IAW AR 700-138.</p> <p>j. Submits adjustment documents for lost, damaged, or destroyed non expendable equipment through the HSMO/medical supply NCO to supporting MED BN (LOG) IAW AR 735-5, supply regulations, directives, and the TSOP.</p> <p>k. Enforces safety procedures IAW AR 385-10 and TSOP.</p> <p>l. Enforces environmental protection procedures IAW AR 200-1 and TSOP.</p> <p>3. Medical supply specialist requests additional medical supplies. (081-872-0037, 081-872-0038, 081-872-0043, 081-872-0052, 081-872-0053, 081-872-0054, 081-872-0055, 101-517-1807, 101-517-1808, 101-521-1133, 101-521-1151, 101-521-1152, 101-521-1153, 101-521-1157, 101-521-1163, 101-521-1164, 101-525-1125)</p> <p>a. Coordinates supply requirements with requesting elements.</p> <p>b. Calculates resupply requirements.</p> <p>c. Records requests on supply document register IAW TSOP.</p> <p>d. Maintains adequate medical supply stock levels IAW supply regulations, directives, and the TSOP.</p> <p>e. Performs PLL procedures for medical repair parts.</p> <p>f. Employs safety procedures IAW AR 385-10 and TSOP.</p> <p>g. Employs environmental protection procedures IAW AR 200-1 and TSOP.</p> <p>h. Forwards requests for medical resupply to supporting MED BN (LOG).</p> <p>4. Medical supply specialist receives medical supplies. (081-872-0017, 081-872-0018, 081-872-0019, 081-872-0024, 081-872-0033, 081-872-0034, 081-872-0035, 081-872-0036, 081-872-0042, 081-872-0045, 081-872-0047, 081-872-0049, 101-521-1154, 101-521-2151, 101-521-2152, 101-525-1125)</p> <p>a. Inspects incoming medical supplies for quantity and condition.</p> <p>b. Records receipt on appropriate document register.</p> <p>c. Store supplies, including hazardous, controlled, or other coded materiel IAW storage plans and TSOP.</p> <p>d. Stores medical gases separately from flammable gases IAW applicable TM(s).</p> <p>e. Stores note R and Q items in limited access area IAW TSOP.</p>		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
f. Employs safety procedures IAW AR 385-10 and TSOP. g. Employs environmental protection procedures IAW AR 200-1 and TSOP. h. Notifies requesting sections that supplies are available for issue. 5. Medical supply specialist issues medical supplies. a. Processes supply requests IAW supply regulations, directives, CHS annex, and the TSOP. b. Prepares transaction documents. c. Issues supplies as prescribed by hospital commander's guidance and the TSOP. d. Maintains prescribed copies of transactions IAW supply regulations, directives, and the TSOP. e. Employs safety procedures IAW AR 385-10 and TSOP. f. Employs environmental protection procedures IAW AR 200-1 and TSOP. 6. Medical supply specialist performs emergency medical resupply. a. Coordinates emergency resupply methods and procedures through the chief supply and service division. b. Transports medical supplies using organic vehicle. c. Issues supplies to all supported medical elements IAW TSOP. d. Employs safety procedures IAW AR 385-10 and TSOP. e. Employs environmental protection procedures IAW AR 200-1 and TSOP.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"*" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-872-0017	STORE CONTROLLED ITEMS	STP 8-76J15-SM-TG
081-872-0018	PREPARE DESTRUCTION DOCUMENT	STP 8-76J15-SM-TG
081-872-0019	FOR MEDICAL MATERIEL (DA FORM 3161)	
081-872-0019	REQUEST EXTENSION OF EXPIRATION	STP 8-76J15-SM-TG
081-872-0024	DATES ON MEDICAL SUPPLIES	
081-872-0024	REPORT MEDICAL MATERIEL	STP 8-76J15-SM-TG
081-872-0026	COMPLAINTS	
081-872-0026	EVALUATE MEDICAL SUPPLY	STP 8-76J15-SM-TG
081-872-0033	PERFORMANCE	
081-872-0033	RE-MARK EXPIRATION DATES ON	STP 8-76J15-SM-TG
081-872-0034	MEDICAL SUPPLIES	
081-872-0034	POST QUALITY CONTROL (MMQC)	STP 8-76J15-SM-TG
081-872-0035	MESSAGES TO QUALITY CONTROL	
081-872-0035	REGISTER	
081-872-0035	STORE MEDICAL MATERIEL REQUIRING	STP 8-76J15-SM-TG
081-872-0036	SPECIAL HANDLING	
081-872-0036	SELECT APPROPRIATE METHOD OF	STP 8-76J15-SM-TG
081-872-0037	DISPOSAL FOR MEDICAL MATERIEL	
081-872-0037	PREPARE DA FORM 3318 FOR THE FIRST	STP 8-76J15-SM-TG
081-872-0037	DEMAND OF A NONSTOCKED (FRINGE)	
081-872-0037	MEDICAL REPAIR PART	

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-872-0038	ADD A MEDICAL REPAIR PART TO THE DEMAND SUPPORTED PRESCRIBED LOAD LIST (PLL)	STP 8-76J15-SM-TG
081-872-0039	SUSPEND MEDICAL MATERIEL FROM ISSUE/USE	STP 8-76J15-SM-TG
081-872-0042	PREPARE AND POST DUE OUT RECORD FOR MEDICAL ITEMS	STP 8-76J15-SM-TG
081-872-0043	COMPUTE AUTHORIZED STOCKAGE LEVELS FOR MEDICAL SUPPLIES USING THE DAYS OF SUPPLY (DOS) COMPUTATION	STP 8-76J15-SM-TG
081-872-0044	MAINTAIN QUALITY CONTROL AND SURVEILLANCE RECORDS FOR TOE MEDICAL ASSEMBLAGES	STP 8-76J15-SM-TG
081-872-0045	PREPARE AND MAINTAIN SUPPLEMENTAL RECORDS FOR EXPIRATION DATED ITEMS	STP 8-76J15-SM-TG
081-872-0046	REPORT EXCESS STOCKAGE OF MEDICAL MATERIEL	STP 8-76J15-SM-TG
081-872-0047	RECORD MEDICAL SUPPLY TRANSACTIONS ON VOUCHER REGISTER	STP 8-76J15-SM-TG
081-872-0049	PROCESS INCOMING MEDICAL SUPPLIES	STP 8-76J15-SM-TG
081-872-0052	CONDUCT SUPPLY TRANSACTIONS USING THEATER ARMY MEDICAL MANAGEMENT INFORMATION SYSTEM (TAMMIS)	STP 8-76J15-SM-TG
081-872-0053	SHUT DOWN THE ARMY TACTICAL COMMAND CONTROL SYSTEM (ATCCS)	STP 8-76J15-SM-TG
081-872-0054	MAINTAIN DA FORM 3318 FOR NONSTOCKED (FRINGE) MEDICAL REPAIR PARTS	STP 8-76J15-SM-TG
081-872-0055	MAINTAIN THE DEMAND SUPPORTED PRESCRIBED LOAD LIST (PLL) FOR MEDICAL REPAIR PARTS	STP 8-76J15-SM-TG
081-872-0056	PREPARE AN INVENTORY ADJUSTMENT REPORT (IAR) FOR MEDICAL ITEMS	STP 8-76J15-SM-TG
081-878-0001	INVENTORY MEDICAL LINEN	STP 8-76J15-SM-TG
091-CLT-4029	Supervise Preventive Maintenance Checks and Services (PMCS)	STP 21-24-SMCT
101-517-1806	EDIT A REQUEST FOR ISSUE	STP 8-76J15-SM-TG
101-517-1807	INTERPRET DOCUMENT IDENTIFIER CODES	STP 8-76J15-SM-TG
101-517-1808	INTERPRET PRIORITY DESIGNATOR CODES	STP 8-76J15-SM-TG
101-517-2801	APPLY PROCEDURES FOR FOLLOW-UP REQUESTS ON REQUISITIONS	STP 8-76J15-SM-TG
101-517-3812	CHECK INVENTORY AND ADJUSTMENT PROCEDURES	STP 8-76J15-SM-TG
101-517-3833	IMPLEMENT WARTIME POLICY FOR ACCOUNTABILITY AT SUPPLY SUPPORT ACTIVITIES	STP 8-76J15-SM-TG
101-517-4801	PROVIDE SUPPLY ASSISTANCE TO CUSTOMER UNITS	STP 8-76J15-SM-TG
101-517-4804	INITIATE PREINVENTORY PROCEDURES	STP 8-76J15-SM-TG
101-518-2152	DIRECT THE UNLOADING OF SUPPLIES	STP 8-76J15-SM-TG

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
101-518-2153	CHECK THE PROCESSING OF INCOMING SUPPLIES	STP 8-76J15-SM-TG
101-518-3104	CONTROL PHYSICAL INVENTORIES	STP 8-76J15-SM-TG
101-518-3107	REVIEW DISCREPANCY REPORTS	STP 8-76J15-SM-TG
101-518-3155	PLAN THE USE OF STORAGE SPACE	STP 8-76J15-SM-TG
101-521-1133	USE THE ARMY MASTER DATA FILE RETRIEVAL MICROFORM SYSTEM (ARMS)	STP 8-76J15-SM-TG
101-521-1151	ORDER SUPPLIES AND EQUIPMENT	STP 8-76J15-SM-TG
101-521-1152	REQUEST SUPPLY STATUS FOR HIGH-PRIORITY REQUESTS	STP 8-76J15-SM-TG
101-521-1153	REQUEST CANCELLATION OF SUPPLIES	STP 8-76J15-SM-TG
101-521-1154	RECEIVE SUPPLIES AND EQUIPMENT	STP 8-76J15-SM-TG
101-521-1157	MAINTAIN DUE-IN STATUS FILE FOR REQUESTED ITEMS	STP 8-76J15-SM-TG
101-521-1163	PREPARE AND MAINTAIN A DOCUMENT REGISTER	STP 8-76J15-SM-TG
101-521-1164	PREPARE AND UPDATE SIGNATURE CARDS (NOTICE OF DELEGATION OF AUTHORITY--RECEIPT FOR SUPPLIES)	STP 8-76J15-SM-TG
101-521-1170	INVENTORY SETS, KITS, AND OUTFITS; BASIC ISSUE ITEMS; AND ADDITIONAL AUTHORIZATION LIST ITEMS	STP 8-76J15-SM-TG
101-521-2151	PREPARE A PROPERTY BOOK	STP 8-76J15-SM-TG STP 8-76J15-SM-TG
101-521-2152	POST TRANSACTIONS TO THE MANUAL PROPERTY BOOK	STP 8-76J15-SM-TG
101-521-2154	DETERMINE METHOD OF OBTAINING RELIEF FROM RESPONSIBILITY FOR LOST, DAMAGED, OR DESTROYED PROPERTY	STP 8-76J15-SM-TG
101-525-1125	RECEIVE, STORE, ISSUE, AND SHIP GENERAL SUPPLIES	STP 8-76J15-SM-TG
101-525-3010	DEVELOP STORAGE PLANS FOR FIELD STORAGE OPERATIONS	STP 8-76J15-SM-TG
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-4001	Integrate Risk Management Into Platoon	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE**OPFOR TASKS AND STANDARDS: NONE**

ELEMENT: SUPPLY & SERVICE DIV**TASK: PROVIDE LAUNDRY AND BATH SERVICES (08-1-0260.08-705L)**

(FM 8-10-14)	(AR 200-1)	(AR 385-10)
(FM 100-10)	(FM 100-20)	(FM 10-16)
(FM 10-52)	(FM 10-52-1)	(FM 3-0)
(FM 3-100.4)	(FM 3-11.21)	(FM 42-414)
(FM 63-3)	(FM 8-10)	(FM 8-9)
(TC 3-34.489)	(TG 244)	(TM 10-3510-208-12)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. Laundry and bath element has received requests for laundry and bath services. The portable bath unit is operational. Element may be located in a field site or MOUT environment. The laundry and bath operates day and night. Defense measures are continually employed. TSOP is available. This task may be performed under all environmental conditions. The hospital may be subject to attack by threat forces, NBC attack, or radiological fallout. SCPE is on hand and/or field-expedient and natural shelters are available. This task should not be trained in MOPP4.

TASK STANDARDS: Laundry and bath services are provided to the hospital IAW TSOP and schedules provided by the supply and service division.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Shower NCO and team chiefs supervise laundry team activities. (091-CLT-4029, 850-001-2000, 850-001-4001)</p> <ul style="list-style-type: none"> a. Implement status reports for equipment, personnel, and reports as required for mission accomplishment. b. Inspect laundry and bath for compliance with procedures found in FM 42-414. c. Establish a 24-hour work schedule. d. Coordinate with supply and service division for a source of supply of water. e. Identify supply requirements. f. Coordinate laundry service schedule with supply and service division. g. Coordinate bath schedule with company HQ commander. h. Supervise waste disposal. i. Supervise the conduct of PMCS. j. Supervise cleaning of laundry and bath service areas. k. Enforce safety procedures IAW AR 385-10 and TSOP. l. Enforce environmental procedures IAW AR 200-1 and TSOP. m. Forward records and reports to hospital HQ. n. Coordinate additional laundry and bath support with supply and service division. <p>2. Laundry personnel provide laundry services.</p> <ul style="list-style-type: none"> a. Process items for laundry. b. Classify items by color and type fabric IAW FM 42-414. c. Launder items IAW FM 42-414. d. Inspect laundered items for serviceability. e. Clean laundry area daily. f. Perform PMCS on equipment. g. Employ safety procedures IAW AR 385-10 and TSOP. h. Employ environmental procedures IAW AR 200-1 and TSOP. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
i. Calculate linen usage rates and linen turn-around time based on daily patient census and projected MASCAL support. 3. Laundry personnel provide bath services. a. Operate portable bath unit. b. Post bath schedules. c. Perform PMCS on equipment. d. Check water level in tanks daily. e. Fill water tanks, as necessary. f. Clean bath unit area daily. g. Employ safety procedures IAW AR 385-10 and TSOP. h. Employ environmental procedures IAW AR 200-1 and TSOP.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"**" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
091-CLT-4029	Supervise Preventive Maintenance Checks and Services (PMCS)	STP 21-24-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-4001	Integrate Risk Management Into Platoon	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

**ELEMENTS: HOSP OPERATIONS SECT
SUPPLY & SERVICE DIV**

**TASK: PERFORM UNIT-LEVEL MAINTENANCE (UNIT WITH MAINTENANCE ELEMENT)
(43-2-R322.08-705L)**

(FM 4-30.3)	(AR 200-1)	(AR 220-1)
(AR 385-10)	(AR 40-61)	(AR 700-138)
(AR 750-1)	(AR 750-43)	(DA PAM 738-750)
(DA PAM 750-35)	(FM 21-11)	(FM 21-305)
(FM 3-100.4)	(FM 3-3)	(FM 3-4)
(FM 3-5)	(FM 5-424)	(FM 8-10)
(FM 8-10-14)	(FM 8-10-6)	(FM 9-43-2)
(TB 38-750-2)	(TC 3-34.489)	(TM 10-5410-228-24)
(TM 10-5410-283-14&P)	(TM 743-200-1)	

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: Maintenance personnel are receiving requests to repair inoperative equipment. The maintenance areas are established. The hospital performs unit level maintenance on equipment organic to the hospital and attachments. Required equipment, tools, and personnel are available. Operators are performing PMCS on the equipment. Requests for recovery support are received. Some recovery operations must be performed under fire with injured operators still on board. Medical treatment personnel are available for the recovery operations. The hospital TSOP is available. Unit maintenance is a continuous task and is performed simultaneously with other internal support and operational tasks. This task may be performed under all environmental conditions. The hospital may be subject to attack by threat forces, NBC attack, or radiological fallout. SCPE is on hand and/or field-expedient and natural shelters are available. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: Hospital vehicles and equipment are maintained IAW applicable TM(s), TSOP, and the hospital commander's guidance. At MOPP4, performance degradation factors increase completion times of maintenance activities.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. HSMO and motor SGT direct maintenance program. (091-CLT-3001, 091-CLT-3009, 091-CLT-4005, 091-CLT-4029, 113-600-2001, 113-637-2001, 850-001-2000, 850-001-3001)</p> <ul style="list-style-type: none"> a. Monitor implementation of unit maintenance program for compliance with the hospital commander's guidance and the TSOP. b. Identify unit operational readiness levels by reviewing vehicle and equipment status reports. c. Request approval from the hospital commander for use of controlled exchange when required repair parts are not available. d. Approve repairs using BDAR procedures when established repair procedures cannot be used. e. Identify current or anticipated maintenance problems to minimize their impact on unit readiness. f. Coordinate with operations sections for medical support of vehicle recovery operations. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> g. Coordinate resolution of maintenance problems with the LOG SPT Co, MED BN (LOG) for medical) and/or medical brigade DCSLOG/medical group S4 (other than medical). h. Prepare input to MCSR IAW AR 220-1 and AR 700-138. i. Check input to MCSR for accuracy and completeness. j. Forward input to MCSR, to hospital commander. k. Monitor safety procedures IAW AR 385-10 and TSOP. <p>* 2. Hospital element SGTs supervise operator maintenance. (091-CLT-3001, 091-CLT-3009, 091-CLT-4005, 091-CLT-4006, 091-CLT-4013, 091-CLT-4014, 091-CLT-4029, 101-92Y-0006, 113-600-2001, 113-637-2001, 850-001-2000, 850-001-3001)</p> <ul style="list-style-type: none"> a. Monitor performance of PMCS for compliance of TSOP, applicable TM(s), and the hospital commander's guidance. b. Inspect vehicles, weapons, and equipment to ensure compliance with applicable TM(s), TSOP, and the hospital commander's guidance. c. Coordinate maintenance assistance with hospital maintenance element. d. Monitor repair parts supply for element's equipment to ensure spare parts are ordered. e. Request approval for BDAR through motor SGT. f. Maintain maintenance status of all vehicles, weapons, and equipment. g. Provide input for MCSR to hospital commander. h. Enforce safety procedures IAW AR 385-10 and TSOP. i. Enforce environmental protection procedures IAW AR 200-1 and TSOP. <p>3. Hospital personnel perform operator maintenance. (091-63B-1229, 091-63B-1231, 091-63B-1234, 091-63B-3021, 091-63B-3022, 101-92Y-0006, 113-600-2001, 113-637-2001, 850-001-2000)</p> <ul style="list-style-type: none"> a. Perform PMCS IAW equipment TM(s). b. Notify supervisor of maintenance problems beyond operator's capabilities. c. Request approval for BDAR through element leader when established repair procedures cannot be used. d. Perform BDAR IAW applicable BDAR manual. e. Assist unit maintenance personnel with repairs and services. f. Employ safety procedures IAW AR 385-10 and the TSOP. g. Employ environmental protection procedures IAW AR 200-1 and TSOP. <p>* 4. Motor SGT supervises motor maintenance operations. (091-CLT-3001, 091-CLT-3003, 091-CLT-3007, 091-CLT-3009, 091-CLT-3014, 091-CLT-4002, 091-CLT-4005, 091-CLT-4006, 091-CLT-4009, 091-CLT-4013, 091-CLT-4014, 091-CLT-4016, 091-CLT-4017, 091-CLT-4018, 091-CLT-4019, 091-CLT-4029, 101-92Y-0006, 113-600-2001, 113-637-2001, 850-001-2000, 850-001-3001)</p> <ul style="list-style-type: none"> a. Organizes maintenance personnel to efficiently perform unit maintenance activities. b. Supervises TAMMS and PLL procedures for completeness and accuracy. c. Supervises repair and inspection procedures to ensure compliance with applicable references. d. Requests BDAR approval from hospital commander when established repair procedures cannot be performed. e. Supervises BDAR operations to ensure procedures are carried out IAW applicable BDAR manuals, regulations, and directives. f. Coordinates with the operations section for appropriate medical treatment support of vehicle recovery operations. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> g. Requests approval to use controlled exchange from hospital commander when required repair parts are not available. h. Monitors use of controlled exchange for compliance with the hospital commander's guidance. i. Notifies element leaders upon completion of repairs. j. Supervises recovery operations to ensure correct recovery and safety procedures are used. k. Supervises AOAP procedures to ensure testing of oil samples are done at required intervals. l. Coordinates maintenance status with hospital element SGTs. m. Provides unit maintenance status to hospital commander. n. Enforces safety procedures IAW AR 385-10 and TSOP. o. Enforces environmental protection procedures IAW AR 200-1 and TSOP. <p>5. Maintenance personnel repair organic equipment. (091-63B-1001, 091-63B-1003, 091-63B-1005, 091-63B-1007, 091-63B-1009, 091-63B-1012, 091-63B-1013, 091-63B-1014, 091-63B-1015, 091-63B-1016, 091-63B-1021, 091-63B-1022, 091-63B-1023, 091-63B-1025, 091-63B-1026, 091-63B-1029, 091-63B-1031, 091-63B-1033, 091-63B-1036, 091-63B-1037, 091-63B-1038, 091-63B-1039, 091-63B-1041, 091-63B-1044, 091-63B-1047, 091-63B-1050, 091-63B-1053, 091-63B-1055, 091-63B-1057, 091-63B-1058, 091-63B-1059, 091-63B-1061, 091-63B-1066, 091-63B-1075, 091-63B-1076, 091-63B-1077, 091-63B-1078, 091-63B-1081, 091-63B-1082, 091-63B-1083, 091-63B-1084, 091-63B-1088, 091-63B-1091, 091-63B-1097, 091-63B-1098, 091-63B-1100, 091-63B-1105, 091-63B-1106, 091-63B-1107, 091-63B-1108, 091-63B-1109, 091-63B-1110, 091-63B-1112, 091-63B-1114, 091-63B-1117, 091-63B-1124, 091-63B-1129, 091-63B-1139, 091-63B-1141, 091-63B-1142, 091-63B-1143, 091-63B-1154, 091-63B-1161, 091-63B-1172, 091-63B-1191, 091-63B-1213, 091-63B-1218, 091-63B-1219, 091-63B-1220, 091-63B-1224, 091-63B-1226, 091-63B-1228, 091-63B-1229, 091-63B-1230, 091-63B-1231, 091-63B-1234, 091-63B-3001, 091-63B-3002, 091-63B-3003, 091-63B-3004, 091-63B-3005, 091-63B-3006, 091-63B-3007, 091-63B-3009, 091-63B-3011, 091-63B-3012, 091-63B-3015, 091-63B-3016, 091-63B-3017, 091-63B-3021, 091-63B-3022, 091-63B-3033, 091-63B-3050, 101-92Y-0006, 113-600-2001, 113-637-2001, 850-001-2000)</p> <ul style="list-style-type: none"> a. Diagnose faults on inoperative equipment. b. Request required repair parts from PLL clerk to complete repairs. c. Repair equipment IAW applicable TM(s). d. Request approval for BDAR through motor SGT when established repair procedures cannot be performed. e. Perform BDAR IAW applicable BDAR manual. f. Request approval for controlled exchange through motor SGT when required repair parts are not available. g. Perform controlled exchange. h. Perform final inspection to ensure quality control of repairs. i. Employ safety procedures IAW AR 385-10 and TSOP. j. Employ environmental protection procedures IAW AR 200-1 and TSOP. k. Notify hospital element of work completion. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>6. Maintenance personnel conduct vehicle recovery operations. (071-329-1019, 081-831-0101, 081-831-1046, 081-831-1054, 091-63B-3132, 091-63B-3133, 091-63B-3200, 091-H8C-2001, 091-H8C-2002, 091-H8C-2003, 091-H8C-2004, 091-H8W-2001, 091-H8W-2002, 091-H8W-2003, 091-H8W-2004, 091-H8W-2005, 091-H8W-2006, 091-H8W-2007, 091-H8W-2008, 091-H8W-2009, 091-H8W-2010, 091-H8W-2011, 091-H8W-2012, 101-92Y-0006, 113-600-2001, 113-637-2001, 805C-PAD-2060, 850-001-2000)</p> <ul style="list-style-type: none"> a. Verify location of disabled vehicle(s). b. Identify route to disabled vehicle with maximum usable cover and concealment. c. Move to disabled vehicle using selected route. d. Maintain security while en route to recovery site. e. Establish local security at recovery site. f. Ensure vehicle is free of booby traps. g. Assist in removing casualties from vehicle without causing further injury IAW FM 21-11. h. Treat casualties (medical personnel). (08-2-0314.08-705L) <p>NOTE: See task 08-2-0314.08-705L for detailed treatment and evacuation procedures.</p> <ul style="list-style-type: none"> i. Conduct battlefield stress reduction and prevention procedures. (08-2-R303.08-705L) <p>NOTE: See task 08-2-R303.08-705L for detailed procedures.</p> <ul style="list-style-type: none"> j. Report casualties, to TOC, as required. k. Evacuate casualties, if required. l. Recover vehicle to a concealed location. <p>NOTE: If recovery of vehicle is not feasible, camouflage vehicle on site for future recovery or repair.</p> <ul style="list-style-type: none"> m. Perform battle damage assessment to determine if repairs are required or feasible. n. Perform repairs on site. o. Recover nonrepairable equipment to unit maintenance area. p. Request disposition of unrecoverable equipment from the hospital commander. q. Conduct salvage operations to remove all usable equipment. r. Prepare vehicle for destruction IAW TSOP. s. Destroy vehicle on order from hospital commander or designated representative. t. Employ safety procedures IAW AR 385-10 and TSOP. u. Employ environmental protection procedures IAW AR 200-1 and TSOP. <p>* 7. Health service maintenance technician and medical equipment repairer SGT supervise medical equipment repair operations. (081-872-0037, 081-872-0038, 081-872-0043, 081-872-0054, 081-872-0055, 081-874-0001, 081-874-0002, 081-874-0004, 081-874-0006, 081-874-0010, 081-874-0017, 081-874-0019, 081-874-0023, 081-874-0027, 081-874-0031, 081-874-0035, 081-874-0044, 081-874-0046, 091-CLT-3009, 091-CLT-4029, 101-521-1133, 101-521-1151, 101-521-1152, 101-521-1163, 113-600-2001, 113-637-2001, 850-001-2000, 850-001-3001)</p> <ul style="list-style-type: none"> a. Organize medical equipment repairer personnel for efficient work flow. b. Maintain records, reports, and publications IAW DA Pam 738-750. c. Coordinate maintenance status with each hospital element to determine support requirements. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> d. Coordinate with LOG SPT Co, MED BN (LOG) for repair of items beyond unit's capabilities. e. Supervise PLL procedures. f. Order supplies and equipment. g. Supervise repair and inspection procedures to ensure compliance with applicable references. h. Monitor performance of PMCS on medical equipment for compliance of TSOP, applicable TM(s), and the hospital commander's guidance. i. Provide medical equipment maintenance status to hospital commander. j. Notify hospital element upon completion of repair. k. Provide input for MCSR. l. Enforce safety procedures IAW AR 385-10 and TSOP. m. Enforce environmental protection procedures IAW AR 200-1 and TSOP. <p>8. Medical equipment repairer personnel maintain medical equipment. (081-874-0001, 081-874-0003, 081-874-0005, 081-874-0008, 081-874-0009, 081-874-0010, 081-874-0011, 081-874-0012, 081-874-0018, 081-874-0021, 081-874-0022, 081-874-0024, 081-874-0025, 081-874-0026, 081-874-0029, 081-874-0030, 081-874-0033, 081-874-0034, 081-874-0037, 081-874-0038, 081-874-0039, 081-874-0045, 081-874-0048, 081-874-0049, 081-874-0053, 081-874-0054, 081-874-0055, 081-874-0056, 081-874-0057, 101-521-1133, 101-521-1151, 101-521-1152, 101-521-1163, 101-92Y-0006, 113-600-2001, 113-637-2001, 850-001-2000)</p> <ul style="list-style-type: none"> a. Troubleshoot equipment deficiencies by using proper TMDE. b. Classify items to be repaired. c. Maintain records, reports, and publications IAW DA Pam 738-750. d. Repair medical equipment within capabilities of assigned personnel and TMDE. e. Perform technical inspections, tests, PMCS, and condition code classification on medical equipment IAW current directives and TSOP. f. Perform cannibalization and controlled exchange IAW AR 40-61, AR 750-1, TSOP, and the hospital commander's guidance. g. Employ safety procedures IAW AR 385-10 and TSOP. h. Employ environmental protection procedures IAW AR 200-1 and TSOP. <p>9. Medical equipment repairer personnel conduct scheduled periodic services. (081-872-0037, 081-872-0038, 081-872-0043, 081-872-0054, 081-872-0055, 081-874-0001, 081-874-0004, 081-874-0006, 081-874-0008, 081-874-0010, 081-874-0011, 081-874-0012, 081-874-0017, 081-874-0019, 081-874-0020, 081-874-0022, 081-874-0024, 081-874-0026, 081-874-0028, 081-874-0030, 081-874-0032, 081-874-0034, 081-874-0037, 081-874-0039, 081-874-0047, 081-874-0054, 101-521-1133, 101-521-1151, 101-521-1152, 101-521-1163, 101-92Y-0006, 113-600-2001, 113-637-2001, 850-001-2000)</p> <ul style="list-style-type: none"> a. Perform PMCS IAW applicable TM(s) and manufacturer's instructions (in the absence of, or to assist assigned operator). b. Perform electrical safety inspections and tests IAW applicable TM(s) and manufacturer's instructions. c. Perform CVC operations IAW applicable TM(s) and manufacturer's instructions. d. Employ safety procedures IAW AR 385-10 and TSOP. e. Employ environmental protection procedures IAW AR 200-1 and TSOP. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>*10. Utilities equipment repairer SGT supervises utilities quartermaster equipment repair operations. (091-CLT-3001, 091-CLT-3007, 091-CLT-3009O, 091-CLT-3012, 101-92Y-0006, 113-600-2001, 113-637-2001, 850-001-2000)</p> <ul style="list-style-type: none"> a. Organizes utilities equipment repairer personnel for efficient work flow. b. Maintains records, reports, and publications IAW DA Pam 738-750. c. Coordinates maintenance status with each hospital element to determine support requirements. d. Coordinates with MED SPT Co, MED BN (LOG) for repair of items beyond unit's capabilities. e. Supervises PLL procedures. f. Orders supplies and equipment. g. Supervises repair and inspection procedures to ensure compliance with applicable references. h. Monitors performance of PMCS on utilities quartermaster equipment for compliance of TSOP, applicable TM(s), and the hospital commander's guidance. i. Provides utilities quartermaster equipment maintenance status to hospital commander. j. Notifies hospital element upon completion of repair. k. Provides input for MCSR. l. Enforces safety procedures IAW AR 385-10 and TSOP. m. Enforces environmental protection procedures IAW AR 200-1 and TSOP. <p>11. Utilities equipment repairer personnel maintain utilities quartermaster equipment. (091-52C-2001, 091-52C-2002, 091-52C-2003, 091-52C-2004, 091-52C-2005, 091-52C-2008, 091-52C-2009, 091-52C-2011, 091-52C-2012, 091-52C-2014, 091-52C-2016, 091-52C-2019, 091-52C-2021, 091-52C-2023, 091-52C-2024, 091-52C-2030, 091-52C-2031, 091-52C-2033, 091-52C-2037, 091-52C-2038, 091-52C-2039, 091-52C-2040, 091-52C-2041, 091-52C-2042, 091-52C-2043, 091-52C-2044, 091-52C-2045, 091-52C-2073, 091-52C-2074, 091-52C-2075, 091-52C-2078, 091-52C-2080, 091-52C-2081, 091-52C-3001, 091-52C-3008, 091-52C-3009, 091-52C-3010, 091-52C-3044, 091-52C-3045, 091-52C-3046, 091-52C-3062, 091-52C-3063, 091-52C-3064, 091-52C-3073, 091-52C-3074, 091-52C-3075, 091-52C-3076, 091-52C-3085, 101-92Y-0006, 113-600-2001, 113-637-2001, 850-001-2000)</p> <ul style="list-style-type: none"> a. Troubleshoot equipment deficiencies by using proper TMDE. b. Classify items to be repaired. c. Maintain records, reports, and publications IAW DA Pam 738-750. d. Repair utilities quartermaster equipment within capabilities of assigned personnel and TMDE. e. Perform technical inspections, tests, PMCS, and condition code classification on medical equipment IAW current directives and TSOP. f. Perform cannibalization and controlled exchange IAW AR 40-61, AR 750-1, TSOP, and the hospital commander's guidance. g. Employ safety procedures IAW AR 385-10 and TSOP. h. Enforce environmental protection procedures IAW AR 200-1 and TSOP. <p>12. Power generator equipment maintenance personnel conduct scheduled periodic services and repairs. (091-52D-1101, 091-52D-1111, 091-52D-1181, 091-52D-1182, 091-52D-1183, 091-52D-1184, 091-52D-1185, 091-52D-1186, 101-92Y-0006, 113-600-2001, 113-637-2001, 850-001-2000)</p> <ul style="list-style-type: none"> a. Perform PMCS IAW applicable TM(s) and manufacturer's instructions. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> b. Perform electrical safety inspections and tests IAW applicable TM(s) and manufacturer's instructions. c. Verify faults, diagnosis, and category of maintenance. d. Acquire required repair parts. e. Repair equipment IAW applicable TM(s) and manufacturer's specifications. f. Perform final inspection of completed work. g. Plan for emergency power back-up support to critical areas of the hospital. h. Operate power generator equipment IAW applicable TM(s) and manufacturer's instructions. i. Employ safety procedures IAW AR 385-10. j. Employ environmental protection procedures IAW AR 200-1 and TSOP. <p>13. Quartermaster and chemical equipment repairer personnel conduct scheduled periodic services and repairs. (091-63J-2003, 091-63J-2006, 091-63J-2009, 091-63J-2035, 091-63J-2036, 091-63J-2037, 091-63J-2039, 091-63J-2045, 091-63J-2047, 091-63J-2061, 091-63J-2062, 091-63J-2063, 091-63J-2064, 091-63J-2066, 091-63J-2067, 091-63J-2068, 091-63J-2069, 091-63J-2072, 091-63J-2073, 091-63J-2074, 091-63J-2075, 091-63J-2085, 091-63J-2086, 091-63J-2087, 091-63J-2088, 091-63J-2089, 091-63J-2090, 091-63J-2091, 091-63J-2092, 091-63J-2093, 091-63J-2094, 091-63J-2095, 091-63J-2096, 091-63J-2097, 091-63J-2098, 101-92Y-0006, 113-600-2001, 113-637-2001, 850-001-2000)</p> <ul style="list-style-type: none"> a. Perform PMCS IAW applicable TM(s) and manufacturer's instructions. b. Perform electrical safety inspections and tests IAW applicable TM(s) and manufacturer's instructions c. Verify faults, diagnosis, and category of maintenance. d. Acquire required repair parts. e. Repair equipment IAW applicable TM(s) and manufacturer's specifications. f. Perform final inspection of completed work. g. Operate power generator equipment IAW applicable TM(s) and manufacturer's instructions. h. Employ safety procedures IAW AR 385-10 and TSOP. i. Employ environmental protection procedures IAW AR 200-1 and TSOP. <p>14. Communications element maintains communication equipment. (101-521-1158, 113-574-3008, 113-596-3051, 113-597-3002, 113-600-2001, 113-620-0107, 113-620-2002, 113-620-3059, 113-637-2001, 850-001-2000)</p> <ul style="list-style-type: none"> a. Troubleshoots equipment deficiencies by using proper TMDE. b. Classifies items to be repaired. c. Maintains records, reports, and publications IAW DA Pam 738-750. d. Repairs communication equipment within capabilities of assigned personnel and TMDE. e. Performs technical inspections, tests, PMCS, and condition code classification on communication equipment IAW current directives and TSOP. f. Performs cannibalization and controlled exchange IAW AR 750-1, TSOP, and the hospital commander's guidance. g. Employs safety procedures IAW AR 385-10 and TSOP. h. Employs environmental protection procedures IAW AR 200-1 and TSOP. <p>15. Hospital maintenance personnel conduct transactions with support maintenance. (101-92Y-0006, 113-600-2001, 113-637-2001, 850-001-2000)</p> <ul style="list-style-type: none"> a. Identify category of repair as DS or higher. b. Correct unit-level deficiencies. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
c. Prepare required documentation for submission to support maintenance. d. Evacuate equipment to support maintenance facilities. e. Verify completion of repairs. f. Pick up equipment upon completion of repairs. g. Employ safety procedures IAW AR 385-10 and TSOP. h. Employ environmental protection procedures IAW AR 200-1 and TSOP. 16. Maintenance personnel perform maintenance administrative and supply support functions. (091-CLT-3002, 101-519-1304, 101-519-1308, 101-519-1309, 101-519-1403, 101-521-4106, 101-521-4107, 101-521-4108, 101-525-1100, 101-525-1101, 101-525-1102, 101-525-1103, 101-525-1104, 101-525-1105, 101-525-1106, 101-525-1107, 101-525-1110, 101-525-1111, 101-525-1112, 101-525-1113, 101-525-1114, 101-525-1115, 101-525-1116, 101-525-1117, 101-525-1118, 101-525-1119, 101-525-1120, 101-525-1121, 101-525-1139, 101-525-1140, 113-600-2001, 113-637-2001, 850-001-2000) a. Maintain maintenance publication library. b. Maintain PLL IAW applicable TM(s). c. Request repair parts for hospital equipment. d. Control unserviceable reparable items. e. Maintain document register(s) IAW applicable directives. f. Maintain maintenance control records IAW applicable FM. g. Operate automated computer system IAW applicable TM(s). h. Maintain technical publications for all organic equipment. i. Perform petroleum support functions. j. Employ safety procedures IAW AR 385-10 and TSOP. k. Employ environmental protection procedures IAW AR 200-1 and TSOP.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
071-329-1019	Use a Map Overlay	STP 21-24-SMCT
081-831-0101	REQUEST MEDICAL EVACUATION	STP 21-24-SMCT
081-831-1046	TRANSPORT A CASUALTY	STP 21-1-SMCT
081-831-1054	EVACUATE CASUALTIES	STP 21-24-SMCT
081-872-0037	PREPARE DA FORM 3318 FOR THE FIRST DEMAND OF A NONSTOCKED (FRINGE) MEDICAL REPAIR PART	STP 8-91A15-SM-TG
081-872-0038	ADD A MEDICAL REPAIR PART TO THE DEMAND SUPPORTED PRESCRIBED LOAD LIST (PLL)	STP 8-91A15-SM-TG

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-872-0043	COMPUTE AUTHORIZED STOCKAGE LEVELS FOR MEDICAL SUPPLIES USING THE DAYS OF SUPPLY (DOS) COMPUTATION	STP 8-91A15-SM-TG
081-872-0054	MAINTAIN DA FORM 3318 FOR NONSTOCKED (FRINGE) MEDICAL REPAIR PARTS	STP 8-91A15-SM-TG
081-872-0055	MAINTAIN THE DEMAND SUPPORTED PRESCRIBED LOAD LIST (PLL) FOR MEDICAL REPAIR PARTS	STP 8-91A15-SM-TG
081-874-0001	PERFORM ELECTRICAL SAFETY CHECKS ON MEDICAL EQUIPMENT	STP 8-91A15-SM-TG
081-874-0002	PERFORM PREVENTIVE MAINTENANCE CHECKS AND SERVICES (PMCS) ON A COMPRESSOR-DEHYDRATOR	STP 8-91A15-SM-TG
081-874-0003	REPAIR A COMPRESSOR-DEHYDRATOR TO COMPONENT LEVEL	STP 8-91A15-SM-TG
081-874-0004	PERFORM PREVENTIVE MAINTENANCE CHECKS AND SERVICES (PMCS) ON A DENTAL OPERATING UNIT	STP 8-91A15-SM-TG
081-874-0005	REPAIR A DENTAL OPERATING UNIT TO COMPONENT LEVEL	STP 8-91A15-SM-TG
081-874-0008	REPAIR A FIELD DENTAL X-RAY UNIT TO MODULE/BOARD LEVEL	STP 8-91A15-SM-TG
081-874-0009	REPAIR A FIELD DENTAL X-RAY UNIT TO COMPONENT LEVEL	STP 8-91A15-SM-TG
081-874-0010	PERFORM PREVENTIVE MAINTENANCE CHECKS AND SERVICES (PMCS) ON A BLOOD RECOVERY UNIT	STP 8-91A15-SM-TG
081-874-0011	VERIFY CALIBRATION ON A BLOOD RECOVERY UNIT	STP 8-91A15-SM-TG
081-874-0012	REPAIR A BLOOD RECOVERY UNIT TO COMPONENT LEVEL	STP 8-91A15-SM-TG
081-874-0017	PERFORM PREVENTIVE MAINTENANCE CHECKS AND SERVICES (PMCS) ON A FIELD SURGICAL SCRUB SINK	STP 8-91A15-SM-TG
081-874-0018	REPAIR A FIELD SURGICAL SCRUB SINK TO COMPONENT LEVEL	STP 8-91A15-SM-TG
081-874-0019	PERFORM PREVENTIVE MAINTENANCE CHECKS AND SERVICES (PMCS) ON A REFRIGERATED TABLETOP CENTRIFUGE	STP 8-91A15-SM-TG
081-874-0020	CALIBRATE A REFRIGERATED TABLETOP CENTRIFUGE	STP 8-91A15-SM-TG
081-874-0021	REPAIR A REFRIGERATED TABLETOP CENTRIFUGE TO MODULE/BOARD LEVEL	STP 8-91A15-SM-TG
081-874-0022	REPAIR A REFRIGERATED TABLETOP CENTRIFUGE TO COMPONENT LEVEL	STP 8-91A15-SM-TG
081-874-0023	PERFORM PREVENTIVE MAINTENANCE CHECKS AND SERVICES (PMCS) ON A MONITOR-RECORDER	STP 8-91A15-SM-TG
081-874-0024	CALIBRATE A MONITOR-RECORDER	STP 8-91A15-SM-TG
081-874-0025	REPAIR A MONITOR-RECORDER TO MODULE/BOARD LEVEL	STP 8-91A15-SM-TG

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-874-0026	REPAIR A MONITOR-RECORDER TO COMPONENT LEVEL	STP 8-91A15-SM-TG
081-874-0027	PERFORM PREVENTIVE MAINTENANCE CHECKS AND SERVICES (PMCS) ON A DEFIBRILLATOR MODULE	STP 8-91A15-SM-TG
081-874-0028	CALIBRATE A DEFIBRILLATOR MODULE	STP 8-91A15-SM-TG
081-874-0029	REPAIR A DEFIBRILLATOR MODULE TO MODULE/BOARD LEVEL	STP 8-91A15-SM-TG
081-874-0030	REPAIR A DEFIBRILLATOR MODULE TO COMPONENT LEVEL	STP 8-91A15-SM-TG
081-874-0031	PERFORM PREVENTIVE MAINTENANCE CHECKS AND SERVICES (PMCS) ON A PORTABLE VENTILATOR	STP 8-91A15-SM-TG
081-874-0032	CALIBRATE A PORTABLE VENTILATOR	STP 8-91A15-SM-TG
081-874-0033	REPAIR A PORTABLE VENTILATOR TO MODULE/BOARD LEVEL	STP 8-91A15-SM-TG
081-874-0034	REPAIR A PORTABLE VENTILATOR TO COMPONENT LEVEL	STP 8-91A15-SM-TG
081-874-0035	PERFORM PREVENTIVE MAINTENANCE CHECKS AND SERVICES (PMCS) ON A SINGLE PHASE RADIOGRAPHIC UNIT (CONTINENTAL X-RAY UNIT)	STP 8-91A15-SM-TG
081-874-0037	CALIBRATE A SINGLE PHASE RADIOGRAPHIC UNIT (CONTINENTAL X-RAY UNIT)	STP 8-91A15-SM-TG
081-874-0038	REPAIR A SINGLE PHASE RADIOGRAPHIC UNIT TO MODULE/BOARD LEVEL (CONTINENTAL X-RAY UNIT)	STP 8-91A15-SM-TG
081-874-0039	REPAIR A SINGLE PHASE RADIOGRAPHIC UNIT TO COMPONENT LEVEL (CONTINENTAL X-RAY UNIT)	STP 8-91A15-SM-TG
081-874-0044	PERFORM PREVENTIVE MAINTENANCE CHECKS AND SERVICES (PMCS) ON A FIELD STERILIZER	STP 8-91A15-SM-TG
081-874-0045	REPAIR A FIELD STERILIZER TO COMPONENT LEVEL	STP 8-91A15-SM-TG
081-874-0046	PERFORM PREVENTIVE MAINTENANCE CHECKS AND SERVICES (PMCS) ON A PROGRAMMABLE SUCTION PUMP	STP 8-91A15-SM-TG
081-874-0047	CALIBRATE A PROGRAMMABLE SUCTION PUMP	STP 8-91A15-SM-TG
081-874-0048	REPAIR A PROGRAMMABLE SUCTION PUMP TO MODULE/BOARD LEVEL	STP 8-91A15-SM-TG
081-874-0049	REPAIR A PROGRAMMABLE SUCTION PUMP TO COMPONENT LEVEL	STP 8-91A15-SM-TG
081-874-0053	PREPARE PREVENTIVE MAINTENANCE SCHEDULE AND RECORD (DD FORM 314) FOR MEDICAL EQUIPMENT	STP 8-91A15-SM-TG
081-874-0054	PERFORM PREVENTIVE MAINTENANCE CHECKS AND SERVICES (PMCS) ON AN ELECTROSURGICAL APPARATUS (FORCE 2)	STP 8-91A15-SM-TG

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-874-0055	CALIBRATE AN ELECTROSURGICAL APPARATUS (FORCE 2)	STP 8-91A15-SM-TG
081-874-0056	REPAIR AN ELECTROSURGICAL APPARATUS TO MODULE/BOARD LEVEL (FORCE 2)	STP 8-91A15-SM-TG
081-874-0057	REPAIR AN ELECTROSURGICAL APPARATUS TO COMPONENT LEVEL (FORCE 2)	STP 8-91A15-SM-TG
091-52C-2001	Correct Malfunction of Instrument Control Panel on a Refrigeration Unit	STP 9-52C13-SM-TG
091-52C-2002	Correct Malfunction of Fan and Drive Assembly on a Refrigeration Unit	STP 9-52C13-SM-TG
091-52C-2003	Correct Malfunction of Refrigerant Piping and Valves on a Refrigeration Unit	STP 9-52C13-SM-TG
091-52C-2004	Correct Malfunction of Compressor Assembly on a Refrigeration Unit	STP 9-52C13-SM-TG
091-52C-2005	Correct Malfunction of Electric Motors on a Refrigeration Unit	STP 9-52C13-SM-TG
091-52C-2008	Replace Panels/Filters on Air Conditioners	STP 9-52C13-SM-TG
091-52C-2009	Correct Malfunction of Evaporator Fan Assembly on an Air Conditioner	STP 9-52C13-SM-TG
091-52C-2011	Correct Malfunction of Junction Box Assembly on an Air Conditioner	STP 9-52C13-SM-TG
091-52C-2012	Correct Malfunction of Wiring Harness on an Air Conditioner	STP 9-52C13-SM-TG
091-52C-2014	Correct Malfunction of Control Module on an Air Conditioner	STP 9-52C13-SM-TG
091-52C-2016	Correct Malfunction of Service Valve on an Air Conditioner	STP 9-52C13-SM-TG
091-52C-2019	Correct Malfunction of Compressor on an Air Conditioner	STP 9-52C13-SM-TG
091-52C-2021	Replace Tubing/Fitting on an Air Conditioner	STP 9-52C13-SM-TG
091-52C-2023	Perform Refrigerant Recovery	STP 9-52C13-SM-TG
091-52C-2024	Perform Refrigerant Recycling	STP 9-52C13-SM-TG
091-52C-2030	Correct Malfunction of Fuel System on a Heater	STP 9-52C13-SM-TG
091-52C-2031	Correct Malfunction of Electrical System on a Heater	STP 9-52C13-SM-TG
091-52C-2033	Correct Malfunction of Burner Assembly on a Heater	STP 9-52C13-SM-TG
091-52C-2037	Operate Bottle Cleaning and Charging Station (BC/CS)	STP 9-52C13-SM-TG
091-52C-2038	Correct Malfunction of Air Purification System on a Bottle Cleaning and Charging Station (BC/CS)	STP 9-52C13-SM-TG
091-52C-2039	Correct Malfunction of Bottle Charging Stand on a Bottle Cleaning and Charging Station (BC/CS)	STP 9-52C13-SM-TG
091-52C-2040	Correct Malfunction of Cleaning Station Air System on a Bottle Cleaning and Charging Station (BC/CS)	STP 9-52C13-SM-TG

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
091-52C-2041	Correct Malfunction of Cleaning Station Water System on a Bottle Cleaning and Charging Station (BC/CS)	STP 9-52C13-SM-TG
091-52C-2042	Correct Malfunction of Compressor and Motor Assembly on a Bottle Cleaning and Charging Station (BC/CS)	STP 9-52C13-SM-TG
091-52C-2043	Correct Malfunction of Purity Monitor on a Bottle Cleaning and Charging Station (BC/CS)	STP 9-52C13-SM-TG
091-52C-2044	Correct Malfunction of Sealer Assembly on a Bottle Cleaning and Charging Station (BC/CS)	STP 9-52C13-SM-TG
091-52C-2045	Correct Malfunction of Sonic Cleaner on a Bottle Cleaning and Charging Station (BC/CS)	STP 9-52C13-SM-TG
091-52C-2073	Operate the Halon Recovery / Recharger Unit.	STP 9-52C13-SM-TG
091-52C-2074	Inspect Halon Fire Extinguisher (Valve and Cylinder).	STP 9-52C13-SM-TG
091-52C-2075	Perform Preventive Maintenance Checks and Services on Ground Support Equipment	STP 9-52C13-SM-TG
091-52C-2078	Operate Compressor, Air Reciprocating, 15 CFM on a Halon Recovery/Recharger Unit	STP 9-52C13-SM-TG
091-52C-2080	Correct Malfunction of Condenser/Evaporator on an Air Conditioner	STP 9-52C13-SM-TG
091-52C-2081	Correct Malfunction of Solenoid Valves on an Air Conditioner	STP 9-52C13-SM-TG
091-52C-3001	Perform Maintenance of the Compressor Assembly on a Refrigeration Unit	STP 9-52C13-SM-TG
091-52C-3008	Troubleshoot the Fuel System on a Heater	STP 9-52C13-SM-TG
091-52C-3009	Troubleshoot the Electrical System on a Heater	STP 9-52C13-SM-TG
091-52C-3010	Troubleshoot the Mechanical System on a Heater	STP 9-52C13-SM-TG
091-52C-3044	Perform Maintenance of the Burner on an M-17 Decontaminating Apparatus	STP 9-52C13-SM-TG
091-52C-3045	Troubleshoot Electrical System on the M-17 Decontaminating Apparatus	STP 9-52C13-SM-TG
091-52C-3046	Perform Maintenance of the Water Pump Assembly on an M-17 Decontaminating Apparatus	STP 9-52C13-SM-TG
091-52C-3062	Troubleshoot Vapor System on a Refrigeration Unit/Air Conditioner	STP 9-52C13-SM-TG
091-52C-3063	Troubleshoot Electrical System on a Refrigeration Unit/Air Conditioner	STP 9-52C13-SM-TG
091-52C-3064	Troubleshoot Mechanical System on a Refrigeration Unit	STP 9-52C13-SM-TG
091-52C-3073	Troubleshoot Control Panel on the M-17 Decontaminating apparatus	STP 9-52C13-SM-TG
091-52C-3074	Perform Maintenance of the Fuel System on an M12A1 Decontaminating Apparatus	STP 9-52C13-SM-TG
091-52C-3075	Perform Maintenance of the Boiler Assembly on an M12A1 Decontaminating Apparatus	STP 9-52C13-SM-TG
091-52C-3076	Perform Maintenance of the Water Assembly on an M12A1 Decontaminating Apparatus	STP 9-52C13-SM-TG
091-52C-3085	Perform Classification Inspection of Ground Support Equipment	STP 9-52C13-SM-TG

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
091-52D-1101	Correct Malfunction of Control Panel Components on a Generator Set	STP 9-52D13-SM-TG
091-52D-1111	Perform Preventive Maintenance Checks and Services on a Generator Set	STP 9-52D13-SM-TG
091-52D-1181	Correct Malfunction of Main AC Generator Assembly on a Generator Set	STP 9-52D13-SM-TG
091-52D-1182	Correct Malfunction of Electrical Governor System on a Generator Set	STP 9-52D13-SM-TG
091-52D-1183	Correct Malfunction of Battery Charging System on the Engine of a Generator Set	STP 9-52D13-SM-TG
091-52D-1184	Correct Malfunction of Components of the Lubrication System on a Diesel Engine of a Generator Set	STP 9-52D13-SM-TG
091-52D-1185	Correct Malfunction of the Fuel System on a Diesel Engine of a Generator Set	STP 9-52D13-SM-TG
091-52D-1186	Correct Malfunction of the Starting System on a Diesel Engine of a Generator Set	STP 9-52D13-SM-TG
091-63B-1001	Service Engine Assembly on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1003	Replace Engine Oil Filter on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1005	Correct Malfunction of Engine Oil Cooler and Lines on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1007	Troubleshoot Fuel System Malfunctions on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1009	Correct Malfunction of Fuel Pump on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1012	Replace Fuel Fitting and Lines on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1013	Replace Fuel Tank on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1014	Replace Fuel Filter Assembly on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1015	Troubleshoot Glow Plug System on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1016	Correct Malfunction of Glow Plug System on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1021	Troubleshoot Exhaust System Malfunctions on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1022	Replace Muffler on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1023	Replace Crossover Pipe on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1025	Troubleshoot Cooling System Malfunctions on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1026	Replace Radiator on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1029	Replace Radiator Hoses, Lines and Clamps on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1031	Correct Malfunction of Fan and Drive on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1033	Correct Malfunction of Drive Belts on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1036	Troubleshoot Charging System Malfunction on a Light Wheeled Vehicle	STP 9-63B14-SM-TG

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
091-63B-1037	Correct Malfunction of Alternator on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1038	Troubleshoot Starting System Malfunction on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1039	Replace Starter on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1041	Troubleshoot Electrical System Malfunctions on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1044	Replace Protective Control Box on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1047	Correct Malfunction of Sending Units and Warning Switches on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1050	Correct Malfunction of Batteries on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1053	Troubleshoot Electrical Gauges on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1055	Repair Engine Wiring Harness on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1057	Repair Chassis Wiring Harness on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1058	Troubleshoot Transmission Malfunctions on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1059	Service Transmission Assembly on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1061	Replace Neutral Safety Switch on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1066	Troubleshoot Transfer Malfunctions on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1075	Replace Propeller Shafts on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1076	Replace Universal Joints on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1077	Replace Center Bearings on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1078	Troubleshoot Axle Malfunctions on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1081	Replace Front Axle Spindle on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1082	Replace Halfshaft on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1083	Correct Malfunction of Knuckle and Geared Hub on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1084	Adjust Geared Hub Spindle Bearing on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1088	Replace Upper and Lower Ball Joints on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1091	Replace Dust Boot (CV) on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1097	Troubleshoot Brake System Malfunctions	STP 9-63B14-SM-TG
091-63B-1098	Replace Brake Lines and Fittings on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1100	Replace Hand Brake Shoes on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1105	Replace Service Brake Shoes on a Light Wheeled Vehicle	STP 9-63B14-SM-TG

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
091-63B-1106	Replace Front and Rear Calipers on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1107	Replace Front and Rear Brake Pads on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1108	Replace Front and Rear Brake Rotors on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1109	Replace Master Cylinder on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1110	Replace Air Hydraulic Cylinder on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1112	Replace Treadle Valve on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1114	Replace Hydro-Boost on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1117	Replace Air Compressor and Belts on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1124	Inspect Air Brake Control Valves on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1129	Correct Malfunction of Wheel and Tire Assembly on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1139	Troubleshoot Steering System Malfunctions on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1141	Correct Malfunction of Tie Rod Assembly on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1142	Correct Malfunction of Drag Link Assembly on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1143	Correct Malfunction of Power Assist Cylinder on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1154	Replace Power Steering Lines and Fittings on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1161	Replace Shock Absorbers on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1172	Replace Seat Belt on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1191	Troubleshoot Winch Malfunction on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1213	Correct Malfunction of 100 AMP Alternator on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1218	Troubleshoot Central Tire Inflation System on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1219	Replace Air Lines and Fittings on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1220	Correct Malfunction of Air Dryer With Filter on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1224	Replace CTIS Pressure Switch on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1226	Correct Malfunction of CTIS Front and Rear Air Seals on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1228	Maintain Test, Measurement, and Diagnostic Equipment on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-1229	Maintain Assigned Vehicle	STP 9-63B14-SM-TG
091-63B-1230	Maintain Assigned Tool Kit	STP 9-63B14-SM-TG

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
091-63B-1231	Prepare Equipment Inspection Maintenance Worksheet (DA Form 2404 or ULLS Equivalent)	STP 9-63B14-SM-TG
091-63B-1234	Perform Scheduled Preventive Maintenance Checks and Services on a Light Wheeled Vehicle	STP 9-63B14-SM-TG
091-63B-3001	Perform Diagnostic Procedures of Track Vehicle's Fire Extinguisher/Suppression System	STP 9-63B14-SM-TG
091-63B-3002	Perform Diagnostic Procedures of Track Vehicle's NBC System	STP 9-63B14-SM-TG
091-63B-3003	Perform Diagnostic Procedures of Vehicle's Fuel System	STP 9-63B14-SM-TG
091-63B-3004	Perform Diagnostic Procedures of Vehicle's Electrical System	STP 9-63B14-SM-TG
091-63B-3005	Perform Diagnostic Procedures of Diesel Engines	STP 9-63B14-SM-TG
091-63B-3006	Perform Diagnostic Procedures of Vehicle Cooling System	STP 9-63B14-SM-TG
091-63B-3007	Perform Diagnostic Procedures on Track Vehicle Transmission	STP 9-63B14-SM-TG
091-63B-3009	Perform Diagnostic Procedures on Wheel Vehicle Transmission	STP 9-63B14-SM-TG
091-63B-3011	Perform Diagnostic Procedures on Track Vehicle's Brake System	STP 9-63B14-SM-TG
091-63B-3012	Perform Diagnostic Procedures on Wheel Vehicle's Brake System	STP 9-63B14-SM-TG
091-63B-3015	Perform Diagnostic Procedures on Track Vehicle's Steering Systems	STP 9-63B14-SM-TG
091-63B-3016	Perform Diagnostic Procedures on Wheel Vehicle's Steering Systems	STP 9-63B14-SM-TG
091-63B-3017	Perform Diagnostic Procedures on Vehicle's Hydraulic Systems	STP 9-63B14-SM-TG
091-63B-3021	Perform Battlefield Damage Assessment and Repair (BDAR) on Tracked Vehicles	STP 9-63B14-SM-TG
091-63B-3022	Perform Battlefield Damage Assessment and Repair (BDAR) on Wheeled Vehicles	STP 9-63B14-SM-TG
091-63B-3033	Perform Diagnostic Procedures of Vehicle's Winch System	STP 9-63B14-SM-TG
091-63B-3050	Perform Diagnostic Procedures on Wheel Vehicle's Air System	STP 9-63B14-SM-TG
091-63B-3132	Lift and Tow a Disabled Vehicle	STP 9-63B14-SM-TG
091-63B-3133	Determine Recovery Method	STP 9-63B14-SM-TG
091-63B-3200	Recover an Overturned Vehicle	STP 9-63B14-SM-TG
091-63J-2003	Repair Pump Assembly on a Water Purification Unit Reverse Osmosis	STP 9-63J12-SM-TG
091-63J-2006	Correct Malfunction of a Pump Assembly on a 50 GPM Pump	STP 9-63J12-SM-TG
091-63J-2009	Correct Malfunction of a Pump Assembly on a 350 GPM Pump	STP 9-63J12-SM-TG
091-63J-2035	Correct Malfunction of a Washer Assembly on a Laundry Unit	STP 9-63J12-SM-TG

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
091-63J-2036	Correct Malfunction of an Air Compressor Assembly on a Laundry Unit	STP 9-63J12-SM-TG
091-63J-2037	Correct Malfunction of an Extractor Assembly on a Laundry Unit	STP 9-63J12-SM-TG
091-63J-2039	Correct Malfunction of a Dryer Tumbler Assembly on a Laundry Unit	STP 9-63J12-SM-TG
091-63J-2045	Correct Malfunction of a Burner on an M-17 Decontaminating Apparatus	STP 9-63J12-SM-TG
091-63J-2047	Correct Malfunction of a Water Pump Assembly on an M-17 Decontaminating Apparatus	STP 9-63J12-SM-TG
091-63J-2061	Correct Malfunction of Gauges (Non Electrical) on a Water Purification Unit Reverse Osmosis	STP 9-63J12-SM-TG
091-63J-2062	Correct Malfunction of Water System on a Water Purification Unit Reverse Osmosis	STP 9-63J12-SM-TG
091-63J-2063	Correct Malfunction of Water Purification Electrical System on a Water Purification Unit Reverse Osmosis	STP 9-63J12-SM-TG
091-63J-2064	Correct Malfunction of Water Purification Air System on a Water Purification Unit Reverse Osmosis	STP 9-63J12-SM-TG
091-63J-2066	Correct Malfunction of Water Distribution System on a Water Purification Unit Reverse Osmosis	STP 9-63J12-SM-TG
091-63J-2067	Correct Malfunction of Fuel System on a Heater	STP 9-63J12-SM-TG
091-63J-2068	Correct Malfunction of Electrical Systems on a Heater	STP 9-63J12-SM-TG
091-63J-2069	Correct Malfunction of Burner Assembly on a Heater	STP 9-63J12-SM-TG
091-63J-2072	Perform Preventive Maintenance Checks and Services on Ground Support Equipment	STP 9-63J12-SM-TG
091-63J-2073	Correct Malfunction of Electrical System on a 350 GPM Pump	STP 9-63J12-SM-TG
091-63J-2074	Correct Malfunction of the Engine Assembly on a 350 GPM Pump	STP 9-63J12-SM-TG
091-63J-2075	Correct Malfunction of 12 CFM ABC-M7A1 Filter Unit	STP 9-63J12-SM-TG
091-63J-2085	Correct Malfunction of a Water Heater on a Laundry Unit/Bath Unit	STP 9-63J12-SM-TG
091-63J-2086	Correct Malfunction of a Water Pump Assembly on a Laundry Unit/Bath Unit	STP 9-63J12-SM-TG
091-63J-2087	Correct Malfunction of Electrical Systems on an M-17 Decontaminating Apparatus	STP 9-63J12-SM-TG
091-63J-2088	Correct Malfunction of a Fuel System on an M12A1 Decontaminating Apparatus	STP 9-63J12-SM-TG
091-63J-2089	Correct Malfunction of a Boiler Assembly on an M12A1 Decontaminating Apparatus	STP 9-63J12-SM-TG
091-63J-2090	Correct Malfunction of a Water Heater Assembly on an M12A1 Decontaminating Apparatus	STP 9-63J12-SM-TG

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
091-63J-2091	Correct Malfunction of the Electrical Systems on an M12A1 Decontaminating Apparatus	STP 9-63J12-SM-TG
091-63J-2092	Correct Malfunction of a Control Panel on an M12A1 Decontaminating Apparatus	STP 9-63J12-SM-TG
091-63J-2093	Correct Malfunction of a Pump Assembly on an M12A1 Decontaminating Apparatus	STP 9-63J12-SM-TG
091-63J-2094	Correct Malfunction of Reverse Osmosis Pump Assembly on a 600 GPH Water Purification Unit Reverse Osmosis	STP 9-63J12-SM-TG
091-63J-2095	Correct Malfunction of High Pressure Pump Assembly on a 3000 GPH Reverse Osmosis Water Purification Unit	STP 9-63J12-SM-TG
091-63J-2096	Correct Malfunction of a Drum Assembly on a Laundry Advance Unit (LADS)	STP 9-63J12-SM-TG
091-63J-2097	Correct Malfunction of a Heater Assembly on a Laundry Advance System	STP 9-63J12-SM-TG
091-63J-2098	Correct Malfunction of a Control Panel on a Laundry Advance System	STP 9-63J12-SM-TG
091-CLT-3001	Manage a Shop Safety Program	STP 9-52C13-SM-TG STP 9-63B14-SM-TG
091-CLT-3002	Maintain a Publications Library	STP 9-63B14-SM-TG
091-CLT-3003	Establish Maintenance Facilities	STP 9-63B14-SM-TG
091-CLT-3007	Manage the TMDE Calibration Program	STP 9-52C13-SM-TG STP 9-63B14-SM-TG
091-CLT-3009	Supervise Maintenance Operations	STP 21-24-SMCT STP 9-63B14-SM-TG
091-CLT-3009O	Supervise Maintenance Operations	STP 9-52C13-SM-TG
091-CLT-3012	Manage the Standard Army Maintenance System (SAMS)	STP 9-52C13-SM-TG
091-CLT-3014	Manage the Unit Army Oil Analysis Program (AOAP)	STP 9-63B14-SM-TG
091-CLT-4002	Supervise Platoon/Section Administrative Procedures	STP 9-63B14-SM-TG
091-CLT-4005	Enforce Compliance With the Shop Safety Program	STP 9-63B14-SM-TG
091-CLT-4006	Coordinate Support for the Maintenance Platoon/Section	STP 9-63B14-SM-TG
091-CLT-4009	Control Flow of Work Through the Maintenance Shop	STP 9-63B14-SM-TG
091-CLT-4013	Analyze the Prescribed Load List (PLL) Report	STP 9-63B14-SM-TG
091-CLT-4014	Monitor Quality Control Program	STP 9-63B14-SM-TG
091-CLT-4016	Analyze Open Work Request Reconciliation Listing	STP 9-63B14-SM-TG
091-CLT-4017	Analyze Completed Shop Workload Summary	STP 9-63B14-SM-TG
091-CLT-4018	Analyze Shop Deadline and Deferred Workload Listing	STP 9-63B14-SM-TG
091-CLT-4019	Analyze Shop Workload Summary Listing	STP 9-63B14-SM-TG
091-CLT-4029	Supervise Preventive Maintenance Checks and Services (PMCS)	STP 21-24-SMCT
091-H8C-2001	Locate a Recovery Site	STP 9-63B14-SM-TG
091-H8C-2002	Determine Recovery Methods	STP 9-63B14-SM-TG
091-H8C-2003	Operate Tactical Communications Equipment	STP 9-63B14-SM-TG

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
113-620-0107	Troubleshoot Improved High Frequency Radio (IHFR) Set AN/GRC-213 or a Similar System	STP 11-31U14-SM-TG
113-620-2002	PERFORM OPERATOR TROUBLESHOOTING PROCEDURES ON RADIO SET AN/GRC-106(*)	STP 11-31C13-SM-TG
113-620-3059	Perform Scheduled Unit Level Maintenance (ULM) on Improved High Frequency Radio (IHFR) Set AN/GRC-213 or a Similar System	STP 11-31U14-SM-TG
113-620-7088	INSPECT INSTALLED OPERATIONAL RADIO SETS	STP 11-31C13-SM-TG
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-3001	Control Mission Safety Hazard	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS

Task Number	Task Title	References
08-2-0314.08-705L	TREAT HOSPITAL CASUALTIES	ARTEP 8-705-MTP
08-2-R303.08-705L	CONDUCT BATTLEFIELD STRESS REDUCTION AND PREVENTION PROCEDURES	ARTEP 8-705-MTP

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 PHARMACY SERVICE
 BLOOD BANK
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)

TASK: RECEIVE EXTERNAL SLING LOAD RESUPPLY (10-2-C325.08-705L)

(FM 10-450-3)

(AR 200-1)

(AR 385-10)

(FM 10-450-4)

(FM 10-450-5)

(FM 21-60)

(FM 3-100.4)

(FM 3-4)

(FM 3-5)

(FM 4-02.7)

(FM 8-10)

(FM 8-10-14)

(TC 3-34.489)

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: Hospital is alerted for incoming resupply by external sling load. The medical brigade DCSSPO/medical group S2/S3 (if immediate resupply) or the medical brigade DCSLOG/medical group S4 (if routine resupply) notifies the hospital of anticipated type and amount of supplies or equipment and scheduled delivery time. The hospital has personnel trained in sling load procedures. Helicopter(s) deliver supplies and equipment to a designated LZ near the hospital's position. The LZ is secured. Slings and allied materials may or may not be returned with delivery helicopter(s) to unit of origin. Hospital TSOP and medical brigade/medical group OPORD are available. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: Supplies and/or equipment are derigged and cleared from LZ IAW TSOP or OPORD. At MOPP4, performance degradation factors increase sling load operations time.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Hospital commander and element leaders develop supplies and/or equipment receipt plan. (101-521-3901, 101-521-3902, 101-521-3903, 101-521-3904, 113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Verify quantity and type of supplies and/or equipment and delivery time with medical brigade logistics section/medical group S4 section. b. Coordinate LZ security and location with medical brigade operations branch/medical group S2/S3 section. c. Appoint LZ officer or NCO. d. Coordinate additional motor transport and special equipment requirements with medical brigade logistics section/medical group S4 section. e. Assign appropriate number and composition of ground crew(s) based on tactical situation, type and quantity of cargo, and size of LZ. f. Request required protective equipment from supply and service division. g. Brief LZ officer or NCO on tactical situation, size of operation, preparation and clearance of LZ, protective equipment, safety precautions and environmental protection procedures. <p>2. Ground crew(s) perform LZ preparation activities. (071-326-0608)</p> <ul style="list-style-type: none"> a. Remove all obstructions from LZ. b. Mark all unremovable obstructions. c. Clear all loose debris from the LZ. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> d. Set up all required visual markers. e. Position vehicles and other special equipment out of the LZ. f. Rehearse hand or arm and other visual signals. g. Employ safety procedures IAW AR 385-10 and TSOP. h. Employ environmental protection procedures IAW AR 200-1 and TSOP. <p>* 3. LZ officer/NCO supervises external slingload resupply operations. (101-521-3901, 101-521-3902, 101-521-3903, 101-521-3904, 113-600-2001, 850-001-2000, 850-001-3001)</p> <ul style="list-style-type: none"> a. Identifies wind direction and speed. b. Transmits wind direction and speed to incoming aircraft as requested. c. Identifies aircraft approach direction. d. Prepares LZ emergency security and reaction plan. e. Identifies ground crew(s) rendezvous or rally point(s). f. Secures all required LZ marking and personnel protection equipment. g. Organizes ground crew team(s). h. Brief ground crew team(s) on tactical situation, size of operation, preparation and clearance of LZ, emergency procedures, protective equipment and safety precautions. i. Assigns individual team member duties. j. Supervises derigging operations. k. Supervises loading of supplies and/or equipment on motor transport vehicles. l. Supervises LZ clearance activities. m. Enforces safety procedures IAW AR 385-10 and TSOP. n. Enforces environmental protection procedures IAW AR 200-1 and TSOP. <p>4. Ground crew(s) derig external slingload supplies or equipment. (071-326-0608, 113-637-2001, 850-001-2000)</p> <ul style="list-style-type: none"> a. Wear hearing and eye protection. b. Employ safety precautions IAW AR 385-10 and TSOP. c. Employ environmental protection procedures IAW AR 200-1 and TSOP. d. Employ visual signals to guide helicopter to derigging point. e. Ground static discharge probe to cargo hook. f. Release load from helicopter. g. Provide "affirmative" signal to pilot for lift-off when load is unhooked and clear of helicopter. <p>5. Ground crew(s) prepare slings and/or nets for air transport retrograde. (071-326-0608)</p> <ul style="list-style-type: none"> a. Remove cargo sling and/or nets from supplies or equipment. b. Secure all slings and/or nets in a cargo net. c. Employ proper hand signals to guide helicopter into position. d. Ground static discharge probe to net rings. e. Connect sling equipment to helicopter cargo hook. f. Employ safety procedures IAW AR 385-10 and TSOP. g. Employ environmental protection procedures IAW AR 200-1 and TSOP. <p>6. Ground crew(s) and vehicle operator(s) clear LZ. (071-326-0608, 850-001-2000)</p> <ul style="list-style-type: none"> a. Load all supplies or equipment on vehicle(s). b. Load all slings and/or nets and markers on vehicle(s). c. Remove all loose debris from LZ. d. Employ safety procedures IAW AR 385-10 and TSOP. e. Employ environmental protection procedures IAW AR 200-1 and TSOP. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
071-326-0608	Use Visual Signalling Techniques	STP 21-24-SMCT
101-521-3901	DIRECT THE RIGGING OF EXTERNAL SLING LOADS	STP 10-92Y24-SM-TG
101-521-3902	CONTROL HELICOPTER LANDING AND DEPARTURE AREA	STP 10-92Y24-SM-TG
101-521-3903	DIRECT THE MAINTENANCE OF SLING-LOADING EQUIPMENT	STP 10-92Y24-SM-TG
101-521-3904	DIRECT AND CONTROL APPLICATION OF SAFETY MEASURES DURING EXTERNAL TRANSPORT OPERATIONS	STP 10-92Y24-SM-TG
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-3001	Control Mission Safety Hazard	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: SUP & SVC DIV (AUG)
 OR/CMS CONTROL TEAM
 TRIAGE/PRE-OP/EMT
 OPERATING ROOM C
 OPERATING ROOM D
 ORTHO CAST CLINIC
 HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 2 CMS
 5 INTENSIVE CARE WARD
 RADIOLOGY SERVICE
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 ADMINISTRATION DIV
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 NURSING SVC CNTL TEAM
 BLOOD BANK
 PT SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 LITTER BEARER SECTION
 OPERATING ROOM A
 OPERATING ROOM B
 DENTAL SERVICE
 INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD

TASK: PERFORM FIELD SANITATION FUNCTIONS (08-2-R315.08-705L)

(FM 21-10)	(AR 200-1)	(AR 385-10)
(AR 40-5)	(FM 100-20)	(FM 10-52)
(FM 10-52-1)	(FM 3-0)	(FM 3-100.4)
(FM 3-11.21)	(FM 3-3)	(FM 3-4)
(FM 3-5)	(FM 4-25.12)	(FM 8-10)
(FM 8-10-14)	(FM 8-9)	(TB MED 561)
(TC 3-34.489)	(TG 244)	

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. Health hazards exist which require field sanitation measures. Hospital is in the field without permanent sanitation, or water facilities. The hospital commander has selected and trained the unit FST. The TSOP and medical brigade/medical group OPORD are available. All required sanitation equipment is available. Field sanitation measures are continuous and are performed simultaneously with other operational tasks. SCPE is on hand and/or field-expedient and natural shelters are available. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: Field sanitation measures are accomplished IAW the TSOP, OPORD, and FM 21-10. FST performs field sanitation measures IAW the TSOP, hospital commander's guidance, FM 21-10, and FM 4-25.12. At MOPP4, only minimal essential field sanitation activities are performed.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Company commander directs field sanitation measures.</p> <ul style="list-style-type: none"> a. Directs field sanitation activities to counter the medical threat. b. Monitors field sanitation activities for compliance with FM 21-10 and TSOP. c. Enforces individual field sanitation measures. d. Requests assistance from supporting PVNTMED unit for sanitation problems that are beyond the expertise of the hospital's FST IAW TSOP, OPORD, and CHS plan. e. Enforces safety procedures IAW AR 385-10 and TSOP. f. Enforces environmental protection procedures IAW AR 200-1 and TSOP. g. Corrects field sanitation deficiencies. h. Reports field sanitation deficiencies which cannot be corrected by hospital personnel to the FST. <p>* 2. FST supervises hospital field sanitation measures. (081-831-1047, 081-831-9000, 101-92Y-0006, 850-001-2000, 850-001-3001)</p> <ul style="list-style-type: none"> a. Maintains field sanitation basic load IAW AR 40-5 and FM 4-25.12. b. Supervises distribution of field sanitation basic load items IAW AR 40-5 and FM 4-25.12. c. Tests unit water supply for required chlorine residual level IAW FM 21-10, FM 4-25.12, and TSOP. d. Inspects water containers and trailers IAW FM 4-25.12 and TSOP. e. Monitors personnel to ensure use of personnel protective measures directed against arthropods (skin repellent, bednet, and clothing and bednet repellent) and rodents IAW applicable directives and the hospital commander's guidance. f. Conducts surveys for medically important arthropods and rodents. g. Monitors personnel for employment of personal hygiene measures. h. Monitors medical waste facilities and procedures for compliance with FM 21-10 and TSOP. i. Inspects latrines and urinals IAW FM 21-10, FM 4-25.12, and the TSOP. j. Inspects liquid and solid waste disposal facilities to ensure compliance with FM 21-10 and the TSOP. k. Inspects handwashing devices for construction and operation IAW FM 21-10, FM 4-25.12, and TSOP. l. Inspects transport, storage, preparation, and service of food for compliance with FM 21-10, FM 4-25.12, and the TSOP. m. Provides advice, recommendations, and training requirements to the commander. n. Enforces safety procedures IAW AR 385-10, TSOP, and hospital commander's guidance. o. Enforces environmental protection procedures IAW AR 200-1 and TSOP. <p>3. Hospital personnel employ field sanitation measures. (081-831-1053, 081-831-9000, 113-600-2001, 113-637-2001, 850-001-2000)</p> <ul style="list-style-type: none"> a. Maintain prescribed load of water purification materials IAW AR 40-5, FM 4-25.12, and the TSOP. b. Prepare nonpotable water for personal use IAW FM 21-10 and TSOP. c. Consume only water designated as potable. d. Maintain latrines and handwashing facilities IAW FM 21-10, FM 4-25.12, and the TSOP. e. Employ PMM against cold and heat injuries. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
f. Employ personal hygiene measures. g. Employ PMM against arthropod and rodent infestation, to include use of skin and clothing, and bednet repellent. h. Employ safety procedures IAW AR 385-10, TSOP, and hospital commander's guidance. i. Employ environmental protection procedures IAW AR 200-1 and TSOP. j. Report field sanitation deficiencies which you are unable to correct to hospital commander.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-831-1047	SUPERVISE THE IMPLEMENTATION OF PREVENTIVE MEDICINE POLICIES	STP 21-24-SMCT
081-831-1053	PRACTICE INDIVIDUAL PREVENTIVE MEDICINE COUNTERMEASURES	STP 21-1-SMCT
081-831-9000	IMPLEMENT PREVENTIVE MEDICINE MEASURES (PMM)	STP 21-24-SMCT
101-92Y-0006	Inspect equipment for accountability, cleanliness, and serviceability	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-3001	Control Mission Safety Hazard	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: 5 INTENSIVE CARE WARD
 2 CMS
 RADIOLOGY SERVICE
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 NURSING SVC CNTL TEAM
 TRIAGE/PRE-OP/EMT
 LITTER BEARER SECTION
 OR/CMS CONTROL TEAM
 OPERATING ROOM A
 OPERATING ROOM B
 ORTHO CAST CLINIC
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 BLOOD BANK
 PT SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)
 OPERATING ROOM C
 OPERATING ROOM D
 DENTAL SERVICE
 INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC

TASK: CONDUCT BATTLEFIELD STRESS REDUCTION AND PREVENTION PROCEDURES
 (08-2-R303.08-705L)

(FM 22-51)	(FM 100-20)	(FM 3-0)
(FM 3-11.21)	(FM 3-3)	(FM 3-4)
(FM 3-5)	(FM 4-02.7)	(FM 6-22.5)
(FM 8-10)	(FM 8-10-14)	(FM 8-51)
(FM 8-9)	(TC 3-34.489)	(TG 244)

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. Hospitalization support and services operations have commenced. Hospital personnel are deployed to support tactical operations. Hospitalization support operations are continuous over a prolonged period of time and can cause stressful situations for personnel. This task may be performed under all environmental conditions. The hospital may be subject to attack by threat forces, NBC attack, or radiological fallout. SCPE is on hand. The hospital commander has elected to locate outside the shelter and has appointed a liaison Off to coordinate C2 functions between him and the staff.

NOTE: Due to the technical knowledge and skills required to perform medical tasks, caution must be exercised when cross training medical personnel. Nonmedical personnel cannot be cross trained to perform MOS specific medical tasks. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: Techniques applied by the hospital counter degradation of morale, training, and physical condition of hospital personnel in performance of mission. At MOPP4, performance degradation factors increase the need for stress prevention implementation.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> * 1. Hospital commander and leaders perform stress prevention leader actions. (113-600-2001, 113-637-2001) <ul style="list-style-type: none"> a. Issue warning orders, OPORDs, and FRAGOs to the lowest possible level. b. Provide soldiers an accurate assessment of the friendly and enemy situation. c. Brief hospital commander's intention to all hospital leaders. d. Speak positively concerning the hospital's missions, purpose, and abilities. e. Encourage a positive attitude throughout the hospital staff. f. Institute an information dissemination plan designed to quell and prevent rumors. g. Inform personnel of availability of religious support. h. Implement a buddy system to observe signs of stress or BF among the soldiers and leaders. * 2. Hospital commander and leaders implement sleep plan. <ul style="list-style-type: none"> a. Provide a safe and secure area away from vehicles and other high-noise activities. b. Develop a sleep plan IAW FM 22-51. c. Adjust sleep plan as dictated by tactical situation. * 3. Leaders implement task rotation or restructuring procedures. <ul style="list-style-type: none"> a. Alternate cross-train unit personnel on critical tasks. b. Rotate unit personnel between demanding and nondemanding tasks. c. Assign two soldiers to function independently on tasks requiring a high degree of accuracy. d. Adjust task rotation policies and procedures to the tactical situation. * 4. Leaders implement stress-coping and management techniques. <ul style="list-style-type: none"> a. Integrate new unit members into the unit immediately. b. Assist soldiers in resolving home front problems. c. Implement a buddy system to observe signs of stress or BF among the soldiers and leaders. d. Provide instruction on relaxation techniques to all personnel prior to deployment. e. Conduct routine after-action stress debriefings. f. Schedule a critical event debriefing after any especially traumatic event IAW FM 22-51. g. Conduct unit award, decoration, recognition, and memorial ceremonies. * 5. Hospital commander and leaders implement stress control treatment techniques. <ul style="list-style-type: none"> a. Implement a plan to deal with mild, seriously stressed, or BF cases. b. Assign soldiers who show signs of stress or BF to simple tasks. c. Direct personnel to be supportive of stressed or BF soldiers. d. Reintegrate RTD stressed or battle fatigued soldiers into the specific element. e. Refer for medical evaluation those soldiers showing signs of serious stress or BF to TRIAGE/EMT/PREOP. 6. Hospital personnel employ stress prevention measures. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
a. Maintain a positive attitude concerning the hospital's mission, purpose, and abilities. b. Comply with hospital commander's sleep plan. c. Observe other soldiers for signs of stress or BF. d. Provide immediate buddy aid support. e. Report signs of stress or BF in other soldiers to immediate supervisor. f. Accept new unit members immediately. g. Practice relaxation techniques at appropriate times and places. h. Participate in buddy systems and after-action stress debriefings.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: ORTHO CAST CLINIC
 2 CMS
 DENTAL SERVICE
 INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 ADMINISTRATION DIV
 BLOOD BANK
 RADIOLOGY SERVICE
 PT SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)
 OR/CMS CONTROL TEAM
 TRIAGE/PRE-OP/EMT
 OPERATING ROOM C
 OPERATING ROOM D
 HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 5 INTENSIVE CARE WARD
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 NURSING SVC CNTL TEAM
 LITTER BEARER SECTION
 OPERATING ROOM A
 OPERATING ROOM B

TASK: PERFORM RISK MANAGEMENT PROCEDURES (63-2-R326.08-705L)

(AR 385-10)	(DA PAM 385-1)	(FM 100-14)
(FM 100-20)	(FM 3-0)	(FM 3-100.4)
(FM 3-11.21)	(FM 3-3)	(FM 3-4)
(FM 3-5)	(FM 8-10)	(FM 8-10-14)
(FM 8-9)	(TC 3-34.489)	(TG 244)

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. Hospital is deployed in tactical environment supporting combat operations. Safety hazards for personnel and equipment exist. Hazards increase as operations intensify. TSOP and OPORD are available. This task may be performed under all environmental conditions. The hospital may be subject to attack by threat forces, NBC attack, or radiological fallout. SCPE is on hand and/or field-expedient and natural shelters are available. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: All potential safety problems for tasks are identified and either reduced or eliminated. At MOPP4, performance degradation factors increase implementation time for risk management measures.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Hospital commander and leaders identify risk and/or safety hazards. (850-001-2000, 850-001-3001, 850-001-4001)</p> <ul style="list-style-type: none"> a. Identify specified and implied missions and tasks in the OPLAN, OPORD, and FRAGO. b. Identify all risks associated with specified and implied missions and tasks. c. Integrate safety into every phase of the planning process. d. Identify the benefits of safety measures to the unit's mission versus the potential units of risk or hazard. e. Conduct continuous assessment of all operational phases for safety and risk reduction. <p>* 2. Hospital commander and leaders evaluate risk or safety hazards identified during operations. (850-001-2000, 850-001-3001, 850-001-4001)</p> <ul style="list-style-type: none"> a. Identify previously executed unsafe acts and their corrective actions. b. Identify unwarranted risks. c. Compare identified risk to acceptable risk level stated in the commander's intent and based on the training objective. d. Calculate projected equipment and personnel losses from accidents by reviewing historical records. e. Describe operations in terms of its risk level (extremely high, high, medium, and low). f. Prepare COA that minimizes accidental losses. <p>* 3. Hospital commander and leaders eliminate or reduce risk and safety hazards. (850-001-2000, 850-001-3001, 850-001-4001)</p> <ul style="list-style-type: none"> a. Select COA that maximizes operational effectiveness and minimizes risks. b. Develop procedures that reduce risks. c. Provide guidance that enhances safety in all phases of operation. d. Prescribe safety or protective equipment that enhances safety and reduces risks. e. Enforce safety procedures IAW AR 385-10 and TSOP. f. Enforce environmental protection procedures IAW AR 200-1 and TSOP. <p>4. Hospital personnel employ safety enhancement procedures. (113-600-2001, 113-637-2001, 850-001-2000, 850-001-3001, 850-001-4001)</p> <ul style="list-style-type: none"> a. Practice safety procedures during all mission rehearsals and operations. b. Employ environmental protection procedures IAW AR 200-1 and TSOP. c. Correct unsafe acts on-the-spot. d. Report to hospital safety officer risks or safety violations beyond element's corrective level. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"*" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-3001	Control Mission Safety Hazard	STP 21-24-SMCT
850-001-4001	Integrate Risk Management Into Platoon	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE**OPFOR TASKS AND STANDARDS: NONE**

ELEMENTS: ADMINISTRATION DIV
 PATIENT ADMIN DIV
 SUPPLY & SERVICE DIV
 TRIAGE/PRE-OP/EMT
 NURSING SVC CNTL TEAM
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)
 HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS

TASK: HANDLE ENEMY PRISONERS OF WAR (19-3-3106.08-705L)

(FM 19-40)	(AR 600-8-1)	(FM 100-15)
(FM 27-10)	(FM 3-3)	(FM 3-4)
(FM 3-5)	(FM 4-02.7)	(FM 8-10)
(FM 8-10-14)	(FM 8-10-6)	(FM 8-10-8)

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: Threat soldiers are surrendering. The hospital is supporting tactical operations. Some EPW are wounded and require medical assistance. MP have established an EPW collection point in the support area. Medical brigade/medical group TSOP, OPORD, INTSUM, and hospital TSOP are available. SCPE is on hand and/or field-expedient and natural shelters are available.

NOTE: Masks and protective clothing are provided EPW, if available. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: Hospital transports EPW to the designated holding area within the time prescribed in the TSOP, INTSUM, and/or Medical brigade/medical group directives. At MOPP4, EPW processing and evacuation transport times increase significantly.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Hospital commander and leaders supervise EPW processing in the unit area. (191-376-4101, 191-376-4103, 191-377-4205, 191-378-6079, 191-379-4405, 191-379-4413, 301-371-1200)</p> <p>a. Disseminate designated EPW collection point(s) locations to all elements.</p> <p>b. Coordinate disposition of EPW with medical brigade DCSSPO/medical group S2/S3 before transporting to the rear.</p> <p>c. Coordinate with medical brigade DCSSPO/medical group S2/S3 to provide escort guards (nonmedical) for EPW medical evacuation.</p> <p>d. Monitor processing procedures to ensure compliance with the TSOP and current INTSUM.</p> <p>2. Hospital personnel search EPW. (181-101-4001, 191-376-4101, 191-376-4103, 301-371-1200)</p> <p>a. Remove all weapons and documents.</p> <p>b. Return personal items of no military intelligence value.</p> <p>c. Provide EPW a receipt for personal items taken.</p> <p>d. Tag each EPW and each item removed IAW FM 19-40.</p> <p>3. Hospital personnel segregate EPW. (081-831-1046, 081-831-1054, 805C-PAD-2060)</p>		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
a. Segregate EPW by rank, sex, deserters, civilians, nationality, and ideology, when possible. b. Treat EPW casualties. (08-2-0314.08-705L) NOTE: See task 08-2-0314.08-705L for detailed treatment procedures. c. Report EPW casualties to TOC, as required. d. Request evacuation for EPW litter patients as required, through medical command/medical brigade MRO. 4. Hospital personnel silence EPW. a. Prevent EPW leaders from giving orders. b. Prevent communications between captured personnel. c. Conduct no conversations in front of EPW except to issue orders and maintain discipline. 5. TOC coordinates for transportation to move EPW to nearest collection point. (113-600-2001, 113-637-2001) a. Removes EPW from dangers of the immediate battle area. b. Prevents abuse of EPW by fellow soldiers or local populace. c. Coordinates with medical brigade operations branch/medical group S2/S3 section to furnish transportation and guards to escort EPW to closest collection point. NOTE: If transportation is unavailable or time and distance factors permit, march EPW to the nearest collection point.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-831-1046	TRANSPORT A CASUALTY	STP 21-1-SMCT
081-831-1054	EVACUATE CASUALTIES	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
181-101-4001	Conduct a Search/Seizure	STP 21-24-SMCT
191-376-4101	Process Enemy Prisoners of War/Civilian Internees (EPW/CI) at a Collecting Point or Holding Area	STP 21-24-SMCT
191-376-4103	Process Enemy Prisoners of War/Civilian Internees (EPW/CI) for Internment	STP 21-24-SMCT
191-377-4205	Supervise Processing of Enemy Prisoners of War/Civilian Internees (EPW/CI) at a Collecting Point or Holding Area	STP 21-24-SMCT
191-378-6079	Supervise the Escort of Enemy Prisoners of War/Civilian Internees (EPW/CI) to Collecting to Collecting Point/Holding Area Enclosure	STP 21-24-SMCT

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
191-379-4405	Plan the Movement of Enemy Prisoners of War/Civilian Internees (EPW/CI)	STP 21-24-SMCT
191-379-4413	SUPERVISE PROCESSING OF CAPTIVES FOR INTERNMENT	STP 21-24-SMCT
301-371-1200	PROCESS CAPTURED MATERIEL	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS

Task Number	Task Title	References
08-2-0314.08-705L	TREAT HOSPITAL CASUALTIES	ARTEP 8-705-MTP

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: OPERATING ROOM C
 OPERATING ROOM D
 5 INTENSIVE CARE WARD
 PATIENT ADMIN DIV
 SUPPLY & SERVICE DIV
 TRIAGE/PRE-OP/EMT
 LITTER BEARER SECTION
 OPERATING ROOM B
 OPERATING ROOM A
 HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 NURSING SVC CNTL TEAM
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)

TASK: PROCESS CAPTURED DOCUMENTS AND EQUIPMENT (19-3-3105.08-705L)

(FM 34-54)

(AR 381-26)

(FM 19-40)

(FM 27-10)

(FM 3-4)

(FM 34-52)

(FM 3-5)

(FM 8-10)

(FM 8-10-14)

(FM 8-10-6)

(FM 8-10-8)

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: Threat equipment and documents are surrendered or found. The hospital is supporting tactical operations. The medical brigade/medical group TSOP and OPORD are available. SCPE is on hand and/or field-expedient and natural shelters are available. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: Hospital processes all enemy documents and equipment IAW disposition instructions from the medical brigade operations branch/medical group S2/S3 section and the hospital TSOP. At MOPP4, documents and equipment processing and disposition times increase.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Hospital commander and leaders supervise enemy document and equipment processing. (113-600-2001, 113-637-2001, 191-377-4205, 301-371-1200)</p> <p>a. Disseminate to all elements instructions and procedures for processing enemy documents and equipment.</p> <p>b. Coordinate disposition of enemy documents and equipment with medical brigade operations branch/medical group S2/S3 section.</p> <p>c. Coordinate with medical brigade operations branch/medical group S2/S3 section for transportation of equipment to the rear.</p> <p>d. Monitor processing procedures to ensure compliance with the TSOP and medical command/ medical brigade operations branch guidance.</p> <p>2. Hospital reports possession of enemy documents or equipment to medical brigade operations branch/medical group S2/S3 section. (301-371-1200)</p> <p>a. Processes reports for documents and equipment IAW FM 34-54 and TSOP.</p>		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
b. Requests disposition of enemy documents and equipment from the medical brigade DCSSPO and logistics section/medical group S2/S3 and S4 section. c. Tags all enemy documents and equipment before evacuation. 3. Hospital executes approved disposition of enemy documents and equipment. (301-371-1200) a. Transports enemy equipment (less medical) IAW disposition instructions. b. Destroys the enemy equipment (less medical) IAW disposition instructions. NOTE: If tactical situation does not permit equipment destruction or evacuation, or other special instructions exist, abandon enemy equipment IAW disposition instructions. c. Transports documents through medical brigade operations branch/medical group S2/S3 section to intelligence personnel.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
191-377-4205	Supervise Processing of Enemy Prisoners of War/Civilian Internees (EPW/CI) at a Collecting Point or Holding Area	STP 21-24-SMCT
301-371-1200	PROCESS CAPTURED MATERIEL	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: ORTHO CAST CLINIC
 2 CMS
 DENTAL SERVICE
 INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 BLOOD BANK
 RADIOLOGY SERVICE
 HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 NURSING SVC CNTL TEAM
 TRIAGE/PRE-OP/EMT
 LITTER BEARER SECTION
 OR/CMS CONTROL TEAM
 OPERATING ROOM A
 OPERATING ROOM B
 PT SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)
 OPERATING ROOM C
 OPERATING ROOM D
 5 INTENSIVE CARE WARD

TASK: TREAT HOSPITAL CASUALTIES (08-2-0314.08-705L)

(AR 600-8-1)	(FM 100-20)	(FM 21-11)
(FM 3-0)	(FM 3-100.4)	(FM 3-11.21)
(FM 3-3)	(FM 3-4)	(FM 3-5)
(FM 4-02.283)	(FM 8-10)	(FM 8-10-14)
(FM 8-10-6)	(FM 8-285)	(FM 8-42)
(FM 8-55)	(FM 8-9)	(TC 3-34.489)
(TC 8-800)	(TG 244)	

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. Hospital has sustained casualties. Threat force contact is broken. Soldiers are wounded and may have chemical contamination of non battle injuries. Hospital members are treating the wounded. This task is performed simultaneously with other reorganization tasks. The medical brigade/medical group TSOP and OPORD are available. SCPE is on hand and/or field-expedient and natural shelters are available. This task should not be performed in MOPP4, except when treating NBC casualties. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: Hospital members provide treatment for casualties IAW FM 8-285 and FM 21-11. At MOPP4, performance degradation factors increase casualty treatment and evacuation times.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Hospital commander and leaders supervise treatment and evacuation of casualties. (081-831-0101, 081-831-1047, 113-600-2001, 113-637-2001, 805C-PAD-2060)</p> <ul style="list-style-type: none"> a. Develop treatment plan. b. Monitor treatment to ensure all casualties are treated. c. Direct employment of hospital personnel to treat casualties. d. Conduct battlefield stress reduction and prevention procedures. (08-2-R303.08-705L) <p>NOTE: See task 08-2-R303.08-705L for detailed procedures.</p> <ul style="list-style-type: none"> e. Report casualties to administrative division, as required. f. Coordinate replenishment of Class VII supplies with LOG SPT Co, MED BN (LOG) IAW the TSOP. g. Direct distribution of Class VIII supplies and equipment IAW the TSOP. h. Enforce quality control procedures for Class VIII items issued to hospital personnel. i. Coordinate for evacuation support with medical brigade SPO section/medical group S2/S3 section. <p>2. Hospital personnel survey casualties. (081-831-0008, 081-831-0010, 081-831-0011, 081-831-0012, 081-831-0013, 081-831-0033, 081-831-1000, 081-833-0080, 081-833-0082, 081-833-0155, 081-833-0156, 081-833-3027)</p> <ul style="list-style-type: none"> a. Check for responsiveness. b. Check for breathing. c. Check for bleeding. d. Check for head injury. e. Check for shock. f. Check for fractures, to include cervical spine and back fractures. g. Check for burns. <p>3. Hospital personnel administer life-saving treatment. (081-831-0008, 081-831-0018, 081-831-0019, 081-831-0046, 081-831-0048, 081-831-1003, 081-831-1042, 081-833-0016, 081-833-0018, 081-833-0021, 081-833-0142, 081-833-0158, 081-833-0169, 081-833-0174, 081-833-3007, 081-833-3022)</p> <ul style="list-style-type: none"> a. Wear protective devices (i.e., surgical mask and gloves). b. Clear all objects from throat of casualty. c. Use jaw thrust method to open the airway, if cervical spine injury is suspected. d. Perform CPR, one or two rescuer method. <p>4. Hospital personnel control hemorrhage. (081-831-1032, 081-833-0033, 081-833-0046, 081-833-0161)</p> <ul style="list-style-type: none"> a. Apply manual direct pressure to wound. b. Elevate extremities. c. Apply pressure dressing to wound. d. Apply digital pressure to pressure points. e. Apply tourniquet as last resort. f. Initiate IV therapy when indicated. <p>NOTE: Cannot be done in MOPP4.</p> <p>5. Hospital personnel dress wounds. (081-831-1025, 081-831-1026, 081-831-1032, 081-831-1033, 081-833-0007, 081-833-0010, 081-833-0034, 081-833-0045, 081-833-0046, 081-833-0050, 081-833-0052, 081-833-0060)</p> <ul style="list-style-type: none"> a. Apply dressing to an open chest wound. b. Apply dressing to an open abdominal wound. c. Apply dressing to an open head wound. d. Apply dressing to extremity wounds. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>6. Hospital personnel splint suspected fractures. (081-831-0044, 081-831-1034, 081-833-0060, 081-833-0062, 081-833-0064, 081-833-0141)</p> <ul style="list-style-type: none"> a. Employ available materials to splint injury. b. Splint fracture in position found. c. Restrict movement of extremities. d. Check circulation for impairment. <p>7. Hospital personnel stabilize suspected fractures of the neck and back. (081-833-0092)</p> <ul style="list-style-type: none"> a. Apply cervical collar, if available. b. Apply a short spine board for suspected fractures of the neck. c. Apply a long spine board for suspected fractures of the back and neck. <p>8. Hospital personnel treat casualties with burns. (081-831-0008, 081-831-1007, 081-833-0007, 081-833-0010, 081-833-0033, 081-833-0034, 081-833-0058, 081-833-0070, 081-833-0086)</p> <ul style="list-style-type: none"> a. Extinguish thermal burn agent(s). b. Remove chemical burn agent(s). c. Eliminate electrical burn source. d. Uncover burn unless stuck to clothing or a chemical substance. e. Apply field dressing. f. Initiate fluid replacement, as required. g. Initiate IV therapy, if indicated. <p>NOTE: Cannot be done in MOPP4.</p> <p>9. Hospital personnel treat environmental injuries. (081-831-0038, 081-831-0039, 081-831-1008, 081-831-1045)</p> <ul style="list-style-type: none"> a. Provide medical treatment for heat injuries. b. Provide medical treatment for frost bite. <p>10. Hospital personnel treat chemical casualties. (081-831-0008, 081-831-1044, 081-831-1053, 081-831-9000, 081-833-0083, 081-833-0084, 081-833-0085, 081-833-0086, 081-833-0089, 081-833-0093, 081-833-0095)</p> <ul style="list-style-type: none"> a. Take immediate protective steps IAW FM 8-285 to protect self and warn others. b. Protect casualty from further contamination. c. Administer nerve agent antidote IAW FM 8-285. d. Decontaminate casualty IAW FM 8-285, if necessary. <p>11. Hospital personnel prevent shock. (081-831-1005, 081-833-0031, 081-833-0033, 081-833-0034, 081-833-0047, 081-833-0103, 081-833-3011)</p> <ul style="list-style-type: none"> a. Position casualty in the correct anti-shock position. b. Loosen clothing and equipment. c. Prevent casualty from chilling or overheating. d. Calm casualty by reassuring him. e. Use anti-shock garment, if indicated. f. Initiate IV therapy, if indicated. <p>NOTE: Cannot be done in MOPP4.</p> <p>12. Hospital personnel evacuate casualties to TRIAGE/EMT/PREOP. (081-831-0101, 081-831-1046, 081-831-1054, 081-833-0092, 081-833-0151, 081-833-0171, 081-833-0172, 081-833-0173)</p> <ul style="list-style-type: none"> a. Prepare casualties for evacuation. b. Identify litter team. c. Construct improvised litter available material, as required. d. Secure casualty on litter. e. Employ appropriate manual carry if litter is not available. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
f. Transport casualty without causing further injury IAW FM 8-10-6.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"**" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-831-0008	PUT ON STERILE GLOVES	STP 8-91W15-SM-TG
081-831-0010	MEASURE A PATIENT'S RESPIRATIONS	STP 8-91W15-SM-TG
081-831-0011	MEASURE A PATIENT'S PULSE	STP 8-91W15-SM-TG
081-831-0012	MEASURE A PATIENT'S BLOOD PRESSURE	STP 8-91W15-SM-TG
081-831-0013	MEASURE A PATIENT'S TEMPERATURE	STP 8-91W15-SM-TG
081-831-0018	OPEN THE AIRWAY	STP 8-91W15-SM-TG
081-831-0019	CLEAR AN UPPER AIRWAY OBSTRUCTION	STP 8-91W15-SM-TG
081-831-0033	INITIATE A FIELD MEDICAL CARD	STP 8-91W15-SM-TG
081-831-0038	TREAT A CASUALTY FOR A HEAT INJURY	STP 8-91W15-SM-TG
081-831-0039	TREAT A CASUALTY FOR A COLD INJURY	STP 8-91W15-SM-TG
081-831-0044	APPLY A PNEUMATIC SPLINT TO A CASUALTY WITH A SUSPECTED FRACTURE OF AN EXTREMITY	STP 8-91W15-SM-TG
081-831-0046	ADMINISTER EXTERNAL CHEST COMPRESSIONS	STP 8-91W15-SM-TG
081-831-0048	PERFORM RESCUE BREATHING	STP 8-91W15-SM-TG
081-831-0101	REQUEST MEDICAL EVACUATION	STP 21-24-SMCT
081-831-1000	EVALUATE A CASUALTY	STP 21-1-SMCT
081-831-1003	PERFORM FIRST AID TO CLEAR AN OBJECT STUCK IN THE THROAT OF A CONSCIOUS CASUALTY	STP 21-1-SMCT
081-831-1005	PERFORM FIRST AID TO PREVENT OR CONTROL SHOCK	STP 21-1-SMCT
081-831-1007	PERFORM FIRST AID FOR BURNS	STP 21-1-SMCT
081-831-1008	PERFORM FIRST AID FOR HEAT INJURIES	STP 21-1-SMCT
081-831-1025	PERFORM FIRST AID FOR AN OPEN ABDOMINAL WOUND	STP 21-1-SMCT
081-831-1026	PERFORM FIRST AID FOR AN OPEN CHEST WOUND	STP 21-1-SMCT
081-831-1032	PERFORM FIRST AID FOR BLEEDING OF AN EXTREMITY	STP 21-1-SMCT
081-831-1033	PERFORM FIRST AID FOR AN OPEN HEAD WOUND	STP 21-1-SMCT
081-831-1034	PERFORM FIRST AID FOR A SUSPECTED FRACTURE	STP 21-1-SMCT
081-831-1042	PERFORM MOUTH-TO-MOUTH RESUSCITATION	STP 21-1-SMCT
081-831-1044	PERFORM FIRST AID FOR NERVE AGENT INJURY	STP 21-1-SMCT

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-831-1045	PERFORM FIRST AID FOR COLD INJURIES	STP 21-1-SMCT
081-831-1046	TRANSPORT A CASUALTY	STP 21-1-SMCT
081-831-1047	SUPERVISE THE IMPLEMENTATION OF PREVENTIVE MEDICINE POLICIES	STP 21-24-SMCT
081-831-1053	PRACTICE INDIVIDUAL PREVENTIVE MEDICINE COUNTERMEASURES	STP 21-1-SMCT
081-831-1054	EVACUATE CASUALTIES	STP 21-24-SMCT
081-831-9000	IMPLEMENT PREVENTIVE MEDICINE MEASURES (PMM)	STP 21-24-SMCT
081-833-0007	ESTABLISH A STERILE FIELD	STP 8-91W15-SM-TG
081-833-0010	CHANGE A STERILE DRESSING	STP 8-91W15-SM-TG
081-833-0016	INSERT AN OROPHARYNGEAL AIRWAY (J TUBE)	STP 8-91W15-SM-TG
081-833-0018	SET UP AN OXYGEN TANK	STP 8-91W15-SM-TG
081-833-0021	PERFORM ORAL AND NASOPHARYNGEAL SUCTIONING OF A PATIENT	STP 8-91W15-SM-TG
081-833-0031	INITIATE TREATMENT FOR ANAPHYLACTIC SHOCK	STP 8-91W15-SM-TG
081-833-0033	INITIATE AN INTRAVENOUS INFUSION	STP 8-91W15-SM-TG
081-833-0034	MANAGE A PATIENT WITH AN INTRAVENOUS INFUSION	STP 8-91W15-SM-TG
081-833-0045	TREAT A CASUALTY WITH AN OPEN ABDOMINAL WOUND	STP 8-91W15-SM-TG
081-833-0046	APPLY A DRESSING TO AN IMPALEMENT INJURY	STP 8-91W15-SM-TG
081-833-0047	INITIATE TREATMENT FOR HYPOVOLEMIC SHOCK	STP 8-91W15-SM-TG
081-833-0050	TREAT A CASUALTY WITH AN OPEN CHEST WOUND	STP 8-91W15-SM-TG
081-833-0052	TREAT A CASUALTY WITH AN OPEN OR CLOSED HEAD INJURY	STP 8-91W15-SM-TG
081-833-0058	TREAT BURNS OF THE EYE	STP 8-91W15-SM-TG
081-833-0060	APPLY A ROLLER BANDAGE	STP 8-91W15-SM-TG
081-833-0062	IMMOBILIZE A SUSPECTED FRACTURE OF THE ARM OR DISLOCATED SHOULDER	STP 8-91W15-SM-TG
081-833-0064	IMMOBILIZE A SUSPECTED DISLOCATED OR FRACTURED HIP	STP 8-91W15-SM-TG
081-833-0070	ADMINISTER INITIAL TREATMENT FOR BURNS	STP 8-91W15-SM-TG
081-833-0080	TRIAGE CASUALTIES ON A CONVENTIONAL BATTLEFIELD	STP 8-91W15-SM-TG
081-833-0082	TRIAGE CASUALTIES ON AN INTEGRATED BATTLEFIELD	STP 8-91W15-SM-TG
081-833-0083	TREAT A NERVE AGENT CASUALTY IN THE FIELD	STP 8-91W15-SM-TG
081-833-0084	TREAT A BLOOD AGENT (HYDROGEN CYANIDE) CASUALTY IN THE FIELD	STP 8-91W15-SM-TG
081-833-0085	TREAT A CHOKING AGENT CASUALTY IN THE FIELD	STP 8-91W15-SM-TG
081-833-0086	TREAT A BLISTER AGENT CASUALTY (MUSTARD, LEWISITE, PHOSGENE OXIME) IN THE FIELD	STP 8-91W15-SM-TG
081-833-0089	ADMINISTER AN INJECTION (INTRAMUSCULAR, SUBCUTANEOUS, INTRADERMAL)	STP 8-91W15-SM-TG

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-833-0092	TRANSPORT A CASUALTY WITH A SUSPECTED SPINAL INJURY	STP 8-91W15-SM-TG
081-833-0093	SET UP A CASUALTY DECONTAMINATION STATION	STP 8-91W15-SM-TG
081-833-0095	DECONTAMINATE A CASUALTY	STP 8-91W15-SM-TG
081-833-0103	PROVIDE CARE FOR A SOLDIER WITH SYMPTOMS OF BATTLE FATIGUE	STP 8-91W15-SM-TG
081-833-0141	APPLY A TRACTION SPLINT	STP 8-91W15-SM-TG
081-833-0142	INSERT A NASOPHARYNGEAL AIRWAY	STP 8-91W15-SM-TG
081-833-0151	LOAD CASUALTIES ONTO GROUND EVACUATION PLATFORMS	STP 8-91W15-SM-TG
081-833-0155	PERFORM A TRAUMA CASUALTY ASSESSMENT	STP 8-91W15-SM-TG
081-833-0156	PERFORM A MEDICAL PATIENT ASSESSMENT	STP 8-91W15-SM-TG
081-833-0158	ADMINISTER OXYGEN	STP 8-91W15-SM-TG
081-833-0161	CONTROL BLEEDING	STP 8-91W15-SM-TG
081-833-0169	INSERT A COMBITUBE	STP 8-91W15-SM-TG
081-833-0171	LOAD CASUALTIES ONTO NONSTANDARD VEHICLES, 1 1/4 TON, 4X4, M998	STP 8-91W15-SM-TG
081-833-0172	LOAD CASUALTIES ONTO NONSTANDARD VEHICLES, 2 1/2 TON, 6X6 OR 5 TON, 6X6, CARGO TRUCK	STP 8-91W15-SM-TG
081-833-0173	LOAD CASUALTIES ONTO NONSTANDARD VEHICLES, 5 TON M-1085, M-1093, 2 1/2 TON M-1081	STP 8-91W15-SM-TG
081-833-0174	ADMINISTER MORPHINE	STP 8-91W15-SM-TG
081-833-3007	PERFORM NEEDLE CHEST DECOMPRESSION	STP 8-91W15-SM-TG
081-833-3011	APPLY PNEUMATIC ANTI-SHOCK GARMENT	STP 8-91W15-SM-TG
081-833-3022	INSERT A NASOGASTRIC TUBE	STP 8-91W15-SM-TG
081-833-3027	MANAGE CARDIAC ARREST USING AED	STP 8-91W15-SM-TG
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT

SUPPORTING COLLECTIVE TASKS

Task Number	Task Title	References
08-2-R303.08-705L	CONDUCT BATTLEFIELD STRESS REDUCTION AND PREVENTION PROCEDURES	ARTEP 8-705-MTP

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: PATIENT ADMIN DIV
 SUPPLY & SERVICE DIV
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)
 HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV

TASK: PERFORM MORTUARY AFFAIRS OPERATIONS (10-2-C318.08-705L)

(JP 4-06)	(AR 40-66)	(FM 10-64)
(FM 21-11)	(FM 3-4)	(FM 3-5)
(FM 4-02.7)	(FM 8-10)	(FM 8-10-14)
(FM 8-10-6)		

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital has sustained fatalities. The hospital has requested aerial reconnaissance support. Some remains may be contaminated. The medical brigade/medical group TSOP and OPORD are available. This task may be performed by non mortuary affairs personnel. The hospital commander has assigned search and recovery team leader(s) and personnel. Emergency burials are authorized by the medical brigade/medical group commander. SCPE is on hand and/or field-expedient and natural shelters are available. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: Search, recovery, evacuation, and emergency burial operations are performed IAW the TSOP and OPORD. At MOPP4, only those tasks deemed mission essential by the hospital commander are performed.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
* 1. Search and recovery team leader prepares for the search. (071-329-1019, 113-600-2001, 113-637-2001) a. Performs a map, terrain, or aerial reconnaissance of the search area. b. Identifies additional support requirements. c. Requests additional support requirements from the medical command/medical brigade logistics section. d. Identifies search pattern to be used. e. Coordinates for NBC and EOD assistance with the medical command/medical brigade operations branch. f. Coordinates for security of search area with medical command/medical brigade operations branch.		
* 2. Search and recovery team leader(s) supervise search, recovery, and evacuation operations. a. Brief search and recovery team(s) on operational procedures. b. Issue personal effects bags, human remains pouches, if available, and NBC agent tags. c. Assign areas of search to each team of which the sum equals the entire search area, as directed by the hospital commander. d. Assign a portion of the search area to an individual team member. e. Monitor search and recovery team(s) operations for compliance with TSOP, OPORD, and the hospital commander's guidance.		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>f. Conduct battlefield stress reduction and prevention procedures. (08-2-R303.08-705L)</p> <p>NOTE: See task 08-2-R303.08-705L for detailed procedures.</p> <p>3. Search and recovery team(s) conduct the search.</p> <ol style="list-style-type: none"> Search assigned areas for remains and personal effects. Mark location of remains with pegs. Initiate FMC for each remains IAW AR 40-66 and FM 8-10-6 (medical personnel only). Prepare recovery sketch indicating spot where remains and personal effects are found. <p>4. Search and recovery team(s) recover remains. (071-329-1019, 101-515-1999, 113-600-2001, 113-637-2001)</p> <ol style="list-style-type: none"> Inspect immediate area for booby traps and NBC contaminants. Perform procedures for initial identification. Attach to contagious or contaminated remains a tag marked with a large "C", and the identity of each contagion and/or contaminant. <p>NOTE: Remains found in a contaminated area are to be handled IAW procedures set forth in JP 4-06 and buried according to mass burial procedures.</p> <ol style="list-style-type: none"> Attach personal effects to remains. Shroud remains with available materials. Prepare a sketch of the recovery area showing major landmarks. Prepare a map overlay of the recovery site. Coordinate transport of recovered remains to collection points with the medical command/medical brigade operations branch. Forward SITREP IAW TSOP to the medical command/medical brigade operations branch. <p>5. Search and recovery team(s) transport remains. (101-515-1998)</p> <ol style="list-style-type: none"> Verify that personal effects are attached to remains. Transport remains to a designated mortuary affairs collection point in a covered vehicle or aircraft. <p>NOTE: Remains will not be transported in ambulances.</p> <p>* 6. Search and recovery team leader(s) supervise emergency burials. (113-600-2001, 113-637-2001)</p> <ol style="list-style-type: none"> Identify specific burial site in coordination with the medical command/medical brigade DCSPER. Supervise marking of grave sites IAW appropriate FM, TSOP, and current directives. Supervise the burial of all recovered remains and their personal effects. Report burial data to BCOC and/or medical command/medical brigade operations branch. <p>7. Search and recovery team(s) perform emergency burials. (101-515-1997)</p> <ol style="list-style-type: none"> Prepare the grave site(s) IAW appropriate FM, TSOP, and current directives. Mark all grave sites IAW JP 4-06. Bury U.S., Allied, and enemy forces remains and personal effects in separate grave site(s). Bury contaminated remains in trenches separate from uncontaminated and decontaminated remains. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"**" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
071-329-1019	Use a Map Overlay	STP 21-24-SMCT
101-515-1997	Inter Isolated Remains (after receiving authorization)	STP 21-1-SMCT
101-515-1998	Evacuate Isolated Remains	STP 21-1-SMCT
101-515-1999	Recover Isolated Remains	STP 21-1-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT

SUPPORTING COLLECTIVE TASKS

Task Number	Task Title	References
08-2-R303.08-705L	CONDUCT BATTLEFIELD STRESS REDUCTION AND PREVENTION PROCEDURES	ARTEP 8-705-MTP

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: ORTHO CAST CLINIC
 2 CMS
 5 INTENSIVE CARE WARD
 RADIOLOGY SERVICE
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 NURSING SVC CNTL TEAM
 TRIAGE/PRE-OP/EMT
 LITTER BEARER SECTION
 OR/CMS CONTROL TEAM
 OPERATING ROOM A
 OPERATING ROOM B
 DENTAL SERVICE
 INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 BLOOD BANK
 PT SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)
 OPERATING ROOM C
 OPERATING ROOM D
 HOSPITAL HEADQUARTERS

TASK: PERFORM AREA DAMAGE CONTROL FUNCTIONS (63-2-1028.08-705L)

(FM 63-3)	(AR 200-1)	(AR 385-10)
(AR 600-8-1)	(FM 100-15)	(FM 21-11)
(FM 3-100.4)	(FM 3-4)	(FM 3-5)
(FM 4-02.7)	(FM 63-4)	(FM 71-100)
(FM 7-20)	(FM 8-10)	(FM 8-10-14)
(FM 8-10-6)	(TC 3-34.489)	

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital is relieved of threat encounter by the MP or TCF or threat forces have completely withdrawn from the area. The attack has caused heavy damage to the hospital area. The hospital control and assessment CP has been established and is manned by control and assessment team personnel. ADC resources are not be expended to remove or repair materials or structures that have no bearing on mission accomplishment. Assistance is provided to supporting elements as required. TSOP and OPORD are available. SCPE is on hand and/or field-expedient and natural shelters are available. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: All mission hindering debris and safety hazards are cleared and marked. ADC is conducted IAW TSOP and OPORD. At MOPP4, performance degradation factors minimally increase ADC activities completion time.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Hospital commander and leaders supervise hospital ADC activities. (113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Identify damage to hospital area. b. Forward ADC SITREP to control and assessment CP. c. Identify ADC policies and procedures by reviewing applicable annex of hospital TSOP and medical brigade/medical group rear area operations annex. d. Identify danger areas. e. Supervise hospital restoration activities. f. Coordinate additional support requirements with control and assessment CP. g. Coordinate dispatch of ADC team(s) with control and assessment CP. h. Enforce safety procedures IAW AR 385-10 and TSOP. i. Enforce environmental protection procedures IAW AR 200-1 and TSOP. j. Report casualties to medical brigade/medical group HQ, as required. <p>* 2. Hospital commander and leaders organize hospital ADC teams.</p> <ul style="list-style-type: none"> a. Identify required team members and equipment IAW OPORD and TSOP. b. Dispatch control and assessment team personnel and equipment to control and assessment CP. c. Organize decontamination squad(s) and light rescue squad(s) as prescribed by TSOP and medical brigade/medical group guidance. d. Brief decontamination and rescue squads. e. Dispatch decontamination and rescue squads as directed by control and assessment CP. <p>3. Hospital performs restoration activities. (081-831-1046, 081-831-1054, 113-600-2001, 113-637-2001, 805C-PAD-2060)</p> <ul style="list-style-type: none"> a. Establishes barrier and/or checkpoints that deny access to danger areas such as those containing unexploded ordnance, POL fires, damaged structures, etc. b. Treats casualties. (08-2-0314.08-705L) <p>NOTE: See task 08-2-0314.08-705L for detailed treatment and evacuation procedures.</p> <ul style="list-style-type: none"> c. Conducts battlefield stress reduction and prevention procedures. (08-2-R303.08-705L) <p>NOTE: See task 08-2-R303.08-705L for detailed procedures.</p> <ul style="list-style-type: none"> d. Reports casualties to administrative division, as required. e. Evacuates casualties. f. Relocates major items of equipment and supplies to safe areas. g. Conducts fire fighting operations until all threatening fires are extinguished. h. Employs NBC defense measures. i. Removes rubble, debris and inoperative vehicles and equipment (mission essential only). j. Reports locations of fires and unexploded ordnance to control and assessment team. k. Employs safety procedures IAW AR 385-10 and TSOP. l. Employs environmental protection procedures IAW AR 200-1 and TSOP. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"*" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-831-1046	TRANSPORT A CASUALTY	STP 21-1-SMCT
081-831-1054	EVACUATE CASUALTIES	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT

SUPPORTING COLLECTIVE TASKS

Task Number	Task Title	References
08-2-0314.08-705L	TREAT HOSPITAL CASUALTIES	ARTEP 8-705-MTP
08-2-R303.08-705L	CONDUCT BATTLEFIELD STRESS REDUCTION AND PREVENTION PROCEDURES	ARTEP 8-705-MTP

OPFOR TASKS AND STANDARDS: NONE

ELEMENT: PATIENT ADMIN DIV**TASK: PROVIDE PATIENT ADMINISTRATION SERVICES (08-1-0230.08-705L)**

(AR 40-400)	(AR 200-1)	(AR 25-400-2)
(AR 385-10)	(AR 40-2)	(AR 40-3)
(AR 40-407)	(AR 40-535)	(AR 40-66)
(AR 600-8-1)	(AR 700-84)	(AR 710-2)
(AR 735-5)	(FM 100-20)	(FM 3-0)
(FM 3-100.4)	(FM 3-11.21)	(FM 3-3)
(FM 3-4)	(FM 3-5)	(FM 8-10)
(FM 8-10-14)	(FM 8-10-6)	(FM 8-9)
(IPDS USER MANUAL 302)	(MSUM 1991)	(TC 3-34.489)
(TG 244)		

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. Patients requiring admission are arriving at the hospital. Some patients are conscious and others are unconscious. Patients may be received under NBC or non NBC conditions. TAMMIS is available. Patients may be received day or night. Hospital and medical brigade/medical group TSOPs are available. This task may be performed under all environmental conditions. The hospital may be subject to attack by threat forces, NBC attack, or radiological fallout. SCPE is on hand and/or field-expedient and natural shelters are available. This task should not be trained in MOPP4.

TASK STANDARDS: Provide patient administration support IAW TSOP, and the hospital commander's guidance.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. PAD OIC/NCOIC plans patient administration support.</p> <ul style="list-style-type: none"> a. Requests required amounts of forms and records IAW TSOP. b. Prepares personnel work schedules. c. Assigns duties to patient administration personnel. d. Coordinates patient administration services with clinical and ward personnel. e. Provides available bed status to medical brigade/medical group MRO. f. Coordinates patient administration personnel defensive responsibilities with hospital CP. g. Coordinates Class II supply and transportation support for RTD soldiers with supply and service division (supply NCO). <p>2. PAD personnel admit patients. (081-866-0003, 081-866-0057, 081-866-0118, 081-866-0122)</p> <ul style="list-style-type: none"> a. Verify eligibility of patient IAW AR 40-3 and the hospital commander's guidance. b. Initiate an individual treatment record IAW AR 40-66. c. Prepare patient identification band and bed card IAW AR 40-2. d. Register patient(s) IAW IPDS User's Manual 302. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> e. Post patient admitting plates and patient recording cards IAW AR 40-400. f. Enter patient data into TAMMIS. g. Admit MASCAL patients IAW MASCAL plan, when required. <p>3. PAD personnel manage medical records and reports. (081-866-0027, 081-866-0039, 081-866-0040, 081-866-0041, 081-866-0042, 081-866-0043, 081-866-0044, 081-866-0057, 081-866-0094, 081-866-0105, 081-866-0122)</p> <ul style="list-style-type: none"> a. Maintain FMC IAW AR 40-66 and FM 4-02.7. b. Maintain nominal and register index IAW AR 40-400 and AR 25-400-2. c. Maintain inpatient treatment records IAW AR 40-66 and AR 25-400-2. d. Process admission and disposition report IAW AR 40-400. e. Process casualty data IAW AR 40-2 and TSOP. f. Prepare VSI, SI, and SPECAT patient report IAW AR 40-2 and TSOP. g. Prepare Medical Summary Report IAW Medical Summary Report User's Manual and TSOP. h. Process casualty feeder reports and witness statements. i. Verify medical records for completeness IAW AR 40-2. j. Process Admission and Coding Forms IAW IPDS User's Manual. <p>4. PAD personnel provide input to LOD determinations. (081-866-0061)</p> <ul style="list-style-type: none"> a. Identify need for a LOD investigation IAW AR 600-8-1. b. Initiate LOD investigation IAW AR 600-8-1. c. Complete statement of medical examination and duty status IAW AR 600-8-1. <p>5. PAD personnel establish patient trust fund. (081-866-0022, 081-866-0123, 081-866-0124, 081-866-0132)</p> <ul style="list-style-type: none"> a. Inventory patients' valuables and funds IAW AR 40-2 and TSOP. b. Secure patients' valuables and funds IAW AR 40-2 and TSOP. c. Dispose of patients' funds and valuables IAW AR 40-2 and AR 600-8-1. <p>6. PAD personnel inventory patient's other personal property and organizational equipment.</p> <ul style="list-style-type: none"> a. Post inventory of patients' personal property in patients' ITR IAW AR 40-2 and TSOP. b. Verify inventory IAW AR 40-2. c. Mark patients' protective mask and other NBC protective clothing and equipment IAW TSOP. <p>NOTE: Leave mask in possession of patients not suffering from a condition which would preclude its use.</p> <ul style="list-style-type: none"> d. Record serial numbered items IAW TSOP. <p>7. PAD personnel process patients' personal property and organizational equipment and weapons. (081-866-0132)</p> <ul style="list-style-type: none"> a. Release personal property to patient upon discharge or evacuation IAW AR 40-2 and TSOP. b. Forward personal property of evacuated patient(s) IAW AR 700-84, AR 735-5, and TSOP. c. Dispose of personal property of deceased, deserters, or AWOL patients IAW AR 600-8-1 and TSOP. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
d. Coordinate pickup of organizational equipment and weapons with replacement unit IAW AR 40-2 and TSOP. 8. PAD personnel prepare patient for RTD. (081-866-0061, 081-866-0122) a. Coordinate with replacement detachment representative in advance of patient release. b. Process medical records, personal items, and equipment for patients returning to duty. c. Provide to replacement detachment representative complete patient identification information and a time of release. d. Escort patient to replacement detachment representative for issue of clothing, equipment, and transportation to unit. 9. PAD personnel coordinate for the evacuation of patients. (081-866-0039, 081-866-0121, 081-866-0129) a. Request patient evacuation from medical brigade/medical group MRO. b. Coordinate evacuation requirements with MCWs as directed by the medical brigade/medical group MRO. c. Provide pickup site and LZ, security status, and casualty data to medical brigade/medical group MRO IAW TSOP. d. Coordinate for security of pickup site and LZ with EMT and collocated units. e. Provide information to hospital personnel as to departure times and mode of transportation, in time for patient preparation actions to occur. f. Arrange for pickup of required medication, special equipment, and meals with pharmacy service, supply and service, and nutrition care divisions. g. Verify personal equipment (excluding hazardous material), required medications, and meals to accompany patients IAW TSOP. h. Brief conscious patient(s) on evacuation IAW AR 40-535. i. Prepare appropriate forms and records for USAF aircraft evacuation IAW TSOP. j. Manage EPW casualties IAW TSOP. k. Employ safety procedures IAW AR 385-10 and TSOP. l. Employ environmental protection procedures IAW AR 200-1 and TSOP.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-866-0003	VERIFY THE ELIGIBILITY OF A PATIENT	STP 8-91G15-SM-TG

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-866-0022	COMPLETE DA FORM 3696 (PATIENT'S DEPOSIT RECORD)	STP 8-91G15-SM-TG
081-866-0027	RETRIEVE OR FILE A TERMINAL DIGIT FILE FOR TREATMENT RECORD	STP 8-91G15-SM-TG
081-866-0039	PREPARE A PATIENT RECORDING CARD	STP 8-91G15-SM-TG
081-866-0040	COMPLETE DA FORM 2984 (VERY SERIOUSLY ILL/SERIOUSLY ILL/SPECIAL CATEGORY PATIENT REPORT)	STP 8-91G15-SM-TG
081-866-0041	PREPARE A PROGRESS REPORT FOR A VSI, SI, OR SPECAT PATIENT	STP 8-91G15-SM-TG
081-866-0042	PREPARE A VSI, SI, AND SPECAT PATIENT ROSTER	STP 8-91G15-SM-TG
081-866-0043	COMPLETE DA FORM 3894 (HOSPITAL REPORT OF DEATH)	STP 8-91G15-SM-TG
081-866-0044	INITIATE DD FORM 2064 [CERTIFICATE OF DEATH (OVERSEAS)]	STP 8-91G15-SM-TG
081-866-0057	COMPLETE DA FORM 2985 (ADMISSION AND CODING INFORMATION)	STP 8-91G15-SM-TG
081-866-0061	INITIATE DA FORM 2173 (STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS)	STP 8-91G15-SM-TG
081-866-0094	INITIATE NOTIFICATION TO NEXT OF KIN (NOK) OF A DECEASED SERVICE MEMBER	STP 8-91G15-SM-TG
081-866-0105	RELEASE MEDICAL INFORMATION	STP 8-91G15-SM-TG
081-866-0118	PREPARE A PATIENT ADMISSION PACKET	STP 8-91G15-SM-TG
081-866-0121	PREPARE FOR AN AEROMEDICAL EVACUATION	STP 8-91G15-SM-TG
081-866-0122	PREPARE AN ADMISSION AND DISPOSITION (AAD) REPORT	STP 8-91G15-SM-TG
081-866-0123	FORWARD FUNDS AND VALUABLES AFTER THE DISPOSITION OR TRANSFER OF A PATIENT	STP 8-91G15-SM-TG
081-866-0124	MAKE DISPOSITION OF THE FUNDS AND VALUABLES OF A MENTALLY INCOMPETENT PATIENT	STP 8-91G15-SM-TG
081-866-0129	PREPARE A PATIENT FOR AN AEROMEDICAL EVACUATION	STP 8-91G15-SM-TG
081-866-0132	MAKE DISPOSITION OF THE FUNDS AND VALUABLES OF A DECEASED SERVICE MEMBER	STP 8-91G15-SM-TG

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: TRIAGE/PRE-OP/EMT
NURSING SVC CNTL TEAM

TASK: PROVIDE EMERGENCY MEDICAL SERVICES (08-1-0231.08-705L)

(AR 200-1)	(AR 350-41)	(AR 385-10)
(AR 40-2)	(AR 40-3)	(FM 100-20)
(FM 3-0)	(FM 3-100.4)	(FM 3-11.21)
(FM 8-10)	(FM 8-10-14)	(FM 8-10-6)
(FM 8-50)	(FM 8-9)	(FM 90-4)
(TC 3-34.489)	(TC 8-800)	(TG 244)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. Critically injured and/or nontransportable patients are being received at the TRIAGE/EMT/PREOP area from forward units with serious injuries/illnesses that require emergency medical treatment. The helicopter LZ is operational. TSOP and CSOP are available. This task may be performed under all environmental condition. This task should not be trained in MOPP4.

TASK STANDARDS: TRIAGE/EMT/PREOP personnel provide emergency medical services IAW accepted standards of practice, CSOP and TSOP.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. OIC/NCOIC supervises EMS operations. (071-334-4002)</p> <ul style="list-style-type: none"> a. Schedules personnel staffing at proper skill levels to ensure 24-hour coverage. b. Provides for supervision of personnel over 24-hour period. c. Monitors treatment procedures for compliance with CSOP. d. Coordinates litter bearer service for movement of patients within hospital complex. (08-1-0233.08-705L) e. Supervises set-up of helicopter LZ IAW FM 8-10-6 and TSOP. f. Coordinates with supply and service division for logistics support. g. Monitors periodic and unscheduled maintenance of equipment for compliance with applicable TM(s) and CSOP. h. Manages training program. i. Manages MASCAL, when required. j. Enforces safety procedures IAW AR 385-10, CSOP, and TSOP. k. Enforces environmental protection procedures IAW AR 200-1, CSOP, and TSOP. l. Maintains communication with hospital areas and inbound aircraft IAW TSOP and CSOP. m. Maintains call rosters. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>2. TRIAGE/EMT/PREOP personnel perform triage and EMS operations (081-830-3016, 081-831-0007, 081-831-0008, 081-831-0010, 081-831-0011, 081-831-0012, 081-831-0013, 081-831-0018, 081-831-0019, 081-831-0033, 081-831-0044, 081-831-0046, 081-831-0048, 081-833-0006, 081-833-0007, 081-833-0010, 081-833-0012, 081-833-0016, 081-833-0017, 081-833-0018, 081-833-0021, 081-833-0031, 081-833-0032, 081-833-0033, 081-833-0034, 081-833-0045, 081-833-0046, 081-833-0047, 081-833-0048, 081-833-0049, 081-833-0050, 081-833-0052, 081-833-0054, 081-833-0056, 081-833-0057, 081-833-0058, 081-833-0059, 081-833-0060, 081-833-0062, 081-833-0064, 081-833-0070, 081-833-0072, 081-833-0073, 081-833-0076, 081-833-0080, 081-833-0082, 081-833-0088, 081-833-0089, 081-833-0092, 081-833-0103, 081-833-0141, 081-833-0142, 081-833-0143, 081-833-0154, 081-833-0155, 081-833-0156, 081-833-0158, 081-833-0159, 081-833-0160, 081-833-0161, 081-833-0164, 081-833-0167, 081-833-0168, 081-833-0169, 081-833-0170, 081-833-0174, 081-833-3005, 081-833-3006, 081-833-3007, 081-833-3011, 081-833-3014, 081-833-3017, 081-833-3022, 081-833-3027, 081-833-3208, 081-835-3000, 081-835-3001, 081-835-3002, 081-835-3005)</p> <ul style="list-style-type: none"> a. Triage patient to determine priority of treatment. b. Evaluate patient to determine extent of illness or injury. c. Maintain cardiopulmonary functions. d. Maintain infection control standards. e. Control bleeding. f. Control shock. g. Apply dressings, bandages, and splints. h. Provide relief of pain. i. Provide preoperative care when indicated. j. Treat DE wounds. k. Treat environmental injuries. l. Move patients by litter to and from clinical facilities and helicopter LZ. (08-1-0233.08-705L) m. Treat refugees, civilian casualties, retained and/or detained personnel, and EPW IAW the provisions of the Geneva Conventions and the hospital commander's guidance. n. Update treatment record. o. Employ safety procedures IAW AR 385-10, CSOP, and TSOP. p. Employ environmental protection procedures IAW AR 200-1, CSOP, and TSOP. <p>3. TRIAGE/EMT/PREOP personnel perform EMS logistics functions.</p> <ul style="list-style-type: none"> a. Maintain established stock level of supplies. b. Store supplies IAW CSOP and manufacturer's instructions. c. Manage controlled substance ward inventory IAW AR 40-2 and CSOP. d. Perform PMCS on equipment IAW CSOP and manufacturer's instructions. e. Turn-in inoperable equipment to supply and service division for repair or replacement. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"*" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
071-334-4002	ESTABLISH A HELICOPTER LANDING POINT	STP 8-91W15-SM-TG
081-830-3016	INTUBATE A PATIENT	STP 8-91W15-SM-TG
081-831-0007	PERFORM A PATIENT CARE HANDWASH	STP 8-91W15-SM-TG
081-831-0008	PUT ON STERILE GLOVES	STP 8-91W15-SM-TG
081-831-0010	MEASURE A PATIENT'S RESPIRATIONS	STP 8-91W15-SM-TG
081-831-0011	MEASURE A PATIENT'S PULSE	STP 8-91W15-SM-TG
081-831-0012	MEASURE A PATIENT'S BLOOD PRESSURE	STP 8-91W15-SM-TG
081-831-0013	MEASURE A PATIENT'S TEMPERATURE	STP 8-91W15-SM-TG
081-831-0018	OPEN THE AIRWAY	STP 8-91W15-SM-TG
081-831-0019	CLEAR AN UPPER AIRWAY OBSTRUCTION	STP 8-91W15-SM-TG
081-831-0033	INITIATE A FIELD MEDICAL CARD	STP 8-91W15-SM-TG
081-831-0044	APPLY A PNEUMATIC SPLINT TO A CASUALTY WITH A SUSPECTED FRACTURE OF AN EXTREMITY	STP 8-91W15-SM-TG
081-831-0046	ADMINISTER EXTERNAL CHEST COMPRESSIONS	STP 8-91W15-SM-TG
081-831-0048	PERFORM RESCUE BREATHING	STP 8-91W15-SM-TG
081-833-0006	MEASURE A PATIENT'S INTAKE AND OUTPUT	STP 8-91W15-SM-TG
081-833-0007	ESTABLISH A STERILE FIELD	STP 8-91W15-SM-TG
081-833-0010	CHANGE A STERILE DRESSING	STP 8-91W15-SM-TG
081-833-0012	PERFORM A WOUND IRRIGATION	STP 8-91W15-SM-TG
081-833-0016	INSERT AN OROPHARYNGEAL AIRWAY (J TUBE)	STP 8-91W15-SM-TG
081-833-0017	VENTILATE A PATIENT WITH A BAG-VALVE-MASK SYSTEM	STP 8-91V14-SM-TG
081-833-0018	SET UP AN OXYGEN TANK	STP 8-91W15-SM-TG
081-833-0021	PERFORM ORAL AND NASOPHARYNGEAL SUCTIONING OF A PATIENT	STP 8-91W15-SM-TG
081-833-0031	INITIATE TREATMENT FOR ANAPHYLACTIC SHOCK	STP 8-91W15-SM-TG
081-833-0032	OBTAIN A BLOOD SPECIMEN USING A VACUTAINER	STP 8-91W15-SM-TG
081-833-0033	INITIATE AN INTRAVENOUS INFUSION	STP 8-91W15-SM-TG
081-833-0034	MANAGE A PATIENT WITH AN INTRAVENOUS INFUSION	STP 8-91W15-SM-TG
081-833-0045	TREAT A CASUALTY WITH AN OPEN ABDOMINAL WOUND	STP 8-91W15-SM-TG
081-833-0046	APPLY A DRESSING TO AN IMPALEMENT INJURY	STP 8-91W15-SM-TG

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-833-0047	INITIATE TREATMENT FOR HYPOVOLEMIC SHOCK	STP 8-91W15-SM-TG
081-833-0048	MANAGE AN UNCONSCIOUS CASUALTY	STP 8-91W15-SM-TG
081-833-0049	TREAT A CASUALTY WITH A CLOSED CHEST WOUND	STP 8-91W15-SM-TG
081-833-0050	TREAT A CASUALTY WITH AN OPEN CHEST WOUND	STP 8-91W15-SM-TG
081-833-0052	TREAT A CASUALTY WITH AN OPEN OR CLOSED HEAD INJURY	STP 8-91W15-SM-TG
081-833-0054	IRRIGATE EYES	STP 8-91W15-SM-TG
081-833-0056	TREAT FOREIGN BODIES OF THE EYE	STP 8-91W15-SM-TG
081-833-0057	TREAT LACERATIONS, CONTUSIONS, AND EXTRUSIONS OF THE EYE	STP 8-91W15-SM-TG
081-833-0058	TREAT BURNS OF THE EYE	STP 8-91W15-SM-TG
081-833-0059	IRRIGATE AN OBSTRUCTED EAR	STP 8-91W15-SM-TG
081-833-0060	APPLY A ROLLER BANDAGE	STP 8-91W15-SM-TG
081-833-0062	IMMOBILIZE A SUSPECTED FRACTURE OF THE ARM OR DISLOCATED SHOULDER	STP 8-91W15-SM-TG
081-833-0064	IMMOBILIZE A SUSPECTED DISLOCATED OR FRACTURED HIP	STP 8-91W15-SM-TG
081-833-0070	ADMINISTER INITIAL TREATMENT FOR BURNS	STP 8-91W15-SM-TG
081-833-0072	TREAT A CASUALTY FOR INSECT BITES OR STINGS	STP 8-91W15-SM-TG
081-833-0073	TREAT A CASUALTY FOR SNAKEBITE	STP 8-91W15-SM-TG
081-833-0076	APPLY RESTRAINING DEVICES TO PATIENTS	STP 8-91W15-SM-TG
081-833-0080	TRIAGE CASUALTIES ON A CONVENTIONAL BATTLEFIELD	STP 8-91W15-SM-TG
081-833-0082	TRIAGE CASUALTIES ON AN INTEGRATED BATTLEFIELD	STP 8-91W15-SM-TG
081-833-0088	PREPARE AN INJECTION FOR ADMINISTRATION	STP 8-91W15-SM-TG
081-833-0089	ADMINISTER AN INJECTION (INTRAMUSCULAR, SUBCUTANEOUS, INTRADERMAL)	STP 8-91W15-SM-TG
081-833-0092	TRANSPORT A CASUALTY WITH A SUSPECTED SPINAL INJURY	STP 8-91W15-SM-TG
081-833-0103	PROVIDE CARE FOR A SOLDIER WITH SYMPTOMS OF BATTLE FATIGUE	STP 8-91X14-SM-TG
081-833-0141	APPLY A TRACTION SPLINT	STP 8-91W15-SM-TG
081-833-0142	INSERT A NASOPHARYNGEAL AIRWAY	STP 8-91W15-SM-TG
081-833-0143	TREAT A POISONED CASUALTY	STP 8-91W15-SM-TG
081-833-0154	PROVIDE BASIC EMERGENCY TREATMENT FOR A PAINFUL, SWOLLEN, DEFORMED EXTREMITY	STP 8-91W15-SM-TG
081-833-0155	PERFORM A TRAUMA CASUALTY ASSESSMENT	STP 8-91W15-SM-TG
081-833-0156	PERFORM A MEDICAL PATIENT ASSESSMENT	STP 8-91W15-SM-TG
081-833-0158	ADMINISTER OXYGEN	STP 8-91W15-SM-TG
081-833-0159	TREAT A CARDIAC EMERGENCY	STP 8-91W15-SM-TG
081-833-0160	TREAT A RESPIRATORY EMERGENCY	STP 8-91W15-SM-TG

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-833-0161	CONTROL BLEEDING	STP 8-91W15-SM-TG
081-833-0164	MEASURE A PATIENT'S PULSE OXYGEN SATURATION	STP 8-91W15-SM-TG
081-833-0167	PLACE A PATIENT ON A CARDIAC MONITOR	STP 8-91W15-SM-TG
081-833-0168	INSERT A CHEST TUBE	STP 8-91W15-SM-TG
081-833-0169	INSERT A COMBITUBE	STP 8-91W15-SM-TG
081-833-0170	PERFORM ENDOTRACHEAL SUCTIONING OF A PATIENT	STP 8-91W15-SM-TG
081-833-0174	ADMINISTER MORPHINE	STP 8-91W15-SM-TG
081-833-3005	PERFORM A SURGICAL CRICOTHYROIDOTOMY	STP 8-91W15-SM-TG
081-833-3006	PERFORM A NEEDLE CRICOTHYROIDOTOMY	STP 8-91W15-SM-TG
081-833-3007	PERFORM NEEDLE CHEST DECOMPRESSION	STP 8-91W15-SM-TG
081-833-3011	APPLY PNEUMATIC ANTI-SHOCK GARMENT	STP 8-91W15-SM-TG
081-833-3014	PERFORM A NEUROLOGICAL EXAMINATION ON A PATIENT WITH SUSPECTED CENTRAL NERVOUS SYSTEM (CNS) INJURIES	STP 8-91W15-SM-TG
081-833-3017	INSERT A URINARY CATHETER	STP 8-91W15-SM-TG
081-833-3022	INSERT A NASOGASTRIC TUBE	STP 8-91W15-SM-TG
081-833-3027	MANAGE CARDIAC ARREST USING AED	STP 8-91W15-SM-TG
081-833-3208	SUTURE A MINOR LACERATION	STP 8-91W15-SM-TG
081-835-3000	ADMINISTER BLOOD	STP 8-91W15-SM-TG
081-835-3001	ADMINISTER ORAL MEDICATIONS	STP 8-91W15-SM-TG
081-835-3002	ADMINISTER MEDICATIONS BY IV PIGGYBACK	STP 8-91W15-SM-TG
081-835-3005	PERFORM A GASTRIC LAVAGE	STP 8-91W15-SM-TG

SUPPORTING COLLECTIVE TASKS

Task Number	Task Title	References
08-1-0233.08-705L	PROVIDE MOVEMENT OF PATIENTS	ARTEP 8-705-MTP

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: TRIAGE/PRE-OP/EMT
LITTER BEARER SECTION
NURSING SVC CNTL TEAM

TASK: TREAT NUCLEAR, BIOLOGICALLY, AND CHEMICALLY CONTAMINATED CASUALTIES
(08-2-0232.08-705L)

(FM 8-285)	(AR 200-1)	(AR 385-10)
(AR 40-66)	(AR 40-68)	(AR 710-1)
(ARTEP 8-057-10-DRILL)	(FM 100-20)	(FM 3-0)
(FM 3-100)	(FM 3-100.4)	(FM 3-11.21)
(FM 3-3)	(FM 3-4)	(FM 3-5)
(FM 4-02.33)	(FM 4-02.4)	(FM 4-02.7)
(FM 8-10)	(FM 8-10-14)	(FM 8-10-6)
(FM 8-9)	(TC 3-34.489)	(TC 8-800)
(TG 244)		

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. The hospital received a warning order from the medical brigade/medical group to prepare for treatment/decontamination of an estimated 10 to 15 NBC casualties with an ETA of 60 to 90 minutes. A decontamination/treatment area outside of the hospital was previously identified in the layout plan and has been established to receive casualties. Protective equipment and NBC supplies, to include antidotes, are available. Personnel have been ordered to the appropriate MOPP level by the hospital commander. Hospital NBC team is prepared to assist with monitoring and screening nuclear and chemical casualties or contamination. Twenty nonmedical personnel from supported units are on hand to perform patient decon. A helicopter landing area for NBC casualties and an ambulance and contaminated vehicle turn around point have been identified. A hot line has been marked. Mass casualty procedures may be required if the number of casualties exceeds the hospital capabilities. This task may be performed under all environmental conditions. The hospital may be subject to attack by threat forces, NBC attack, or radiological fallout.

NOTE: Personnel forward of the hot line must be in MOPP4.

Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: NBC treatment and decontamination area is established prior to the arrival of casualties. Patients are treated and decontaminated IAW FM 4-02.7, FM 8-285, and TSOP.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
1. EMS personnel decontaminate and treat nuclear contaminated casualties. (031-503-1023, 081-831-0101, 081-831-1000, 081-831-1046, 081-831-1054, 081-833-0045, 081-833-0046, 081-833-0049, 081-833-0050, 081-833-0052, 081-833-0080, 081-833-0082, 081-833-0092, 081-833-0095, 081-833-0145, 081-833-0155, 081-833-0156, 113-600-2001, 113-637-2001, 151-357-0002, 850-001-2000) a. Triage all patients to determine extent of injuries and contamination IAW FM 3-5 and FM 8-9. b. Treat traumatic injuries. c. Treat radiation sickness symptomatically. d. Provide immediate measures for stress and BF cases. e. Initiate FMC IAW AR 40-66, as required. f. Update FMC IAW AR 40-66, as required. g. Survey all patients with radiacmeter(s) to determine level of radiation contamination.		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> h. Discard contaminated articles into designated containers. i. Assist with patient decontamination IAW FM 4-02.4, FM 4-02.7, and TSOP. j. Employ safety procedures IAW AR 385-10 and TSOP. k. Employ environmental protection procedures IAW AR 200-1 and TSOP. l. Coordinate with the PAD for aeromedical evacuation support. m. Provide evacuation requirements to PAD. n. Prepare patients for evacuation. o. Evacuate patients, if required. p. Return to duty, patients, when condition warrants it. <p>2. EMS personnel decontaminate and treat chemically contaminated casualties. (031-503-1023, 081-831-0033, 081-831-0101, 081-831-1000, 081-831-1046, 081-831-1054, 081-833-0045, 081-833-0046, 081-833-0049, 081-833-0050, 081-833-0052, 081-833-0080, 081-833-0082, 081-833-0083, 081-833-0084, 081-833-0085, 081-833-0086, 081-833-0095, 081-833-0145, 081-833-0155, 081-833-0156, 113-600-2001, 113-637-2001, 151-357-0002, 850-001-2000)</p> <ul style="list-style-type: none"> a. Triage all patients to determine level of chemical agent poisoning and/or injury IAW FM 4-02.4, FM 4-02.7, and FM 8-285. b. Identify chemical agent. c. Administer antidotes IAW FM 8-285, as required. d. Treat contaminated patients, based on chemical agents IAW FM 4-02.4, FM 4-02.7, and FM 8-285. e. Provide immediate measures for stress and BF cases. f. Assist with patient decontamination IAW FM 4-02.4, FM 4-02.7, and TSOP. (08-5-D0002) (ARTEP 8-057-10-DRILL) g. Discard contaminated articles into designated containers. h. Employ safety procedures IAW AR 385-10 and TSOP. i. Employ environmental protection procedures IAW AR 200-1 and TSOP. j. Coordinate with the PAD for admission of patients, as required. k. Coordinate with the PAD for aeromedical evacuation support. l. Provide evacuation requirements to PAD. m. Prepare patients for evacuation. n. Evacuate patients, if required. o. Return to duty, patients, when condition warrant it. <p>3. EMS personnel treat biologically contaminated casualties. (031-507-2038, 081-831-0033, 081-831-0101, 081-831-1000, 081-831-1046, 081-833-0007, 081-833-0010, 081-833-0033, 081-833-0080, 081-833-0088, 081-833-0089, 081-833-0095, 081-833-0103, 081-833-0143, 081-833-0145, 081-833-0155, 081-833-0156, 113-600-2001, 113-637-2001, 151-357-0002, 850-001-2000)</p> <ul style="list-style-type: none"> a. Triage patients to determine severity of illness. b. Treat patients symptomatically until organism is identified. (08-5-D0003) (ARTEP 8-057-10-DRILL) c. Provide immediate measures for stress and BF cases. d. Forward information to be included in the NBC 6 report to the operation section. e. Employ safety procedures IAW AR 385-10 and TSOP. f. Employ environmental protection procedures IAW AR 200-1 and TSOP. g. Forward specimen as directed to TAML. h. Isolate contaminated patients. i. Initiate FMC IAW AR 40-66, if required. j. Update FMC IAW AR 40-66, as required. k. Coordinate with the PAD for AE support. l. Provide evacuation requirements to PAD. m. Prepare patients for evacuation. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>n. Evacuate patients, if required.</p> <p>4. Hospital conducts mass casualty decontamination operations. (031-503-1023, 081-831-0033, 081-831-1000, 081-831-1046, 081-833-0007, 081-833-0010, 081-833-0033, 081-833-0045, 081-833-0046, 081-833-0049, 081-833-0050, 081-833-0052, 081-833-0080, 081-833-0082, 081-833-0083, 081-833-0084, 081-833-0085, 081-833-0086, 081-833-0088, 081-833-0089, 081-833-0092, 081-833-0095, 081-833-0103, 081-833-0145, 081-833-0155, 081-833-0156, 113-600-2001, 113-637-2001, 151-357-0002, 850-001-2000)</p> <p>a. Triage all patients to determine extent of injuries and contamination IAW FM 3-5 and FM 8-9.</p> <p>b. Treats contaminated patients IAW FM 8-285.</p> <p>c. Coordinates with hospital medical operations officer for additional personnel required to decontaminate patients IAW FM 4-02.4, FM 4-02.7, and the TSOP.</p> <p>d. Assists with patient decontamination IAW FM 4-02.4, FM 4-02.7, and TSOP.</p> <p>e. Employs safety procedures IAW AR 385-10 and TSOP.</p> <p>f. Employs environmental protection procedures IAW AR 200-1 and TSOP.</p> <p>g. Treats decontaminated patients.</p> <p>h. Coordinates for evacuation of patients as required.</p> <p>i. Transfers patients to TRIAGE/EMT/PREOP area.</p> <p>5. Hospital prepares to resume non-NBC operations. (031-503-1023, 031-507-2038, 113-600-2001, 113-637-2001, 850-001-2000)</p> <p>a. Coordinates with hospital HQ for immediate decontamination.</p> <p>b. Disestablishes decontamination and treatment site.</p> <p>c. Decontaminates personnel IAW TSOP.</p> <p>d. Requests replacement equipment and medical supplies, as required.</p> <p>e. Marks contaminated area IAW TSOP.</p> <p>f. Reports location of contaminated area using NBC 4 report to operations section.</p>		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
031-503-1023	PROTECT YOURSELF FROM NBC INJURY/CONTAMINATION WHEN CHANGING MOPP GEAR	STP 21-24-SMCT
031-507-2038	CONTROL CONTAMINATED WASTE	STP 3-54B2-SM
081-831-0033	INITIATE A FIELD MEDICAL CARD	STP 8-91W15-SM-TG
081-831-0101	REQUEST MEDICAL EVACUATION	STP 21-24-SMCT
081-831-1000	EVALUATE A CASUALTY	STP 21-1-SMCT
081-831-1046	TRANSPORT A CASUALTY	STP 21-1-SMCT
081-831-1054	EVACUATE CASUALTIES	STP 21-24-SMCT

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-833-0007	ESTABLISH A STERILE FIELD	STP 8-91W15-SM-TG
081-833-0010	CHANGE A STERILE DRESSING	STP 8-91W15-SM-TG
081-833-0033	INITIATE AN INTRAVENOUS INFUSION	STP 8-91W15-SM-TG
081-833-0045	TREAT A CASUALTY WITH AN OPEN ABDOMINAL WOUND	STP 8-91W15-SM-TG
081-833-0046	APPLY A DRESSING TO AN IMPALEMENT INJURY	STP 8-91W15-SM-TG
081-833-0049	TREAT A CASUALTY WITH A CLOSED CHEST WOUND	STP 8-91W15-SM-TG
081-833-0050	TREAT A CASUALTY WITH AN OPEN CHEST WOUND	STP 8-91W15-SM-TG
081-833-0052	TREAT A CASUALTY WITH AN OPEN OR CLOSED HEAD INJURY	STP 8-91W15-SM-TG
081-833-0080	TRIAGE CASUALTIES ON A CONVENTIONAL BATTLEFIELD	STP 8-91W15-SM-TG
081-833-0082	TRIAGE CASUALTIES ON AN INTEGRATED BATTLEFIELD	STP 8-91W15-SM-TG
081-833-0083	TREAT A NERVE AGENT CASUALTY IN THE FIELD	STP 8-91W15-SM-TG
081-833-0084	TREAT A BLOOD AGENT (HYDROGEN CYANIDE) CASUALTY IN THE FIELD	STP 8-91W15-SM-TG
081-833-0085	TREAT A CHOKING AGENT CASUALTY IN THE FIELD	STP 8-91W15-SM-TG
081-833-0086	TREAT A BLISTER AGENT CASUALTY (MUSTARD, LEWISITE, PHOSGENE OXIME) IN THE FIELD	STP 8-91W15-SM-TG
081-833-0088	PREPARE AN INJECTION FOR ADMINISTRATION	STP 8-91W15-SM-TG
081-833-0089	ADMINISTER AN INJECTION (INTRAMUSCULAR, SUBCUTANEOUS, INTRADERMAL)	STP 8-91W15-SM-TG
081-833-0092	TRANSPORT A CASUALTY WITH A SUSPECTED SPINAL INJURY	STP 8-91W15-SM-TG
081-833-0095	DECONTAMINATE A CASUALTY	STP 8-91W15-SM-TG
081-833-0103	PROVIDE CARE FOR A SOLDIER WITH SYMPTOMS OF BATTLE FATIGUE	STP 8-91W15-SM-TG
081-833-0143	TREAT A POISONED CASUALTY	STP 8-91W15-SM-TG
081-833-0145	DOCUMENT PATIENT CARE USING SUBJECTIVE, OBJECTIVE, ASSESSMENT, PLAN (SOAP) NOTE FORMAT	STP 8-91W15-SM-TG
081-833-0155	PERFORM A TRAUMA CASUALTY ASSESSMENT	STP 8-91W15-SM-TG
081-833-0156	PERFORM A MEDICAL PATIENT ASSESSMENT	STP 8-91W15-SM-TG
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
151-357-0002	Coordinate Combat Service Support (CSS) Operations	STP 21-24-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENT: LITTER BEARER SECTION**TASK: PROVIDE MOVEMENT OF PATIENTS (08-1-0233.08-705L)**

(FM 8-10-6)	(AR 200-1)	(AR 385-10)
(ARTEP 8-057-10-DRILL)	(FM 100-20)	(FM 21-11)
(FM 3-0)	(FM 3-100.4)	(FM 3-11.21)
(FM 3-3)	(FM 3-4)	(FM 3-5)
(FM 8-10)	(FM 8-10-14)	(FM 8-9)
(TC 3-34.489)	(TG 244)	

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. Patient(s) require(s) movement. Untrained personnel may be used as litter bearers during mass casualty situations. TSOP and CSOP are available. This task may be performed under all environmental conditions. The hospital may be subject to attack by threat forces, NBC attack, or radiological fallout. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: The patient is transported without causing further injury.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. NCOIC supervises litter bearer section operations. (071-334-4001, 091-CLT-4029, 850-001-2000, 850-001-4001)</p> <ul style="list-style-type: none"> a. Schedules personnel staffing at proper skill level to ensure 24-hour coverage. b. Provides for supervision of personnel for 24-hour period. c. Coordinates with chief EMS for logistics support. d. Monitors periodic and unscheduled maintenance of equipment for compliance with applicable TM(s) and TSOP. e. Manages in-service training program. f. Enforces safety procedures IAW AR 385-10 and TSOP. g. Enforces environmental protection procedures IAW AR 200-1 and TSOP. h. Monitors loading of ground and air ambulances for compliance with FM 8-10-6. i. Monitors unloading of ground and air ambulances for compliance with FM 8-10-6. j. Monitors patient movement for compliance with FM 8-10-6. k. Maintains communications with hospital areas IAW TSOP and CSOP. l. Coordinates for nonmedical litter bearers through chief nursing service, to operations section in the event of a MASCAL. <p>2. Litter bearer section moves patient(s). (081-833-0076, 081-833-0092)</p> <ul style="list-style-type: none"> a. Perform two-man carry IAW FM 8-10-6. b. Perform four-man carry IAW FM 8-10-6. c. Perform upstairs carry IAW FM 8-10-6. d. Perform downstairs carry IAW FM 8-10-6. e. Load ground and air ambulance IAW FM 8-10-6. (08-4-D0004, 08-4-D0012) (ARTEP 8-057-10-DRILL) f. Unload ground and air ambulance IAW FM 8-10-6. (08-4-D0005, 08-4-D0013) (ARTEP 8-057-10-DRILL) g. Employ safety procedures IAW AR 385-10 and TSOP. h. Employ environmental protection procedures IAW AR 200-1 and TSOP. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"*" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
071-334-4001	GUIDE A HELICOPTER TO A LANDING POINT	STP 8-91W15-SM-TG
081-833-0076	APPLY RESTRAINING DEVICES TO PATIENTS	STP 8-91W15-SM-TG
081-833-0092	TRANSPORT A CASUALTY WITH A SUSPECTED SPINAL INJURY	STP 8-91W15-SM-TG
091-CLT-4029	Supervise Preventive Maintenance Checks and Services (PMCS)	STP 21-24-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-4001	Integrate Risk Management Into Platoon	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 BLOOD BANK
 RADIOLOGY SERVICE
 PT SERVICE
 HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 PATIENT ADMIN DIV
 NUTRITION CARE DIV
 SUPPLY & SERVICE DIV
 TRIAGE/PRE-OP/EMT
 LITTER BEARER SECTION
 OR/CMS CONTROL TEAM
 OPERATING ROOM A
 OPERATING ROOM B
 ORTHO CAST CLINIC
 2 CMS
 DENTAL SERVICE
 INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 5 INTENSIVE CARE WARD
 HOSPITAL MINISTRY TM
 SUP & SVC DIV (AUG)
 OPERATING ROOM C
 OPERATING ROOM D
 UNIT HEADQUARTERS
 NURSING SVC CNTL TEAM

TASK: PERFORM STAFF ADMINISTRATIVE FUNCTIONS (08-1-0234.08-705L)

(AR 40-2)	(AR 200-1)	(AR 385-10)
(AR 385-55)	(AR 40-1)	(AR 40-66)
(FM 100-20)	(FM 21-11)	(FM 3-0)
(FM 3-100.4)	(FM 3-11.21)	(FM 3-3)
(FM 3-4)	(FM 3-5)	(FM 8-10)
(FM 8-10-14)	(FM 8-9)	(TC 3-34.489)
(TG 244)		

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. Replacements have arrived and administrative problems have occurred. Time is available for administrative and personnel actions. All personnel are required to attend a safety briefing. Newly assigned personnel have arrived in the work areas. This task may be performed under all environmental conditions. The hospital may be subject to attack by threat forces, NBC attack, or radiological fallout. The CSOP and TSOP are available. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: All administrative functions are performed IAW CSOP and TSOP. At MOPP4, performance degradation factors increase time required to perform staff administration functions.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. OIC/NCOIC/shift leader supervises administrative functions. (091-CLT-4029, 850-001-2000, 850-001-4001)</p> <ul style="list-style-type: none"> a. Schedules personnel staffing at proper skill levels to ensure 24-hour coverage. b. Provides for supervision of personnel for 24-hour period. c. Coordinates with supply and service division for logistics support. d. Monitors periodic and unscheduled maintenance of equipment for compliance with applicable TM(s) and TSOP. e. Manages in-service training program. f. Notifies hospital commander of accidents and unusual occurrences. g. Enforces safety procedures IAW AR 385-10 and TSOP. h. Enforces environmental protection procedures IAW AR 200-1 and TSOP. i. Notifies division chiefs concerning safety status IAW TSOP. j. Maintains call rosters. k. Maintains communication with hospital areas IAW TSOP and CSOP. <p>* 2. OIC/NCOIC provides continuing training and experience.</p> <ul style="list-style-type: none"> a. Conducts orientation of newly assigned personnel to work areas. b. Cross trains personnel to develop skills as required. <p>NOTE: Due to the technical knowledge and skills required to perform medical tasks, caution must be exercised when cross training medical personnel. Nonmedical personnel cannot be cross trained to perform medical MOS specific tasks.</p> <ul style="list-style-type: none"> c. Trains designate nonmedical personnel to be qualified Combat Lifesaver. d. Provides counseling and guidance on job performance. <p>3. Staff personnel report unusual occurrences.</p> <ul style="list-style-type: none"> a. Describe unusual occurrences or accidents to supervisor. b. Record details in log book IAW CSOP and TSOP. <p>4. Staff personnel implement unit safety program. (63-2-R326.08-705L)</p> <ul style="list-style-type: none"> a. Operate vehicles IAW AR 385-55 and TSOP. b. Use tools, machinery, and equipment IAW TSOP. c. Clean area daily IAW AR 385-10 and TSOP. d. Dispose of contaminated waste IAW CSOP and TSOP. e. Inspect medical equipment, electrical outlets, and connections for defects IAW applicable TM(s) and TSOP. f. Ground electrical equipment as required IAW TM, TSOP, and manufacturer's instructions. g. Store medical gases IAW TSOP. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
091-CLT-4029	Supervise Preventive Maintenance Checks and Services (PMCS)	STP 21-24-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-4001	Integrate Risk Management Into Platoon	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS

Task Number	Task Title	References
63-2-R326.08-705L	PERFORM RISK MANAGEMENT PROCEDURES	ARTEP 8-705-MTP

OPFOR TASKS AND STANDARDS: NONE

ELEMENT: ORTHO CAST CLINIC**TASK: PROVIDE ORTHOPEDIC CAST/TRACTION SERVICES (08-1-0235.08-705L)**

(FM 8-74)	(AR 200-1)	(AR 385-10)
(AR 40-1)	(AR 40-3)	(ATLS COURSE MANUAL)
(EWS NATO HANDBOOK)	(FM 100-20)	(FM 3-0)
(FM 3-100.4)	(FM 3-11.21)	(FM 8-10)
(FM 8-10-14)	(FM 8-38)	(FM 8-73)
(FM 8-9)	(TC 3-34.489)	(TG 244)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. Patients requiring cast and traction services are being referred to the orthopedic cast clinic 24 hours a day. This task may be performed under all environmental conditions. The hospital may be subject to attack by threat forces, NBC attack, or radiological fallout. The CSOP and TSOP available. This task should not be trained in MOPP4.

TASK STANDARDS: Hospital orthopedic cast clinic functions are conducted IAW CSOP and TSOP.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. OIC/NCOIC surgical service supervises orthopedic cast clinic operations. (091-CLT-4029, 850-001-2000, 850-001-4001)</p> <ul style="list-style-type: none"> a. Schedules personnel staffing at proper skill levels to ensure 24-hour coverage. b. Provides for supervision of personnel for 24-hour period. c. Coordinates with supply and services division for logistics support. d. Monitors periodic and unscheduled maintenance of equipment for compliance with applicable TM(s) and TSOP. e. Manages in-service training program. f. Enforces safety procedures IAW AR 385-10 and TSOP. g. Enforces environmental protection procedures IAW AR 200-1 and TSOP. h. Maintains call rosters. i. Maintains communication with hospital areas IAW CSOP and TSOP. <p>2. Orthopedic cast clinic personnel perform cast and traction procedures. (081-833-0010, 081-833-0012)</p> <ul style="list-style-type: none"> a. Evaluate patient to determine treatment procedure. b. Apply traction procedures, as required. c. Apply casts, as required. d. Apply plaster splints, as required. e. Apply modifications, as required. f. Perform crutch adjustment procedures. g. Change dressings, as required. h. Employ safety procedures IAW AR 385-10 and TSOP. i. Employ environmental protection procedures IAW AR 200-1 and TSOP. <p>3. Surgical service/orthopedic cast clinic personnel conduct orthopedic surgical procedures.</p> <ul style="list-style-type: none"> a. Perform PREOP procedures. b. Assist with surgical procedures. c. Perform surgical procedures. d. Perform postoperative procedure. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
e. Prepare OR for next case IAW CSOP.		
f. Employ safety procedures IAW AR 385-10 and TSOP.		
g. Employ environmental protection procedures IAW AR 200-1 and TSOP.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"*" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-833-0010	CHANGE A STERILE DRESSING	STP 8-91W15-SM-TG
081-833-0012	PERFORM A WOUND IRRIGATION	STP 8-91W15-SM-TG
091-CLT-4029	Supervise Preventive Maintenance Checks and Services (PMCS)	STP 21-24-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-4001	Integrate Risk Management Into Platoon	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: 2 CMS
OR/CMS CONTROL TEAM

TASK: PROVIDE CENTRAL MATERIEL SERVICES (08-1-0236.08-705L)

(FM 8-38)	(AR 220-1)	(AR 385-10)
(FM 100-20)	(FM 3-0)	(FM 3-100.4)
(FM 3-11.21)	(FM 8-10)	(FM 8-10-14)
(FM 8-9)	(TC 3-34.489)	(TG 244)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. Sterile instrument sets, linen, and sterile supplies are being used by patient care areas and require processing. Manufacturer's instructions, CSOP, and TSOP are available. This task may be performed under all environmental conditions. The hospital may be subject to attack by threat forces, NBC attack, or radiological fallout. This task should not be trained in MOPP4.

TASK STANDARDS: CMS processes, stores, and issues sterile linen and equipment IAW CSOP. Infection control is maintained IAW AR 385-10 and CSOP. Equipment is checked, operated, and maintained IAW manufacturer's instructions, AR 385-10, CSOP, and TSOP.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. OIC/NCOIC manages CMS operations. (091-CLT-4029, 850-001-2000, 850-001-4001)</p> <ul style="list-style-type: none"> a. Schedules personnel staffing at proper skill levels to ensure 24-hour coverage. b. Provides for supervision of personnel for 24-hour period. c. Coordinates with supply and service division for logistics support. d. Identifies stock levels for stockage objectives IAW CSOP and TSOP. e. Identifies stock level objectives for supported areas. f. Monitors periodic and unscheduled maintenance of equipment for compliance with applicable TM(s) and TSOP. g. Manages in-service training program. h. Enforces safety procedures IAW AR 385-10 and TSOP. i. Enforces environmental protection procedures IAW AR 200-1 and TSOP. j. Maintains communications with all service areas IAW CSOP and TSOP. k. Inspects clinic, wards, and services for compliance with FM 8-38, CSOP, and TSOP. l. Maintains on call roster. m. Establishes issue and turn-in point. <p>2. CMS personnel perform pre-sterilization activities. (081-825-0001, 081-825-0002, 081-825-0003, 081-825-0004, 081-825-0005, 081-825-0006, 081-837-0036, 081-837-0037)</p> <ul style="list-style-type: none"> a. Process supplies and equipment IAW CSOP. b. Process contaminated items IAW CSOP. c. Prepare items for sterilization. d. Inspect linen for serviceability and repair requirements. e. Assemble linen packs for sterilization. f. Assemble instrument sets for sterilization. g. Assemble sponges for sterilization. h. Operate sterilizer with a test load IAW schedule specified in the TSOP. i. Employ safety procedures IAW AR 385-10 and TSOP. j. Employ environmental protection procedures IAW AR 200-1 and TSOP. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
3. CMS personnel sterilize items. (081-825-0007, 081-825-0010, 081-825-0012) a. Load sterilizer IAW CSOP and TSOP. b. Operate sterilizer IAW applicable TM(s) and manufacturer's instructions. c. Log items sterilized in log book. d. Employ safety procedures IAW AR 385-10 and TSOP. e. Employ environmental protection procedures IAW AR 200-1 and TSOP.		
4. CMS personnel maintain sterilized items. a. Dry sterilized items IAW CSOP and TSOP. b. Store sterilized supplies and equipment IAW CSOP and TSOP. c. Issue sterilized items IAW CSOP and TSOP. d. Employ safety procedures IAW AR 385-10 and TSOP. e. Employ environmental protection procedures IAW AR 200-1 and TSOP.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"**" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-825-0001	PROCESS ITEMS FOR STERILIZATION	STP 8-91D14-SM-TG
081-825-0002	PREPARE INSTRUMENT SETS	STP 8-91D14-SM-TG
081-825-0003	PREPARE RUBBER GOODS FOR STERILIZATION	STP 8-91D14-SM-TG
081-825-0004	PREPARE GLASSWARE AND NEEDLES FOR STERILIZATION	STP 8-91D14-SM-TG
081-825-0005	PREPARE LINENS FOR STERILIZATION	STP 8-91D14-SM-TG
081-825-0006	PREPARE SURGICAL SPONGES FOR STERILIZATION	STP 8-91D14-SM-TG
081-825-0007	OPERATE A STEAM STERILIZER	STP 8-91D14-SM-TG
081-825-0010	PERFORM CHEMICAL DISINFECTION OR STERILIZATION	STP 8-91D14-SM-TG
081-825-0012	CLEAN THE STERILIZER	STP 8-91D14-SM-TG
081-837-0036	PREPARE THE STEAM STERILIZER FOR USE	STP 8-91D14-SM-TG
081-837-0037	PREPARE THE STEAM STERILIZER FOR MOVEMENT	STP 8-91D14-SM-TG
091-CLT-4029	Supervise Preventive Maintenance Checks and Services (PMCS)	STP 21-24-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-4001	Integrate Risk Management Into Platoon	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENT: INPATIENT MEDICINE A

TASK: PROVIDE MEDICAL CONSULTATION AND TREATMENT SERVICES (08-1-0237.08-705L)

(AR 40-2)

(ATLS COURSE MANUAL)

(FM 3-0)

(FM 4-02.33)

(FM 8-285)

(TG 244)

(AR 40-3)

(EWS NATO HANDBOOK)

(FM 3-100.4)

(FM 8-10)

(FM 8-9)

(AR 40-400)

(FM 100-20)

(FM 3-11.21)

(FM 8-10-14)

(TC 3-34.489

ITERATION:

1

2

3

4

5

(Circle)

COMMANDER/LEADER ASSESSMENT:

T

P

U

(Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. Patients are referred from other services for diagnostic consultation and treatment. Medical services are available. CSOP and TSOP are available. This task may be performed under all environmental conditions. The hospital may be subject to attack by threat forces, NBC attack, or radiological fallout. This task should not be trained in MOPP4.

TASK STANDARDS: Medical consultation and treatment are provided to patient(s) and staff IAW standards of practice, CSOP, and TSOP.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ol style="list-style-type: none"> 1. Inpatient medicine A personnel provide medical consultation service. <ol style="list-style-type: none"> a. Evaluate patient to determine extent of illness or injury. b. Establish treatment priority. c. Request diagnostic studies. d. Provide diagnosis. 2. Inpatient medicine A personnel prescribe treatment. <ol style="list-style-type: none"> a. Initiate admission procedures as required IAW CSOP. b. Inform patient of treatment. c. Notify staff of treatment procedures. d. Manage treatment of patient. 3. Inpatient medicine A personnel treat patient(s). <ol style="list-style-type: none"> a. In-process patient(s) IAW CSOP. b. Administer treatment procedures IAW CSOP. c. Monitor patient's status for reaction to treatment. d. Treat reaction IAW CSOP. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK

ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

“*” indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS: NONE

ARTEP 8-705-MTP

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: 3 INTENSIVE CARE WARD
5 INTENSIVE CARE WARD

TASK: PROVIDE RESPIRATORY THERAPY FUNCTIONS (08-1-0238.08-705L)
 (FM 8-14) (AR 200-1) (AR 385-10)
 (AR 40-66) (FM 100-20) (FM 3-0)
 (FM 3-100.4) (FM 3-11.21) (FM 8-10)
 (FM 8-10-14) (FM 8-9) (TC 3-34.489)
 (TG 244)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. Physicians' orders for respiratory therapy are being received. The ICU is established. ICU equipment is available and operational. CSOP and TSOP are available. This task may be performed under all environmental conditions. The hospital may be subject to attack by threat forces, NBC attack, or radiological fallout. This task should not be trained in MOPP4.

TASK STANDARDS: Respiratory therapy and treatment are performed IAW CSOP and physician's orders.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Head nurse/wardmaster/respiratory NCO supervises respiratory personnel. (091-CLT-4029, 850-001-2000, 850-001-4001)</p> <p>NOTE: Technical supervision of the respiratory element is the responsibility of a physician or nurse anesthetist.</p> <ul style="list-style-type: none"> a. Schedules personnel staffing at proper skill levels to ensure 24-hour coverage. b. Provides for supervision of personnel for 24-hour period. c. Coordinates with supply and service division for logistics support. d. Monitors periodic and unscheduled maintenance of equipment for compliance with applicable TM(s) and CSOP. e. Manages in-service training program. f. Enforces safety procedures IAW AR 385-10, CSOP, and TSOP. g. Enforces environmental protection procedures IAW AR 200-1, CSOP, and TSOP. h. Maintains call rosters. i. Maintains communication with hospital areas IAW TSOP and CSOP. <p>2. Respiratory personnel perform respiratory therapy and treatment. (081-830-3000, 081-830-3001, 081-830-3002, 081-830-3003, 081-830-3005, 081-830-3006, 081-830-3007, 081-830-3008, 081-830-3009, 081-830-3010, 081-830-3011, 081-830-3012, 081-830-3013, 081-830-3014, 081-833-0016, 081-833-0017, 081-833-0021, 081-833-0031, 081-833-0088, 081-835-3023)</p> <ul style="list-style-type: none"> a. Prepare equipment and medication as ordered. b. Employ safety procedures IAW AR 385-10, CSOP, and TSOP. c. Employ environmental protection procedures IAW AR 200-1, CSOP, and TSOP. d. Instruct patients on procedures. e. Provide treatment and therapy IAW physician's orders. f. Provide resuscitative treatment as required. g. Observe patient(s) for adverse side effects. h. Counter adverse effects IAW CSOP. i. Record therapy and treatment IAW CSOP and TSOP. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-830-3000	PREPARE A MEDICAL GAS CYLINDER FOR PATIENT USE	STP 8-91V14-SM-TG
081-830-3001	ADMINISTER GAS THERAPY	STP 8-91V14-SM-TG
081-830-3002	ADMINISTER NEBULIZATION THERAPY	STP 8-91V14-SM-TG
081-830-3003	INSTRUCT A PATIENT ON THE USE OF AN INCENTIVE SPIROMETER DEVICE	STP 8-91V14-SM-TG
081-830-3005	PERFORM AUSCULTATION OF THE LUNGS	STP 8-91V14-SM-TG
081-830-3006	PERFORM AN ARTERIAL PUNCTURE	STP 8-91V14-SM-TG
081-830-3007	ADMINISTER POSTURAL DRAINAGE AND PERCUSSION ON AN ADULT	STP 8-91V14-SM-TG
081-830-3008	CLEAN A FIBEROPTIC BRONCHOSCOPE	STP 8-91V14-SM-TG
081-830-3009	SET UP A PRESSURE/VOLUME CYCLED VENTILATOR	STP 8-91V14-SM-TG
081-830-3010	PROVIDE CONTINUOUS VENTILATION	STP 8-91V14-SM-TG
081-830-3011	PROVIDE ASSIST VENTILATION	STP 8-91V14-SM-TG
081-830-3012	REMOVE A PATIENT FROM A VENTILATOR	STP 8-91V14-SM-TG
081-830-3013	ASSESS A PATIENT'S VENTILATORY PARAMETERS AT BEDSIDE	STP 8-91V14-SM-TG
081-830-3014	EXTUBATE A PATIENT	STP 8-91V14-SM-TG
081-833-0016	INSERT AN OROPHARYNGEAL AIRWAY (J TUBE)	STP 8-91V14-SM-TG
081-833-0017	VENTILATE A PATIENT WITH A BAG-VALVE-MASK SYSTEM	STP 8-91V14-SM-TG
081-833-0021	PERFORM ORAL AND NASOPHARYNGEAL SUCTIONING OF A PATIENT	STP 8-91V14-SM-TG
081-833-0031	INITIATE TREATMENT FOR ANAPHYLACTIC SHOCK	STP 8-91V14-SM-TG
081-833-0088	PREPARE AN INJECTION FOR ADMINISTRATION	STP 8-91V14-SM-TG
081-835-3023	PERFORM TRACHEOSTOMY SUCTIONING	STP 8-91V14-SM-TG
091-CLT-4029	Supervise Preventive Maintenance Checks and Services (PMCS)	STP 21-24-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-4001	Integrate Risk Management Into Platoon	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: NP WARD & CONSULT SVC
 5 INTENSIVE CARE WARD
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 2 MINIMAL CARE WARDS
 NURSING SVC CNTL TEAM

TASK: PROVIDE NURSING SERVICES (08-1-0239.08-705L)

(AR 200-1)	(AR 385-10)	(AR 40-2)
(AR 40-407)	(FM 100-20)	(FM 3-0)
(FM 3-100.4)	(FM 3-11.21)	(FM 8-10)
(FM 8-10-14)	(FM 8-260)	(FM 8-285)
(FM 8-9)	(TC 3-34.489)	(TG 244)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. Patients requiring nursing care are admitted to the hospital. Nursing service personnel are providing continuous nursing care. CSOP and TSOP are available. This task may be performed under all environmental conditions. The hospital may be subject to attack by threat forces, NBC attack, or radiological fallout. This task should not be trained in MOPP4.

TASK STANDARDS: Nursing service provides care IAW physician directives, principles of nursing, and CSOP.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Head nurse/wardmaster supervises ward operations. (091-CLT-4029, 850-001-2000, 850-001-4001)</p> <ul style="list-style-type: none"> a. Schedules personnel staffing at proper skill levels to ensure 24-hour coverage. b. Provides for supervision of personnel for 24-hour period. c. Coordinates with CMS, pharmacy, and supply and service division for logistics support. d. Monitors periodic and unscheduled maintenance of equipment for compliance with applicable TM(s) and CSOP. e. Manages in-service training program. f. Enforces safety procedures IAW AR 385-10 and TSOP. g. Enforces environmental protection procedures IAW AR 200-1 and TSOP. h. Maintains call rosters. i. Maintains communication with hospital areas IAW TSOP and CSOP. j. Enforces standards of nursing. k. Provides daily inpatient status reports to the chief nurse. l. Develops nursing service personnel time schedule. <p>2. Nursing staff monitor patients' status. (081-831-0010, 081-831-0011, 081-831-0012, 081-831-0013, 081-833-0006)</p> <ul style="list-style-type: none"> a. Assess patient's physiological status IAW AR 40-407. b. Assess patient's emotional status to determine treatment requirement. c. Record subjective and objective findings. <p>3. Nursing staff perform nursing care/treatment. (081-833-0006, 081-833-0007, 081-833-0010, 081-833-0012, 081-833-0016, 081-833-0018, 081-833-0021, 081-833-0032, 081-833-0033, 081-833-0034, 081-833-0045, 081-833-0046, 081-833-0047, 081-833-0059, 081-833-0060, 081-833-0076, 081-833-0088, 081-833-0089, 081-833-3017, 081-835-3000, 081-835-3001, 081-835-3002, 081-835-3007, 081-835-3010, 081-835-3020, 081-835-3021, 081-835-3022, 081-835-3024)</p>		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
a. Prepare nursing plan of care. b. Communicate nursing plan of care. c. Establish priorities and sequence for patient care in the emergency treatment area, intensive care ward, intermediate care ward or minimal care ward. d. Provide general nursing support for patients. e. Provide preoperative and postoperative care for patient. f. Perform nursing care measures IAW professional principles, CSOP and/or physicians orders. g. Provide postoperative recovery of the patient. h. Maintain patient's safety IAW CSOP and TSOP. i. Prepare patient for release to MEDEVAC. j. Coordinate for appropriate nutrition care consult for patient with special dietary needs. k. Coordinate for appropriate PT/OT consultation for patients with special positioning, mobilization, or self care deficits. l. Dispense medications IAW physicians orders, AR 40-2, FM 8-260, and CSOP. m. Manage controlled substances IAW AR 40-2 and CSOP. n. Employ safety procedures IAW AR 385-10 and TSOP. o. Employ environmental protection procedures IAW AR 200-1 and TSOP. p. Instruct patient in self care, use of medications, and treatment procedures. q. React to changes in patient status IAW SOP and nursing practices. r. Record patient's treatment and evaluation IAW AR 40-407 and CSOP. 4. Head nurse/wardmaster performs administrative tasks. a. Establishes supply levels. b. Maintains supply levels. c. Submits required reports IAW TSOP and CSOP. d. Prepares hand receipt files. e. Maintains hand receipt files. f. Maintains work load data IAW CSOP.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-831-0010	MEASURE A PATIENT'S RESPIRATIONS	STP 8-91W15-SM-TG
081-831-0011	MEASURE A PATIENT'S PULSE	STP 8-91W15-SM-TG
081-831-0012	MEASURE A PATIENT'S BLOOD PRESSURE	STP 8-91W15-SM-TG
081-831-0013	MEASURE A PATIENT'S TEMPERATURE	STP 8-91W15-SM-TG
081-833-0006	MEASURE A PATIENT'S INTAKE AND OUTPUT	STP 8-91W15-SM-TG
081-833-0007	ESTABLISH A STERILE FIELD	STP 8-91W15-SM-TG
081-833-0010	CHANGE A STERILE DRESSING	STP 8-91W15-SM-TG
081-833-0012	PERFORM A WOUND IRRIGATION	STP 8-91W15-SM-TG
081-833-0016	INSERT AN OROPHARYNGEAL AIRWAY (J TUBE)	STP 8-91W15-SM-TG
081-833-0018	SET UP AN OXYGEN TANK	STP 8-91W15-SM-TG

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-833-0021	PERFORM ORAL AND NASOPHARYNGEAL SUCTIONING OF A PATIENT	STP 8-91W15-SM-TG
081-833-0032	OBTAIN A BLOOD SPECIMEN USING A VACUTAINER	STP 8-91W15-SM-TG
081-833-0033	INITIATE AN INTRAVENOUS INFUSION	STP 8-91W15-SM-TG
081-833-0034	MANAGE A PATIENT WITH AN INTRAVENOUS INFUSION	STP 8-91W15-SM-TG
081-833-0045	TREAT A CASUALTY WITH AN OPEN ABDOMINAL WOUND	STP 8-91W15-SM-TG
081-833-0046	APPLY A DRESSING TO AN IMPALEMENT INJURY	STP 8-91W15-SM-TG
081-833-0047	INITIATE TREATMENT FOR HYPOVOLEMIC SHOCK	STP 8-91W15-SM-TG
081-833-0059	IRRIGATE AN OBSTRUCTED EAR	STP 8-91W15-SM-TG
081-833-0060	APPLY A ROLLER BANDAGE	STP 8-91W15-SM-TG
081-833-0076	APPLY RESTRAINING DEVICES TO PATIENTS	STP 8-91W15-SM-TG
081-833-0088	PREPARE AN INJECTION FOR ADMINISTRATION	STP 8-91W15-SM-TG
081-833-0089	ADMINISTER AN INJECTION (INTRAMUSCULAR, SUBCUTANEOUS, INTRADERMAL)	STP 8-91W15-SM-TG
081-833-3017	INSERT A URINARY CATHETER	STP 8-91W15-SM-TG
081-835-3000	ADMINISTER BLOOD	STP 8-91W15-SM-TG
081-835-3001	ADMINISTER ORAL MEDICATIONS	STP 8-91W15-SM-TG
081-835-3002	ADMINISTER MEDICATIONS BY IV PIGGYBACK	STP 8-91W15-SM-TG
081-835-3007	OBTAIN AN ELECTROCARDIOGRAM	STP 8-91W15-SM-TG
081-835-3010	MAINTAIN AN INDWELLING URINARY CATHETER	STP 8-91W15-SM-TG
081-835-3020	ADMINISTER TOPICAL MEDICATIONS	STP 8-91W15-SM-TG
081-835-3021	ADMINISTER RECTAL OR VAGINAL MEDICATIONS	STP 8-91W15-SM-TG
081-835-3022	ADMINISTER MEDICATED EYE DROPS OR OINTMENTS	STP 8-91W15-SM-TG
081-835-3024	PROVIDE TRACHEOSTOMY CARE	STP 8-91W15-SM-TG
091-CLT-4029	Supervise Preventive Maintenance Checks and Services (PMCS)	STP 21-24-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-4001	Integrate Risk Management Into Platoon	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE**OPFOR TASKS AND STANDARDS: NONE**

ELEMENT: PHARMACY SERVICE**TASK: PROVIDE PHARMACY SERVICES (08-1-0240.08-705L)**

(FM 8-260)	(AR 190-51)	(AR 200-1)
(AR 25-400-2)	(AR 385-10)	(AR 40-1)
(AR 40-2)	(AR 40-3)	(AR 40-61)
(AR 40-7)	(FM 100-20)	(FM 3-0)
(FM 3-100.4)	(FM 3-11.21)	(FM 8-10)
(FM 8-10-14)	(FM 8-9)	(TC 3-34.489)
(TG 244)		

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. Patient care areas are requesting pharmaceutical services. Adequate levels of medications and supplies are maintained and are current. CSOP and TSOP are available. This task may be performed under all environmental conditions. The hospital may be subject to attack by threat forces, NBC attack, or radiological fallout. This task should not be trained in MOPP4.

TASK STANDARDS: Requested medications are provided for patient care areas, and patients being evacuated, in the prescribed dosages and amounts IAW CSOP. Records, files, and reports are maintained IAW CSOP.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. OIC/NCOIC supervises pharmacy service operations. (081-824-0024, 081-824-0034, 091-CLT-4029, 101-521-1163, 101-521-1164, 850-001-2000, 850-001-4001)</p> <ul style="list-style-type: none"> a. Schedules personnel staffing at proper skill levels to ensure 24-hour coverage. b. Verifies that the CSOP and 6505 (drugs) list are current. c. Establishes pharmacy security. d. Maintains pharmacy security. e. Provides for supervision of personnel for 24-hour period. f. Coordinates with supply and service division for logistics support. g. Monitors periodic and unscheduled maintenance of equipment for compliance with applicable TM(s) and TSOP. h. Manages in-service training program. i. Enforces safety procedures IAW AR 385-10 and TSOP. j. Enforces environmental protection procedures IAW AR 200-1 and TSOP. k. Establishes call roster. l. Maintains call rosters. m. Maintains communication with hospital areas IAW TSOP. n. Establishes a quality assurance and control program IAW CSOP. o. Monitors preparation of medications for accuracy IAW physician's orders. p. Supervises the dispensing of all dosage forms of medications IAW CSOP. q. Supervises accountability of controlled drugs. r. Supervises the issuing of controlled drugs. s. Maintains quality assurance and control program IAW CSOP. t. Maintains pharmacy book set, files, and records IAW AR 40-2, AR 40-61, AR 340-2, and CSOP. u. Maintains clean work area IAW CSOP. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>2. Pharmacy personnel perform pharmacy logistics functions. (081-824-0018, 081-824-0019, 081-824-0020, 081-824-0033, 081-872-0018, 081-872-0024, 081-872-0034, 101-521-1163, 101-521-1164)</p> <ul style="list-style-type: none"> a. Maintain levels of supplies and equipment IAW AR 40-61, FM 8-260, and CSOP. b. Receive supplies and equipment IAW CSOP. c. Process bulk drug order requests IAW CSOP and TSOP. d. Store medications, supplies and equipment IAW Federal Supply Catalog, manufacturer's instructions, and CSOP. e. Perform quality control inspections in pharmacy and patient care areas. f. Account for controlled medical items IAW AR 40-2 and CSOP. g. Perform operator maintenance on equipment IAW applicable TM(s), manufacturer's instructions, and CSOP. h. Transfer emergency pharmaceutical supplies IAW CSOP. i. Employ safety procedures IAW AR 385-10 and TSOP. j. Employ environmental protection procedures IAW AR 200-1 and TSOP. <p>3. Pharmacy staff provide medications. (081-824-0001, 081-824-0002, 081-824-0003, 081-824-0004, 081-824-0005, 081-824-0006, 081-824-0007, 081-824-0008, 081-824-0009, 081-824-0010, 081-824-0013, 081-824-0014, 081-824-0015, 081-824-0016, 081-824-0017, 081-824-0023, 081-824-0024, 081-824-0026, 081-824-0027, 081-824-0028, 081-824-0029, 081-824-0030, 081-824-0031, 081-824-0032)</p> <ul style="list-style-type: none"> a. Receive medications and sterile product admixture order IAW CSOP. b. Verify drug and admixture order forms IAW CSOP. c. Compound required medications and sterile product admixtures without error. d. Label required medication and sterile product admixtures without error. e. Package medications into appropriate containers IAW AR 40-2, FM 8-260, and CSOP. f. Store sterile product admixtures IAW CSOP. g. Issue properly prepared medication, intravenous fluids, and sterile products admixtures to requesting patient care area IAW CSOP. h. Employ safety procedures IAW AR 385-10 and TSOP. i. Employ environmental protection procedures IAW AR 200-1 and TSOP. j. Process prescription from RTD or non-hospitalized soldiers. k. Prepare medication for outpatient, evacuated, or RTD soldiers IAW CSOP. l. Dispense medication to outpatients, RTD, and evacuated soldiers IAW CSOP. m. Issue controlled drugs, with required documentation, IAW AR 40-2 and CSOP. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-824-0001	PERFORM INITIAL SCREENING OF A PRESCRIPTION	STP 8-91Q15-SM-TG
081-824-0002	FILL A PRESCRIPTION FOR A NON-CONTROLLED DRUG	STP 8-91Q15-SM-TG
081-824-0003	FILL A PRESCRIPTION FOR A CONTROLLED DRUG	STP 8-91Q15-SM-TG
081-824-0004	FILL A PRESCRIPTION TO BE COMPOUNDED	STP 8-91Q15-SM-TG
081-824-0005	LABEL A PRESCRIPTION	STP 8-91Q15-SM-TG
081-824-0006	REFILL A PRESCRIPTION	STP 8-91Q15-SM-TG
081-824-0007	FILE A PRESCRIPTION	STP 8-91Q15-SM-TG
081-824-0008	PERFORM INITIAL SCREENING OF A BULK DRUG ORDER (DA FORM 3875)	STP 8-91Q15-SM-TG
081-824-0009	FILL A BULK DRUG ORDER (DA FORM 3875)	STP 8-91Q15-SM-TG
081-824-0010	ISSUE CONTROLLED SUBSTANCES	STP 8-91Q15-SM-TG
081-824-0013	PERFORM INITIAL SCREENING OF A UNIT DOSE ORDER	STP 8-91Q15-SM-TG
081-824-0014	FILL A UNIT DOSE ORDER	STP 8-91Q15-SM-TG
081-824-0015	MAINTAIN INPATIENT PATIENT PROFILES	STP 8-91Q15-SM-TG
081-824-0017	PREPACKAGE MEDICATIONS	STP 8-91Q15-SM-TG
081-824-0018	INVENTORY PHARMACY SUPPLIES AND MATERIALS	STP 8-91Q15-SM-TG
081-824-0019	RECEIVE PHARMACY SUPPLIES AND MATERIALS	STP 8-91Q15-SM-TG
081-824-0020	STORE PHARMACY SUPPLIES AND MATERIALS	STP 8-91Q15-SM-TG
081-824-0023	PREPARE A STERILE PRODUCT	STP 8-91Q15-SM-TG
081-824-0024	LABEL A STERILE PRODUCT	STP 8-91Q15-SM-TG
081-824-0026	EVALUATE A PRESCRIPTION	STP 8-91Q15-SM-TG
081-824-0027	EVALUATE A COMPLETED PRESCRIPTION	STP 8-91Q15-SM-TG
081-824-0029	EVALUATE A UNIT DOSE ORDER	STP 8-91Q15-SM-TG
081-824-0030	EVALUATE A STERILE PRODUCT ORDER	STP 8-91Q15-SM-TG
081-824-0032	ISSUE STERILE PRODUCTS	STP 8-91Q15-SM-TG
081-824-0034	INVENTORY CONTROLLED SUBSTANCES	STP 8-91Q15-SM-TG
081-872-0018	PREPARE DESTRUCTION DOCUMENT FOR MEDICAL MATERIEL (DA FORM 3161)	STP 8-91Q15-SM-TG
081-872-0024	REPORT MEDICAL MATERIEL COMPLAINTS	STP 8-91Q15-SM-TG
081-872-0034	POST QUALITY CONTROL (MMQC) MESSAGES TO QUALITY CONTROL REGISTER	STP 8-91Q15-SM-TG
091-CLT-4029	Supervise Preventive Maintenance Checks and Services (PMCS)	STP 21-24-SMCT
101-521-1163	PREPARE AND MAINTAIN A DOCUMENT REGISTER	STP 8-91Q15-SM-TG
101-521-1164	PREPARE AND UPDATE SIGNATURE CARDS (NOTICE OF DELEGATION OF AUTHORITY--RECEIPT FOR SUPPLIES)	STP 8-91Q15-SM-TG
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-4001	Integrate Risk Management Into Platoon	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENT: PT SERVICE**TASK: PROVIDE PHYSICAL THERAPY SERVICES (08-1-0241.08-705L)**

(AR 200-1)	(AR 385-10)	(AR 40-3)
(AR 40-48)	(AR 40-501)	(AR 40-66)
(DA PAM 611-21)	(FM 100-20)	(FM 21-20)
(FM 3-0)	(FM 3-100.4)	(FM 3-11.21)
(FM 8-10)	(FM 8-42)	(FM 8-9)
(TC 3-34.489)	(TG 244)	

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. Patients have been referred to PT service for primary, supportive, or preventive care. Radiological, pharmacy, and laboratory support is available. PT may be collocated with OT element. The hospital may be subject to attack by threat forces, NBC attack, or radiological fallout. The CSOP and TSOP are available. This task should not be trained in MOPP4.

TASK STANDARDS: All PT services are performed IAW accepted standards of practice, TSOP, and CSOP.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. OIC/NCOIC PT clinic supervises PT clinic operations. (091-CLT-4029, 850-001-2000, 850-001-4001)</p> <ul style="list-style-type: none"> a. Schedules personnel staffing to ensure proper coverage. b. Manages in service training program. c. Maintains call rosters. d. Participates in staff rounds IAW CSOP. e. Maintains communication with hospital elements IAW TSOP and CSOP. f. Maintains work load data and submit required reports IAW CSOP and TSOP. g. Coordinates with supply and service division for logistical support. h. Monitors periodic and unscheduled maintenance of equipment for compliance with applicable TM(s) and TSOP. i. Maintains accountability of supplies and equipment IAW CSOP and TSOP. j. Enforces safety procedures IAW AR 385-10, TSOP, and TSOP. k. Enforces environmental protection procedures IAW AR 200-1 and TSOP. <p>* 2. Physical therapist provides primary care of neurological and musculoskeletal conditions as physician extenders.</p> <ul style="list-style-type: none"> a. Validates appropriateness of referrals IAW AR 40-48 and the CSOP. b. Conducts baseline and progress evaluations IAW AR 40-48, AR 40-3, and the CSOP. c. Requests X-rays, as required. d. Screens X-rays IAW CSOP. e. Prescribes selected medications IAW AR 40-48. f. Requests lab tests IAW AR 40-48. g. Plans PT treatment programs IAW results of examination, DA PAM 611-21, and CSOP. h. Establishes treatment goals IAW results of examination and CSOP. i. Records patient evaluation IAW AR 40-66. j. Refers patients, as required. k. Identifies patient's profile needs IAW examination, CSOP, and AR 40-48. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> l. Consults with other care providers, as required. m. Performs spinal and extremity manual therapy, to include mobilization and manipulation. n. Employs safety procedures IAW AR 385-10, CSOP, and TSOP. o. Employs environmental protection procedures IAW AR 200-1, CSOP, and TSOP. p. Performs orthopedic triage, when required. <p>3. PT personnel perform appropriate PT treatment for neurological and musculoskeletal conditions.</p> <ul style="list-style-type: none"> a. Provide gait training with or without assistive devices. b. Perform nonsurgical debridement, dress burns, and/or wounds IAW CSOP and TSOP. c. Provide residual limb wrapping and other appropriate amputee care. d. Provide instruction in therapeutic stretching, strengthening, and functional exercises IAW FM 21-20. e. Provide modality treatment as indicated (heat, cold, electrical stimulation, traction, etc.) IAW CSOP. f. Enforce proper patient positioning. g. Instruct patients in self-care IAW the treatment plan and CSOP. h. Perform pulmonary drainage and breathing exercise instruction. i. Perform goniometric measurements, manual muscle testing, and other appropriate measurements. j. Monitor patient functional/RTD status. k. Monitor patient response to treatment to determine status IAW CSOP. l. Fabricate splints and casts. m. Report adverse patient response to treatment IAW CSOP. n. Document patient treatment IAW AR 40-66. o. Employ safety procedures IAW AR 385-10, CSOP, and TSOP. p. Employ environmental protection procedures IAW AR 200-1, CSOP, and TSOP. <p>4. PT personnel provide educational training in health/fitness and injury prevention.</p> <ul style="list-style-type: none"> a. Provide education and instructional guidance on prevention of musculoskeletal injuries to individuals and units IAW FM 8-42. b. Provide ergonomic and biomechanical consultation to individuals and units IAW FM 8-42. c. Provide health/fitness consultation IAW FM 8-42, FM 21-20, and CSOP. d. Identify injury trends IAW CSOP. e. Provide consultation to other medical professionals (HN personnel, domestic support operations personnel, or coalition forces). <p>5. PT personnel maintain equipment.</p> <ul style="list-style-type: none"> a. Perform PMCS of equipment IAW CSOP and manufacturer's instructions. b. Clean equipment and supplies between patient use, IAW CSOP. c. Turn equipment dials off after each use. d. Store equipment and supplies between patient use, IAW CSOP. e. Employ safety procedures IAW AR 385-10, CSOP, and TSOP. f. Employ environmental protection procedures IAW AR 200-1, CSOP, and TSOP. <p>6. PT personnel provide assistance during mass casualties. (081-831-0007, 081-831-0008, 081-833-0007, 081-833-0010)</p> <ul style="list-style-type: none"> a. Assist in providing evaluation and treatment in the minimal or delayed areas for closed orthopedic injuries IAW AR 40-48 and CSOP. b. Assist orthopedic clinic personnel IAW CSOP. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
c. Provide crutch fitting and gait training.		
d. Assist in the management of burns/wounds IAW CSOP and TSOP.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"**" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-831-0007	PERFORM A PATIENT CARE HANDWASH	STP 8-91W15-SM-TG
081-831-0008	PUT ON STERILE GLOVES	STP 8-91W15-SM-TG
081-833-0007	ESTABLISH A STERILE FIELD	STP 8-91W15-SM-TG
081-833-0010	CHANGE A STERILE DRESSING	STP 8-91W15-SM-TG
091-CLT-4029	Supervise Preventive Maintenance Checks and Services (PMCS)	STP 21-24-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-4001	Integrate Risk Management Into Platoon	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENT: NP WARD & CONSULT SVC

TASK: PROVIDE OCCUPATIONAL THERAPY SERVICES (08-1-0534.08-705L)

(FM 8-18)	(AR 200-1)	(AR 385-10)
(AR 40-216)	(AR 40-3)	(AR 40-66)
(FM 100-20)	(FM 3-0)	(FM 3-100.4)
(FM 3-11.21)	(FM 8-10)	(FM 8-10-14)
(FM 8-9)	(TC 3-34.489)	(TG 244)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. Patients have been referred to OT for primary, supportive, or preventive care primarily in support of neuropsychiatric. OT may be collocated with PT service. This task may be performed under all environmental conditions. The hospital may be subject to attack by threat forces, NBC attack, or radiological fallout. Mass casualty situation may occur. The CSOP and TSOP are available. This task should not be trained in MOPP4.

TASK STANDARDS: All OT services are performed IAW accepted standards of practice. Assist in the treatment of casualties during mass casualty IAW the TSOP and CSOP.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>1. OT personnel perform OT services. (081-833-0076, 850-001-2000)</p> <ul style="list-style-type: none"> a. Perform baseline and progress assessments IAW CSOP and applicable publication. b. Provide programs of remediation, health maintenance, and prevention for physical and mental disabilities to patients and staff, IAW CSOP. c. Develop work therapy programs IAW FM 8-18. d. Supervise work therapy IAW CSOP. e. Design non-standard orthotic devices IAW FM 8-18. f. Fabricate non-standard orthotic devices IAW CSOP. g. Apply non-standard orthotic devices IAW CSOP. h. Fabricate standard orthotic devices IAW CSOP. i. Apply standard orthotic devices IAW CSOP. j. Instruct patients in self-care IAW the treatment plan and CSOP. k. Monitor patient response to treatment to determine status IAW FM 8-18 and CSOP. l. Coordinate OT care of patients on the wards with physician and nursing personnel IAW CSOP. m. Conduct staff rounds on ward IAW CSOP. n. Assess psychosocial return to duty readiness IAW FM 8-18. o. Conduct a therapeutic psychosocial skills group IAW FM 8-18. p. Employ safety procedures IAW AR 385-10, CSOP, and TSOP. q. Employ environmental protection procedures IAW AR 200-1, CSOP, and TSOP. <p>2. OT personnel maintain equipment.</p> <ul style="list-style-type: none"> a. Perform PMCS of equipment IAW CSOP and manufacturer's instructions. b. Clean equipment and supplies between patient use, IAW CSOP. c. Turn equipment dials off after each use. d. Store equipment and supplies between patient use. e. Employ safety procedures IAW AR 385-10, CSOP, and TSOP. f. Employ environmental protection procedures IAW AR 200-1, CSOP, and TSOP. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
3. OT personnel perform administrative tasks. a. Establish supply levels. b. Maintain supply levels. c. Submit required reports to supervisor IAW TSOP and CSOP. d. Document patient treatment IAW AR 40-66. e. Prepare hand receipt files. f. Maintain hand receipt files. g. Maintain work load data IAW TSOP. h. Report to the attending physician and supervisor adverse patient response to treatment IAW CSOP.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-833-0076	APPLY RESTRAINING DEVICES TO PATIENTS	STP 8-91W15-SM-TG
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: OPERATING ROOM B
 OPERATING ROOM A
 OR/CMS CONTROL TEAM
 OPERATING ROOM C
 OPERATING ROOM D

TASK: PERFORM SURGICAL SERVICES (08-1-0242.08-705L)

(FM 8-74)	(AR 200-1)	(AR 385-10)
(AR 40-1)	(AR 40-3)	(AR 40-407)
(ATLS COURSE MANUAL)	(EWS NATO HANDBOOK)	(FM 100-20)
(FM 3-0)	(FM 3-100.4)	(FM 3-11.21)
(FM 8-10)	(FM 8-10-14)	(FM 8-73)
(FM 8-9)	(TC 3-34.489)	(TG 244)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. Surgical patient(s) arrive at the hospital requiring routine and/or emergency surgery. CSOP and TSOP are available. This task may be performed under all environmental conditions. The hospital may be subject to attack by threat forces, NBC attack, or radiological fallout. This task should not be trained in MOPP4.

TASK STANDARDS: Preoperative and postoperative patient(s) evaluation(s) and care are provided and surgery is performed IAW acceptable standards, procedures, and CSOP.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Chief surgical service/NCOIC supervises surgical service personnel. (091-CLT-4029, 850-001-2000, 850-001-4001)</p> <ul style="list-style-type: none"> a. Schedules personnel staffing at proper skill levels to ensure 24-hour coverage. b. Provides for supervision of surgical service over 24-hour period. c. Coordinates with supply and service division for logistics support. d. Monitors periodic and unscheduled maintenance of equipment for compliance with applicable TM(s) and TSOP. e. Manages in-service training program. f. Enforces safety procedures IAW AR 385-10, TSOP, and TSOP. g. Enforces environmental protection procedures IAW AR 200-1, TSOP, and CSOP. h. Maintains call rosters. i. Maintains communication with hospital elements IAW TSOP and CSOP. <p>2. Surgical service personnel evaluate patient(s). (081-831-0010, 081-831-0011, 081-831-0012, 081-831-0013)</p> <ul style="list-style-type: none"> a. Perform physical assessment of patient(s) to assign treatment priority. b. Assign priorities and categories of treatment. c. Refer patient(s) to appropriate specialist, if required. d. Request any diagnostic test required. e. Evaluate diagnostic test and studies to substantiate diagnosis. f. Record results of evaluations. <p>* 3. Surgeon initiates orders for surgical procedure.</p> <ul style="list-style-type: none"> a. Provides patient identification data and preparation instructions for patient to surgical service personnel. b. Provides diagnosis and surgical procedure to surgical service personnel. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>c. Provides special anesthesia request and/or requirements to anesthesiologist and nurse anesthetist.</p> <p>4. Surgical service personnel provide preoperative care. (081-831-0018, 081-831-0019, 081-831-0044, 081-831-0046, 081-831-0048, 081-837-0017, 081-837-0019)</p> <ul style="list-style-type: none"> a. Monitor vital signs for changes in patient status. b. Treat life threatening conditions. c. Administer needed medication(s) and fluids. d. Control pain. e. Control patient anxiety and stress. <p>5. Surgical service personnel provide pre-surgical intraoperative services. (081-831-0007, 081-833-0012, 081-837-0018, 081-837-0020, 081-837-0021)</p> <ul style="list-style-type: none"> a. Schedule surgical procedure. b. Identify requirements for special equipment, instruments, drugs, laboratory, or x-ray. c. Notify OR and anesthesia personnel of requirements for procedures. d. Verify patient's identification. e. Verify diagnosis for proposed procedure. f. Monitor vital signs for adverse conditions. g. Prepare patient(s) for surgery IAW CSOP and accepted standards of practice. h. Describe procedure to patient. <p>6. Surgical service personnel prepare for surgical procedure. (081-837-0001, 081-837-0002, 081-837-0003, 081-837-0004, 081-837-0008, 081-837-0009, 081-837-0010, 081-837-0011, 081-837-0012, 081-837-0014, 081-837-0015, 081-837-0016, 081-837-0028, 081-837-0029, 081-837-0030, 081-837-0031, 081-837-0032, 081-837-0033, 081-837-0034, 081-837-0035)</p> <ul style="list-style-type: none"> a. Perform sterile hand wash. b. Don surgical mask and gown. c. Set up equipment IAW TSOP for surgical procedure. d. Perform sponges, needles, and instruments count. e. Perform surgical site incision preparation IAW CSOP. f. Position patient IAW CSOP and/or surgeon's orders. g. Employ safety procedures IAW AR 385-10, TSOP, and CSOP. h. Employ environmental protection procedures IAW AR 200-1, TSOP, and CSOP. <p>7. Anesthesia staff provides PREOP care.</p> <ul style="list-style-type: none"> a. Provides preoperative care. b. Verifies medication requirements and signature of orders IAW CSOP. c. Inspects anesthesia equipment and supplies for proper function and serviceability. d. Verifies quantity and quality of anesthesia medication. <p>8. Anesthesiologist or nurse anesthetist administers anesthesia.</p> <ul style="list-style-type: none"> a. Supervises assisting personnel during procedure. b. Induces patient using compatible agents and techniques IAW specified time, accepted standards of practice, and CSOP. c. Maintains adequate levels of anesthesia without jeopardizing oxygenation and perfusion. d. Monitors patient's vital signs for adverse reactions to anesthesia. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>9. Surgical service personnel conduct surgical procedure. (081-837-0022, 081-837-0024, 081-837-0025, 081-837-0026, 081-837-0027)</p> <ul style="list-style-type: none"> a. Maintain sterile field and aseptic techniques at all times. b. Communicate needs to OR personnel. c. Monitor patient's vital signs to determine changes in status. d. Employ safety procedures IAW AR 385-10, TSOP, and CSOP. e. Employ environmental protection procedures IAW AR 200-1, CSOP, and TSOP. f. Perform surgical procedures IAW standardized techniques appropriate with patient's condition. g. Account for sponges, needles, and instruments prior to closure of body cavity. h. Dress wounds. i. Secure all drains. <p>10. Surgical/anesthesia/nursing personnel provide postoperative care. (081-831-0010, 081-831-0011, 081-831-0012)</p> <ul style="list-style-type: none"> a. Evaluate postoperative patient for stability. b. Prescribe necessary treatment measures. c. Move patient to recovery ward without injury. d. Monitor vital signs to determine changes in patient's status. e. Administer postoperative medications as prescribed. f. Manage after surgery complications. g. Report patient's status and recovery needs to recovery staff. h. Record description of procedure IAW CSOP. <p>11. Surgical service personnel prepare for next case. (081-837-0015, 081-837-0016)</p> <ul style="list-style-type: none"> a. Clean surgical area IAW CSOP. b. Dispose of contaminated medical waste IAW TSOP. c. Clean instruments. d. Sterilize instruments. <p>12. Surgical service personnel perform administrative tasks.</p> <ul style="list-style-type: none"> a. Establish supply levels. b. Maintain supply levels. c. Submit required reports IAW TSOP and CSOP. d. Document patient treatment IAW AR 40-66. e. Prepare hand receipt files. f. Maintain hand receipt files. g. Maintain work load data IAW CSOP. h. Report adverse patient response to treatment IAW CSOP. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-831-0007	PERFORM A PATIENT CARE HANDWASH	STP 8-91W15-SM-TG
081-831-0010	MEASURE A PATIENT'S RESPIRATIONS	STP 8-91W15-SM-TG
081-831-0011	MEASURE A PATIENT'S PULSE	STP 8-91W15-SM-TG
081-831-0012	MEASURE A PATIENT'S BLOOD PRESSURE	STP 8-91W15-SM-TG
081-831-0013	MEASURE A PATIENT'S TEMPERATURE	STP 8-91W15-SM-TG
081-831-0018	OPEN THE AIRWAY	STP 8-91W15-SM-TG
081-831-0019	CLEAR AN UPPER AIRWAY OBSTRUCTION	STP 8-91W15-SM-TG
081-831-0044	APPLY A PNEUMATIC SPLINT TO A CASUALTY WITH A SUSPECTED FRACTURE OF AN EXTREMITY	STP 8-91W15-SM-TG
081-831-0046	ADMINISTER EXTERNAL CHEST COMPRESSIONS	STP 8-91W15-SM-TG
081-831-0048	PERFORM RESCUE BREATHING	STP 8-91W15-SM-TG
081-833-0012	PERFORM A WOUND IRRIGATION	STP 8-91W15-SM-TG
081-837-0001	PERFORM THE SURGICAL HAND AND ARM SCRUB	STP 8-91D14-SM-TG
081-837-0002	PUT ON STERILE GOWN AND GLOVES	STP 8-91D14-SM-TG
081-837-0003	GOWN AND GLOVE SURGICAL TEAM MEMBERS	STP 8-91D14-SM-TG
081-837-0004	ASSIST SURGICAL TEAM MEMBERS IN THE GOWN AND GLOVE PROCEDURE	STP 8-91D14-SM-TG
081-837-0008	ARRANGE INSTRUMENTS AND SUPPLIES ON A STERILE FIELD	STP 8-91D14-SM-TG
081-837-0009	DRAPE MAYO STAND AND TRAY	STP 8-91D14-SM-TG
081-837-0010	ARRANGE PREP SET, LINEN PACK, BASIN SET, GOWNS, AND GLOVES	STP 8-91D14-SM-TG
081-837-0011	POSITION EQUIPMENT DRAPED WITH STERILE LINEN	STP 8-91D14-SM-TG
081-837-0012	PREPARE THE ELECTROSURGICAL UNIT FOR A SURGICAL PROCEDURE	STP 8-91D14-SM-TG
081-837-0014	REMOVE SOILED ITEMS FROM THE O.R. FOLLOWING A SURGICAL PROCEDURE	STP 8-91D14-SM-TG
081-837-0015	DISPOSE OF CONTAMINATED LIQUID AND SOLID MEDICAL WASTE	STP 8-91D14-SM-TG
081-837-0016	CLEAN THE O.R.	STP 8-91D14-SM-TG
081-837-0017	PREPARE A PATIENT FOR MOVEMENT TO THE O.R.	STP 8-91D14-SM-TG
081-837-0018	PERFORM THE SURGICAL SHAVE PREP	STP 8-91D14-SM-TG
081-837-0019	ASSIST IN PLACING A PATIENT IN/OUT OF THE LITHOTOMY POSITION	STP 8-91D14-SM-TG
081-837-0020	ASSIST IN PLACING A PATIENT IN THE KRASKE (JACKKNIFE) POSITION	STP 8-91D14-SM-TG
081-837-0021	ASSIST IN DRAPING THE PATIENT FOR A SURGICAL PROCEDURE	STP 8-91D14-SM-TG
081-837-0022	APPLY/REMOVE A PNEUMATIC TOURNIQUET ON A PATIENT	STP 8-91D14-SM-TG
081-837-0024	WEIGH SPONGES AND CALCULATE BLOOD LOSS	STP 8-91D14-SM-TG
081-837-0025	PASS SUTURE MATERIALS	STP 8-91D14-SM-TG
081-837-0026	PROCESS SPECIMENS AND CULTURES	STP 8-91D14-SM-TG
081-837-0027	PASS INSTRUMENTS AND SUPPLIES DURING A SURGICAL PROCEDURE	STP 8-91D14-SM-TG

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-837-0028	PREPARE THE SUCTION MACHINE FOR USE	STP 8-91D14-SM-TG
081-837-0029	PREPARE THE SUCTION MACHINE FOR MOVEMENT	STP 8-91D14-SM-TG
081-837-0030	PREPARE THE SCRUB SINK FOR USE	STP 8-91D14-SM-TG
081-837-0031	PREPARE THE SCRUB SINK FOR MOVEMENT	STP 8-91D14-SM-TG
081-837-0032	PREPARE THE O.R. LIGHT FOR USE	STP 8-91D14-SM-TG
081-837-0033	PREPARE THE O.R. LIGHT FOR MOVEMENT	STP 8-91D14-SM-TG
081-837-0034	PREPARE THE O.R. TABLE FOR USE	STP 8-91D14-SM-TG
081-837-0035	PREPARE THE O.R. TABLE FOR MOVEMENT	STP 8-91D14-SM-TG
091-CLT-4029	Supervise Preventive Maintenance Checks and Services (PMCS)	STP 21-24-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-4001	Integrate Risk Management Into Platoon	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE**OPFOR TASKS AND STANDARDS: NONE**

ELEMENT: HEAD & NECK SURG TEAM**TASK: PROVIDE HEAD AND NECK SURGERY SERVICES (08-5-0003.08-705L)**

(FM 8-74)	(AR 200-1)	(AR 385-10)
(AR 40-2)	(AR 40-3)	(ATLS COURSE MANUAL)
(EWS NATO HANDBOOK)	(FM 100-20)	(FM 3-0)
(FM 3-100.4)	(FM 3-11.21)	(FM 8-10)
(FM 8-38)	(FM 8-73)	(FM 8-9)
(TC 3-34.489)	(TG 244)	

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. Patients requiring head and neck surgery are admitted to the hospital. Supportive services are provided by the hospital. This task may be performed under all environmental conditions. The hospital may be subject to attack by threat forces, NBC attack, or radiological fallout. TSOP and CSOP are available. This task should not be trained in MOPP4.

TASK STANDARDS: Head and neck surgery services are performed IAW accepted standards of practice, CSOP, and TSOP.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. OIC/NCOIC supervises team operations. (091-CLT-4029, 101-92Y-0006, 113-600-2001, 850-001-2000, 850-001-4001)</p> <ul style="list-style-type: none"> a. Schedules personnel staffing at proper skill levels to ensure 24-hour coverage. b. Provides for supervision of personnel over 24-hour period. c. Coordinates with supply and service division for logistics support. d. Monitors periodic and unscheduled maintenance of equipment for compliance with applicable team(s) and TSOP. e. Manages in-service training program. f. Enforces safety procedures IAW AR 385-10, TSOP, and CSOP. g. Enforces environmental protection procedures IAW AR 200-1, TSOP, and CSOP. h. Prioritizes patient treatment requests. i. Notifies team staff of special head and neck surgery requirements. <p>2. Team personnel perform diagnostic and consultative services. (081-831-0010, 081-831-0011, 081-831-0012, 081-831-0013)</p> <ul style="list-style-type: none"> a. Conduct patient examinations and interviews. b. Request screening and diagnostic tests IAW accepted standards of practice, TSOP, and CSOP. c. Provide diagnosis and/or recommendations to requesting physician. <p>3. Team personnel perform preoperative duties. (081-831-0007, 081-831-0008, 081-831-0010, 081-831-0011, 081-831-0012, 081-831-0013, 081-831-0018, 081-831-0019, 081-831-0046, 081-831-0048, 081-837-0001, 081-837-0002, 081-837-0003, 081-837-0004, 081-837-0007, 081-837-0008, 081-837-0009, 081-837-0010, 081-837-0011, 081-837-0012, 081-837-0014, 081-837-0015, 081-837-0016, 081-837-0017, 081-837-0018, 081-837-0021, 081-837-0028, 081-837-0029, 081-837-0030, 081-837-0031, 081-837-0032, 081-837-0033, 081-837-0034, 081-837-0035)</p>		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> a. Provide preoperative evaluations. b. Prepare patient for head and neck surgery IAW TSOP and/or surgeon's orders. c. Perform sterile hand wash. d. Don surgical mask and gown. e. Set up equipment for surgical procedure IAW TSOP and CSOP. f. Perform sponges, needles, and instruments count. g. Employ safety procedures IAW AR 385-10, TSOP, and CSOP. h. Employ environmental protection procedures IAW AR 200-1, TSOP, and CSOP. <p>4. Team personnel perform head and neck surgery. (081-837-0024, 081-837-0025, 081-837-0026, 081-837-0027, 081-837-0041, 081-837-0042, 081-837-0043, 081-837-0044)</p> <ul style="list-style-type: none"> a. Position patient for procedure IAW TSOP and/or surgeon's orders. b. Maintain aseptic technique. c. Prepare area for surgical procedure IAW CSOP. d. Execute surgical procedure IAW accepted standards of practice. e. Administer fluid and/or blood replacement, as required. f. Employ safety procedures IAW AR 385-10, TSOP, and CSOP. g. Employ environmental protection procedures IAW AR 200-1, TSOP, and CSOP. h. Account for sponges, needles, and instruments prior to closure of body cavity. i. Dress wounds. j. Secure all drains. <p>5. Team personnel perform postoperative duties. (081-831-0010, 081-831-0011, 081-831-0012, 081-831-0013)</p> <ul style="list-style-type: none"> a. Request permission from anesthetist to move patient. b. Move patient to recovery ward without causing injury. c. Monitor vital signs to determine changes in patient's status. d. Record surgical procedure information. e. Evaluate postoperative patient for further treatment. f. Prescribe postoperative treatment. g. Administer postoperative treatment procedures. <p>6. Team personnel prepare for next case. (081-837-0015, 081-837-0016)</p> <ul style="list-style-type: none"> a. Clean surgical area IAW CSOP. b. Dispose of contaminated medical waste IAW TSOP. c. Clean instruments. d. Sterilize instruments. <p>7. Team personnel perform administrative tasks. (113-600-2001)</p> <ul style="list-style-type: none"> a. Establish supply levels. b. Maintain supply levels. c. Submit required reports IAW TSOP and CSOP. d. Document patient treatment IAW AR 40-66. e. Prepare hand receipt files. f. Maintain hand receipt files. g. Maintain work load data IAW CSOP. h. Report adverse patient response to treatment IAW CSOP. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-831-0007	PERFORM A PATIENT CARE HANDWASH	STP 8-91W15-SM-TG
081-831-0008	PUT ON STERILE GLOVES	STP 8-91W15-SM-TG
081-831-0010	MEASURE A PATIENT'S RESPIRATIONS	STP 8-91W15-SM-TG
081-831-0011	MEASURE A PATIENT'S PULSE	STP 8-91W15-SM-TG
081-831-0012	MEASURE A PATIENT'S BLOOD PRESSURE	STP 8-91W15-SM-TG
081-831-0013	MEASURE A PATIENT'S TEMPERATURE	STP 8-91W15-SM-TG
081-831-0018	OPEN THE AIRWAY	STP 8-91W15-SM-TG
081-831-0019	CLEAR AN UPPER AIRWAY OBSTRUCTION	STP 8-91W15-SM-TG
081-831-0046	ADMINISTER EXTERNAL CHEST COMPRESSIONS	STP 8-91W15-SM-TG
081-831-0048	PERFORM RESCUE BREATHING	STP 8-91W15-SM-TG
081-837-0001	PERFORM THE SURGICAL HAND AND ARM SCRUB	STP 8-91D14-SM-TG
081-837-0002	PUT ON STERILE GOWN AND GLOVES	STP 8-91D14-SM-TG
081-837-0003	GOWN AND GLOVE SURGICAL TEAM MEMBERS	STP 8-91D14-SM-TG
081-837-0004	ASSIST SURGICAL TEAM MEMBERS IN THE GOWN AND GLOVE PROCEDURE	STP 8-91D14-SM-TG
081-837-0007	SELECT STERILE SUPPLIES FOR A SURGICAL PROCEDURE	STP 8-91D14-SM-TG
081-837-0008	ARRANGE INSTRUMENTS AND SUPPLIES ON A STERILE FIELD	STP 8-91D14-SM-TG
081-837-0009	DRAPE MAYO STAND AND TRAY	STP 8-91D14-SM-TG
081-837-0010	ARRANGE PREP SET, LINEN PACK, BASIN SET, GOWNS, AND GLOVES	STP 8-91D14-SM-TG
081-837-0011	POSITION EQUIPMENT DRAPED WITH STERILE LINEN	STP 8-91D14-SM-TG
081-837-0012	PREPARE THE ELECTROSURGICAL UNIT FOR A SURGICAL PROCEDURE	STP 8-91D14-SM-TG
081-837-0014	REMOVE SOILED ITEMS FROM THE O.R. FOLLOWING A SURGICAL PROCEDURE	STP 8-91D14-SM-TG
081-837-0015	DISPOSE OF CONTAMINATED LIQUID AND SOLID MEDICAL WASTE	STP 8-91D14-SM-TG
081-837-0016	CLEAN THE O.R.	STP 8-91D14-SM-TG
081-837-0017	PREPARE A PATIENT FOR MOVEMENT TO THE O.R.	STP 8-91D14-SM-TG
081-837-0018	PERFORM THE SURGICAL SHAVE PREP	STP 8-91D14-SM-TG
081-837-0021	ASSIST IN DRAPING THE PATIENT FOR A SURGICAL PROCEDURE	STP 8-91D14-SM-TG
081-837-0024	WEIGH SPONGES AND CALCULATE BLOOD LOSS	STP 8-91D14-SM-TG
081-837-0025	PASS SUTURE MATERIALS	STP 8-91D14-SM-TG

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-837-0026	PROCESS SPECIMENS AND CULTURES	STP 8-91D14-SM-TG
081-837-0027	PASS INSTRUMENTS AND SUPPLIES DURING A SURGICAL PROCEDURE	STP 8-91D14-SM-TG
081-837-0028	PREPARE THE SUCTION MACHINE FOR USE	STP 8-91D14-SM-TG
081-837-0029	PREPARE THE SUCTION MACHINE FOR MOVEMENT	STP 8-91D14-SM-TG
081-837-0030	PREPARE THE SCRUB SINK FOR USE	STP 8-91D14-SM-TG
081-837-0031	PREPARE THE SCRUB SINK FOR MOVEMENT	STP 8-91D14-SM-TG
081-837-0032	PREPARE THE O.R. LIGHT FOR USE	STP 8-91D14-SM-TG
081-837-0033	PREPARE THE O.R. LIGHT FOR MOVEMENT	STP 8-91D14-SM-TG
081-837-0034	PREPARE THE O.R. TABLE FOR USE	STP 8-91D14-SM-TG
081-837-0035	PREPARE THE O.R. TABLE FOR MOVEMENT	STP 8-91D14-SM-TG
081-837-0041	PREPARE MEDICATIONS, DYES, AND SOLUTIONS	STP 8-91D14-SM-TG
081-837-0042	PERFORM SPONGE, INSTRUMENT, SHARPS, AND NEEDLE COUNTS	STP 8-91D14-SM-TG
081-837-0043	REPLACE A CONTAMINATED GLOVE USING GLOVE OVER TECHNIQUE	STP 8-91D14-SM-TG
081-837-0044	OPEN STERILE SUPPLIES FOR A SURGICAL PROCEDURE	STP 8-91D14-SM-TG
091-CLT-4029	Supervise Preventive Maintenance Checks and Services (PMCS)	STP 21-24-SMCT
101-92Y-0006	Inspect equipment for accountability, cleanliness, and serviceability	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-4001	Integrate Risk Management Into Platoon	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE**OPFOR TASKS AND STANDARDS: NONE**

ELEMENT: MED TM, NEUROSURGERY**TASK: PROVIDE NEUROSURGERY SERVICES (08-5-0002.08-705L)**

(FM 8-74)	(AR 200-1)	(AR 385-10)
(AR 40-2)	(AR 40-3)	(ATLS COURSE MANUAL)
(EWS NATO HANDBOOK)	(FM 100-20)	(FM 3-0)
(FM 3-100.4)	(FM 3-11.21)	(FM 8-10)
(FM 8-38)	(FM 8-73)	(FM 8-9)
(TC 3-34.489)	(TG 244)	

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. Patients requiring neurosurgery are admitted to the hospital. Supportive services are provided by hospital. This task may be performed under all environmental conditions. The hospital may be subject to attack by threat forces, NBC attack, or radiological fallout. TSOP and CSOP are available. This task should not be trained in MOPP4.

TASK STANDARDS: Neurosurgery services were performed IAW accepted standards of practice, CSOP, and TSOP.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. OIC/NCOIC supervises team operations. (091-CLT-4029, 101-92Y-0006, 113-600-2001, 850-001-2000, 850-001-4001)</p> <ul style="list-style-type: none"> a. Schedules personnel staffing at proper skill levels to ensure 24-hour coverage. b. Provides for supervision of personnel over 24-hour period. c. Coordinates with supply and service division for logistics. d. Monitors periodic and unscheduled maintenance of equipment for compliance with applicable teams and TSOP. e. Manages in-service training program. f. Enforces safety procedures IAW AR 385-10, TSOP, and CSOP. g. Enforces environmental protection procedures IAW AR 200-1, TSOP, and CSOP. h. Prioritizes patient treatment and requests. i. Notifies team staff of special neurosurgery requirements. <p>2. Team personnel perform diagnostic and consultative service. (081-831-0010, 081-831-0011, 081-831-0012, 081-831-0013)</p> <ul style="list-style-type: none"> a. Conduct patient examinations and interviews. b. Request screening and diagnostic tests IAW accepted standards of practice, TSOP, and CSOP. c. Provide diagnosis and recommendations to requesting physician. <p>3. Team personnel perform preoperative duties (081-831-0007, 081-831-0008, 081-831-0010, 081-831-0011, 081-831-0012, 081-831-0013, 081-831-0018, 081-831-0019, 081-831-0046, 081-831-0048, 081-837-0001, 081-837-0002, 081-837-0003, 081-837-0004, 081-837-0007, 081-837-0008, 081-837-0009, 081-837-0010, 081-837-0011, 081-837-0012, 081-837-0014, 081-837-0015, 081-837-0016, 081-837-0017, 081-837-0018, 081-837-0021, 081-837-0028, 081-837-0029, 081-837-0030, 081-837-0031, 081-837-0032, 081-837-0033, 081-837-0034, 081-837-0035)</p> <ul style="list-style-type: none"> a. Provide preoperative evaluations. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> b. Prepare patient for neurosurgery IAW TSOP and/or surgeon's orders. c. Perform sterile hand wash. d. Don surgical mask and gown. e. Set up equipment for surgical procedure IAW TSOP and CSOP. f. Perform sponges, needles, and instruments count. g. Employ safety procedures IAW AR 385-10, TSOP, and CSOP. h. Employ environmental protection procedures IAW AR 200-1, TSOP, and CSOP. <p>4. Team personnel perform neurosurgery. (081-837-0024, 081-837-0025, 081-837-0026, 081-837-0027, 081-837-0041, 081-837-0042, 081-837-0043, 081-837-0044)</p> <ul style="list-style-type: none"> a. Position patient for procedure IAW CSOP and/or surgeon's orders. b. Maintain aseptic technique. c. Prepare area for surgical procedure IAW CSOP. d. Execute surgical procedure IAW accepted standards of practice. e. Administer fluid and/or blood replacement, as required. f. Employ safety procedures IAW AR 385-10, TSOP, and CSOP. g. Employ environmental protection procedures IAW AR 200-1, TSOP, and CSOP. h. Account for sponges, needles, and instruments prior to closure of body cavity. i. Dress wounds. j. Secure all drains. <p>5. Team personnel perform postoperative duties. (081-831-0010, 081-831-0011, 081-831-0012, 081-831-0013)</p> <ul style="list-style-type: none"> a. Request permission from anesthetist to move. b. Move patient to recovery ward without causing injury. c. Monitor vital signs to determine changes in patient's status. d. Record surgical procedure information. e. Evaluate postoperative patient for further treatment. f. Prescribe postoperative treatment. g. Administer postoperative treatment procedures. <p>6. Team personnel prepare for next case. (081-837-0015, 081-837-0016)</p> <ul style="list-style-type: none"> a. Clean surgical area IAW CSOP. b. Dispose of contaminated medical waste IAW TSOP. c. Clean instruments. d. Sterilize instruments. <p>7. Team personnel perform administrative tasks. (113-600-2001)</p> <ul style="list-style-type: none"> a. Establish supply levels. b. Maintain supply levels. c. Submit required reports IAW TSOP and CSOP. d. Document patient treatment IAW AR 40-66. e. Prepare hand receipt files. f. Maintain hand receipt files. g. Maintain work load data IAW CSOP. h. Report adverse patient response to treatment IAW CSOP. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-831-0007	PERFORM A PATIENT CARE HANDWASH	STP 8-91W15-SM-TG
081-831-0008	PUT ON STERILE GLOVES	STP 8-91W15-SM-TG
081-831-0010	MEASURE A PATIENT'S RESPIRATIONS	STP 8-91W15-SM-TG
081-831-0011	MEASURE A PATIENT'S PULSE	STP 8-91W15-SM-TG
081-831-0012	MEASURE A PATIENT'S BLOOD PRESSURE	STP 8-91W15-SM-TG
081-831-0013	MEASURE A PATIENT'S TEMPERATURE	STP 8-91W15-SM-TG
081-831-0018	OPEN THE AIRWAY	STP 8-91W15-SM-TG
081-831-0019	CLEAR AN UPPER AIRWAY OBSTRUCTION	STP 8-91W15-SM-TG
081-831-0046	ADMINISTER EXTERNAL CHEST COMPRESSIONS	STP 8-91W15-SM-TG
081-831-0048	PERFORM RESCUE BREATHING	STP 8-91W15-SM-TG
081-837-0001	PERFORM THE SURGICAL HAND AND ARM SCRUB	STP 8-91D14-SM-TG
081-837-0002	PUT ON STERILE GOWN AND GLOVES	STP 8-91D14-SM-TG
081-837-0003	GOWN AND GLOVE SURGICAL TEAM MEMBERS	STP 8-91D14-SM-TG
081-837-0004	ASSIST SURGICAL TEAM MEMBERS IN THE GOWN AND GLOVE PROCEDURE	STP 8-91D14-SM-TG
081-837-0007	SELECT STERILE SUPPLIES FOR A SURGICAL PROCEDURE	STP 8-91D14-SM-TG
081-837-0008	ARRANGE INSTRUMENTS AND SUPPLIES ON A STERILE FIELD	STP 8-91D14-SM-TG
081-837-0009	DRAPE MAYO STAND AND TRAY	STP 8-91D14-SM-TG
081-837-0010	ARRANGE PREP SET, LINEN PACK, BASIN SET, GOWNS, AND GLOVES	STP 8-91D14-SM-TG
081-837-0011	POSITION EQUIPMENT DRAPED WITH STERILE LINEN	STP 8-91D14-SM-TG
081-837-0012	PREPARE THE ELECTROSURGICAL UNIT FOR A SURGICAL PROCEDURE	STP 8-91D14-SM-TG
081-837-0014	REMOVE SOILED ITEMS FROM THE O.R. FOLLOWING A SURGICAL PROCEDURE	STP 8-91D14-SM-TG
081-837-0015	DISPOSE OF CONTAMINATED LIQUID AND SOLID MEDICAL WASTE	STP 8-91D14-SM-TG
081-837-0016	CLEAN THE O.R.	STP 8-91D14-SM-TG
081-837-0017	PREPARE A PATIENT FOR MOVEMENT TO THE O.R.	STP 8-91D14-SM-TG
081-837-0018	PERFORM THE SURGICAL SHAVE PREP	STP 8-91D14-SM-TG
081-837-0021	ASSIST IN DRAPING THE PATIENT FOR A SURGICAL PROCEDURE	STP 8-91D14-SM-TG
081-837-0024	WEIGH SPONGES AND CALCULATE BLOOD LOSS	STP 8-91D14-SM-TG
081-837-0025	PASS SUTURE MATERIALS	STP 8-91D14-SM-TG

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-837-0026	PROCESS SPECIMENS AND CULTURES	STP 8-91D14-SM-TG
081-837-0027	PASS INSTRUMENTS AND SUPPLIES DURING A SURGICAL PROCEDURE	STP 8-91D14-SM-TG
081-837-0028	PREPARE THE SUCTION MACHINE FOR USE	STP 8-91D14-SM-TG
081-837-0029	PREPARE THE SUCTION MACHINE FOR MOVEMENT	STP 8-91D14-SM-TG
081-837-0030	PREPARE THE SCRUB SINK FOR USE	STP 8-91D14-SM-TG
081-837-0031	PREPARE THE SCRUB SINK FOR MOVEMENT	STP 8-91D14-SM-TG
081-837-0032	PREPARE THE O.R. LIGHT FOR USE	STP 8-91D14-SM-TG
081-837-0033	PREPARE THE O.R. LIGHT FOR MOVEMENT	STP 8-91D14-SM-TG
081-837-0034	PREPARE THE O.R. TABLE FOR USE	STP 8-91D14-SM-TG
081-837-0035	PREPARE THE O.R. TABLE FOR MOVEMENT	STP 8-91D14-SM-TG
081-837-0041	PREPARE MEDICATIONS, DYES, AND SOLUTIONS	STP 8-91D14-SM-TG
081-837-0042	PERFORM SPONGE, INSTRUMENT, SHARPS, AND NEEDLE COUNTS	STP 8-91D14-SM-TG
081-837-0043	REPLACE A CONTAMINATED GLOVE USING GLOVE OVER TECHNIQUE	STP 8-91D14-SM-TG
081-837-0044	OPEN STERILE SUPPLIES FOR A SURGICAL PROCEDURE	STP 8-91D14-SM-TG
091-CLT-4029	Supervise Preventive Maintenance Checks and Services (PMCS)	STP 21-24-SMCT
101-92Y-0006	Inspect equipment for accountability, cleanliness, and serviceability	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001 4001	Integrate Risk Management Into Platoon	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE**OPFOR TASKS AND STANDARDS: NONE**

ELEMENT: MED TM, EYE SURGERY**TASK: PROVIDE EYE SURGERY SERVICES (08-5-0001.08-705L)**

(FM 8-74)	(AR 200-1)	(AR 385-10)
(AR 40-2)	(AR 40-3)	(ATLS COURSE MANUAL)
(EWS NATO HANDBOOK)	(FM 100-20)	(FM 3-0)
(FM 3-100.4)	(FM 3-11.21)	(FM 8-10)
(FM 8-10-14)	(FM 8-11)	(FM 8-38)
(FM 8-73)	(FM 8-9)	(TC 3-34.489)
(TG 244)		

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. Patients requiring eye surgery are admitted to the hospital. Supportive services are provided by the hospital. This task may be performed under all environmental conditions. The hospital may be subject to attack by threat forces, NBC attack, or radiological fallout. TSOP and CSOP are available. This task should not be trained in MOPP4.

TASK STANDARDS: Eye surgery services are performed IAW accepted standards of practice, CSOP, and TSOP.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. OIC/NCOIC supervises team operations. (091-CLT-4029, 113-600-2001, 850-001-2000, 850-001-4001)</p> <ul style="list-style-type: none"> a. Schedules personnel staffing at proper skill levels to ensure 24-hour coverage. b. Provides for supervision of personnel over 24-hour period. c. Coordinates with supply and service division for logistics. d. Monitors periodic and unscheduled maintenance of equipment for compliance with applicable TM(s) and TSOP. e. Manages in-service training program. f. Enforces safety procedures IAW AR 385-10, TSOP, and CSOP. g. Enforces environmental protection procedures IAW AR 200-1, TSOP, and CSOP. h. Prioritizes patient treatment and requests. i. Notifies team staff of special eye surgery requirements. <p>2. Team personnel perform diagnostic and consultative service. (081-831-0010, 081-831-0011, 081-831-0012, 081-831-0013)</p> <ul style="list-style-type: none"> a. Conduct patient examinations and interviews. b. Request screening and diagnostic tests IAW accepted standards of practice, TSOP, and CSOP. c. Provide diagnosis and recommendations to requesting physician. <p>3. Team personnel perform preoperative duties. (081-831-0007, 081-831-0008, 081-831-0010, 081-831-0011, 081-831-0012, 081-831-0013, 081-831-0018, 081-831-0019, 081-831-0046, 081-831-0048, 081-837-0024, 081-837-0025, 081-837-0026, 081-837-0027, 081-837-0028, 081-837-0029, 081-837-0030, 081-837-0031, 081-837-0032, 081-837-0033, 081-837-0034, 081-837-0035, 081-837-0041, 081-837-0042, 081-837-0043, 081-837-0044)</p> <ul style="list-style-type: none"> a. Provide preoperative evaluations. b. Prepare patient for eye surgery IAW TSOP and/or surgeon's orders. c. Perform sterile hand wash. d. Don surgical mask and gown. e. Set up equipment for surgical procedure IAW TSOP and CSOP. f. Perform sponges, needles, and instruments count. g. Employ safety procedures IAW AR 385-10, TSOP, and CSOP. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>h. Employ environmental protection procedures IAW AR 200-1, TSOP, and CSOP.</p> <p>4. Team personnel perform eye surgery. (081-837-0024, 081-837-0025, 081-837-0026, 081-837-0027, 081-837-0041, 081-837-0042, 081-837-0043, 081-837-0044)</p> <p>a. Position patient for procedure IAW TSOP and/or surgeon's orders.</p> <p>b. Maintain aseptic technique.</p> <p>c. Prepare area for surgical procedure IAW CSOP.</p> <p>d. Execute surgical procedure IAW accepted standards of practice.</p> <p>e. Administer fluid replacement, as required.</p> <p>f. Employ safety procedures IAW AR 385-10, TSOP, and CSOP.</p> <p>g. Employ environmental protection procedures IAW AR 200-1, TSOP, and CSOP.</p> <p>h. Account for sponges, needles, and instruments prior to closure of body cavity.</p> <p>i. Dress wounds.</p> <p>j. Secure all drains.</p> <p>5. Team personnel perform postoperative duties. (081-831-0010, 081-831-0011, 081-831-0012, 081-831-0013)</p> <p>a. Request permission from anesthetist to move.</p> <p>b. Move patient to recovery ward without causing injury.</p> <p>c. Monitor vital signs to determine changes in patient's status.</p> <p>d. Record surgical procedure information.</p> <p>e. Evaluate postoperative patient for further treatment.</p> <p>f. Prescribe postoperative treatment.</p> <p>g. Administer postoperative treatment procedures.</p> <p>6. Team personnel prepare for next case. (081-837-0015, 081-837-0016)</p> <p>a. Clean surgical area IAW CSOP.</p> <p>b. Dispose of contaminated medical waste IAW TSOP.</p> <p>c. Clean instruments.</p> <p>d. Sterilize instruments.</p> <p>7. Team personnel perform administrative tasks. (113-600-2001)</p> <p>a. Establish supply levels.</p> <p>b. Maintain supply levels.</p> <p>c. Submit required reports IAW TSOP and CSOP.</p> <p>d. Document patient treatment IAW AR 40-66.</p> <p>e. Prepare hand receipt files.</p> <p>f. Maintain hand receipt files.</p> <p>g. Maintain work load data IAW CSOP.</p> <p>h. Report adverse patient response to treatment IAW CSOP.</p>		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-831-0007	PERFORM A PATIENT CARE HANDWASH	STP 8-91W15-SM-TG
081-831-0008	PUT ON STERILE GLOVES	STP 8-91W15-SM-TG

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-831-0010	MEASURE A PATIENT'S RESPIRATIONS	STP 8-91W15-SM-TG
081-831-0011	MEASURE A PATIENT'S PULSE	STP 8-91W15-SM-TG
081-831-0012	MEASURE A PATIENT'S BLOOD PRESSURE	STP 8-91W15-SM-TG
081-831-0013	MEASURE A PATIENT'S TEMPERATURE	STP 8-91W15-SM-TG
081-831-0018	OPEN THE AIRWAY	STP 8-91W15-SM-TG
081-831-0019	CLEAR AN UPPER AIRWAY OBSTRUCTION	STP 8-91W15-SM-TG
081-831-0046	ADMINISTER EXTERNAL CHEST COMPRESSIONS	STP 8-91W15-SM-TG
081-831-0048	PERFORM RESCUE BREATHING	STP 8-91W15-SM-TG
081-837-0015	DISPOSE OF CONTAMINATED LIQUID AND SOLID MEDICAL WASTE	STP 8-91D14-SM-TG
081-837-0016	CLEAN THE O.R.	STP 8-91D14-SM-TG
081-837-0024	WEIGH SPONGES AND CALCULATE BLOOD LOSS	STP 8-91D14-SM-TG
081-837-0025	PASS SUTURE MATERIALS	STP 8-91D14-SM-TG
081-837-0026	PROCESS SPECIMENS AND CULTURES	STP 8-91D14-SM-TG
081-837-0027	PASS INSTRUMENTS AND SUPPLIES DURING A SURGICAL PROCEDURE	STP 8-91D14-SM-TG
081-837-0028	PREPARE THE SUCTION MACHINE FOR USE	STP 8-91D14-SM-TG
081-837-0029	PREPARE THE SUCTION MACHINE FOR MOVEMENT	STP 8-91D14-SM-TG
081-837-0030	PREPARE THE SCRUB SINK FOR USE	STP 8-91D14-SM-TG
081-837-0031	PREPARE THE SCRUB SINK FOR MOVEMENT	STP 8-91D14-SM-TG
081-837-0032	PREPARE THE O.R. LIGHT FOR USE	STP 8-91D14-SM-TG
081-837-0033	PREPARE THE O.R. LIGHT FOR MOVEMENT	STP 8-91D14-SM-TG
081-837-0034	PREPARE THE O.R. TABLE FOR USE	STP 8-91D14-SM-TG
081-837-0035	PREPARE THE O.R. TABLE FOR MOVEMENT	STP 8-91D14-SM-TG
081-837-0041	PREPARE MEDICATIONS, DYES, AND SOLUTIONS	STP 8-91D14-SM-TG
081-837-0042	PERFORM SPONGE, INSTRUMENT, SHARPS, AND NEEDLE COUNTS	STP 8-91D14-SM-TG
081-837-0043	REPLACE A CONTAMINATED GLOVE USING GLOVE OVER TECHNIQUE	STP 8-91D14-SM-TG
081-837-0044	OPEN STERILE SUPPLIES FOR A SURGICAL PROCEDURE	STP 8-91D14-SM-TG
091-CLT-4029	Supervise Preventive Maintenance Checks and Services (PMCS)	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-4001	Integrate Risk Management Into Platoon	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE**OPFOR TASKS AND STANDARDS: NONE**

ELEMENT: MED TM, PATHOLOGY**TASK: PROVIDE PATHOLOGY SERVICES (08-5-0005.08-705L)**

(TM 8-227-9)

(AR 385-10)

(AR 40-66)

(FM 3-100.4)

(FM 8-10-14)

(TG 244)

(AR 200-1)

(AR 40-1)

(FM 100-20)

(FM 3-11.21)

(FM 8-9)

(AR 350-41)

(AR 40-3)

(FM 3-0)

(FM 8-10)

(TC 3-34.489)

ITERATION:

1

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COMMANDER/LEADER ASSESSMENT:

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(Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. Patients requiring gross and anatomical pathology services are admitted to the hospital. Supportive services are provided by the hospital. The hospital may be subject to attack by threat forces, NBC attack, or radiological fallout. TSOP and CSOP are available. This task should not be trained in MOPP4.

TASK STANDARDS: Pathology services are performed IAW accepted standards of practice, TSOP, and CSOP.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. OIC/NCOIC supervises team operations. (091-CLT-4029, 101-92Y-0006, 113-600-2001, 850-001-2000, 850-001-4001)</p> <ul style="list-style-type: none"> a. Schedules personnel staffing at proper skill levels to ensure 24-hour coverage. b. Provides for supervision of personnel over 24-hour period. c. Coordinates team's service support operations with hospital commander. d. Directs quality assurance operations. e. Coordinates with supply and service division for logistics support. f. Monitors periodic and unscheduled maintenance of equipment for compliance with applicable TM(s) and TSOP. g. Manages in-service training program. h. Enforces safety procedures IAW AR 385-10, TSOP, and CSOP. i. Enforces environmental protection procedures IAW AR 200-1, TSOP, and CSOP. <p>2. Team personnel provide investigative response to NBC agents. (081-821-1013, 081-821-1014, 081-821-1017, 081-821-1032, 081-821-1033, 081-821-1034, 081-821-1036, 081-821-1038, 081-821-1039, 081-821-1040, 081-821-1042)</p> <ul style="list-style-type: none"> a. Collect specimen(s). b. Evaluate specimen(s) for NBC agents. c. Employ safety procedures IAW AR 385-10, TSOP, and CSOP. d. Employ environmental protection procedures IAW AR 200-1, TSOP, and CSOP. e. Provide results of analysis to the operation section and hospital commander. <p>3. Team personnel perform forensic pathology examinations. (081-821-1013, 081-821-1014, 081-821-1017, 081-821-1032, 081-821-1033, 081-821-1034, 081-821-1036, 081-821-1038, 081-821-1039, 081-821-1040, 081-821-1042)</p> <ul style="list-style-type: none"> a. Collect specimen(s). b. Evaluate specimen(s) for pathogens. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
c. Employ safety procedures IAW AR 385-10, TSOP, and CSOP. d. Employ environmental protection procedures IAW AR 200-1, TSOP, and CSOP. e. Provide results of analysis to hospital commander. 4. Team personnel perform aviation pathology investigations. (081-821-1013, 081-821-1014, 081-821-1017, 081-821-1032, 081-821-1033, 081-821-1034, 081-821-1038, 081-821-1039, 081-821-1040, 081-821-1042) a. Collect specimen(s). b. Evaluate specimen(s) for pathogens. c. Employ safety procedures IAW AR 385-10, TSOP, and CSOP. d. Employ environmental protection procedures IAW AR 200-1, TSOP, and CSOP. e. Provide results of analysis to hospital commander. 5. Team personnel perform administrative tasks. (113-600-2001) a. Establish supply levels. b. Maintain supply levels. c. Submit required reports IAW TSOP and CSOP. d. Document patient treatment IAW AR 40-66. e. Prepare hand receipt files. f. Maintain hand receipt files. g. Maintain work load data IAW CSOP. h. Report adverse patient response to treatment IAW CSOP.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-821-1013	PERFORM A GRAM STAIN	STP 8-91K15-SM-TG
081-821-1014	PERFORM A GIEMSA STAIN FOR THE PRESENCE OF MALARIAL PARASITES	STP 8-91K15-SM-TG
081-821-1017	PERFORM A ROUTINE URINALYSIS	STP 8-91K15-SM-TG
081-821-1032	PROCESS DONOR BLOOD	STP 8-91K15-SM-TG
081-821-1033	PERFORM A RAPID PLASMA REAGIN (RPR) TEST	STP 8-91K15-SM-TG
081-821-1034	OBTAIN A BLOOD SPECIMEN BY CAPILLARY PUNCTURE	STP 8-91K15-SM-TG
081-821-1036	PERFORM A WBC COUNT ON WHOLE BLOOD	STP 8-91K15-SM-TG
081-821-1038	PERFORM A DIFFERENTIAL AND A WHITE BLOOD CELL COUNT ON CEREBROSPINAL FLUID (CSF)	STP 8-91K15-SM-TG
081-821-1039	PERFORM A WBC DIFFERENTIAL COUNT	STP 8-91K15-SM-TG
081-821-1040	PERFORM A MICROHEMATOCRIT DETERMINATION	STP 8-91K15-SM-TG

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-821-1042	PERFORM A MACROSCOPIC EXAMINATION OF FECES AND TEST FOR OCCULT BLOOD	STP 8-91K15-SM-TG
091-CLT-4029	Supervise Preventive Maintenance Checks and Services (PMCS)	STP 21-24-SMCT
101-92Y-0006	Inspect equipment for accountability, cleanliness, and serviceability	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-4001	Integrate Risk Management Into Platoon	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE**OPFOR TASKS AND STANDARDS: NONE**

ELEMENT: MED TM, RENAL DIALYSIS**TASK: PROVIDE RENAL HEMODIALYSIS SERVICES (08-5-0006.08-705L)**

(TB MED 3)	(AR 200-1)	(AR 385-10)
(FM 100-20)	(FM 3-0)	(FM 3-100.4)
(FM 3-11.21)	(FM 8-10)	(FM 8-10-14)
(FM 8-9)	(TC 3-34.489)	(TG 244)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. Patients requiring renal hemodialysis services are admitted to the hospital. Supportive services are provided by the hospital. The hospital may be subject to attack by threat forces, NBC attack, or radiological fallout. TSOP and CSOP are available. This task should not be trained in MOPP4.

TASK STANDARDS: Renal hemodialysis services and treatment are performed IAW accepted standards of practice, TSOP, and CSOP.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. OIC/NCOIC supervises team operations. (091-CLT-4029, 101-92Y-0006, 113-600-2001, 850-001-2000, 850-001-4001)</p> <ul style="list-style-type: none"> a. Schedules personnel staffing at proper skill levels to ensure 24-hour coverage. b. Provides for supervision of personnel over 24-hour period. c. Coordinates team's service support operations with hospital commander. d. Directs quality assurance operations. e. Coordinates with supply and service division for logistics support. f. Monitors periodic and unscheduled maintenance of equipment for compliance with applicable TM(s) and TSOP. g. Manages in-service training program. h. Enforces safety procedures IAW AR 385-10, TSOP and CSOP. i. Enforces environmental protection procedures IAW AR 200-1, TSOP and CSOP. <p>2. Team personnel perform diagnostic and consultative service.</p> <ul style="list-style-type: none"> a. Conduct renal dialysis examination. b. Request diagnostic test(s) IAW accepted standards of practice, TSOP and CSOP. c. Provide diagnosis and recommendations to requesting physician. d. Recommend treatment procedure to patients. <p>3. Team personnel perform renal hemodialysis care and treatment. (081-831-0007, 081-831-0008, 081-831-0010, 081-831-0011, 081-831-0012, 081-831-0013, 081-833-0006, 081-833-0007, 081-833-0010, 081-833-0012, 081-833-0016, 081-833-0031, 081-833-0032, 081-833-0033, 081-833-0034, 081-833-0047, 081-833-0088, 081-833-0089, 081-835-3000, 081-835-3001, 081-835-3002, 081-835-3010)</p> <ul style="list-style-type: none"> a. Notify patient of procedure. b. Anesthetize and premedicate patient, as necessary. c. Administer medications IAW CSOP and physician's orders. d. Monitor patient's vital signs for changes or adverse reactions. e. Initiate IV infusion. f. Maintain IV infusion. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
g. Employ safety procedures IAW AR 385-10, TSOP and CSOP. h. Employ environmental protection procedures IAW AR 200-1, TSOP and CSOP. 4. Team personnel perform administrative tasks. (113-600-2001) a. Establish supply levels. b. Maintain supply levels. c. Submit required reports IAW TSOP and CSOP. d. Document patient treatment IAW AR 40-66. e. Prepare hand receipt files. f. Maintain hand receipt files. g. Maintain work load data IAW CSOP. h. Report adverse patient response to treatment IAW CSOP.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

“**” indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-831-0007	PERFORM A PATIENT CARE HANDWASH	STP 8-91W15-SM-TG
081-831-0008	PUT ON STERILE GLOVES	STP 8-91W15-SM-TG
081-831-0010	MEASURE A PATIENT'S RESPIRATIONS	STP 8-91W15-SM-TG
081-831-0011	MEASURE A PATIENT'S PULSE	STP 8-91W15-SM-TG
081-831-0012	MEASURE A PATIENT'S BLOOD PRESSURE	STP 8-91W15-SM-TG
081-831-0013	MEASURE A PATIENT'S TEMPERATURE	STP 8-91W15-SM-TG
081-833-0006	MEASURE A PATIENT'S INTAKE AND OUTPUT	STP 8-91W15-SM-TG
081-833-0007	ESTABLISH A STERILE FIELD	STP 8-91W15-SM-TG
081-833-0010	CHANGE A STERILE DRESSING	STP 8-91W15-SM-TG
081-833-0012	PERFORM A WOUND IRRIGATION	STP 8-91W15-SM-TG
081-833-0016	INSERT AN OROPHARYNGEAL AIRWAY (J TUBE)	STP 8-91W15-SM-TG
081-833-0031	INITIATE TREATMENT FOR ANAPHYLACTIC SHOCK	STP 8-91W15-SM-TG
081-833-0032	OBTAIN A BLOOD SPECIMEN USING A VACUTAINER	STP 8-91W15-SM-TG
081-833-0033	INITIATE AN INTRAVENOUS INFUSION	STP 8-91W15-SM-TG
081-833-0034	MANAGE A PATIENT WITH AN INTRAVENOUS INFUSION	STP 8-91W15-SM-TG
081-833-0047	INITIATE TREATMENT FOR HYPOVOLEMIC SHOCK	STP 8-91W15-SM-TG
081-833-0088	PREPARE AN INJECTION FOR ADMINISTRATION	STP 8-91W15-SM-TG

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-833-0089	ADMINISTER AN INJECTION (INTRAMUSCULAR, SUBCUTANEOUS, INTRADERMAL)	STP 8-91W15-SM-TG
081-835-3000	ADMINISTER BLOOD	STP 8-91W15-SM-TG
081-835-3001	ADMINISTER ORAL MEDICATIONS	STP 8-91W15-SM-TG
081-835-3002	ADMINISTER MEDICATIONS BY IV PIGGYBACK	STP 8-91W15-SM-TG
081-835-3010	MAINTAIN AN INDWELLING URINARY CATHETER	STP 8-91W15-SM-TG
091-CLT-4029	Supervise Preventive Maintenance Checks and Services (PMCS)	STP 21-24-SMCT
101-92Y-0006	Inspect equipment for accountability, cleanliness, and serviceability	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-4001	Integrate Risk Management Into Platoon	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENT: MED TM, INFECT DIS**TASK: PROVIDE INFECTIOUS DISEASE SERVICES (08-5-0004.08-705L)**

(AR 40-38)	(AR 200-1)	(AR 385-10)
(AR 40-3)	(AR 40-5)	(AR 40-66)
(FM 100-20)	(FM 3-0)	(FM 3-100.4)
(FM 3-11.21)	(FM 8-10)	(FM 8-10-14)
(FM 8-10-8)	(FM 8-9)	(TC 3-34.489)
(TG 244)		

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. Patients requiring infectious disease services and treatment are admitted to the hospital. Supportive services are provided by the hospital. The hospital may be subject to attack by threat forces, NBC attack, or radiological fallout. Hospital TSOP and CSOP are available. This task should not be trained in MOPP4.

TASK STANDARDS: Infectious disease services are performed IAW accepted standards of practice, TSOP, and CSOP.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. OIC/NCOIC supervises team operations. (091-CLT-4029, 101-92Y-0006, 113-600-2001, 850-001-2000, 850-001-4001)</p> <ul style="list-style-type: none"> a. Schedules personnel staffing at proper skill levels to ensure 24-hour coverage. b. Provides for supervision of personnel over 24-hour period. c. Coordinates team's service support operations with hospital. d. Directs quality assurance operations. e. Collects medical intelligence information IAW CSOP. f. Provides medical intelligence information to hospital operations section. g. Coordinates with supply and service division for logistics support. h. Monitors periodic and unscheduled maintenance of equipment for compliance with applicable TM(s) and TSOP. i. Manages in-service training program. j. Enforces safety procedures IAW AR 385-10, TSOP, and CSOP. k. Enforces environmental protection procedures IAW AR 200-1, TSOP, and CSOP. <p>2. Team personnel perform consultative and investigative service. (081-821-1013, 081-821-1014, 081-821-1017, 081-821-1032, 081-821-1033, 081-821-1034, 081-821-1036, 081-821-1038, 081-821-1039, 081-821-1040, 081-821-1046, 081-821-1049, 081-821-1052, 081-821-1053, 081-821-1063, 081-821-1064, 081-821-1065, 081-821-1066, 081-821-1067, 081-821-1068, 081-821-1069, 081-821-1070, 081-821-1071, 081-821-1072, 081-821-1073, 081-821-1074, 081-821-1075, 081-821-1076, 081-821-1077, 081-821-1078, 081-821-1079, 081-821-1080, 081-821-1081, 081-821-1083, 081-821-1293)</p> <ul style="list-style-type: none"> a. Examine patient(s) to determine extent of illness or injury. b. Obtain culture(s) IAW CSOP. c. Perform tests on specimen(s)/culture(s) for presence of pathogenic organisms. d. Recommend treatment and control measures to hospital commander. e. Employ safety procedures IAW AR 385-10, TSOP, and CSOP. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
f. Employ environmental protection procedures IAW AR 200-1, TSOP, and CSOP. 3. Team personnel perform treatment and control procedures. a. Prescribe treatment. b. Provide definitive treatment to patient(s). c. Implement infectious disease control procedures. d. Employ safety procedures IAW AR 385-10, TSOP, and CSOP. e. Employ environmental protection procedures IAW AR 200-1, TSOP, and CSOP. 4. Team personnel perform administrative tasks. (113-600-2001) a. Establish supply levels. b. Maintain supply levels. c. Submit required reports IAW TSOP and CSOP. d. Document patient treatment IAW AR 40-66. e. Prepare hand receipt files. f. Maintain hand receipt files. g. Maintain work load data IAW CSOP. h. Report adverse patient response to treatment IAW CSOP.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-821-1013	PERFORM A GRAM STAIN	STP 8-91K15-SM-TG
081-821-1014	PERFORM A GIEMSA STAIN FOR THE PRESENCE OF MALARIAL PARASITES	STP 8-91K15-SM-TG
081-821-1017	PERFORM A ROUTINE URINALYSIS	STP 8-91K15-SM-TG
081-821-1032	PROCESS DONOR BLOOD	STP 8-91K15-SM-TG
081-821-1033	PERFORM A RAPID PLASMA REAGIN (RPR) TEST	STP 8-91K15-SM-TG
081-821-1034	OBTAIN A BLOOD SPECIMEN BY CAPILLARY PUNCTURE	STP 8-91K15-SM-TG
081-821-1036	PERFORM A WBC COUNT ON WHOLE BLOOD	STP 8-91K15-SM-TG
081-821-1038	PERFORM A DIFFERENTIAL AND A WHITE BLOOD CELL COUNT ON CEREBROSPINAL FLUID (CSF)	STP 8-91K15-SM-TG
081-821-1039	PERFORM A WBC DIFFERENTIAL COUNT	STP 8-91K15-SM-TG
081-821-1040	PERFORM A MICROHEMATOCRIT DETERMINATION	STP 8-91K15-SM-TG
081-821-1046	PERFORM A COMPLETE BLOOD COUNT (CBC) USING THE QBC II CENTRIFUGAL HEMATOLOGY SYSTEM	STP 8-91K15-SM-TG
081-821-1049	PERFORM A MANUAL PLATELET COUNT	STP 8-91K15-SM-TG

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-821-1052	PERFORM LABORATORY TESTS USING A KODAK DT60 ANALYZER	STP 8-91K15-SM-TG
081-821-1053	PERFORM A DISK DIFFUSION ANTIBIOTIC SUSCEPTIBILITY TEST	STP 8-91K15-SM-TG
081-821-1063	PERFORM A SODIUM (Na) AND POTASSIUM (K) DETERMINATION USING A CIBA CORNING 614 ELECTROLYTE ANALYZER	STP 8-91K15-SM-TG
081-821-1064	PERFORM A QUALITATIVE HCG TEST	STP 8-91K15-SM-TG
081-821-1065	PERFORM A MICROSCOPIC EXAMINATION OF PINWORM PREPARATIONS	STP 8-91K15-SM-TG
081-821-1066	PERFORM CONCENTRATION TECHNIQUES FOR OVA AND PARASITES (CON-TRATE METHOD)	STP 8-91K15-SM-TG
081-821-1067	PERFORM A URINE CULTURE, COLONY COUNT, AND SUSCEPTIBILITY TEST	STP 8-91K15-SM-TG
081-821-1068	PERFORM A WOUND CULTURE AND SUSCEPTIBILITY TEST	STP 8-91K15-SM-TG
081-821-1069	PERFORM A BLOOD CULTURE AND SUSCEPTIBILITY TEST	STP 8-91K15-SM-TG
081-821-1070	PERFORM A SPUTUM CULTURE AND SUSCEPTIBILITY TEST	STP 8-91K15-SM-TG
081-821-1071	PERFORM A STOOL CULTURE AND SUSCEPTIBILITY TEST	STP 8-91K15-SM-TG
081-821-1072	PERFORM A CEREBROSPINAL (CSF) CULTURE AND SUSCEPTIBILITY TEST	STP 8-91K15-SM-TG
081-821-1073	PERFORM A CULTURE AND SUSCEPTIBILITY TEST FOR GONORRHEA	STP 8-91K15-SM-TG
081-821-1074	PERFORM A THROAT CULTURE AND SUSCEPTIBILITY TEST	STP 8-91K15-SM-TG
081-821-1075	PERFORM A MICROSCOPIC EXAMINATION FOR ACID-FAST BACTERIA	STP 8-91K15-SM-TG
081-821-1076	PERFORM A PROTHROMBIN TIME (PT) TEST USING THE MLA ELECTRA 750	STP 8-91K15-SM-TG
081-821-1077	PERFORM AN ACTIVATED PARTIAL THROMBOPLASTIN TIME (APTT) TEST USING THE MLA ELECTRA 750	STP 8-91K15-SM-TG
081-821-1078	PERFORM A FIBRINOGEN LEVEL DETERMINATION	STP 8-91K15-SM-TG
081-821-1079	PERFORM A FIBRIN/FIBRINOGEN DEGRADATION PRODUCTS (FDP) TEST USING THE THROMBO-WELLCOTEST LATEX TEST KIT	STP 8-91K15-SM-TG
081-821-1080	PERFORM A BLOOD GAS ANALYSIS USING THE GEMSTAT BLOOD GAS ANALYZER	STP 8-91K15-SM-TG
081-821-1081	DETERMINE THE CLINICAL SIGNIFICANCE OF A ROUTINE URINALYSIS	STP 8-91K15-SM-TG
081-821-1083	PERFORM A WRIGHT'S STAIN USING CAMCO QUIK STAIN	STP 8-91K15-SM-TG
091-CLT-4029	Supervise Preventive Maintenance Checks and Services (PMCS)	STP 21-24-SMCT

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
101-92Y-0006	Inspect equipment for accountability, cleanliness, and serviceability	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-4001	Integrate Risk Management Into Platoon	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENT: DENTAL SERVICE**TASK: PROVIDE DENTAL SERVICES (08-2-0317.08-705L)**

(FM 4-02.19)	(AR 11-9)	(AR 200-1)
(AR 385-10)	(AR 40-3)	(AR 40-66)
(AR 40-68)	(FM 100-20)	(FM 3-0)
(FM 3-100.4)	(FM 3-11.21)	(FM 8-10)
(FM 8-10-14)	(FM 8-10-6)	(FM 8-9)
(TB MED 148)	(TB MED 250)	(TB MED 521)
(TC 3-34.489)	(TC 8-20-1)	(TG 244)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. Patients requiring dental care are being received. The dental section is providing emergency dental care and treatment. Tactical situation allows time for sustaining dental care. Staff personnel assist in the delivery of advanced trauma management during mass casualty situation. Oral surgery and consultation services are provided to patients and staff. Hospital may be subject to attack by threat forces, NBC attack, or radiological fallout. This task should not be trained in MOPP4.

TASK STANDARDS: Patients and staff are provided dental services IAW CSOP and TSOP.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. OIC/NCOIC supervises dental service operations. (091-CLT-4029, 101-92Y-0006, 113-600-2001, 113-637-2001, 850-001-2000, 850-001-4001)</p> <ul style="list-style-type: none"> a. Develops plans, policies, and procedures for dental service. b. Provides input for the hospitalization support and services plan to deputy commander for professional service. c. Enforces medical quality assurance program IAW AR 40-68. d. Regulates patient flow through dental service areas. e. Coordinates with supply and service division for logistics requirements. f. Monitors status of dental treatment areas to determine operational capability. g. Monitors dental service areas for operational compliance with TSOP and CSOP. h. Monitors patient care and treatment for compliance with CSOP. i. Monitors in-service training programs for compliance with CSOP. j. Requests additional dental support through the hospital commander to medical brigade/medical group command section, as required. k. Monitors periodic and unscheduled maintenance of equipment for compliance with applicable TM(s) and TSOP. l. Enforces safety procedures IAW AR 385-10, TSOP, and CSOP. m. Enforces environmental protection procedures IAW AR 200-1, TSOP, and CSOP. <p>2. Dental section provides emergency dental treatment. (081-831-0033, 081-840-0001, 081-840-0002, 081-840-0003, 081-840-0004, 081-840-0005, 081-840-0008, 081-840-0010, 081-840-0018, 081-840-0019, 081-840-0025, 081-840-0026, 081-840-0030, 081-840-0055, 081-840-0065, 081-840-0074, 081-840-0081, 081-840-0083)</p> <ul style="list-style-type: none"> a. Wears protective devices. b. Conducts an oral examination IAW TC 8-20-1. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> c. Provides treatment of trauma to the teeth, jaws, and associated facial structures. d. Places temporary restorations. e. Identifies treatment requirements based on examination. f. Prepares a dental surgical procedure setup. g. Anesthetizes patients, as necessary. h. Medicates patients, as necessary. i. Performs minor oral surgery. j. Treats oral infections. k. Provides individual instructions in self-care as it applies to treatment rendered. l. Coordinates for evacuation of patients with PAD, if required. m. Updates FMC or patient treatment record IAW AR 40-66, FM 8-10-6, and TB MED 250. n. Employs safety procedures IAW AR 385-10, TSOP, and CSOP. o. Employs environmental protection procedures IAW AR 200-1, TSOP, and CSOP. <p>3. Dental section provides sustaining dental treatment. (081-831-0008, 081-831-0033, 081-840-0001, 081-840-0002, 081-840-0003, 081-840-0010, 081-840-0018, 081-840-0019, 081-840-0023, 081-840-0025, 081-840-0026, 081-840-0030, 081-840-0055, 081-840-0060, 081-840-0065, 081-840-0074)</p> <ul style="list-style-type: none"> a. Wears protective devices. b. Conducts oral examinations IAW TC 8-20-1. c. Performs radiographic techniques IAW TC 8-20-1. d. Exposes radiographs IAW TC 8-20-1. e. Develops radiographs IAW TC 8-20-1. f. Identifies treatment requirements based on examination. g. Performs restorative procedure setup. h. Anesthetizes patients, as necessary. i. Medicates patients, as necessary. j. Performs restorative procedure. k. Performs dental treatment appropriate to diagnosed condition. l. Performs minor repair to fixed or removable prosthodontic appliance. m. Takes impressions for fabrication of cast, as required. n. Provides individual instructions in self-care as it applies to treatment rendered. o. Updates FMC or patient treatment record IAW AR 40-66, FM 8-10-6, and TB MED 250. p. Employs safety procedures IAW AR 385-10, TSOP, and CSOP. q. Employs environmental protection procedures IAW AR 200-1, TSOP, and CSOP. <p>4. Dental section conducts preventive dentistry and consultation program. (081-840-0030)</p> <ul style="list-style-type: none"> a. Conducts group training in self-care measures. b. Provides individual instruction in self-care measures. c. Applies anticariogenic agents unless there is evidence of contraindication. d. Performs oral prophylaxis. e. Provides consultation services to patients and staff. f. Employs safety procedures IAW AR 385-10, TSOP, and CSOP. g. Employs environmental protection procedures IAW AR 200-1, TSOP, and CSOP. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
5. Dental section provides ATM treatment. (081-831-0033, 081-831-0038, 081-831-0039, 081-831-1000, 081-833-0007, 081-833-0016, 081-833-0034, 081-833-0062, 081-833-0070, 081-833-0080) <ul style="list-style-type: none"> a. Evaluates patient to determine medical condition. b. Triage patient to determine priority of treatment. c. Manages airway. d. Treats burn affecting airway. e. Manages burns. f. Immobilizes fractures or suspected fractures. g. Manages shock. h. Manages DE wounds. i. Treats environmental injuries. j. Employs safety procedures IAW AR 385-10, TSOP, and CSOP. k. Employs environmental protection procedures IAW AR 200-1, TSOP, and CSOP. l. Controls pain. m. Relieves pain. n. Initiates FMC or inpatient treatment record IAW AR 40-66 and FM 8-10-6, if required. o. Updates FMC IAW AR 40-66 and FM 8-10-6, if required. p. Adheres to the Geneva Conventions provisions when treating civilians, refugees, and EPW(s). 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-831-0008	PUT ON STERILE GLOVES	STP 8-91E15-SM-TG
081-831-0033	INITIATE A FIELD MEDICAL CARD	STP 8-91W15-SM-TG
081-831-0038	TREAT A CASUALTY FOR A HEAT INJURY	STP 8-91W15-SM-TG
081-831-0039	TREAT A CASUALTY FOR A COLD INJURY	STP 8-91W15-SM-TG
081-831-1000	EVALUATE A CASUALTY	STP 21-1-SMCT
081-833-0007	ESTABLISH A STERILE FIELD	STP 8-91W15-SM-TG
081-833-0016	INSERT AN OROPHARYNGEAL AIRWAY (J TUBE)	STP 8-91W15-SM-TG
081-833-0034	MANAGE A PATIENT WITH AN INTRAVENOUS INFUSION	STP 8-91W15-SM-TG
081-833-0062	IMMOBILIZE A SUSPECTED FRACTURE OF THE ARM OR DISLOCATED SHOULDER	STP 8-91W15-SM-TG
081-833-0070	ADMINISTER INITIAL TREATMENT FOR BURNS	STP 8-91W15-SM-TG
081-833-0080	TRIAGE CASUALTIES ON A CONVENTIONAL BATTLEFIELD	STP 8-91W15-SM-TG

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-840-0001	EXPOSE A DENTAL RADIOGRAPH USING THE BISECTING ANGLE TECHNIQUE	STP 8-91E15-SM-TG
081-840-0002	EXPOSE A DENTAL RADIOGRAPH USING THE PARALLELING TECHNIQUE	STP 8-91E15-SM-TG
081-840-0003	PROCESS EXPOSED RADIOGRAPHS MANUALLY	STP 8-91E15-SM-TG
081-840-0004	PREPARE THE FILM PROCESSING TANK	STP 8-91E15-SM-TG
081-840-0005	MOUNT A FULL MOUTH SERIES OF RADIOGRAPHS	STP 8-91E15-SM-TG
081-840-0008	EXPOSE A DIAGNOSTIC RADIOGRAPH USING A DENTAL PANORAMIC UNIT	STP 8-91E15-SM-TG
081-840-0010	PREPARE ALGINATE IMPRESSION MATERIAL	STP 8-91E15-SM-TG
081-840-0018	PERFORM CLINICAL PROCEDURES PRIOR TO TREATMENT	STP 8-91E15-SM-TG
081-840-0019	PREPARE A DENTAL LOCAL ANESTHETIC SETUP	STP 8-91E15-SM-TG
081-840-0023	PREPARE A RESTORATIVE PROCEDURE SETUP	STP 8-91E15-SM-TG
081-840-0025	PREPARE A DENTAL SURGICAL PROCEDURE SETUP	STP 8-91E15-SM-TG
081-840-0026	PREPARE AN ENDODONTIC PROCEDURE SETUP	STP 8-91E15-SM-TG
081-840-0030	PROVIDE ORAL FITNESS INSTRUCTION	STP 8-91E15-SM-TG
081-840-0055	PERFORM EXTRAORAL AND INTRAORAL INSPECTION	STP 8-91E15-SM-TG
081-840-0060	INSERT A TEMPORARY RESTORATION (IRM)	STP 8-91E15-SM-TG
081-840-0065	TREAT ACUTE NECROTIZING ULCERATIVE GINGIVITIS (ANUG)	STP 8-91E15-SM-TG
081-840-0074	PREPARE A BASIC DENTAL EXAMINATION SETUP	STP 8-91E15-SM-TG
081-840-0081	PREPARE A PROSTHODONTIC PROCEDURE SETUP	STP 8-91E15-SM-TG
081-840-0083	PERFORM A BACTERIAL PLAQUE INDEX	STP 8-91E15-SM-TG
091-CLT-4029	Supervise Preventive Maintenance Checks and Services (PMCS)	STP 21-24-SMCT
101-92Y-0006	Inspect equipment for accountability, cleanliness, and serviceability	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-4001	Integrate Risk Management Into Platoon	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE**OPFOR TASKS AND STANDARDS: NONE**

ELEMENT: LABORATORY SERVICE**TASK: PROVIDE LABORATORY SERVICES (08-1-0244.08-705L)**(AMEDDC&S DEPMEDS (2))

(AR 200-1)

(AR 40-3)

(FM 3-100.4)

(FM 8-10-14)

(TC 3-34.489)

(AMEDDC&S DEPMEDS (3))

(AR 385-10)

(FM 100-20)

(FM 3-11.21)

(FM 8-55)

(TG 244)

(AMEDDC&S DEPMEDS (4))

(AR 40-2)

(FM 3-0)

(FM 8-10)

(FM 8-9)

(TM 8-227 SERIES)

ITERATION:

1

2

3

4

5

(Circle)

COMMANDER/LEADER ASSESSMENT:

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(Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. The hospital is receiving patients requiring clinical services. Laboratory services are provided consistent with equipment available in the laboratory MMS. Laboratory services are provided on a 24-hour a day basis. The hospital may be subject to attack by threat forces, NBC attack, or radiological fallout. TSOP and CSOP are available. This task should not be trained in MOPP4.

TASK STANDARDS: Laboratory services are performed IAW AMEDDC&S DEPMEDS Laboratory Procedures Manual(s), CSOP, and TSOP.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. OIC/NCOIC supervises laboratory service operations. (091-CLT-4029, 850-001-2000, 850-001-4001)</p> <ul style="list-style-type: none"> a. Schedules personnel staffing at proper skill levels to ensure 24-hour coverage. b. Provides for supervision of laboratory personnel over 24-hour period. c. Coordinates with supply and service division for logistics support, to include additional laboratory medical set. d. Monitors periodic and unscheduled maintenance of equipment for compliance with applicable TM(s), operation manuals, and CSOP. e. Manages in-service training program. f. Enforces safety procedures IAW AR 385-10, TSOP, and CSOP. g. Enforces environmental protection procedures IAW AR 200-1, TSOP, and CSOP. h. Maintains laboratory service reference library. i. Maintains communication with hospital elements IAW CSOP. j. Establishes call rosters. k. Maintains call rosters. l. Supervises the laboratory quality assurance program. m. Monitors patient results and quality control procedures for compliance with CSOP. <p>2. Laboratory service personnel perform general laboratory and quality control activities.</p> <ul style="list-style-type: none"> a. Perform equipment checks IAW CSOP. b. Maintain a logbook of all samples, procedures, and patient results IAW CSOP. c. Record procedure results on appropriate request slip and worksheet IAW CSOP. d. Disinfect laboratory area IAW CSOP. e. Dispose of contaminated wastes IAW CSOP. f. Maintain log of all quality control results IAW CSOP. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> g. Prepare stains, reagents, and culture IAW CSOP. h. Employ safety procedures IAW AR 385-10, TSOP, and CSOP. i. Employ environmental protection procedures IAW AR 200-1, TSOP, and CSOP. <p>3. Laboratory service personnel manage specimens. (081-821-1034, 081-833-0032)</p> <ul style="list-style-type: none"> a. Log-in patient specimens information received into the logbook IAW CSOP. b. Collect requested specimens IAW CSOP. c. Employ safety procedures IAW AR 385-10, TSOP, and CSOP. d. Employ environmental protection procedures IAW AR 200-1, TSOP, and CSOP. e. Maintain a specimen logbook of all specimens received into the laboratory IAW CSOP. f. Record results on appropriate request slip and worksheet IAW CSOP. g. Perform capillary puncture to obtain blood specimen IAW CSOP. h. Perform a venipuncture to obtain a blood specimen IAW CSOP. <p>4. Laboratory service personnel conduct chemistry procedures. (081-821-1017, 081-821-1034, 081-821-1052, 081-821-1063, 081-821-1080, 081-821-1081)</p> <ul style="list-style-type: none"> a. Perform blood gas analysis. b. Perform glucose determinations IAW manufacturer's procedures and CSOP. c. Perform total serum protein procedures IAW manufacturer's procedures and CSOP. d. Perform serum creatinine and amylase procedure IAW manufacturer's procedures and CSOP. e. Test serum AST, ALT, and CK Activity IAW manufacturer's procedures and CSOP. f. Test for serum T bilirubin and calcium level IAW manufacturer's procedures and CSOP. g. Perform blood urea nitrogen determinations IAW manufacturer's procedures and CSOP. h. Test for CSF glucose, CSF protein, urine protein, and urine glucose levels IAW manufacturer's procedures and CSOP. i. Perform electrolyte analysis IAW manufacturer's procedures and CSOP. j. Perform complete urinalysis (macro and microscopic) procedures with specific gravity IAW CSOP. k. Record results of chemistry procedures without error. l. Employ safety procedures IAW AR 385-10, TSOP, and CSOP. m. Employ environmental protection procedures IAW AR 200-1, TSOP, and CSOP. n. Monitor quality control results. <p>5. Laboratory service personnel conduct hematology procedures. (081-821-1034, 081-821-1036, 081-821-1038, 081-821-1039, 081-821-1040, 081-821-1041, 081-821-1046, 081-821-1049, 081-821-1052, 081-821-1076, 081-821-1077, 081-821-1078, 081-821-1079, 081-821-1293, 081-833-0032)</p> <ul style="list-style-type: none"> a. Perform a complete blood count (WBC, HCT, PLT, and partial differential) IAW manufacturer's procedures and CSOP. b. Perform a Wright's stain IAW CSOP. c. Perform a manual WBC differential count to include morphology evaluation and platelet estimate IAW CSOP. d. Perform macrohematocrit determination IAW CSOP. e. Perform a manual platelet and WBC counts IAW CSOP. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
f. Perform prothrombin time IAW manufacturer's procedures and CSOP. g. Perform partial thromboplastin time IAW manufacturer's procedures and CSOP. h. Record results of hematology procedures without error. i. Perform spinal fluid cell count and differential IAW manufacturer's procedures and CSOP. j. Employ safety procedures IAW AR 385-10, TSOP, and CSOP. k. Employ environmental protection procedures IAW AR 200-1, TSOP, and CSOP. 6. Laboratory service personnel conduct microbiology and parasitology procedures. (081-821-1013, 081-821-1014, 081-821-1033, 081-821-1042, 081-821-1053, 081-821-1058, 081-821-1064, 081-821-1065, 081-821-1067, 081-821-1068, 081-821-1069, 081-821-1070, 081-821-1071, 081-821-1072, 081-821-1073, 081-821-1074, 081-821-1075) a. Perform occult blood determination IAW CSOP. b. Perform Gram stain IAW CSOP. c. Perform rapid plasma reagin test IAW CSOP. d. Perform pregnancy determination IAW CSOP. e. Perform mononucleosis spot test IAW CSOP. f. Perform a geimsa stain for detection of malaria IAW CSOP. g. Perform macroscopic examination of feces IAW CSOP. h. Perform concentration techniques for ova and parasites IAW CSOP. i. Perform microscopic examination of feces for ova, cyst, and parasites IAW CSOP. j. Perform KOH preparation IAW CSOP. k. Perform urine culture IAW CSOP. l. Perform wound, blood, sputum, stool, CSF culture, and sensitivity procedures IAW CSOP. m. Perform throat culture IAW CSOP. n. Perform culture and sensitivity for gonorrhea IAW CSOP. o. Perform microscopic examination for acid-fast bacteria IAW CSOP. p. Identify anaerobes IAW CSOP. q. Employ safety procedures IAW AR 385-10, TSOP, and CSOP. r. Employ environmental protection procedures IAW AR 200-1, TSOP, and CSOP. s. Record results of microbiology and parasitology procedures without error.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"*" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-821-1013	PERFORM A GRAM STAIN	STP 8-91K15-SM-TG
081-821-1014	PERFORM A GIEMSA STAIN FOR THE PRESENCE OF MALARIAL PARASITES	STP 8-91K15-SM-TG

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-821-1017	PERFORM A ROUTINE URINALYSIS	STP 8-91K15-SM-TG
081-821-1033	PERFORM A RAPID PLASMA REAGIN (RPR) TEST	STP 8-91K15-SM-TG
081-821-1034	OBTAIN A BLOOD SPECIMEN BY CAPILLARY PUNCTURE	STP 8-91K15-SM-TG
081-821-1036	PERFORM A WBC COUNT ON WHOLE BLOOD	STP 8-91K15-SM-TG
081-821-1038	PERFORM A DIFFERENTIAL AND A WHITE BLOOD CELL COUNT ON CEREBROSPINAL FLUID (CSF)	STP 8-91K15-SM-TG
081-821-1039	PERFORM A WBC DIFFERENTIAL COUNT	STP 8-91K15-SM-TG
081-821-1040	PERFORM A MICROHEMATOCRIT DETERMINATION	STP 8-91K15-SM-TG
081-821-1041	PERFORM A ONE-STAGE PROTHROMBIN TIME TEST	STP 8-91K15-SM-TG
081-821-1042	PERFORM A MACROSCOPIC EXAMINATION OF FECES AND TEST FOR OCCULT BLOOD	STP 8-91K15-SM-TG
081-821-1046	PERFORM A COMPLETE BLOOD COUNT (CBC) USING THE QBC II CENTRIFUGAL HEMATOLOGY SYSTEM	STP 8-91K15-SM-TG
081-821-1049	PERFORM A MANUAL PLATELET COUNT	STP 8-91K15-SM-TG
081-821-1052	PERFORM LABORATORY TESTS USING A KODAK DT60 ANALYZER	STP 8-91K15-SM-TG
081-821-1053	PERFORM A DISK DIFFUSION ANTIBIOTIC SUSCEPTIBILITY TEST	STP 8-91K15-SM-TG
081-821-1058	PERFORM A SEROLOGICAL TEST FOR INFECTIOUS MONONUCLEOSIS	STP 8-91K15-SM-TG
081-821-1063	PERFORM A SODIUM (Na) AND POTASSIUM (K) DETERMINATION USING A CIBA CORNING 614 ELECTROLYTE ANALYZER	STP 8-91K15-SM-TG
081-821-1064	PERFORM A QUALITATIVE HCG TEST	STP 8-91K15-SM-TG
081-821-1065	PERFORM A MICROSCOPIC EXAMINATION OF PINWORM PREPARATIONS	STP 8-91K15-SM-TG
081-821-1067	PERFORM A URINE CULTURE, COLONY COUNT, AND SUSCEPTIBILITY TEST	STP 8-91K15-SM-TG
081-821-1068	PERFORM A WOUND CULTURE AND SUSCEPTIBILITY TEST	STP 8-91K15-SM-TG
081-821-1069	PERFORM A BLOOD CULTURE AND SUSCEPTIBILITY TEST	STP 8-91K15-SM-TG
081-821-1070	PERFORM A SPUTUM CULTURE AND SUSCEPTIBILITY TEST	STP 8-91K15-SM-TG
081-821-1071	PERFORM A STOOL CULTURE AND SUSCEPTIBILITY TEST	STP 8-91K15-SM-TG
081-821-1072	PERFORM A CEREBROSPINAL (CSF) CULTURE AND SUSCEPTIBILITY TEST	STP 8-91K15-SM-TG
081-821-1073	PERFORM A CULTURE AND SUSCEPTIBILITY TEST FOR GONORRHEA	STP 8-91K15-SM-TG
081-821-1074	PERFORM A THROAT CULTURE AND SUSCEPTIBILITY TEST	STP 8-91K15-SM-TG

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-821-1075	PERFORM A MICROSCOPIC EXAMINATION FOR ACID-FAST BACTERIA	STP 8-91K15-SM-TG
081-821-1076	PERFORM A PROTHROMBIN TIME (PT) TEST USING THE MLA ELECTRA 750	STP 8-91K15-SM-TG
081-821-1077	PERFORM AN ACTIVATED PARTIAL THROMBOPLASTIN TIME (APTT) TEST USING THE MLA ELECTRA 750	STP 8-91K15-SM-TG
081-821-1078	PERFORM A FIBRINOGEN LEVEL DETERMINATION	STP 8-91K15-SM-TG
081-821-1079	PERFORM A FIBRIN/FIBRINOGEN DEGRADATION PRODUCTS (FDP) TEST USING THE THROMBO-WELLCOTEST LATEX TEST KIT	STP 8-91K15-SM-TG
081-821-1080	PERFORM A BLOOD GAS ANALYSIS USING THE GEMSTAT BLOOD GAS ANALYZER	STP 8-91K15-SM-TG
081-821-1081	DETERMINE THE CLINICAL SIGNIFICANCE OF A ROUTINE URINALYSIS	STP 8-91K15-SM-TG
081-833-0032	OBTAIN A BLOOD SPECIMEN USING A VACUTAINER	STP 8-91K15-SM-TG
091-CLT-4029	Supervise Preventive Maintenance Checks and Services (PMCS)	STP 21-24-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-4001	Integrate Risk Management Into Platoon	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE**OPFOR TASKS AND STANDARDS: NONE**

ELEMENT: BLOOD BANK**TASK: PROVIDE BLOOD BANKING SERVICES (08-1-0245.08-705L)**

(FM 4-02.70)	(AMEDDC&S DEPMEDS (1))	(AR 200-1)
(AR 385-10)	(AR 40-2)	(AR 40-3)
(FM 100-20)	(FM 3-0)	(FM 3-100.4)
(FM 3-11.21)	(FM 8-10)	(FM 8-10-14)
(FM 8-55)	(FM 8-9)	(TC 3-34.489)
(TG 244)	(TM 8-227-11)	(TM 8-227-3)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. Patient(s) requiring blood banking services are being admitted to the hospital. Blood banking services are continuously required. The hospital is operating with full complements of hospital unit base and hospital unit holding. Laboratory services are provided. Liquid blood banking procedures are consistent with the equipment available in the blood bank MMS. The TSOP and CSOP are available. The hospital may be subject to attack by threat forces, NBC attack, or radiological fallout. This task should not be trained in MOPP4.

TASK STANDARDS: Blood banking services are provided on a 24-hour basis IAW TSOP, CSOP, and FM 8-70.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. OIC/NCOIC supervises blood banking functions. (091-CLT-4029, 850-001-2000, 850-001-4001)</p> <ul style="list-style-type: none"> a. Schedules personnel staffing at proper skill levels to ensure 24-hour coverage. b. Provides for supervision of blood banking personnel over 24-hour period. c. Coordinates with supply and service division for logistics support. d. Monitors periodic and unscheduled maintenance of equipment for compliance with appropriate operator's manuals, TM(s), and TSOP. e. Manages in-service training program. f. Enforces safety procedures IAW AR 385-10, TSOP, and CSOP. g. Enforces environmental protection procedures IAW AR 200-1, TSOP, and CSOP. h. Maintains blood banking service reference library. i. Maintains communication with hospital elements IAW CSOP and TSOP. j. Establishes call rosters. k. Maintains call rosters. l. Supervises the recording of the results of all procedures performed IAW TM 8-227-3 and CSOP. m. Monitors all test results. n. Monitors all transfusion reactions IAW TM 8-227-3 and CSOP. o. Prepares daily blood report to hospital commander, medical command/medical brigade HQ, and blood supply unit IAW CSOP. p. Transmits daily blood reports to hospital commander, medical command/medical brigade HQ, and the blood supply unit IAW CSOP. q. Implements blood inventory management system for all components in the hospital IAW CSOP. r. Supervises blood inventory management system for all components used in the hospital IAW CSOP. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>2. Blood bank personnel perform general blood banking and quality control procedures.</p> <ul style="list-style-type: none"> a. Perform quality control procedures on required reagents and equipment IAW TM 8-227-3 and CSOP. b. Perform PMCS on all equipment IAW TM 8-227-3, manufacturer's instructions, operator's manuals, and CSOP. c. Disinfect blood bank area IAW TM 8-227-3. d. Record results of all quality control procedures IAW CSOP. e. Maintain blood bank supply stock level IAW CSOP. f. Employ safety procedures IAW AR 385-10, TSOP, and CSOP. g. Employ environmental protection procedures IAW AR 200-1, TSOP, and CSOP. <p>3. Blood bank personnel perform donor operations. (081-821-1018, 081-821-1019, 081-821-1020, 081-821-1021, 081-821-1022, 081-821-1023, 081-821-1024, 081-821-1025, 081-821-1027, 081-821-1031, 081-821-1032, 081-821-1033, 081-821-1034, 081-821-1043, 081-821-1082)</p> <ul style="list-style-type: none"> a. Decide donor eligibility IAW CSOP. b. Collect donor blood IAW TM 8-227-3 and CSOP. c. Test donor's blood IAW TM 8-227-3 and CSOP. d. Label blood/blood products (e.g., red blood cells and platelets) IAW TM 8-227-3 and CSOP. e. Collect samples of serum from donor units for retrospective testing at a later date IAW FM 8-55. f. Employ safety procedures IAW AR 385-10, TSOP, and CSOP. g. Employ environmental protection procedures IAW AR 200-1, TSOP, and CSOP. <p>4. Blood bank personnel perform transfusion service procedures. (081-821-1018, 081-821-1019, 081-821-1023, 081-821-1024, 081-821-1025)</p> <ul style="list-style-type: none"> a. Perform ABO blood grouping IAW TM 8-227-3 and CSOP. b. Perform a Rh typing IAW TM 8-227-3 and CSOP. c. Perform an immediate-spin crossmatch procedure IAW TM 8-227-3 and CSOP. d. Record results of all tests performed without error. e. Store blood/blood products (e.g., red blood cells, fresh frozen plasma, and platelets) IAW TM 8-227-3 and CSOP. f. Inventory blood/blood products IAW TM 8-227-3 and CSOP. g. Inspect blood/blood products IAW IAW TM 8-227-3 and CSOP. h. Thaw fresh frozen plasma IAW TM 8-227-3 and CSOP. i. Receive blood/blood products IAW TM 8-227-3 and CSOP. j. Issue blood/blood products IAW CSOP. k. Perform transfusion reaction workup IAW CSOP. l. Employ safety procedures IAW AR 385-10, TSOP, and CSOP. m. Employ environmental protection procedures IAW AR 200-1, TSOP, and CSOP. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

“(★)” indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-821-1018	PERFORM ABO GROUPING AND CONFIRMATION TESTS	STP 8-91K15-SM-TG
081-821-1019	PERFORM AN Rh TYPING	STP 8-91K15-SM-TG
081-821-1020	PERFORM A TEST FOR Rh VARIANT (WEAK D)	STP 8-91K15-SM-TG
081-821-1021	PERFORM AN ANTIBODY SCREEN	STP 8-91K15-SM-TG
081-821-1022	PERFORM DIRECT ANTIGLOBULIN TESTS	STP 8-91K15-SM-TG
081-821-1023	PERFORM A CROSSMATCH PROCEDURE	STP 8-91K15-SM-TG
081-821-1024	STORE BLOOD	STP 8-91K15-SM-TG
081-821-1025	ISSUE AND RECEIVE UNUSED BLOOD	STP 8-91K15-SM-TG
081-821-1027	PREPARE PACKED CELLS	STP 8-91K15-SM-TG
081-821-1031	COLLECT DONOR BLOOD	STP 8-91K15-SM-TG
081-821-1032	PROCESS DONOR BLOOD	STP 8-91K15-SM-TG
081-821-1033	PERFORM A RAPID PLASMA REAGIN (RPR) TEST	STP 8-91K15-SM-TG
081-821-1034	OBTAIN A BLOOD SPECIMEN BY CAPILLARY PUNCTURE	STP 8-91K15-SM-TG
081-821-1043	DETERMINE BLOOD DONOR ELIGIBILITY	STP 8-91K15-SM-TG
081-821-1082	THAW FRESH FROZEN PLASMA	STP 8-91K15-SM-TG
091-CLT-4029	Supervise Preventive Maintenance Checks and Services (PMCS)	STP 21-24-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-4001	Integrate Risk Management Into Platoon	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENT: NP WARD & CONSULT SVC**TASK: PROVIDE NEUROPSYCHIATRIC SERVICES (08-1-0246.08-705L)**

(AR 40-216)	(AR 200-1)	(AR 385-10)
(AR 40-407)	(FM 100-20)	(FM 3-0)
(FM 3-100.4)	(FM 3-11.21)	(FM 8-10)
(FM 8-10-14)	(FM 8-10-6)	(FM 8-51)
(FM 8-9)	(TC 3-34.489)	(TG 244)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. NP and BF patients are being admitted to the hospital. The theater mental fitness program has been established. NP patients are housed in the NP ward and BF patients on minimal care ward. Patients may require further evacuation. Required publications, CSOP, and TSOP are available. The hospital may be subject to attack by threat forces, NBC attack, or radiological fallout. This task should not be trained in MOPP4.

TASK STANDARDS: NP services are performed IAW AR 40-216 and CSOP.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. OIC/NCOIC supervises NP service functions. (081-832-1020, 081-832-1021, 091-CLT-4029, 850-001-2000, 850-001-4001)</p> <ul style="list-style-type: none"> a. Schedules personnel staffing at proper skill levels to ensure 24-hour coverage. b. Provides for supervision of neuropsychiatric service personnel over 24-hour period. c. Coordinates with supply and service division for logistics support. d. Monitors periodic and unscheduled maintenance of equipment for compliance with applicable TM(s) and CSOP. e. Manages in-service training program. f. Enforces safety procedures IAW AR 385-10, TSOP, and CSOP. g. Enforces environmental protection procedures IAW AR 200-1, TSOP, and CSOP. h. Maintains communication with hospital elements IAW CSOP and TSOP. i. Maintains call rosters. <p>2. NP staff personnel screen patients. (081-832-1001, 081-832-1002, 081-832-1003, 081-832-1004, 081-832-1005, 081-832-1006, 081-832-1007, 081-832-1008, 081-832-1009, 081-832-1010, 081-832-1028, 081-832-1029, 081-832-1030, 081-832-1031)</p> <ul style="list-style-type: none"> a. Interview patient to obtain description of problems. b. Review patient records to obtain description of problem. c. Evaluate interview results to identify mental status of patients. <p>* 3. OIC evaluates results of screening data.</p> <ul style="list-style-type: none"> a. Checks data for completeness. b. Evaluates patients' and clients' data to determine functional capacity, appropriate treatment, description, and duty status. c. Prescribes treatment, hospitalization, or RTD. d. Admits NP inpatient(s) to NP ward for stabilization and BF patient(s) to the MCW for restoration or reconditioning, as required. <p>4. NP staff personnel maintain safe, comfortable environment.</p>		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> a. Provide food, fluids, rest, and relaxation. b. Maintain military appropriate structure. c. Restrain patient as required for his protection and protection of others. d. Employ safety procedures IAW AR 385-10, TSOP, and CSOP. e. Employ environmental protection procedures IAW AR 200-1, TSOP, and CSOP. f. Perform physical examination, to include vital signs monitoring. g. Order laboratory and radiologic tests, as indicated by patient's condition. h. Administer medication as prescribed. i. Coordinate work therapy program for ambulatory patient(s). <p>5. NP staff personnel provide consultative services. (081-832-0005, 081-832-0006, 081-832-0007, 081-832-0023, 081-832-0026, 081-832-0041, 081-832-0062, 081-832-0063, 081-832-0064, 081-832-0065, 081-832-0066, 081-833-0076, 081-833-0088, 081-833-0089, 081-833-0103)</p> <ul style="list-style-type: none"> a. Interview clients to obtain a case history. b. Provide recommendation(s) for treatment, evacuation, or RTD to the physician. c. Provide reassurance to clients according to behavior displayed. d. Provide advice on the identification and mediation of stressors and stress in the unit to the commander, chaplain, and leaders at all levels. e. Provide classes and mentoring to the staff in personal stress management, assisting patients' emotional adjustment to injuries, and related topics. f. Provide individual case consultation on request for patient(s) on the medical/surgical wards with secondary NP disorders or emotional distress. g. Provide one-on-one monitoring to patient(s) on ICU or ICW when patient's condition requires. h. Provide drug and alcohol counseling when patients' diagnosis indicates. <p>6. NP staff personnel provide supportive counseling and treatment to outpatient(s) and inpatient(s) throughout the hospital. (081-832-1004, 081-832-1005, 081-832-1006, 081-832-1007, 081-832-1008, 081-832-1009, 081-832-1010, 081-832-1011, 081-832-1012, 081-832-1013, 081-832-1014, 081-832-1029, 081-832-1030, 081-832-1031)</p> <ul style="list-style-type: none"> a. Consult with patients about problems, situations, and feelings. b. Emphasize personal strengths, which permit return to effective duty. c. Provide medication as prescribed. <p>7. NP staff personnel prepare NP patients for MEDEVAC, to include AE.</p> <ul style="list-style-type: none"> a. Coordinate with PAD for patient transport. b. Notify patient of evacuation. c. Forward medical information with patient(s) to next MTF. <p>8. NP staff provide critical event management support.</p> <ul style="list-style-type: none"> a. NP staff provide critical event management support. b. Conduct critical event debriefing for patient(s) with traumatic wounds or injuries who are able to talk and participate in the process. c. Conduct critical event debriefing for hospital staff members after critical events in the hospital. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-832-0005	ASSESS A CLIENT'S MENTAL STATUS	STP 8-91X14-SM-TG
081-832-0006	ASSESS A CLIENT'S SOCIAL FUNCTIONING	STP 8-91X14-SM-TG
081-832-0007	CONDUCT REFERRAL SERVICE FOR INDIVIDUALS	STP 8-91X14-SM-TG
081-832-0023	DETERMINE A CLIENT'S HOMICIDAL POTENTIAL	STP 8-91X14-SM-TG
081-832-0026	DETERMINE A CLIENT'S SUICIDAL POTENTIAL	STP 8-91X14-SM-TG
081-832-0041	INITIATE FOLLOW-UP ACTION	STP 8-91X14-SM-TG
081-832-0062	COLLECT COLLATERAL INFORMATION FROM RECORDS	STP 8-91X14-SM-TG
081-832-0063	CONDUCT AN INFORMATION GATHERING INTERVIEW	STP 8-91X14-SM-TG
081-832-0064	ASSESS CLIENT PSYCHOPATHOLOGY	STP 8-91X14-SM-TG
081-832-0065	ASSESS SUBSTANCE USE, ABUSE, OR DEPENDENCY	STP 8-91X14-SM-TG
081-832-0066	CONDUCT A COUNSELING SESSION	STP 8-91X14-SM-TG
081-832-1001	ENSURE A PATIENT'S FUNDS AND VALUABLES ARE SECURED	STP 8-91X14-SM-TG
081-832-1002	ENSURE A PATIENT'S PERSONAL EFFECTS ARE SECURED	STP 8-91X14-SM-TG
081-832-1003	PERFORM ADMISSION PROCEDURES ON A PSYCHIATRIC WARD	STP 8-91X14-SM-TG
081-832-1004	PREPARE A CLASS 1A OR 1B PATIENT FOR AEROMEDICAL EVACUATION	STP 8-91X14-SM-TG
081-832-1005	PREPARE A CLASS 1C PATIENT FOR AEROMEDICAL EVACUATION	STP 8-91X14-SM-TG
081-832-1006	MONITOR A PATIENT'S USE OF A POTENTIALLY DANGEROUS ITEM	STP 8-91X14-SM-TG
081-832-1007	PERFORM LINE OF SIGHT OBSERVATION OF A PSYCHIATRIC PATIENT	STP 8-91X14-SM-TG
081-832-1008	PERFORM 1:1 OBSERVATION OF A PSYCHIATRIC PATIENT	STP 8-91X14-SM-TG
081-832-1009	ACCOUNT FOR THE LOCATION OF PSYCHIATRIC PATIENTS	STP 8-91X14-SM-TG
081-832-1010	ESCORT A PSYCHIATRIC PATIENT	STP 8-91X14-SM-TG
081-832-1011	RESPOND TO AN AGITATED PATIENT	STP 8-91X14-SM-TG
081-832-1012	ASSIST IN MANUAL RESTRAINT PROCEDURES	STP 8-91X14-SM-TG
081-832-1013	ASSIST IN MECHANICAL RESTRAINT PROCEDURES	STP 8-91X14-SM-TG

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-832-1014	INVOLVE PATIENTS IN THERAPEUTIC RECREATIONAL ACTIVITIES	STP 8-91X14-SM-TG
081-832-1020	DETERMINE PATIENT CARE ASSIGNMENTS	STP 8-91X14-SM-TG
081-832-1021	COFACILITATE A GROUP THERAPY SESSION	STP 8-91X14-SM-TG
081-832-1028	CONDUCT AN ADMISSION INTERVIEW WITH A PSYCHIATRIC PATIENT	STP 8-91X14-SM-TG
081-832-1029	ASSIST IN ASSESSMENT OF A PSYCHIATRIC PATIENT	STP 8-91X14-SM-TG
081-832-1030	ASSIST IN THE IDENTIFICATION OF TREATMENT GOALS AND INTERVENTIONS	STP 8-91X14-SM-TG
081-832-1031	ASSESS A PSYCHIATRIC PATIENT'S SUICIDAL POTENTIAL	STP 8-91X14-SM-TG
081-833-0076	APPLY RESTRAINING DEVICES TO PATIENTS	STP 8-91X14-SM-TG
081-833-0088	PREPARE AN INJECTION FOR ADMINISTRATION	STP 8-91X14-SM-TG
081-833-0089	ADMINISTER AN INJECTION (INTRAMUSCULAR, SUBCUTANEOUS, INTRADERMAL)	STP 8-91X14-SM-TG
081-833-0103	PROVIDE CARE FOR A SOLDIER WITH SYMPTOMS OF BATTLE FATIGUE	STP 8-91X14-SM-TG
091-CLT-4029	Supervise Preventive Maintenance Checks and Services (PMCS)	STP 21-24-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-4001	Integrate Risk Management Into Platoon	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE**OPFOR TASKS AND STANDARDS: NONE**

ELEMENT: RADIOLOGY SERVICE**TASK: PROVIDE RADIOLOGY SERVICES (08-1-0247.08-705L)**

(FM 8-10-14)	(AR 11-9)	(AR 200-1)
(AR 385-10)	(AR 40-2)	(AR 40-3)
(AR 40-66)	(AR 710-2)	(FM 100-20)
(FM 3-0)	(FM 3-100.4)	(FM 3-11.21)
(FM 8-10)	(FM 8-9)	(SB 11-206)
(TB MED 521)	(TC 3-34.489)	(TG 244)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. Patients require conventional radiological services consistent with the equipment available in the MMS. The hospital is providing routine hospitalization services which require radiology service. Radiology services are provided on the wards, the OR, TRIAGE/EMT/PREOP, and in the radiology clinic. The hospital may be subject to attack by threat forces, NBC attack, or radiological fallout. TSOP and CSOP are available. This task should not be trained in MOPP4.

TASK STANDARDS: Conventional radiological services are provided IAW CSOP and TSOP. Staff and patients are protected from excess exposure to radiation IAW AR 11-9.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. OIC/NCOIC supervises radiology service operations. (091-CLT-4029, 850-001-2000, 850-001-4001)</p> <ul style="list-style-type: none"> a. Schedules personnel staffing at proper skill levels to ensure 24-hour coverage. b. Schedules supervision of personnel over 24-hour period. c. Coordinates with supply and service division for logistics support. d. Monitors periodic and unscheduled maintenance of equipment for compliance with applicable TM(s) and TSOP. e. Manages in-service training program. f. Manages radiation safety program IAW AR 11-9 and SB 11-206. g. Enforces safety procedures IAW AR 385-10, TSOP, and CSOP. h. Enforces environmental protection procedures IAW AR 200-1, TSOP, and CSOP. i. Maintains radiology service reference library. j. Manages records and reports. k. Maintains communication with hospital elements IAW TSOP and CSOP. l. Maintains call rosters. <p>2. Radiology personnel perform radiological service logistics functions.</p> <ul style="list-style-type: none"> a. Maintain equipment and supplies IAW TSOP and manufacturer's instructions. b. Maintain radiological service supply stockage levels. c. Schedule PMCS IAW CSOP and TSOP. d. Perform PMCS IAW CSOP and TSOP. e. Employ safety procedures IAW AR 385-10, TSOP, and CSOP. f. Employ environmental protection procedures IAW AR 200-1, TSOP, and CSOP. <p>3. Radiology personnel perform safety procedures. (081-823-0101, 081-823-0102, 081-823-0103, 081-823-0104, 081-823-0105, 081-823-0106)</p>		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> a. Protect patients from excess radiation IAW accepted standard of practice and CSOP. b. Employ radiation and electrical protective measures IAW AR 11-9, TSOP, and CSOP. <p>4. Radiology personnel perform radiological procedures. (081-823-0107, 081-823-0108, 081-823-0109, 081-823-0110, 081-823-0111, 081-823-0112, 081-823-0113, 081-823-0114, 081-823-0115, 081-823-0116, 081-823-0117, 081-823-0118, 081-823-0119, 081-823-0120, 081-823-0121, 081-823-0122, 081-823-0123, 081-823-0124, 081-823-0125, 081-823-0126, 081-823-0127, 081-823-0128, 081-823-0129, 081-823-0130, 081-823-0131, 081-823-0132, 081-823-0133, 081-823-0134, 081-823-0135, 081-823-0136, 081-823-0137, 081-823-0138, 081-823-0140, 081-823-0141, 081-823-0142, 081-823-0143, 081-823-0144, 081-823-0145, 081-823-0146, 081-823-0147, 081-823-0148, 081-823-0149, 081-823-0150, 081-823-0151, 081-823-0152, 081-823-0153, 081-823-0154, 081-823-0155, 081-823-0156, 081-823-0157, 081-823-0158, 081-823-0159, 081-823-0160, 081-823-0161, 081-823-0162, 081-823-0163, 081-823-0164)</p> <ul style="list-style-type: none"> a. Instruct conscious patient(s) regarding the procedure. b. Position patient IAW accepted standards of practice and CSOP. c. Complete requested procedure(s) IAW physician's orders, TSOP, and CSOP. d. React to medical emergency IAW CSOP. e. Process radiographic film IAW CSOP, TSOP, and manufacturer's instructions. f. Verify accuracy and density of radiographical exposures. g. Prepare processed films for interpretation IAW TSOP. h. Store unexposed film IAW TSOP and manufacturer's instructions. i. Maintain x-ray film file IAW TSOP. j. Forward x-ray film(s) with patient(s) being evacuated. k. Employ safety procedures IAW AR 385-10, TSOP, and CSOP. l. Employ environmental protection procedures IAW AR 200-1, TSOP, and CSOP. <p>5. OIC/NCOIC performs administrative tasks.</p> <ul style="list-style-type: none"> a. Establishes supply levels. b. Maintains supply levels. c. Submits required reports IAW TSOP and CSOP. d. Prepares hand receipt files. e. Maintains hand receipt files. f. Maintains work load data IAW CSOP. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-823-0101	MAKE CALCULATIONS FOR mA AND TIME RELATIONSHIP	STP 8-91P15-SM-TG
081-823-0102	MAKE CALCULATIONS FOR CHANGES IN FFD	STP 8-91P15-SM-TG
081-823-0103	MAKE mAs AND kVp CALCULATIONS USING THE 50/15 RULE	STP 8-91P15-SM-TG
081-823-0104	MAKE EXPOSURE FACTOR COMPENSATION FOR PATIENT SIZE	STP 8-91P15-SM-TG
081-823-0105	CALCULATE EXPOSURE FACTORS FOR DIFFERENT GRIDS	STP 8-91P15-SM-TG
081-823-0106	DETERMINE EXPOSURE LIMITATION	STP 8-91P15-SM-TG
081-823-0107	EVALUATE DEVELOPED RADIOGRAPH	STP 8-91P15-SM-TG
081-823-0108	X-RAY THE HAND	STP 8-91P15-SM-TG
081-823-0109	X-RAY THE WRIST	STP 8-91P15-SM-TG
081-823-0110	X-RAY THE FOREARM	STP 8-91P15-SM-TG
081-823-0111	X-RAY THE ELBOW	STP 8-91P15-SM-TG
081-823-0112	X-RAY THE HUMERUS	STP 8-91P15-SM-TG
081-823-0113	X-RAY THE SHOULDER	STP 8-91P15-SM-TG
081-823-0115	X-RAY THE CLAVICLE	STP 8-91P15-SM-TG
081-823-0116	X-RAY THE ACROMIOCLAVICULAR JOINTS	STP 8-91P15-SM-TG
081-823-0117	X-RAY THE FOOT	STP 8-91P15-SM-TG
081-823-0119	X-RAY THE OS CALCIS	STP 8-91P15-SM-TG
081-823-0120	X-RAY THE LEG	STP 8-91P15-SM-TG
081-823-0121	X-RAY THE KNEE	STP 8-91P15-SM-TG
081-823-0123	X-RAY THE HIP	STP 8-91P15-SM-TG
081-823-0124	X-RAY THE PELVIS	STP 8-91P15-SM-TG
081-823-0125	X-RAY THE CHEST	STP 8-91P15-SM-TG
081-823-0126	X-RAY THE RIBS	STP 8-91P15-SM-TG
081-823-0127	X-RAY THE STERNUM	STP 8-91P15-SM-TG
081-823-0128	X-RAY THE STERNOCLAVICULAR JOINTS	STP 8-91P15-SM-TG
081-823-0129	X-RAY THE ABDOMEN	STP 8-91P15-SM-TG
081-823-0130	X-RAY THE CERVICAL SPINE	STP 8-91P15-SM-TG
081-823-0131	X-RAY THE THORACIC SPINE	STP 8-91P15-SM-TG
081-823-0132	X-RAY THE LUMBAR SPINE	STP 8-91P15-SM-TG
081-823-0133	X-RAY THE SACRO-ILIAC JOINTS OR LUMBOSACRAL ARTICULATION	STP 8-91P15-SM-TG
081-823-0134	X-RAY THE SACRUM AND/OR COCCYX	STP 8-91P15-SM-TG
081-823-0135	X-RAY THE SKULL	STP 8-91P15-SM-TG
081-823-0136	X-RAY THE SINUSES	STP 8-91P15-SM-TG
081-823-0137	X-RAY THE OPTIC FORAMEN	STP 8-91P15-SM-TG
081-823-0138	X-RAY THE FACIAL BONES	STP 8-91P15-SM-TG
081-823-0142	X-RAY THE ZYGOMATIC ARCHES	STP 8-91P15-SM-TG
081-823-0143	X-RAY THE NOSE	STP 8-91P15-SM-TG
081-823-0144	ASSIST PHYSICIAN WITH ESOPHAGRAM	STP 8-91P15-SM-TG
081-823-0145	ASSIST PHYSICIAN WITH UPPER G.I. EXAM	STP 8-91P15-SM-TG
081-823-0146	ASSIST PHYSICIAN WITH SMALL BOWEL SERIES	STP 8-91P15-SM-TG
081-823-0147	ASSIST PHYSICIAN WITH BARIUM ENEMA EXAM	STP 8-91P15-SM-TG
081-823-0148	ASSIST PHYSICIAN WITH GALLBLADDER EXAM	STP 8-91P15-SM-TG

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-823-0149	ASSIST PHYSICIAN WITH INTRAVENOUS PYELOGRAM	STP 8-91P15-SM-TG
081-823-0150	PREPARE THE FIELD X-RAY TABLE FOR OPERATION	STP 8-91P15-SM-TG
081-823-0151	PREPARE THE 50/100 mA 90 kVp FIELD X-RAY APPARATUS FOR OPERATION	STP 8-91P15-SM-TG
081-823-0152	PREPARE THE GX-111 PORTABLE RADIOGRAPHIC UNIT FOR OPERATION	STP 8-91P15-SM-TG
081-823-0153	PREPARE THE MECHANICAL POLAROID FILM PROCESSOR FOR OPERATION	STP 8-91P15-SM-TG
081-823-0154	PREPARE THE DARKROOM TENT FOR OPERATION	STP 8-91P15-SM-TG
081-823-0155	PREPARE THE MANUAL PROCESSOR FOR OPERATION	STP 8-91P15-SM-TG
081-823-0156	CALIBRATE THE 50/100 mA 90 kVp FIELD X-RAY APPARATUS	STP 8-91P15-SM-TG
081-823-0157	LOAD THE POLAROID CASSETTE	STP 8-91P15-SM-TG
081-823-0158	PROCESS FILM MANUALLY	STP 8-91P15-SM-TG
081-823-0159	PREPARE THE 50/100 mA 90 kVp FIELD X-RAY APPARATUS FOR MOVEMENT	STP 8-91P15-SM-TG
081-823-0160	PREPARE THE FIELD X-RAY TABLE FOR MOVEMENT	STP 8-91P15-SM-TG
081-823-0161	PREPARE THE GX-111 PORTABLE RADIOGRAPHIC UNIT FOR MOVEMENT	STP 8-91P15-SM-TG
081-823-0162	PREPARE THE MECHANICAL POLAROID FILM PROCESSOR FOR MOVEMENT	STP 8-91P15-SM-TG
081-823-0163	PREPARE THE DARKROOM TENT FOR MOVEMENT	STP 8-91P15-SM-TG
081-823-0164	PREPARE THE MANUAL PROCESSOR FOR MOVEMENT	STP 8-91P15-SM-TG
091-CLT-4029	Supervise Preventive Maintenance Checks and Services (PMCS)	STP 21-24-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-4001	Integrate Risk Management Into Platoon	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE**OPFOR TASKS AND STANDARDS: NONE**

ELEMENT: NUTRITION CARE DIV**TASK: PROVIDE NUTRITION CARE SERVICES (08-1-0250.08-705L)**

(FM 8-505)	(AR 200-1)	(AR 30-1)
(AR 30-18)	(AR 30-21)	(AR 385-10)
(AR 40-25)	(AR 40-5)	(AR 710-2)
(FM 100-20)	(FM 10-23)	(FM 10-23-1)
(FM 21-10)	(FM 3-0)	(FM 3-100.4)
(FM 3-11.21)	(FM 4-25.12)	(FM 8-10)
(FM 8-10-14)	(FM 8-9)	(SB 10-495-1)
(TB MED 530)	(TC 3-34.489)	(TG 244)
(TM 10-7360-208-13&P)	(TM 10-7360-211-13&P)	

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. Patients and staff require feeding. Patients require modified diets. Subsistence is provided hospital members and other authorized personnel. Rations and water are available. Rations are requested for the staff and patients. Hospital and patient strength reports are available. The hospital is equipped with medical food preparation and service set. Patient meals, nourishments, tube feedings, and forced fluids are transported and assembled on the wards. A serving line is established for staff feeding. A food sanitation center and kitchen waste disposal system have been constructed. TSOP and nutrition care SOP are available. This task may be performed under all environmental conditions. The hospital may be subject to attack by threat forces, NBC attack, or radiological fallout. SCPE is on hand and/or field-expedient and natural shelters are available. This task should not be trained in MOPP4.

TASK STANDARDS: Nutrition care support is provided IAW applicable regulations, accounting guidelines, the medical field feeding plan, the Army field feeding plan, patient nutritional care requirements, the TSOP, and the hospital commander's guidance.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
* 1. Dietitian and hospital food service NCO plan nutrition care support. <ol style="list-style-type: none"> Verify patient, staff, and supported elements' strengths. Establish required amount of subsistence for patients and staff IAW AR 30-21. Establish ration request and receipt policy with ration breakdown IAW AR 30-18 and AR 30-21. Coordinate the delegation of authority documents with ration breakdown and supply and service division. Request subsistence for patient and staff using appropriate feeding policies IAW AR 30-21. Prepare personnel work schedules. Establish a clinical dietetics' patient tray service operation and fluid support for ward patients. Establish operational hours as prescribed by FM 8-505, medical feeding plan, and the hospital commander's guidance. <ol style="list-style-type: none"> Establish nutrition care operation for patients on modified diets. Coordinate sanitation functions and KP support with 1SG IAW FM 8-505. Develop NBC decontamination procedures for equipment, supplies, and personnel IAW FM 8-505. Coordinate defensive duties of food service personnel with CP. Monitor periodic and unscheduled maintenance of equipment for compliance with applicable TM(s) and TSOP. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> n. Monitor safety procedures IAW AR 385-10 and TSOP. o. Monitor environmental protection procedures IAW AR 200-1 and TSOP. <p>* 2. Dietitian and hospital food service SGT supervise nutrition care operations. (081-878-0048, 081-878-0059, 081-878-0060, 081-878-0062, 081-878-0088, 081-878-0089, 091-CLT-4029, 101-524-2205, 101-524-3159, 101-524-4136, 850-001-2000, 850-001-4001)</p> <ul style="list-style-type: none"> a. Assign work schedules consistent with personnel availability, ration availability, and meal schedules IAW FM 8-505. b. Monitor equipment operations, maintenance, and safety to ensure compliance with applicable TM(s), AR 385-10, and TSOP. c. Coordinate with nursing staff for clinical dietetic patient tray service and fluid support for ward patient(s). d. Supervise patient and staff feeding. e. Forward nutritional care personnel and equipment status reports to hospital CP. f. Perform periodic inspections of equipment for proper operations and maintenance compliance. g. Monitor employment of PMM to ensure compliance with field sanitation policies and procedures IAW TSOP, FM 8-505, and FM 21-10. h. Inspect personnel for personal hygiene. i. Monitor decontamination of contaminated equipment, supplies, and personnel for compliance with FM 8-505 and TSOP. j. Requisition supplies from supply and service division. k. Submit Notice of Delegation of Authority Receipt for supplies to supply and service division, and for rations from ration breakdown. l. Coordinate with supply and service division for additional supply requests. m. Maintain rations, headcount, and supply and equipment documents for accountability. n. Supervise KP personnel IAW FM 8-505. o. Provide nutritional care update to hospital commander. p. Enforce safety procedures IAW AR 385-10 and TSOP. q. Enforce environmental protection procedures IAW AR 200-1 and TSOP. <p>* 3. Dietitian and hospital food service SGT supervise clinical nutrition and dietary care. (081-878-0023, 081-878-0027, 081-878-0028, 081-878-0029, 081-878-0030, 081-878-0048, 081-878-0049, 081-878-0052, 081-878-0053, 081-878-0059, 081-878-0060, 081-878-0084, 081-878-0085, 081-878-0086, 081-878-0087, 081-878-0088, 081-878-0089, 091-CLT-4029, 101-524-3159, 850-001-2000, 850-001-4001)</p> <ul style="list-style-type: none"> a. Perform nutrition and dietary management of patients IAW FM 8-505. b. Manage patient tray service, nourishment, and fluid support IAW FM 8-505. c. Monitor preparation of dietary records and clinical dietetics' documents for compliance with nutrition care SOP. d. Monitor patient food consumption for tolerance of prescribed diet. e. Report potential problems associated with inadequate dietary consumption of food and fluids to attending physician. f. Enforce safety procedures IAW AR 385-10 and TSOP. g. Enforce environmental protection procedures IAW AR 200-1 and TSOP. <p>4. Nutrition care personnel procure subsistence items. (081-878-0052, 081-878-0053, 081-878-0060, 081-878-0062, 101-524-1205, 101-524-1206)</p> <ul style="list-style-type: none"> a. Inspect vehicle for cleanliness and proper dunnage. b. Verify acceptable condition and quantity of subsistence items. c. Transport subsistence items from Class I point to unit field location. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>d. Employ safety procedures IAW AR 385-10 and TSOP.</p> <p>e. Employ environmental protection procedures IAW AR 200-1 and TSOP.</p> <p>5. Nutrition care personnel store subsistence items. (101-524-1205, 101-524-1206, 101-524-4136)</p> <p>a. Inventory subsistence items for accounting and compliance with TSOP.</p> <p>b. Report shortages, overages, and unserviceable items to supervisor IAW TSOP.</p> <p>c. Decontaminate packaged or canned food after NBC attack IAW FM 8-505.</p> <p>d. Store subsistence items IAW storage plan, applicable directives, and TB MED</p> <p>e. Employ safety procedures IAW AR 385-10 and TSOP.</p> <p>f. Employ environmental protection procedures IAW AR 200-1 and TSOP.</p> <p>6. Nutrition care personnel provide meals. (081-878-0003, 081-878-0004, 081-878-0006, 081-878-0007, 081-878-0008, 081-878-0012, 081-878-0013, 081-878-0015, 081-878-0018, 081-878-0023, 081-878-0027, 081-878-0028, 081-878-0029, 081-878-0030, 081-878-0039, 081-878-0043, 081-878-0058, 081-878-0061, 081-878-0062, 081-878-0064, 081-878-0065, 081-878-0066, 081-878-0068, 081-878-0070, 081-878-0071, 081-878-0073, 081-878-0081, 081-878-0082, 081-878-0087, 101-524-1151, 101-524-1152, 101-524-1153, 101-524-1160, 101-524-1162, 101-524-1163, 101-524-1164, 101-524-1165, 101-524-1169, 101-524-1170, 101-524-1171, 101-524-1251, 101-524-1255, 101-524-1355)</p> <p>a. Inspect food preparation and service set equipment for availability and proper operation IAW applicable manuals.</p> <p>b. Inspect dining and food preparation areas for cleanliness.</p> <p>c. Perform 24-hour medical field feeding operation for patients and staff IAW FM 8-505.</p> <p>d. Prepare rations according to field feeding policy.</p> <p>e. Prepare menu items according to medical field production schedule and recipes.</p> <p>f. Modify recipes for quantity and diet modification.</p> <p>g. Prepare medical B ration according to quantity required in standard recipes, patient census, and diet modification requested.</p> <p>h. Prepare meals, nourishments, tube feedings, and fluid support for patients using the medical B ration IAW SB 10-495-1 and FM 8-505.</p> <p>i. Transport menu items for patients on the wards IAW SB 10-495-1.</p> <p>j. Assemble patient meals and nourishment on wards IAW menu and SB 10-495-1.</p> <p>k. Provide meals to staff and ambulatory patients IAW TB MED 530.</p> <p>l. Deliver patient meals, tube feeding, nourishments, and fluid support to nursing service personnel for patients.</p> <p>m. Replenish food items, as required.</p> <p>n. Employ food and personal hygiene measures IAW TB MED 530 and FM 21-10-1.</p> <p>o. Employ field sanitation measures IAW TB MED 530 and FM 21-10-1.</p> <p>p. Employ safety procedures IAW AR 385-10 and TSOP.</p> <p>q. Employ environmental protection procedures IAW AR 200-1 and TSOP.</p> <p>7. Nutrition care personnel provide meals. (081-878-0070, 081-878-0071, 081-878-0072, 081-878-0073, 081-878-0074, 081-878-0075, 081-878-0078, 081-878-0079, 081-878-0080, 081-878-0081, 081-878-0082, 081-878-0083, 101-524-1251, 101-524-1255, 101-524-1301, 101-524-1501, 101-524-1502, 101-524-1503)</p>		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
a. License personnel on nutrition care equipment. b. Perform before operations PMCS on assigned equipment IAW applicable TM(s). c. Monitor temperatures of prewash, wash, rinse, and final rinse in food sanitation center IAW FM 8-505 and TB MED 530. d. Clean cooking equipment IAW FM 8-505 and TB MED 530. e. Store clean equipment to allow air drying. f. Perform after-operations PMCS on assigned equipment using applicable TM(s). g. Employ safety procedures IAW AR 385-10 and TSOP. h. Employ environmental protection procedures IAW AR 200-1 and TSOP. 8. Nutrition care personnel perform waste disposal. (081-878-0060) a. Destroy food after NBC attack IAW FM 8-505 and TSOP. b. Dispose of liquid, garbage, and rubbish IAW FM 8-505 and TSOP. c. Clean vehicle for ration pickup IAW TSOP. d. Sanitize vehicle. e. Employ safety procedures IAW AR 385-10 and TSOP. f. Employ environmental protection procedures IAW AR 200-1 and TSOP.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-878-0003	RECORD AND REVISE PATIENT'S DIET ORDER AND FOOD TOLERANCES USING DA FORM 2924 (DIETARY HISTORY RECORD)	STP 8-91M1-SM
081-878-0004	EVALUATE A PATIENT'S DIET SELECTION FOR NUTRITIONAL ADEQUACY USING THE BASIC FOOD GROUPS	STP 8-91M1-SM
081-878-0006	WRITE STANDARD DIETS MAKING SUBSTITUTIONS OF EQUIVALENT STANDARD FOOD ITEMS	STP 8-91M1-SM
081-878-0007	RECORD DIET ORDERS RECEIVED VIA TELEPHONE USING DA FORM 2927 (TELEPHONE DIET ORDER)	STP 8-91M1-SM
081-878-0008	PROCESS DOCUMENTS FOR THE PREPARATION OF NOURISHMENTS, FORCED FLUIDS, AND TUBE FEEDINGS	STP 8-91M1-SM
081-878-0012	MAKE DIET CHANGES, ADDITIONS, OR DELETIONS	STP 8-91M1-SM
081-878-0013	ASSEMBLE AND SERVE PATIENT TRAYS	STP 8-91M1-SM
081-878-0015	PREPARE NOURISHMENTS, FORCED FLUIDS, AND TUBE FEEDINGS	STP 8-91M1-SM

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-878-0018	PROCESS TRAYS IN THE PATIENT CARE AREA	STP 8-91M1-SM
081-878-0023	CHECK PATIENTS FOR FOOD ACCEPTABILITY	STP 8-91M25-SM-TG
081-878-0027	CALCULATE CALORIE AND NUTRIENT COUNT	STP 8-91M25-SM-TG
081-878-0028	CALCULATE DIETS WITH FLUID RESTRICTIONS	STP 8-91M25-SM-TG
081-878-0029	CALCULATE NONSTANDARD SODIUM RESTRICTED DIETS	STP 8-91M25-SM-TG
081-878-0030	CALCULATE DIETS MODIFIED IN FAT CONTENT	STP 8-91M25-SM-TG
081-878-0039	REQUISITION DAILY MENU ITEMS USING DA FORM 2930 (HOSPITAL FOOD SERVICE KITCHEN REQUISITION)	STP 8-91M25-SM-TG
081-878-0043	COMPLETE DA FORM 1835 (HOSPITAL FOOD SERVICE RECEIPT AND CONSUMPTION RECORD)	STP 8-91M25-SM-TG
081-878-0048	EVALUATE PATIENT FOOD DELIVERY SYSTEM	STP 8-91M25-SM-TG
081-878-0049	RECOMMEND CHANGES TO THE HOSPITAL REGULAR AND MODIFIED MASTER MENU	STP 8-91M25-SM-TG
081-878-0052	REQUEST HOSPITAL FOOD SERVICE NONEXPENDABLE PROPERTY	STP 8-91M25-SM-TG
081-878-0053	WRITE AN EMERGENCY MASS FEEDING PLAN	STP 8-91M25-SM-TG
081-878-0058	OBTAIN FOOD TOLERANCES FROM PATIENTS ON STANDARD DIETS	STP 8-91M1-SM
081-878-0059	EVALUATE MODIFIED FOOD PREPARATION AND SERVING PROCEDURES	STP 8-91M25-SM-TG
081-878-0060	CONTROL INSECT OR RODENT INFESTATIONS	STP 8-91M25-SM-TG
081-878-0061	DELIVER WARD MEALS IN A MEDICAL FIELD FEEDING FACILITY	STP 8-91M1-SM
081-878-0062	CHECK WARD DELIVERY SYSTEM IN A MEDICAL FIELD FEEDING FACILITY	STP 8-91M25-SM-TG
081-878-0064	MODIFY RECIPES FOR CALORIE RESTRICTED, FAT CONTROLLED, DIABETIC, AND LOW FAT DIETS	STP 8-91M1-SM
081-878-0065	MODIFY RECIPES FOR SODIUM RESTRICTED AND LOW SODIUM/LOW PROTEIN DIETS	STP 8-91M1-SM
081-878-0066	MODIFY RECIPES FOR BLAND, CONSISTENCY, OR LOW RESIDUE DIETS	STP 8-91M1-SM
081-878-0068	DELIVER NOURISHMENTS, FORCED FLUIDS, AND TUBE FEEDINGS IN A MEDICAL FIELD FEEDING FACILITY	STP 8-91M1-SM
081-878-0070	PERFORM OPERATOR MAINTENANCE ON FIELD KITCHEN MODULAR OVENS	STP 8-91M1-SM
081-878-0071	OPERATE FIELD KITCHEN MODULAR OVENS	STP 8-91M1-SM

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
081-878-0072	PERFORM OPERATOR MAINTENANCE ON FIELD KITCHEN MODULAR STEAM TABLE SERVING LINES	STP 8-91M1-SM
081-878-0073	OPERATE FIELD KITCHEN MODULAR STEAM TABLE SERVING LINES	STP 8-91M1-SM
081-878-0074	PERFORM OPERATOR MAINTENANCE ON FIELD KITCHEN MODULAR GRIDDLES	STP 8-91M1-SM
081-878-0075	OPERATE FIELD KITCHEN MODULAR GRIDDLES	STP 8-91M1-SM
081-878-0078	PERFORM OPERATOR MAINTENANCE ON FIELD KITCHEN GRINDERS	STP 8-91M1-SM
081-878-0079	OPERATE FIELD KITCHEN GRINDERS	STP 8-91M1-SM
081-878-0080	PERFORM OPERATOR MAINTENANCE ON FIELD KITCHEN BLENDERS	STP 8-91M1-SM
081-878-0081	OPERATE FIELD KITCHEN BLENDERS	STP 8-91M1-SM
081-878-0082	OPERATE A FOOD SANITATION CENTER DURING MEDICAL FIELD FEEDING OPERATIONS	STP 8-91M1-SM
081-878-0083	PACKAGE THE FOOD SANITATION CENTER FOR MOVEMENT	STP 8-91M1-SM
081-878-0084	DIRECT PERSONNEL IN THE FOOD SANITATION CENTER	STP 8-91M25-SM-TG
081-878-0085	PREPARE A MEDICAL FIELD PRODUCTION SCHEDULE	STP 8-91M25-SM-TG
081-878-0086	DIRECT PERSONNEL OPERATING AND MAINTAINING MEDICAL FIELD FEEDING EQUIPMENT	STP 8-91M25-SM-TG
081-878-0087	COMPLETE SF 513 (MEDICAL RECORD-CONSULTATION SHEET) FOR DIETARY CONSULT	STP 8-91M25-SM-TG
081-878-0088	SUPERVISE PERSONNEL IN THE CLEANING AND MAINTENANCE OF MEDICAL FIELD FEEDING EQUIPMENT	STP 8-91M25-SM-TG
081-878-0089	ESTABLISH THE LAYOUT OF MEDICAL FIELD FEEDING EQUIPMENT	STP 8-91M25-SM-TG
091-CLT-4029	Supervise Preventive Maintenance Checks and Services (PMCS)	STP 21-24-SMCT
101-524-1151	PERFORM PRELIMINARY FOOD PREPARATION PROCEDURES	STP 8-91M1-SM
101-524-1152	PREPARE AND COOK MEAT, POULTRY, AND SEAFOOD	STP 8-91M1-SM
101-524-1153	PREPARE AND COOK VEGETABLES	STP 8-91M1-SM
101-524-1160	PREPARE AND COOK FILLINGS, ICINGS, AND GLAZES	STP 8-91M1-SM
101-524-1162	PREPARE AND COOK EGG PRODUCTS	STP 8-91M1-SM
101-524-1163	PREPARE AND COOK CEREAL, RICE, OR PASTA PRODUCTS	STP 8-91M1-SM
101-524-1164	PREPARE BEVERAGE PRODUCTS	STP 8-91M1-SM
101-524-1165	PREPARE AND/OR COOK SANDWICHES	STP 8-91M1-SM
101-524-1169	PREPARE OR COOK SALADS AND SALAD DRESSINGS	STP 8-91M1-SM
101-524-1170	PREPARE AND COOK SOUPS, SAUCES, AND GRAVIES	STP 8-91M1-SM

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
101-524-1171	PREPARE DESSERTS AND PASTRIES	STP 8-91M1-SM
101-524-1205	STORE SUBSISTENCE ITEMS	STP 8-91M1-SM
101-524-1206	CHECK SUBSISTENCE SUPPLIES FOR QUANTITY AND CONDITION	STP 8-91M1-SM
101-524-1251	OPERATE THE M2 BURNER UNIT	STP 8-91M1-SM
101-524-1255	USE AND MAINTAIN THE INSULATED FOOD CONTAINER	STP 8-91M1-SM
101-524-1301	PERFORM OPERATOR MAINTENANCE ON THE M2 BURNER UNIT	STP 8-91M1-SM
101-524-1355	SET UP SERVING LINES AND SERVE FOOD AT A FIELD KITCHEN	STP 8-91M1-SM
101-524-1501	OPERATE AND MAINTAIN THE M59 RANGE OUTFIT	STP 8-91M1-SM
101-524-1502	OPERATE AND MAINTAIN THE IMMERSION HEATER	STP 8-91M1-SM
101-524-1503	OPERATE AND MAINTAIN THE GASOLINE LANTERN	STP 8-91M1-SM
101-524-2205	DIRECT PERSONNEL APPLYING FOOD PROTECTION MEASURES IN A DINING FACILITY AND AT A FIELD KITCHEN	STP 8-91M25-SM-TG
101-524-3159	CONDUCT INVENTORIES AND PROCESS INVENTORY RECORDS	STP 8-91M25-SM-TG
101-524-4136	REQUEST AND TURN-IN SUBSISTENCE ITEMS UNDER THE ARMY RATION CREDIT SYSTEM (ARCS)	STP 8-91M25-SM-TG
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-4001	Integrate Risk Management Into Platoon	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE**OPFOR TASKS AND STANDARDS: NONE**

ELEMENT: HOSPITAL MINISTRY TM

TASK: PROVIDE COMPREHENSIVE RELIGIOUS SUPPORT TO PATIENTS AND UNIT MEMBERS
(08-1-0248.08-705L)

(FM 16-1)

(AR 385-10)

(FM 3-100.4)

(FM 8-10-14)

(TG 244)

(AR 165-1)

(FM 100-20)

(FM 3-11.21)

(FM 8-9)

(AR 200-1)

(FM 3-0)

(FM 8-10)

(TC 3-34.489)

ITERATION:

1

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(Circle)

COMMANDER/LEADER ASSESSMENT:

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(Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. Patients and staff require religious support. The hospital chaplain advises the hospital commander on religious, morals, morale, and ethical climate of the command. The hospital chaplain provides input to medical brigade/medical group OPLAN/OPORD. Hospital and medical brigade/medical group TSOPs are available. This task may be performed under all environmental conditions. The hospital may be subject to attack by threat forces, NBC attack, or radiological fallout. SCPE is on hand and/or field-expedient and natural shelters are available. This task should not be trained in MOPPA.

TASK STANDARDS: Chaplaincy services are provided on a 24-hour basis IAW FM 16-1 and TSOP.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Hospital chaplain and UMT NCO supervise religious activities. (01-1671.00-0005, 091-CLT-4029, 113-600-2001, 113-637-2001, 805D-208-1010, 805D-208-1303, 850-001-2000, 850-001-4001)</p> <ul style="list-style-type: none"> a. Coordinate for external support for denominational religious coverage with the medical brigade/medical group chaplain. b. Schedule personnel staffing at proper skill levels to ensure 24-hour coverage. c. Provide for supervision of personnel for 24-hour period. d. Coordinate with supply and service division for logistics support. e. Provide hospital ministry team training unique to hospital setting. f. Enforce safety procedures IAW AR 385-10 and TSOP. g. Enforce environmental protection procedures IAW AR 200-1 and TSOP. 		
<p>* 2. Hospital chaplain advises the hospital commander on morale, moral climate, and religious welfare of the hospital. (01-1671.00-0010, 01-1671.00-0103, 01-1690.60-0121)</p> <ul style="list-style-type: none"> a. Advises the hospital commander on policies and procedures affecting soldiers, right to free exercise of religion. b. Notifies the hospital commander of violations of the laws of war. c. Provides the hospital commander with programs to maintain the ethical climate in the hospital. d. Provides staff with required input to plans and orders. 		
<p>* 3. Hospital chaplain provides the hospital commander with guidance for the provision of religious, spiritual, moral, and ethical well being of patients and hospital personnel. (01-1671.00-0103)</p> <ul style="list-style-type: none"> a. Identifies the religious needs of the patients and hospital personnel. b. Prepares religious information for patients and staff. c. Disseminates hospital religious information to patients and hospital personnel. d. Surfaces ethical issues involved in providing health care. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>e. Serves as ethical advocate to the hospital commander in the prevention of dehumanizing treatment of friendly troops, EPW, and civilians, violations of codes of morality, illegal acts, desecration of sacred places, and disrespect for human life.</p> <p>4. Hospital chaplain provides religious rites and services. (01-1610.00-0001, 01-1610.00-0002, 01-1610.00-0007, 01-1610.00-0045, 01-1610.00-0243, 01-1610.00-0244, 01-1671.00-0006)</p> <p>a. Conducts worship services.</p> <p>b. Conducts memorial services.</p> <p>c. Performs religious sacraments, rites, and ordinances.</p> <p>5. Ministry team provide pastoral care. (01-1611.00-0003, 01-1611.00-0144, 01-1611.00-0145, 01-1671.00-0007, 121-004-1518, 121-004-3528, 121-004-3529, 805D-201-1056, 805D-201-1110, 805D-201-1111, 805D-202-1027, 805D-202-1130, 805D-202-2111, 805D-203-1009, 805D-203-1050, 805D-203-1101, 805D-203-1131, 805D-203-1136, 805D-203-2001, 805D-203-2147, 805D-203-2302, 805D-203-3301, 805D-204-1045, 805D-204-1067, 805D-204-2050, 805D-204-2262, 805D-205-2132, 805D-207-2150, 805D-208-1007, 805D-211-2204)</p> <p>a. Advise the medical staff on religious contribution to healing, stabilization, stress reduction, and recovery.</p> <p>b. Coordinate with hospital staff to provide pastoral care to counter patient combat stress.</p> <p>c. Counsel personnel to lessen stress and enhance morale and performance.</p> <p>d. Perform worship service.</p> <p>e. Support religious needs of patient(s) expected to die.</p> <p>f. Support religious needs of patient(s) in danger of loss of limb, in pain, fear, and RTD.</p> <p>g. Support religious needs of general patient(s) and staff.</p> <p>h. Provide specialized counseling to soldiers requiring spiritual needs, moral support, and encouragement.</p> <p>6. Ministry team perform administrative support duties. (121-004-1203, 121-004-1227, 121-004-1228, 121-004-1518, 121-004-3528, 121-004-3529, 805D-208-1007, 805D-208-1010)</p> <p>a. Prepare correspondence.</p> <p>b. Maintain files.</p> <p>c. Perform supply and equipment procedures.</p> <p>d. Maintain chaplains' funds.</p>		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
01-1610.00-0001	Conduct a Religious Service in a Military Environment	STP 16-56II-OFS
01-1610.00-0002	Conduct Small-Group Worship	STP 16-56II-OFS
01-1610.00-0007	Deliver a Sermon, Homily, or Meditation	STP 16-56II-OFS
01-1610.00-0045	Perform or Provide Sacred Acts	STP 16-56II-OFS
01-1610.00-0243	Conduct a Military Memorial Service	STP 16-56II-OFS

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
01-1610.00-0244	Conduct a Military Memorial Ceremony	STP 16-56II-OFS
01-1611.00-0003	Perform or Provide Individual Pastoral Counseling	STP 16-56II-OFS
01-1611.00-0144	Perform or Provide Religious Support to a Battle-Fatigued Soldier	STP 16-56II-OFS
01-1611.00-0145	Perform or Provide Religious Support to a Wounded or Dying Individual	STP 16-56II-OFS
01-1671.00-0005	Establish Liaison With Other Unit Ministry Teams in Area of Operations	STP 16-56II-OFS
01-1671.00-0006	Coordinate Denominational Coverage in Area of Operations	STP 16-56II-OFS
01-1671.00-0007	Perform or Provide Moral Leadership Training	STP 16-56II-OFS
01-1671.00-0010	Prepare a Letter of Condolence	STP 16-56II-OFS
01-1671.00-0103	Advise the Commander on Religion, Morale, and Morals	STP 16-56II-OFS
01-1690.60-0121	Brief the Commander on Religious Practices and Traditions in the Unit's Area of Operations	STP 16-56II-OFS
091-CLT-4029	Supervise Preventive Maintenance Checks and Services (PMCS)	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
121-004-1203	Type a Letter	STP 16-56M10-SM
121-004-1227	Establish Files	STP 16-56M10-SM
121-004-1228	File Documents/Correspondence	STP 16-56M10-SM
121-004-1518	Receipt/Transfer Classified Material	STP 16-56M25-SM-TG
121-004-3528	REVIEW FILES	STP 16-56M25-SM-TG
121-004-3529	REVIEW FILING OF DOCUMENTS/CORRESPONDENCE	STP 16-56M25-SM-TG
805D-201-1056	Coordinate for a Memorial Event	STP 16-56M10-SM
805D-201-1110	Prepare for a Funeral	STP 16-56M10-SM
805D-201-1111	Arrange for a Religious Service in the Absence of the Chaplain	STP 16-56M10-SM
805D-202-1027	Prepare for a Baptism	STP 16-56M10-SM
805D-202-1130	Provide Support For A Soldier Requesting Prayer	STP 16-56M10-SM
805D-202-2111	Provide for Burial Honors in the Absence of the Chaplain	STP 16-56M25-SM-TG
805D-203-1009	Determine Prospective Counselee's Needs	STP 16-56M10-SM
805D-203-1050	Safeguard Privileged Communications	STP 16-56M10-SM
805D-203-1131	Visit a Soldier	STP 16-56M10-SM
805D-203-1136	Provide for Emergency Religious Ministrations for a Critically Wounded Soldier	STP 16-56M10-SM
805D-203-2001	Establish Roster of Referral Agencies	STP 16-56M25-SM-TG
805D-203-2147	Provide for a Grief-Process Awareness Session	STP 16-56M25-SM-TG
805D-203-2301	Identify Suicide Risk Factors	STP 16-56M25-SM-TG
805D-203-2302	Visit a Family Member	STP 16-56M25-SM-TG
805D-204-1045	Prepare a UMT Event Bulletin	STP 16-56M10-SM
805D-204-1067	Maintain Chapel Volunteer Information	STP 16-56M10-SM
805D-204-2050	Organize Support for a Unit Ministry Team (UMT) Sponsored Event	STP 16-56M25-SM-TG
805D-204-2262	Apply Communication Skills to Resolve Conflicts	STP 16-56M25-SM-TG
805D-205-2132	Coordinate Support of a Soldier/Family Spiritual Renewal or Enrichment Session	STP 16-56M25-SM-TG
805D-207-2150	Assess Unit Morale Issues As They Pertain to Religion	STP 16-56M25-SM-TG

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
805D-208-1007	Receive and Safeguard an Offering	STP 16-56M10-SM
805D-208-1010	Procure Supplies for the Unit Ministry Team (UMT)	STP 16-56M10-SM
805D-211-1011	Coordinate Religious Support in a Field Environment	STP 16-56M10-SM
805D-211-2204	Assess a Family's Need for Religious Support	STP 16-56M25-SM-TG
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-4001	Integrate Risk Management Into Platoon	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE**OPFOR TASKS AND STANDARDS: NONE**

ELEMENTS: ADMINISTRATION DIV
 SUPPLY & SERVICE DIV
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)
 HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS

TASK: PLAN HOSPITAL DEPLOYMENT IN A PEACETIME ENVIRONMENT (63-1-8072.08-705L)
 (FM 100-17) (FM 55-65) (FM 63-3)
 (FM 8-10) (FM 8-10-14) (FM 8-55)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The medical brigade/medical group HQ is operating in a normal peacetime environment at a normal state of readiness. The hospital has a wartime mission with a corresponding OPLAN on file. The hospital is conducting operational mission and METL training. The hospital MOBPLAN (RC), movement plan, recall plan, RSOP, TSOP, security plan, hospital access rosters, and current maps are available. The OPLAN calls for medical brigade/medical group HQ's subordinate units to deploy as part of the medical brigade/medical group HQ deployment. The hospital staff communicates with medical brigade/medical group HQ and subordinate elements by analog and/or digital communications or messenger. Peacetime deployment planning activities are performed day or night under all environmental conditions, except NBC.

NOTE: MOBPLANS are required only for RC units. RC-specific task steps and performance measures are annotated "RC." This task should not be trained in MOPP4.

TASK STANDARDS: MOBPLAN (RC) and movement plan are completed IAW governing regulations and higher HQ directions.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
* 1. Hospital commander directs deployment planning. a. Provides planning guidance to staff and subordinate elements. b. Directs medical operations officer to update OPLAN. c. Directs medical operations officer to validate MOBPLAN (RC). d. Directs medical operations officer to validate subordinate units' movement plans. e. Directs security officer to update security plan. f. Directs XO to update RSOP and TSOP. g. Directs hospital adjutant to verify SRP activities.		
* 2. XO coordinates staff planning. a. Implements hospital commander's directives in staff planning and policy making. b. Assigns staff responsibilities for updating movement/deployment plans. c. Monitors all staff actions for conformity to hospital commander's guidance. d. Coordinates deployment mission with subordinate unit commanders. e. Coordinates update of RSOP and TSOP. f. Consolidates input from staff elements for hospital commander's briefing.		
3. Operations section analyzes mission. (113-600-2001, 113-637-2001, 151-357-0002, 551-88N-0003, 551-88N-0004) a. Identifies specified and implied tasks in the OPLAN.		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> b. Identifies documented policies and procedures. c. Coordinates mission parameters and details with higher HQ. d. Coordinates with administrative division for personnel analysis of mission. e. Coordinates with supply and service division for logistics and movement analysis of missions. f. Updates medical brigade/medical group HQ OPLAN. g. Maintains current maps and overlays for all missions for subordinate units. h. Approves MOBPLAN (RC) for subordinate elements. i. Briefs hospital commander and staff on deployment mission. <p>4. Staff conducts readiness review of subordinate elements. (113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Provides personnel readiness review. b. Performs logistics readiness review. c. Performs OPSEC readiness review. d. Identifies readiness issue. e. Provides recommendations to improve readiness. f. Updates medical brigade/medical group HQ RSOP and TSOP. g. Coordinates with supporting active duty readiness agencies for support (RC). <p>* 5. Hospital commander reviews unit readiness status. (113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Validates requisitions for all equipment shortages. b. Directs supply and service division to conduct an inventory of unit basic load items. c. Identifies hospital training status for deployment mission (e.g., weapons, NBC, driver certification, special equipment, rail teams, air load/pallet build team, BBPCT, HAZMAT handlers, etc.). d. Directs company HQ to coordinate unit SRP with administrative division or supporting installation, as appropriate. e. Directs company HQ to maintain mobilization packet for each soldier IAW appropriate directives (RC). f. Directs administrative division to screen members not available for deployment. g. Resolves nondeployable personnel issues. h. Maintains hospital liaison with mobilization station. i. Directs the supply and service division to identify maintenance issues affecting readiness. j. Initiates action to resolve unit maintenance problems affecting readiness, if required. k. Directs hospital safety officer to prepare risk assessment of the deployment operation. <p>6. Operations section validates MOBPLAN (RC). (113-600-2001, 113-637-2001)</p> <p>NOTE: MOBPLAN (RC) is updated annually, or whenever a change occurs in hospital mission or structure.</p> <ul style="list-style-type: none"> a. Verifies mission is current. b. Updates MOBPLAN (RC). c. Confirms annex information is correct. d. Coordinates with supply and service division for review of logistics portions of the plan. <p>7. Supply and service division validates deployment plans.</p> <ul style="list-style-type: none"> a. Maintains movement plans for all modes of transportation for the medical brigade/medical group HQ. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> b. Validates equipment status. c. Validates AUEL for subordinate elements. d. Coordinates for medical operations officer review of subordinate elements and medical brigade/medical group HQ movement plans. e. Verifies logistics annexes of MOBPLAN (RC). <p>8. Staff officers supervise staff elements.</p> <ul style="list-style-type: none"> a. Direct elements to update RSOP, TSOP, movement plan/order, OPLAN/CONPLAN, and commander's guidance annually or whenever changes in unit mission or structure dictate. b. Verify element input for annual hospital commander's mobilization brief. c. Direct preparation of input to the operations section for the update of plans, orders, and commander's brief, as required. d. Identify element requirements for deployment verification checklist. <p>* 9. Hospital leaders prepare for mobilization.</p> <ul style="list-style-type: none"> a. Update section portions of the RSOP and TSOP. b. Update section portions of the unit battle book (e.g., unit mission, organization, locations of mobilization station and ports, extracts from the applicable OPLANs, etc.). c. Provide input to hospital commander for update of hospital METL. <p>*10. UMO updates hospital movement plan.</p> <ul style="list-style-type: none"> a. Identifies the administrative, logistics, and coordinating requirements for the plan. b. Verifies load plans are current and entered into the AUEL. c. Updates DEL(s) based on current mission(s). d. Updates air load plan based on current mission(s). e. Prepares movement binders with key data (e.g., checklists, current copy of the AUEL, DEL, strip maps, etc.). f. Identifies hazardous and sensitive/classified cargo and their handling procedures. g. Identifies BBPCT material requirements. h. Coordinates ground movement plan to designated ports with supporting ITO and local authorities, if required. i. Verifies personnel identified for deployment equipment teams, super cargoes, and advance parties are deployable. j. Coordinates tactical information and security requirements with the medical brigade DCSPO/medical group S2/S3. <p>11. Company HQ plans for deployment.</p> <ul style="list-style-type: none"> a. Identifies rear detachment requirements. b. Plans for property transfer, turnover, and control procedures. c. Verifies family support group program has been established and key personnel are available. d. Prepares plan for storing personnel property and POVs. e. Coordinates accreditation of automated information systems (RC). f. Identifies key personnel to be ordered to active duty in advance of the hospital (RC). g. Coordinates with administrative division for all hospital personnel to go through SRP. h. Maintains a mobilization packet for each soldier IAW appropriate directives (RC). i. Coordinates update of RSOP and TSOP by element. j. Prepares communications plan. k. Identifies force protection measures. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
l. Prepares risk assessment of the deployment operation. 12. Hospital conducts deployment training. a. Conducts load out test, as directed. b. Trains load teams (e.g., rail loading teams, packing and crating teams, blocking and bracing teams, aerial/sea port load teams, etc.) in specific team operations. c. Conducts mobilization status briefing for all hospital personnel (RC). d. Conducts test of alert notification plan. e. Conducts HAZMAT training, as needed.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"*" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
151-357-0002	Coordinate Combat Service Support (CSS) Operations	STP 21-24-SMCT
551-88N-0003	Plan Unit Move	STP 21-24-SMCT
551-88N-0004	Coordinate Unit Movement	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: SUP & SVC DIV (AUG)
 HOSPITAL HEADQUARTERS
 SUPPLY & SERVICE DIV
 UNIT HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV

TASK: PLAN HOSPITAL DEPLOYMENT UPON RECEIPT OF A WARNING ORDER
 (63-1-8073.08-705L)

(FM 100-17)
 (FM 8-10)

(FM 55-65)
 (FM 8-10-14)

(FM 63-3)
 (FM 8-55)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: Medical brigade/medical group HQ is at a normal state of deployment readiness and receives a warning order to go to an increased deployability posture in preparation for overseas deployment. The staff duty officer or 1SG has notified the hospital commander. This task occurs concurrently with direct deployment alert activities (task 63-1-8050.08-705L). The hospital MOBPLAN (RC), movement plan, recall plan, RSOP, TSOP, security plan, unit access rosters, and current maps are available. Higher HQ's subordinate units are deploying as part of the medical brigade/medical group HQ deployment. The hospital staff communicates with medical brigade/medical group HQ and subordinate elements by analog and/or digital communications or messenger. Deployment planning activities are performed day or night under all environmental conditions, except NBC. This task should not be trained in MOPP4.

TASK STANDARDS: MOBPLAN (RC) and movement plans are completed IAW governing regulations and higher HQ directions.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>NOTE: MOBPLANS are required only for RC units. RC-specific task steps and performance measures are annotated "RC."</p> <p>* 1. Hospital commander directs deployment planning IAW medical brigade/medical group HQ guidance.</p> <ul style="list-style-type: none"> a. Identifies deployment mission requirements by reviewing the warning order and appropriate CONPLAN. b. Briefs staff on deployment mission. c. Provides planning guidance to staff and subordinate units. d. Directs medical hospital officer to verify details of mission. e. Directs medical hospital officer to update the OPLANS. f. Directs mobilization officer to review MOBPLAN (RC). g. Directs medical hospital officer to validate subordinate units' movement plans. h. Directs security officer to initiate security plan. i. Directs safety officer to prepare risk assessment of the deployment operations. j. Directs XO to prepare hospital commander's briefing. k. Conducts hospital commander's briefing. l. Verifies readiness status. <p>* 2. XO coordinates staff planning.</p>		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> a. Implements hospital commander's directives in staff planning and policy making. b. Assigns staff responsibilities for preparing movement/deployment plans. c. Monitors all staff actions for conformity to hospital commander's guidance. d. Coordinates deployment mission with subordinate unit commanders. e. Consolidates input from staff elements for hospital commander's briefing. f. Prepares hospital commander's briefing. g. Identifies redeployment criteria. <p>3. Operations section analyzes mission. (113-600-2001, 113-637-2001, 151-357-0002, 850-001-2000)</p> <ul style="list-style-type: none"> a. Identifies all specified and implied tasks in the warning order. b. Identifies all documented policies and procedures. c. Coordinates mission parameters and details with medical brigade/medical group HQ. d. Coordinates with administrative division for personnel analysis of mission. e. Coordinates with supply and service division for logistics and movement analysis of mission. f. Verifies maps and overlays for current mission. g. Coordinates with security officer to incorporate risk management procedures into the OPLANs. h. Incorporates force protection measures into the OPLANs. i. Briefs commander and staff on deployment mission. <p>4. Staff conducts readiness review of subordinate elements. (113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Provides personnel readiness review. b. Performs logistics readiness review. c. Performs OPSEC readiness review. d. Identifies readiness issues. e. Provides recommendations to improve readiness. f. Coordinates with supporting active duty readiness agency for support (RC). <p>NOTE: Task steps 5, 6, and 7: The MOBPLAN (RC) and hospital movement plan are updated annually or whenever a change occurs in hospital mission or structure.</p> <p>5. Hospital operations section validates MOBPLAN (RC). (113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Updates MOBPLAN (RC) with current mission information. b. Confirms annex information is correct. c. Coordinates with HSMO for review of logistics portions of the plan. <p>* 6. UMO updates hospital movement plan. (113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Identifies the administrative, logistics, and coordinating requirements for the plan, based on the current mission. b. Verifies load plans are current and entered into the AUEL. c. Updates DEL based on current mission. d. Updates air load plan based on current mission. e. Updates movement binders with current mission data. f. Identifies hazardous and sensitive cargo to be deployed. g. Verifies hazardous and sensitive/classified cargo handling procedures with installation unit movement coordinator. h. Updates BBPCT materiel requirements. i. Verifies ground movement plan to designated ports is current. j. Verifies personnel listed for deployment equipment teams, supercargoes and advance parties are deployable. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> k. Coordinates tactical information and security requirements with hospital operations section. l. Coordinate updates movement plans with supply and service division. <p>7. Supply and service division validates movement plan.</p> <ul style="list-style-type: none"> a. Validates movement plans for all modes of transportation indicated in the warning order. b. Validates equipment status against MCSR. c. Validates AUEL of subordinate units against unit property books. d. Coordinates for medical operations officer review of subordinate elements and medical brigade/medical group HQ movement plans. e. Verifies logistics annexes of MOBPLAN (RC). <p>* 8. Hospital commander reviews unit readiness status.</p> <ul style="list-style-type: none"> a. Identifies equipment shortages. b. Requests assistance from medical brigade/medical group HQ to rectify equipment shortages. c. Directs supply and service division to conduct an inventory of on-hand unit basic load items. d. Identifies unit training status for deployment mission (e.g., weapons, NBC, driver certification, special equipment, rail teams, air load/pallet build team, BBPCT, automated airload planning system, HAZMAT certified personnel, automated systems operators, etc.). e. Directs company HQ to coordinate unit SRP with administrative division or supporting installation, as appropriate. f. Directs supply and service division to identify maintenance issues affecting readiness. g. Initiates action to resolve hospital maintenance problems affecting readiness, if required. h. Directs company HQ to review personnel status. i. Initiates action to resolve nondeployable personnel issues. <p>* 9. Staff officers supervise staff actions.</p> <ul style="list-style-type: none"> a. Identify tasks that must be accomplished in order to deploy by reviewing the movement directive, RSOP, movement plan/order, OPLAN/CONPLANS, and hospital commander's guidance. b. Exchange pertinent information relevant to the deployment with the other staff sections. c. Direct preparation of input to the hospital operations section for the update of plans, as required. d. Identify element requirements for deployment verification checklist. <p>10. Company HQ plans for deployment.</p> <ul style="list-style-type: none"> a. Identifies rear detachment requirements based on current mission. b. Identifies advance party personnel requirements. c. Plans for property transfer, turnover, and control procedures. d. Verifies family support group program key personnel are available. e. Verifies hospital deployment team personnel are available. f. Requests hospital commander assign additional and/or replacement personnel for deployment teams and advance party. g. Prepares plan for storing personal property and POVs. h. Coordinates accreditation of automated information systems (RC). i. Identifies key personnel to be ordered to active duty in advance of the hospital (RC). j. Updates RSOP. k. Prepares communications plan. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
l. Identifies force protection measures for each step of the deployment process. m. Identifies required reports to higher HQ during deployment process. n. Identifies rules of engagement for gaining theater. o. Performs risk assessment of deployment operation.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
151-357-0002	Coordinate Combat Service Support (CSS) Operations	STP 21-24-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: HOSPITAL HEADQUARTERS
 COMPANY HEADQUARTERS
 HOSP OPERATIONS SECT
 ADMINISTRATION DIV
 SUPPLY & SERVICE DIV
 NURSING SVC CNTL TEAM
 DENTAL SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)

TASK: CONDUCT MISSION ANALYSIS (63-1-1001.08-705L)

(FM 101-5)	(FM 100-10)	(FM 3-3)
(FM 3-4)	(FM 3-5)	(FM 8-10)
(FM 8-10-14)	(FM 8-10-8)	(FM 8-42)
(FM 8-55)	(TC 26-3)	

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital HQ has analog and/or digital communications with higher and lower HQ. The hospital HQ has received notification of an impending operation. The mission of the hospital is to provide hospitalization support and services to the operation. The hospital commander, XO, and the medical operations Off have attended medical brigade/medical group commander's staff meeting. The medical brigade/medical group commanders' planning guidance and restated mission have been secured. Upon receipt of the mission, the hospital commander briefs the XO. The XO assembles principal staff members in preparation for mission analysis. Maps of tentative new operational area are available. Current personnel, supplies, and equipment status reports for all subordinate elements are available. Once medical brigade/medical group's COA and tentative hospitalization support and services requirements have been received, the operations section coordinates with the medical brigade/medical group operations branch concerning additional hospitalization requirements. Mission analysis is dynamic and continuous; therefore, it is subject to change at anytime based upon new information, changing situations, and change of the hospital commander's guidance. SCPE is on hand and/or field-expedient and natural shelters are available. The hospital commander has elected to locate outside the shelter and has appointed a liaison Officer to coordinate C2 functions between him and the staff. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: Mission analysis results in the development of a plan that supports the medical brigade/medical group commander's concept of operations. Mission analysis is completed within the time established by the XO. At MOPP4, performance degradation factors increase mission analysis completion time.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
* 1. XO supervises staff mission analysis. a. Organizes staff to conduct mission analysis. b. Translates major tasks to specific objectives based on medical brigade/medical group intent. c. Provides mission analysis guidance to the staff based on the hospital commander's guidance. d. Inspects results of staff mission analysis for compliance with the hospital commander's guidance. e. Identifies time and place for staff's mission analysis briefings to the hospital commander.		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> * 2. Medical operations officer coordinates hospitalization support and services planning with supported units. <ul style="list-style-type: none"> a. Provides current hospitalization capabilities and limitations of the hospital. b. Provides estimated degradation of support for various threat and MOPP levels. c. Provides resolutions for all previously identified hospitalization support and services shortfalls. d. Identifies specific force and structure to be supported, to include tentative augmentations. e. Identifies projected location of the proposed support sites. f. Identifies estimated times for deployment of hospital. * 3. Staff officers conduct preliminary staff mission analysis. <ul style="list-style-type: none"> a. Provide information update(s) to hospital commander on areas that are critical to mission accomplishment. b. Identify mission and intent of medical brigade/medical group commander. c. Exchange pertinent information, that is relevant to new mission with other staff sections. d. Identify tentative force structure and size to be supported. e. Record specified tasks in medical brigade/medical group and supported unit's OPLANs. f. Identify all implied tasks that must be accomplished to perform the overall mission or specified tasks. * 4. Medical operations officer provides input for development of medical brigade/medical group OPLAN. <ul style="list-style-type: none"> a. Provides information briefing to medical brigade DCSSPO/medical group S2/S3, which includes projected locations of supported elements and estimated deployment time. b. Provides current status of assets and task organization to medical brigade DCSSPO/medical group S2/S3. * 5. Staff officers finalize staff mission analysis. (159-200-2020) <ul style="list-style-type: none"> a. Select essential tasks that are necessary to accomplish overall mission based on medical brigade/medical group commanders' intent. b. List all constraints and restrictions on actions and activities. c. List all information relating to the NBC threat on the battlefield. d. Prepare preliminary mission statement (medical operations officer). e. Brief staff mission analysis results to hospital commander. * 6. Hospital commander completes his mission analysis. <ul style="list-style-type: none"> a. Restates mission in clear, concise statements of tasks in the order they are to be accomplished. b. Provides acceptable levels of risk for mission accomplishment. c. Provides guidance on the parameters for conducting analysis in specific areas. d. States specific COA to be or not to be pursued by the staff. e. Directs medical operations officer to issue warning order to all subordinate elements informing them of pending operations. * 7. XO and medical operations officer perform a time analysis. <ul style="list-style-type: none"> a. Calculate total time remaining before execution of upcoming operations. b. Identify all steps in the command estimate process. c. Assign time limitations for each step in the command estimate process that does not exceed one-third of the total time remaining before execution. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
d. Disseminate time limitations to all staff sections.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"*" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
159-200-2020	Integrate threat capabilities into mission planning.	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: HOSPITAL HEADQUARTERS
HOSP OPERATIONS SECT

TASK: CONDUCT INTELLIGENCE PREPARATION OF THE BATTLEFIELD (63-1-1002.08-705L)

(FM 34-130)

(FM 100-10)

(FM 101-5)

(FM 3-3)

(FM 3-4)

(FM 34-1)

(FM 34-81)

(FM 3-5)

(FM 5-33)

(FM 8-10)

(FM 8-10-14)

(FM 8-10-8)

(FM 8-55)

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital HQ has analog and/or digital communications with higher and lower HQ. The hospital commander has approved the staff's mission analysis and has issued his restated mission and planning guidance. The medical operations officer issues a warning order to hospital elements and initiates IPB process. Medical brigade/medical group battlefield area evaluations are available and portions will be transcribed to the hospital's analysis of the AO. Other information, such as engineer's terrain studies, operational weather forecast, the provost marshal's analysis of route reconnaissance, and civil military conditions are available. The medical operations officer is assigned the responsibility of initiating, coordinating, ensuring completion, and disseminating the analysis of the AO. The operations section continuously receives messages from higher, adjacent, and lower echelons by analog and/or digital communications or messenger. Medical threat information is available. SCPE is on hand and/or field-expedient and natural shelters are available. The hospital commander has elected to locate outside the shelter and has appointed a liaison officer to coordinate C2 functions between him and the staff.

NOTE: Medical personnel will report information with intelligence ramifications if it is gained through casual observation of activities in plain view of the course of their humanitarian duties. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: IPB provides a detailed data base from which to determine the impact of enemy, terrain, medical threat, and weather on hospitalization support and services operations. At MOPP4, performance degradation factors increase IPB completion time.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
1. Hospital operations section determines information requirements. <ul style="list-style-type: none"> a. Identifies the amount of detail required within time available. b. Identifies gaps in current intelligence using CCIR and hospital commander's intent to set priorities. c. Identifies initial collection requirements. d. Assembles materials and information required to conduct IPB. e. Forwards pertinent information to other staff elements. 		
2. Hospital operations section defines the battlefield environment. (071-329-1019) <ul style="list-style-type: none"> a. Identifies the limits of the AO. b. Identifies the limits of the area of interest. c. Coordinates input on the battlefield environment with other staff sections. d. Identifies significant characteristics of the battlefield environment that affect the specific area of responsibility in coordination with each staff element. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>e. Identifies those characteristics of the battlefield that require in-depth evaluation.</p> <p>3. Hospital operations section evaluates the battlefield's effects upon COA.</p> <p>a. Identifies effects of terrain on the hospital's operations.</p> <p>b. Identifies the effects of weather upon hospital's operations.</p> <p>c. Identifies effects of logistics infrastructure, demographics, economics, and political characteristics upon hospital's operations.</p> <p>d. Lists the combined effects of the battlefield environment on friendly COA.</p> <p>e. Identifies the effects of terrain on threat COA.</p> <p>f. Identifies the effects of weather on threat COA.</p> <p>g. Identifies effects of logistics infrastructure, demographics, economics, and political characteristics on threat COA.</p> <p>h. Lists the combined effects of the battlefield environment on threat COA.</p> <p>i. Develops population status overlay, weather analysis matrix, and other overlays, as required.</p> <p>4. Hospital operations section evaluates the threat. (159-200-2020)</p> <p>a. Conducts a threat order of battle analysis for each type of conventional or unconventional units that might be faced.</p> <p>b. Develops a threat COA model.</p> <p>5. Hospital operations section determines threat COA.</p> <p>a. Identifies all rational COA available to the threat.</p> <p>b. Prioritizes each available COA.</p> <p>c. Develops a comprehensive, detailed set of threat COA.</p> <p>d. Prepares situation templates for each COA available to the threat.</p> <p>e. Prepares event template.</p> <p>f. Prepares decision support template for rear CP.</p> <p>6. Hospital operations section prepares analysis of the AO.</p> <p>a. Consolidates the IPB data into appropriate format IAW FM 101-5.</p> <p>b. Forwards draft Analysis of the AO to medical operations officer for review and approval.</p> <p>c. Makes appropriate changes as instructed by the medical operations officer and XO.</p> <p>d. Forwards corrected analysis of the AO to the medical operations officer for signature.</p> <p>e. Distributes analysis of AO, as required.</p>		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
071-329-1019	Use a Map Overlay	STP 21-24-SMCT
159-200-2020	Integrate threat capabilities into mission planning.	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENT: HOSP OPERATIONS SECT**TASK: FORMULATE FEASIBLE COURSES OF ACTION (63-1-1003.08-705L)**

(FM 101-5)

(FM 3-3)

(FM 3-4)

(FM 34-10)

(FM 3-5)

(FM 8-10)

(FM 8-10-14)

(FM 8-42)

(FM 8-55)

ITERATION:

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(Circle)

COMMANDER/LEADER ASSESSMENT:

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(Circle)

CONDITIONS: The hospital has analog and/or digital communications with higher and lower HQ. The medical brigade/medical group HQ OPORD with all annexes, status reports, maps, overlays, and other required documents has been forwarded to the commander (or his digital device, when available). The hospital's Analysis of the AO is completed. Medical brigade/medical group Analysis of the AO is available. Medical brigade/medical group's COA are available. Staff sections gather all pertinent information needed for their estimates. During this process, the operations section finalizes the IPB. SCPE is on hand and/or field-expedient and natural shelters are available. The hospital commander has elected to locate outside the shelter and has appointed a liaison officer to coordinate C2 functions between him and the staff. This task is performed under all environmental conditions, both day and night. The unit is subject to air, NBC, and ground threat forces attack. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: Feasible COA statements and sketches support the hospital commander's restated mission and formulate parameters for staff estimates. At MOPP4, performance degradation factors increase feasible COA completion time.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>1. Operations section performs rear area threat evaluation. (071-332-5000, 113-600-2001, 113-637-2001, 159-200-2020)</p> <ul style="list-style-type: none"> a. Coordinates with medical brigade DCSSPO/medical group S2/S3 for all current threat information affecting the new AO. b. Identifies threat forces expected to be found in the area of operations. c. Lists all known threat force dispositions, composition, and strength. <p>NOTE: List should be expressed in terms of committed, reinforcing, and supporting forces.</p> <ul style="list-style-type: none"> d. Lists all recent threat activities in the area of operation and influence. e. Develops applicable doctrinal templates for threat forces within the area of operations. f. Prepares an unconventional warfare situation map that shows probable operating areas, encampments, and movement routes for unconventional threat forces. g. Prepares a population status overlay that shows areas with a high potential for civil unrest and/or concentrations of enemy sympathizers. h. Requests intelligence information required to fill gaps identified in the data base from the medical brigade operations branch/medical group S2/S3 section. <p>2. Operations section arrays friendly forces, the hospital, and its subordinate units. (071-332-5000)</p> <ul style="list-style-type: none"> a. Identifies maneuver forces and their availability in the area of interest. b. Identifies all supporting CSS units in the area of interest. c. Prepares map overlay showing array of friendly units based on mission requirements and guidance from the hospital commander. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
* 3. Medical operations officer selects feasible COA. a. Identifies specific guidance from the medical brigade/medical group OPLAN. b. Lists schemes of support that sustains supported units in area of responsibility. c. Identifies tentative arrangements for C2. d. Assigns tentative missions consistent with a specific subordinate element's capability. e. Lists a minimum of two feasible COA. f. Briefs hospital commander and XO on the selected COA. g. Forwards feasible COA to XO for final approval or revision. h. Disseminates approved feasible COA to all other staff sections.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"*" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
071-332-5000	Prepare an Operation Overlay	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
159-200-2020	Integrate threat capabilities into mission planning.	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENT:**TASK:** DEVELOP INTELLIGENCE ESTIMATE (63-1-1004.08-705L)

(FM 34-3)

(FM 101-5)

(FM 3-3)

(FM 3-4)

(FM 34-1)

(FM 3-5)

(FM 8-10)

(FM 8-10-14)

(FM 8-10-8)

(FM 8-42)

(FM 8-55)

ITERATION:

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(Circle)

COMMANDER/LEADER ASSESSMENT:

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(Circle).

CONDITIONS: The hospital HQ has analog and/or digital communications with higher and lower HQ. The medical brigade/medical group HQ OPORD with all annexes, status reports, maps, overlays, and other required documents has been forwarded to the commander (or his digital device, when available). The hospital commander has provided his planning guidance and restated mission. The hospital and medical brigade/medical group Analyses of the AO are available and will be used for transcribing information to the intelligence estimate. The TSOP is available. Status reports, maps and overlays, and other required documents are available. The medical operations officer has disseminated the feasible COA. The XO has provided preparation guidance and time limitation for estimates. The operations section continuously receives messages from higher, adjacent, and lower echelons by analog and/or digital communications or messenger. SCPE is on hand and/or field-expedient and natural shelters are available. The hospital commander has elected to locate outside the shelter and has appointed a liaison officer to coordinate C2 functions between him and the staff. This task is performed under all environmental conditions both day and night. The unit is subject to air, NBC, and ground threat forces attack. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: Intelligence estimate is prepared within the time prescribed in the preparation guidance and in the format prescribed in the TSOP and/or FM 101-5 (oral or written). At MOPP4, performance degradation factors increase intelligence estimate completion.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>1. Operations section determines specific information requirements. (159-200-2020, 301-371-1050)</p> <ul style="list-style-type: none"> a. Identifies information requirements by analyzing the hospital commander's restated mission and the Analysis of the AO. b. Identifies policy and procedural requirements for obtaining information from the TSOP. c. Identifies PIR/IR gaps. d. Prepares listing of indicators for each PIR/IR. <p>NOTE: List addresses applicable PIR/IR received from medical brigade/medical group, threat infiltration activities, possible targets for threat activities and probable type and size force the threat force may use against these targets.</p> <ul style="list-style-type: none"> e. Prepares intelligence collection worksheet that lists all PIR/IR, NAI, indicators, and available collection agencies. f. Requests additional intelligence based on PIR/IR and current holdings from collection agencies listed in collection worksheet. <p>2. Operations section assembles required intelligence information. (159-200-2020, 301-371-1050)</p> <ul style="list-style-type: none"> a. Extracts required information from current intelligence holding, such as the medical operations officer workbook, situation maps, policy files, and journals, and INTSUM. b. Extracts required information from PVNTMED surveys, updated health alerts, and medical threat summaries. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> c. Revises intelligence collection worksheets to reflect changes in collection requirements. d. Identifies pertinence of all incoming information in terms of reliability and credibility factors. e. Integrates incoming information into existing files and worksheets. <p>3. Operations section develops reference and paragraph 1, Mission.</p> <ul style="list-style-type: none"> a. Lists all maps, charts, or other documents required to understand the estimate. b. Transcribes hospital commander's restated <p>4. Operations section develops paragraph 2, The AO. (159-200-2020)</p> <ul style="list-style-type: none"> a. Lists weather report, climatic information, light data with moon phase. b. Lists the weather effects on visibility, trafficability, personnel, equipment, threat capabilities, and friendly COA. c. Lists the terrain effects on the ability of an enemy force to obtain long and short range observation and direct fire. d. Lists the terrain effects on the terminal impact of direct weapons. e. Lists the terrain effects on concealment from ground and air observations, and cover from direct and indirect fire. f. Lists threat avenues of approach. g. Identifies probable size and type threat force that could traverse the avenues of approach. h. Lists medical threat capabilities in the AO. i. Identifies terrain factors effecting placement of the hospital and subordinate elements. j. Summarizes overall effects of terrain on threat capabilities and COA. k. Summarizes overall effects of terrain on hospital's mission and COA. <p>5. Operations section develops paragraph 3, Enemy Situation. (071-329-1019)</p> <ul style="list-style-type: none"> a. Lists all map overlays and previously published documents that show threat situation and positions. b. Lists all known threat units by unit designation with organizational structure. c. Lists known personnel and equipment weaknesses. d. Summarizes current threat activities that might serve as indicators to future actions. e. Lists threat deviations from known doctrine, practices, and principles of war. f. Lists civilian populace attitudes toward friendly and threat forces as they relate to hindrance or accomplishment of the hospital's mission. <p>6. Operations section develops paragraph 4, Enemy Capabilities. (159-200-2020, 301-371-1050)</p> <ul style="list-style-type: none"> a. Lists the basic maneuver capabilities to include what, when, where, and in what strength, for each capability. b. Lists conclusions on threat capabilities and probability of adoption of a COA, including rationale. c. Lists capabilities that could make the accomplishment of the hospital's mission highly doubtful or impossible. d. Lists indicators for possible use of air and NBC weapons. <p>7. Operations section develops paragraph 5, Conclusions.</p> <ul style="list-style-type: none"> a. Summarizes total effects of the AO on friendly COA based on previous analysis. b. Lists the most probable threat COA in the order of relative probability of adoption based on paragraphs 2, 3, and 4. c. Lists any acknowledgment instructions, if necessary. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
d. Lists all applicable annexes. * 8. Medical operations officer obtains approval of intelligence estimate. a. Verifies contents for completeness, correctness, and compliance with hospital commander's guidance. b. Forwards intelligence estimate to XO for review and modification or approval. c. Presents estimate to hospital commander or XO and staff (oral or written). 9. Operations section distributes the intelligence estimate. (301-371-1000) a. Incorporates comments, if required. b. Forwards intelligence estimate to medical operations officer for signature. c. Distributes intelligence estimate to other staff sections. d. Forwards intelligence estimate to medical brigade/medical group HQ.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
071-329-1019	Use a Map Overlay	STP 21-24-SMCT
159-200-2020	Integrate threat capabilities into mission planning.	STP 21-24-SMCT
301-371-1000	REPORT INTELLIGENCE INFORMATION	STP 21-1-SMCT
301-371-1050	IMPLEMENT OPERATIONS SECURITY (OPSEC) MEASURES	STP 21-1-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENT: ADMINISTRATION DIV**TASK: DEVELOP PERSONNEL ESTIMATE (63-1-1005.08-705L)**

(FM 101-5)
(FM 3-3)
(FM 8-10)
(FM 8-55)

(FM 100-10)
(FM 3-4)
(FM 8-10-14)

(FM 3-0)
(FM 3-5)
(FM 8-42)

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital HQ has analog and/or digital communications with higher and lower HQ. The medical brigade/medical group HQ OPOD with all annexes, status reports, maps, overlays, and other required documents has been forwarded to the commander (or his digital device, when available). The hospital commander has provided his planning guidance and restated mission. The hospital and medical brigade/medical group Analyses of the AO are available. Tactical and intelligence information is transcribed from the hospital intelligence estimate. Status reports, maps and overlays, and other required documents are available. The medical operations officer has disseminated the feasible COA. The XO has provided preparation guidance and time limitation for estimates. Administrative division continuously receives messages from higher, adjacent, and lower echelons by analog and/or digital communications or messenger. The personnel estimate is distributed to the hospital staff only. SCPE is on hand and/or field-expedient and natural shelters are available. The hospital commander has elected to locate outside the shelter and has appointed a liaison officer to coordinate C2 functions between him and the staff. This task is performed under all environmental conditions, both day and night. The unit is subject to air, NBC, and ground threat forces attack. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: Personnel estimate is prepared within the time specified in the preparation guidance and in the format prescribed in the TSOP and/or FM 101-5 (oral or written). At MOPP4, performance degradation factors increase development of personnel estimate completion time.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
1. Administrative division determines information requirements. <ul style="list-style-type: none"> a. Identifies information requirements by analyzing the hospital commander's restated mission, Analyses of the AO, and medical brigade/medical group personnel summaries. b. Identifies policies and procedural requirements by reviewing the TSOP. c. Identifies agencies where required information can be obtained. 		
2. Administrative division assembles required information. (113-600-2001, 113-637-2001, 151-357-0002) <ul style="list-style-type: none"> a. Coordinates tactical and intelligence information requirements with the operations section. b. Coordinates logistic information requirements with supply and service division. c. Extracts required information from current information holdings, such as personnel workbook, situation maps, policy files, and journals. d. Requests additional information requirements from higher HQ PERS element. 		
3. Administrative division drafts references and paragraph 1, Mission. <ul style="list-style-type: none"> a. Lists all maps, charts, or other documents required to understand the estimate. b. Transcribes the hospital commander's restated mission. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>4. Administrative division drafts paragraph 2, The Situation and Considerations. (301-371-1000)</p> <ul style="list-style-type: none"> a. Prepares brief summary which references the appropriate intelligence document. b. States the effects of the intelligence situation on personnel activities. c. Lists disposition of all tactical units that influence personnel activities. d. Lists all COA provided by the operations section. e. Lists disposition of CHS units and installations that have an affect on the personnel situation. f. Lists projected logistics developments that influence personnel operations. g. Lists disposition of civil affairs units and installations that have an effect on the personnel situation. h. Lists projected CMO developments likely to influence personnel operations. i. Prepares troop preparedness situation subparagraph. <p>NOTE: Subparagraph includes, unit strength maintenance, replacements, noncombat matters, soldier readiness, service support, and organizational climate, commitment, and cohesion factors.</p> <ul style="list-style-type: none"> j. Lists all assumptions based on initial planning guidance. k. Prepares casualty estimate for each COA. <p>5. Administrative division drafts paragraph 3, Analysis of Courses of Action.</p> <ul style="list-style-type: none"> a. Lists all COA provided by the operations section. b. Lists problem areas, trends, and deficiencies impacting on troop preparedness of each COA. <p>6. Administrative division drafts paragraph 4, Comparison of Courses of Action.</p> <ul style="list-style-type: none"> a. Lists advantages and disadvantages of each COA with respect to the accomplishment of the personnel mission. b. Conducts comparative analysis of each COA, to include methods of overcoming deficiencies or modifications required in each COA. <p>7. Administrative division drafts paragraph 5, Conclusions.</p> <ul style="list-style-type: none"> a. States supportability of the mission from a personnel viewpoint. b. Selects COA that can be supported from the personnel standpoint. c. Lists major personnel deficiencies that require the hospital commander's attention. d. Recommends specific methods for eliminating or reducing the effects of these major deficiencies. <p>* 8. Hospital adjutant obtains approval of personnel estimate.</p> <ul style="list-style-type: none"> a. Inspects content for completeness, correctness, and compliance with hospital commander's guidance. b. Forwards personnel estimate to XO for review and modification or approval. c. Presents estimate to hospital commander or XO and staff (oral or written). <p>9. Administrative division distributes the personnel estimate.</p> <ul style="list-style-type: none"> a. Incorporates comments, if required. b. Forwards personnel estimate to hospital adjutant for signature. c. Distributes personnel estimate to other staff sections. d. Forwards personnel estimate to medical brigade/medical group HQ. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"**" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
151-357-0002	Coordinate Combat Service Support (CSS) Operations	STP 21-24-SMCT
301-371-1000	REPORT INTELLIGENCE INFORMATION	STP 21-1-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: SUPPLY & SERVICE DIV
SUP & SVC DIV (AUG)

TASK: DEVELOP LOGISTICS ESTIMATE (63-1-1006.08-705L)

(FM 101-5)	(AR 40-61)	(FM 100-10)
(FM 10-27-4)	(FM 3-0)	(FM 3-3)
(FM 3-4)	(FM 3-5)	(FM 8-10)
(FM 8-10-14)	(FM 8-42)	(FM 8-55)
(OPLOGPLN DISKS)		

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital HQ has analog and/or digital communications with higher and lower HQ. The medical brigade/medical group HQ OPORD with all annexes, status reports, maps, overlays, and other required documents has been forwarded to the commander (or his digital device, when available). The hospital commander has provided his planning guidance and restated mission. The hospital and medical brigade/medical group analyses of the AO are available. Tactical and intelligence information is transcribed from the intelligence estimate. Status reports, maps and overlays, and other required documents are available. Transportation augmentation has been provided. The medical operations officer has disseminated the feasible COA. The XO has provided preparation guidance and time limitations for estimates. The logistics estimate addresses internal hospital logistics only. Supply and service division continuously receives messages from higher, adjacent, and lower echelons by analog and/or digital communications or messenger. The logistics estimate is distributed to hospital staff only. SCPE is on hand and/or field-expedient and natural shelters are available. The hospital commander has elected to locate outside the shelter and has appointed a liaison officer to coordinate C2 functions between him and the staff. This task is performed under all environmental conditions, both day and night. The unit is subject to air, NBC, and Level I ground threat forces attack. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: Logistics estimate is prepared within the time specified in the preparation guidance and in the format prescribed in the TSOP and/or FM 101-5 (oral or written). At MOPP4, performance degradation factors increase logistics estimate completion time.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
1. Supply and service division determines information requirements. <ul style="list-style-type: none"> a. Identifies information requirements by analyzing the hospital commander's restated mission, Analysis of the AO, and medical brigade/medical group logistics summaries. b. Identifies policies and procedural requirements by reviewing the TSOP. c. Identifies agencies and documents where required information can be obtained. 		
2. Supply and service division assembles required information. (113-600-2001, 113-637-2001, 151-357-0002) <ul style="list-style-type: none"> a. Coordinates tactical and intelligence information requirements with operations section. b. Coordinates personnel information requirements with administrative division. c. Coordinates all classes of supply, especially Class III, VIII, and IX resupply to forward deployed hospital elements, if required. d. Extracts required information from current information holdings, such as supply and service division workbook, situation maps, policy files, and journals. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>e. Requests additional information requirement support from medical brigade logistics section/medical group S4 section.</p> <p>3. Supply and service division drafts references and paragraph 1, Mission.</p> <p>a. Lists all maps, charts, or other documents required to understand the estimate.</p> <p>b. Transcribes the hospital commander's restated mission.</p> <p>4. Supply and service division drafts paragraph 2, The Situation and Considerations. (301-371-1000)</p> <p>a. Prepares brief intelligence summary with appropriate references.</p> <p>b. States the effects of the intelligence situation on internal logistics activities.</p> <p>c. Lists disposition of all tactical units that influence internal logistics activities.</p> <p>d. Lists all COA provided by the operations section.</p> <p>e. Lists disposition of personnel and administration units and installations that have an effect on the internal logistics situation.</p> <p>f. Lists projected developments within the personnel field likely to influence internal logistics operations.</p> <p>g. Lists disposition of CMO units that have an effect on internal logistics situation.</p> <p>h. Lists developments within the CMO field likely to influence internal logistics operations.</p> <p>i. Prepares a general statement about present maintenance capability.</p> <p>NOTE: Statement includes repair times, posture of maintenance element, the impact of Class VII and IX on maintenance capability, and the status of Class VII items.</p> <p>j. Lists overall status of all classes of supply, to include Class VIII and VIIIb, and transportation assets.</p> <p>k. Lists all assumptions based on the initial planning guidance.</p> <p>5. Supply and service division drafts paragraph 3, Analysis of Courses of Action.</p> <p>a. Calculates the sufficiency of proposed area for internal logistics operations.</p> <p>b. Lists all COA provided by operations section.</p> <p>c. Lists logistic and tactical impact for each COA.</p> <p>6. Supply and service division drafts paragraph 4, Comparison of Courses of Action</p> <p>a. Lists advantages and disadvantages of each COA with respect to the accomplishment of the internal logistics mission.</p> <p>b. Conducts comparative analysis of each COA.</p> <p>NOTE: Analysis includes methods and modifications for overcoming deficiencies in each COA.</p> <p>7. Supply and service division drafts paragraph 5, Conclusions.</p> <p>a. States mission supportability from an internal logistics viewpoint.</p> <p>b. Selects best COA that can be supported from an internal logistics standpoint.</p> <p>* 8. HSMO obtains approval of logistics estimate.</p> <p>a. Inspects content for completeness, correctness, and compliance with hospital commander's guidance.</p> <p>b. Forwards logistics estimate to XO for review and modification or approval.</p> <p>c. Presents estimate to hospital commander or XO and staff (oral or written).</p> <p>9. Supply and service division distributes the logistics estimate.</p> <p>a. Incorporates comments, if required.</p> <p>b. Obtains HSMO signature on logistics estimate.</p> <p>c. Distributes logistics estimate to other staff sections.</p>		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
d. Forwards logistics estimate to medical brigade/medical group HQ.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"**" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
151-357-0002	Coordinate Combat Service Support (CSS) Operations	STP 21-24-SMCT
301-371-1000	REPORT INTELLIGENCE INFORMATION	STP 21-1-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: HOSPITAL HEADQUARTERS
HOSP OPERATIONS SECT

TASK: DEVELOP A HOSPITALIZATION SUPPORT AND SERVICES ESTIMATE (63-1-1007.08-705L)

(FM 101-5)

(FM 100-10)

(FM 100-15)

(FM 3-3)

(FM 3-4)

(FM 3-5)

(FM 8-10)

(FM 8-10-14)

(FM 8-42)

(FM 8-55)

(OPLOGPLN DISKS)

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital HQ has analog and/or digital communications with higher and lower HQ. The medical brigade/medical group HQ OPLAN/OPORD with all annexes, status reports, maps, overlays, and other required documents has been forwarded to the commander (or his digital device, when available). A hospitalization support and services estimate is required. The hospital commander has analyzed the mission and provided his planning guidance and restated mission. The hospital and medical brigade/medical group analyses of the AO are available. Medical brigade/medical group OPLAN with annexes are available. Tactical and intelligence information is transcribed from the intelligence estimate. Status reports, maps and overlays, and other required documents are available. The medical operations officer has provided feasible COA. The XO has provided preparation guidance and time limit for the estimate. The TSOP has been updated. Operations section continuously receives messages from higher, adjacent, and lower echelons by analog and/or digital communications or messenger. The support operations estimate is distributed to hospital staff only. SCPE is on hand and/or field-expedient and natural shelters are available. The hospital commander has elected to locate outside the shelter and has appointed a liaison officer to coordinate C2 functions between himself and the staff. This task is performed under all environmental conditions, both day and night. The unit is subject to air, NBC, and ground threat forces attack. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: Hospitalization support and services estimate is completed within the time prescribed in the preparation guidance and in the format prescribed in the TSOP and/or FM 101-5 (oral or written). At MOPP4, performance degradation factors increase the hospitalization support and services estimate completion time.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
1. Operations section determines information requirements. <ul style="list-style-type: none"> a. Identifies information requirements by analyzing the hospital commander's restated mission, Analyses of the AO, and medical brigade/medical group OPLAN. b. Identifies policies and procedural requirements by reviewing the medical brigade/medical group TSOP. c. Identifies agencies and documents where required information can be obtained. d. Identifies medical brigade/medical group HQ priorities from the medical brigade/medical group HQ service support annex. 		
2. Operations section assembles required information. (113-600-2001, 113-637-2001, 151-357-0002) <ul style="list-style-type: none"> a. Coordinates tactical and intelligence information requirements with medical brigade SPO section/medical group operations section. b. Coordinates personnel information requirements with administrative division. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> c. Coordinates priority and projected availability of the supply, maintenance, transportation, and field services with medical brigade logistics section/medical group S4 section. d. Coordinates medical equipment status with supply and service division. e. Coordinates medical supply status, to include blood/blood products, with supply and service division. f. Extracts required information from current information holdings, such as medical operations officer's workbook, situation maps, policy files, and journals. g. Extracts required information from PVNTMED surveys and medical threat and updated health expert summaries. h. Identifies tentative supported and supporting units. i. Request additional information requirements from medical brigade operations branch/medical group S2/S3 section. <p>3. Operations section drafts references and paragraph 1, Mission.</p> <ul style="list-style-type: none"> a. Lists all maps, charts, or other documents required to understand the estimate. b. Lists the hospital commander's restated mission. <p>4. Operations section drafts paragraph 2, The Situation and Considerations. (301-371-1000)</p> <ul style="list-style-type: none"> a. Prepares brief intelligence summary with appropriate references. b. Lists the effects of the characteristics of the AO on hospitalization support and services operations and mission accomplishment. c. States the effects of the intelligence situation on hospitalization support and services activities. d. Lists disposition of all tactical units that influence hospitalization support and services activities. e. Lists all COA provided by medical operations officer. f. Lists disposition of all personnel and administration units and installations that have an effect on the hospitalization support and services situation. g. Lists projected developments within the personnel and internal logistics field that could influence hospitalization support and services operations. h. Lists disposition of CMO operations that have an effect on the hospitalization support and services situation. i. Lists developments within the CMO field that could influence hospitalization support and services operations. j. Provides overall status of hospitalization support and services operating capabilities and any shortfalls that may impact on hospitalization support and services operations. k. Provides current situation, status, and restrictions on the use of HN labor assets. l. Lists all assumptions based on the initial planning guidance. <p>5. Operations section drafts paragraph 3, Analysis of Course of Action.</p> <ul style="list-style-type: none"> a. Calculates sufficiency of proposed area for hospitalization support and services operations. b. Calculates total requirements to support proposed responsibility IAW FM 8-55 and OPLOGPLN. c. Lists personnel and tactical impact for each COA. d. Lists hospitalization deficiencies for each COA. <p>6. Operations section drafts paragraph 4, Comparison of Courses of Action.</p> <ul style="list-style-type: none"> a. Lists advantages and disadvantages of each COA with respect to the accomplishment of the hospitalization support and services mission. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
b. Develops an overall hospital support statement that lists each approved feasible COA with all advantages and disadvantages. 7. Operations section drafts paragraph 5, Conclusions. a. States supportability of mission from an external hospitalization support and services viewpoint. b. Develops a comparative analysis of each possible COA. c. Selects best COA that can be supported from an external hospitalization viewpoint. d. Recommends COA to medical operations officer: 8. Hospital HQ approves support operations estimate. a. Inspects content for completeness, correctness, and compliance with hospital commander's guidance. b. Forwards hospitalization support and services estimate to XO for review and modification or approval. c. Presents estimate to hospital commander or XO and staff (oral or written). 9. Operations section distributes the hospitalization support and services estimate. a. Incorporates comments, if required. b. Forwards hospitalization support and services estimate to medical operations officer for signature. c. Distributes hospitalization support and services estimate to other staff sections.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
151-357-0002	Coordinate Combat Service Support (CSS) Operations	STP 21-24-SMCT
301-371-1000	REPORT INTELLIGENCE INFORMATION	STP 21-1-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: SUPPLY & SERVICE DIV
 HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 ADMINISTRATION DIV
 NURSING SVC CNTL TEAM

TASK: DEVELOP SUPPORTING COMMANDER'S (OPERATION) ESTIMATE (63-1-1008.08-705L)
 (FM 101-5) (FM 100-10) (FM 100-15)
 (FM 3-3) (FM 3-4) (FM 3-5)
 (FM 8-10) (FM 8-10-14) (FM 8-42)
 (FM 8-55)

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital HQ has analog and/or digital communications with higher and lower HQ. The medical brigade/medical group HQ OPLAN/OPORD with all annexes, status reports, maps, overlays, and other required documents has been forwarded to the commander (or his digital device, if available). All primary staff estimates are completed. Each staff section has provided its recommended COA. Hospital has been task organized with additional supporting elements. The medical brigade/medical group and hospital's analyses of the AO and NBC vulnerability analysis are available. The medical brigade/medical group OPLAN with annexes is available. Status reports, maps and overlays, and other required documents are available. The XO has provided preparation guidance and time limit for estimates. The hospital staff continuously receives messages from higher, adjacent, and lower echelons by analog and/or digital communications or messenger. SCPE is on hand and/or field-expedient and natural shelters are available. The hospital commander has elected to locate outside the shelter and has appointed a liaison officer to coordinate C2 functions between him and the staff. This task is performed under all environmental conditions, both day and night. The unit is subject to air, NBC, and ground threat forces attack. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: Supporting Commander's (Operation) Estimate is prepared within the time prescribed in the preparation guidance and the format prescribed in FM 101-5 or TSOP. At MOPP4, performance degradation factors increase the Supporting Commander's (Operation) Estimate completion time.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
1. Operations section conducts an NBC vulnerability analysis. (031-506-4022, 159-200-2020) a. Identifies potential hospital AO. b. Identifies all pertinent information required to perform the analysis. c. Identifies potential threat nuclear delivery systems. NOTE: Delivery system information should include probable yield(s) associated with each system, and range to systems locations, if known. d. Identifies location, size, shape, and posture of all hospital elements being analyzed. e. Selects appropriate vulnerability radii. f. Selects best nuclear vulnerability technique. g. Identifies "worst case" ground zero. h. Estimates fractional coverage. i. Compares estimated percentage of casualties or damage to hospital commander's acceptable loss criteria. j. Recommends COA to decrease hospital's vulnerability or increase protection.		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>k. Forwards NBC vulnerability analysis to medical operations officer for approval or modification.</p> <p>2. Operations section prepares communications estimate. (113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Lists the COA provided by the medical operations officer. b. Conducts a map reconnaissance to identify communication limitations. c. Identifies current status of all hospital communication equipment. d. Lists terrain factors that may affect communication compatibility or vulnerability. e. Lists communications factors that may be affected by the AO, enemy disposition and strength, enemy capabilities, or other communications activities. f. Coordinates with supply and service division for the status of incoming communications equipment. g. Coordinates with the supporting communications element to identify the status of all nonoperational equipment. h. Lists advantages and disadvantages of each COA. i. Lists methods to eliminate or overcome all deficiencies. j. Conducts comparative analysis of each COA. k. Selects best COA to accomplish mission from a communications viewpoint. l. Forwards communications estimate to medical operations officer for approval or modification. <p>3. Operations section determines information requirements.</p> <ul style="list-style-type: none"> a. Identifies information requirements by reviewing the hospital and medical command/medical brigade commanders' restated missions and OPLAN. b. Identifies policies and procedural requirements by reviewing the TSOP. c. Identifies agencies and/or documents where additional information requirements may be obtained. <p>4. Operations section drafts references and paragraph 1, Mission.</p> <ul style="list-style-type: none"> a. Lists all maps, charts, or other documents required to understand the estimate. b. Lists the hospital commander's restated mission. <p>5. Operations section drafts paragraph 2, The Situation and COA.</p> <ul style="list-style-type: none"> a. Lists the nature of the operations to be supported. b. Lists the composition and locations of the supported units. c. Lists peculiar or unusual support requirements and other factors pertaining to the supported force that affect the scope and size of the hospitalization support and services mission. d. Lists the effects of the AO on the hospitalization support and services mission. e. Lists all enemy capabilities that are a threat to the hospitalization support and services mission. f. Lists aspects of the friendly situation that provides the basis for anticipated difficulties in the hospital's capability to provide required hospitalization support and services. g. Lists phases of the operations that require a reassessment of hospitalization support and services. h. Lists special support requirements and the phase of the operations in which they occur. i. Lists special support techniques or procedures required because of tactical operations. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> j. Lists the effects of logistic, personnel and CMO situations within the hospital on mission accomplishment. k. Lists all projected difficulties that may influence the accomplishment of the mission. l. Lists all approved feasible COA. <p>6. Operations section drafts paragraph 3, Analysis of COA.</p> <ul style="list-style-type: none"> a. Identifies the probable effect of each significant difficulty on the success of each COA. b. Prepares a COA matrix showing the advantages and disadvantages of each COA. c. Assigns probability of success to each COA. <p>7. Operations section drafts paragraph 4, Comparison of COA.</p> <ul style="list-style-type: none"> a. Conducts comparative analysis of the approved feasible COA. b. Selects best COA. <p>8. Operations section staffs supporting commander's (operation) estimate for review and comments.</p> <ul style="list-style-type: none"> a. Forwards estimate to other hospital staff sections for review and/or comments. b. Forwards estimate to medical operations officer for approval or modification. c. Resolves differences in conclusions concerning recommended COA prior to briefing the hospital commander. <p>9. Staff sections conduct hospital commander's decision briefing.</p> <ul style="list-style-type: none"> a. Organizes staff for hospital commander's decision briefing. b. Briefs hospital commander on all aspects of the supporting commander's (operation) estimate. <p>*10. Hospital commander provides decision and concept of operations.</p> <ul style="list-style-type: none"> a. Modifies staff recommendations, if required. b. Provides guidance for a new COA, if required. c. Approves staff recommendations. d. Translates the selected COA into a statement which describes the who, what, when, where, how, and why. e. Directs medical operations officer to issue warning order to subordinate elements. <p>NOTE: Warning order includes the following minimum information: mission, time of execution, earliest time of movement, time and location of OPLAN issue, and time check.</p>		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"*" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
031-506-4022	PERFORM NUCLEAR VULNERABILITY ANALYSIS	STP 3-54B34-SM-TG
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio In a Secure Net	STP 21-1-SMCT
159-200-2020	Integrate threat capabilities into mission planning.	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE**OPFOR TASKS AND STANDARDS: NONE**

ELEMENT: HOSP OPERATIONS SECT**TASK: PREPARE OPERATIONS PLAN/OPERATIONS ORDER AND ANNEXES (63-1-1009.08-705L)**

(FM 101-5)	(FM 100-10)	(FM 101-5-1)
(FM 12-6)	(FM 21-31)	(FM 3-0)
(FM 3-3)	(FM 3-4)	(FM 3-5)
(FM 8-10)	(FM 8-10-14)	(FM 8-42)
(FM 8-55)		

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital HQ has analog and/or digital communications with higher and lower HQ. The higher HQ OPLAN/OPORD with all annexes, status reports, maps, overlays, and other required documents has been forwarded to the commander (or his digital device, if available). The supporting commander's (operation) estimate is approved. The hospital commander has provided his decision and concept of operations. The XO assigns preparation responsibilities for OPLAN/OPORD and annexes. The medical operations officer has staff responsibility for consolidation, publication, and distribution of OPLAN/OPORD and annexes. The hospital staff continuously receives messages from higher, adjacent, and lower echelons by analog and/or digital communications or messenger. The OPLAN will become OPORD upon implementation. SCPE is on hand and/or field-expedient and natural shelters are available. The hospital commander has elected to locate outside the shelter and has appointed a liaison officer to coordinate C2 functions between him and the staff. This task is performed under all environmental conditions both day and night. The unit is subject to air, NBC, and ground threat forces attack. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: OPLAN/OPORD and annexes are prepared IAW FM 101-5 within the time prescribed by the hospital commander or XO. OPLAN/OPORD supports and articulates the hospital commander's intent. At MOPP4, performance degradation factors increase OPLAN/OPORD completion time.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
1. Operations section drafts reference, time zone used, and task organization sections. <ul style="list-style-type: none"> a. Lists maps, charts, sketches, or other documents used in preparation and required for complete understanding of OPLAN. b. Transcribes time zone consistent with medical brigade/medical group OPLAN. c. Lists hospital task organization, time, and effective date. 		
2. Operations section drafts paragraph 1, Situation. <ul style="list-style-type: none"> a. Lists composition, disposition, location, estimated strength, identification, and capabilities of enemy forces that can influence the hospital's hospitalization support and services mission. b. Lists in order, higher, adjacent, supporting, and reinforcing friendly forces that influence hospitalization support and services operations. 		
NOTE: List consists of units not previously named in the task organization. <ul style="list-style-type: none"> c. Lists elements attached to or detached from the hospital with their attached or detached effective time (if applicable). d. Lists hospital commander's assumptions that may exist at the time the OPLAN becomes an OPORD. 		
3. Operations section drafts paragraph 2, Mission.		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> a. States tasks to be accomplished that address the elements of who, what, when, why, and where. b. States the mission based on the analysis and the hospital commander's guidance. <p>4. Operations section drafts paragraph 3, Execution.</p> <ul style="list-style-type: none"> a. States the hospital commander's intention in sufficient detail to ensure appropriate actions by subordinate elements. b. States the hospital commander's concept of operations for the execution of hospitalization support and services from start to finish. c. Lists the scheme of support that includes placement, movement, and primary mission of each subordinate unit. d. Lists all details of coordination and control applicable to two or more elements of the hospital including troop safety measures, MOPP levels. <p>5. Operations section, administrative division, PAD, and supply and service division draft paragraph 4, Service Support.</p> <ul style="list-style-type: none"> a. Update battle rosters and personnel status charts. b. Develop estimates of injured, sick, and wounded rates IAW FM 8-55. c. Prepare "personnel" portion of paragraph 4, Service Support. d. Provide hospitalization support and services instructions and arrangements that support the primary interest of subordinate elements. e. Reference medical brigade/medical group service support paragraph, when it is lengthy and the details are included in medical brigade/medical group Service Support paragraph. <p>6. Operations section drafts paragraph 5, Command and Signal.</p> <ul style="list-style-type: none"> a. Lists location of the hospital CP, and liaison requirements different than those stated in TSOP. b. Lists all signal information, including index of the effective SOI/SSI and instructions for the use of radio, pyrotechnics, or restrictions on the employment of communications. c. Provides acknowledgment instructions, hospital commander's signature block, authentication section, and distribution instructions. <p>7. Operations section drafts an operations overlay. (071-332-5000)</p> <ul style="list-style-type: none"> a. States map reference data, effective date, and purpose of the overlay. b. Lists classification markings and downgrading instructions, if applicable. c. Applies overlay plotting techniques outlined in FM 21-31. d. Plots boundaries, supporting, supported, and subordinate elements' locations within 50 meters. e. Affixes graphic portrayal of axis of advance, supply routes, and all elements locations. f. Forwards operations overlay to the medical operations officer for approval and or modification. g. Attaches overlay to the OPLAN/OPORD as an annex. <p>8. Operations section consolidates staff input.</p> <ul style="list-style-type: none"> a. Verifies staff input for completeness, and compliance with hospital commander's guidance. b. Prepares revised copy of OPLAN/OPORD. c. Forwards draft copy to hospital commander or XO for approval or modification. <p>9. Operations section distributes the OPLAN/OPORD.</p> <ul style="list-style-type: none"> a. Prepares appropriate number copies of OPLAN/OPORD. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
b. Distributes the OPLAN/OPORD to all appropriate staff elements, divisions, and attached elements.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"**" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number
071-332-5000

Task Title
Prepare an Operation Overlay

References
STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: SUP & SVC DIV (AUG)
HOSP OPERATIONS SECT
SUPPLY & SERVICE DIV

TASK: DEVELOP ROAD MOVEMENT ORDER (63-1-1010.08-705L)

(FM 101-5)	(AR 55-30)	(FM 100-10)
(FM 3-0)	(FM 3-3)	(FM 3-4)
(FM 3-5)	(FM 55-30)	(FM 8-10)
(FM 8-10-14)	(FM 8-42)	(FM 8-55)

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital HQ has analog and/or digital communications with higher and lower HQ. The medical brigade/medical group HQ OPLAN/OPORD with all annexes, status reports, maps, overlays, and other required documents has been forwarded to the commander (or his digital device, if available). The hospital commander has provided his planning guidance and restated mission. The supporting commander's (operation) estimate with specific COA has been approved. The XO assigns preparation responsibilities for the OPLAN/OPORD and all required annexes. The medical operations officer has staff responsibility for the movement order in coordination with the supply and service division. The CSH is 35 percent mobile and moves by echelon as directed by the hospital commander. Additional transportation has been coordinated by the supply and service division. Medical brigade/medical group OPLAN is available. Future locations of hospital elements have been identified and coordinated with medical brigade operations branch/medical group S2/S3 section. SCPE is on hand and/or field-expedient and natural shelters are available. The hospital commander has elected to locate outside the shelter and has appointed a liaison officer to coordinate C2 functions between him and the staff. This task is performed under all environmental conditions, both day and night. The unit is subject to air, NBC, and ground threat forces attack. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: Movement order is prepared IAW FM 101-5 and/or the TSOP within the time established in the preparation guidance. At MOPP4, performance degradation factors increase road movement order completion time.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
1. Operations section determines additional requirements for movement of hospital elements. <ul style="list-style-type: none"> a. Identifies adjacent unit boundaries and all other areas of responsibility to be crossed by hospital's subordinate elements. b. Identifies the probable security requirement by reviewing intelligence estimates and summaries. c. Identifies the current mobility percentage of each hospital element. 		
2. Operations section selects tentative march. (071-326-5805, 071-329-1019, 113-600-2001, 113-637-2001) <ul style="list-style-type: none"> a. Identifies all possible routes by conducting map reconnaissance. b. Identifies possible tactical implications for all possible routes in close coordination with the supporting rear operations element. c. Identifies possible problem areas and road trafficability from engineer road classification overlays and intelligence summaries. d. Identifies comparative analysis of all possible routes. e. Coordinates route selection with medical brigade operations branch/medical group S2/S3 section and supporting rear operations elements using radio, wire, or appropriate BFACS. f. Selects best possible route(s). g. Forward route(s) selection to medical operations officer for approval or modification. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>3. Operations section directs route reconnaissance activities. (071-326-5805)</p> <ul style="list-style-type: none"> a. Maintains situational awareness at all times using MTS or appropriate BFACS, if available. b. Requests MP route reconnaissance overlay. c. Tasks hospital elements to conduct reconnaissance of tentative march routes using radio, wire, or MTS. d. Briefs company HQ reconnaissance leader. e. Monitors movement and activities of all reconnaissance parties to ensure compliance with instructions and TSOP using radio, MTS, or appropriate BFACS. f. Debriefs company HQ reconnaissance leader upon completion of mission. <p>4. Operations section selects specific march route(s). (071-326-5805, 071-332-5000, 113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Consolidates all route reconnaissance party(s) data. b. Conducts comparative analysis of all data for each tentative route. c. Selects primary and secondary route(s) for each subordinate element. d. Coordinates hospital HQ route with company HQ commander. e. Prepares overlays using company HQ reconnaissance data. f. Provides reconnaissance and route selection update to the hospital commander. g. Forwards all reconnaissance data to medical brigade operations branch/medical group S2/S3 section, adjacent units, and subordinate elements units using radio, wire, MTS, or appropriate BFACS. <p>5. Supply and service division coordinates internal support requirements for move. (113-600-2001, 113-637-2001, 551-88N-0004)</p> <ul style="list-style-type: none"> a. Coordinates supply support with subordinate and attached elements. b. Coordinates maintenance support with subordinate and attached elements. c. Coordinates transportation support requirements with subordinate and attached elements. d. Coordinates food service support with subordinate and attached elements. <p>6. Operations section coordinates external movement support requirements. (113-637-2001, 151-357-0002, 551-88N-0004)</p> <ul style="list-style-type: none"> a. Coordinates additional external transportation requirements with the responsible movement control agency. b. Coordinates route clearances with responsible movement control agency or supporting rear operations element. c. Coordinates medical treatment and evacuation requirements and procedures with supporting MTF. d. Coordinates security escort requirements with supporting rear operations element. e. Coordinates for MP traffic control support with supporting MP element or rear operations element. f. Coordinates decontamination requirements with medical brigade/medical group chemical staff officer/NCO. <p>7. Operations section develops overall movement schemes for the company HQ. (113-600-2001, 113-637-2001, 551-88N-0004)</p> <ul style="list-style-type: none"> a. Coordinates with company HQ commander for the task organization and order of march for the hospital. b. Prepares road movement table(s), graphs, and overlays for the company HQ. c. Coordinates advance/quarterming party composition and departure time with the company HQ commander. d. Establishes echelons and priority of movement. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>8. Operations section develops support-during-movement plan. (113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Calculates projected hospitalization support and services requirements until new operations sites are established by determining the number of personnel supported and casualty estimates. b. Coordinates anticipated requirements with supported units in current AO. c. Coordinates internal emergency medical support with chief professional services. d. Provides recommendations for order of movement for hospital elements and specific shuttling of high priority hospitalization support and services assets. e. Establishes notification procedures to alert supported units of when, what, and where facilities are available during movement. <p>9. Operations section develops overall movement scheme for move. (113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Identifies the task organization for movement with critical supplies and equipment dispersed throughout all elements. b. Assigns order of march for movement by echelons. c. Prepares road movement table(s), graphs, and overlays for hospital move. <p>NOTE: Under MOPPA conditions, road movement table should be increased a minimum of three times the normal movement time.</p> <ul style="list-style-type: none"> d. Coordinates advance/quartering party composition and departure time with all subordinate elements using radio, wire, or appropriate BFACS. <p>10. Operations section drafts reference, time zone used, and task organization sections. (071-329-1019)</p> <ul style="list-style-type: none"> a. Lists all maps and overlays, charts, or other documents required to understand the order. b. Transcribes time zone used throughout from medical brigade/medical group OPLAN. c. Identifies task organization of hospital as directed by medical operations officer. <p>11. Operations section drafts paragraph 1, Situation.</p> <ul style="list-style-type: none"> a. Provides weather forecast for duration of move and its effect on route(s). b. Provides terrain analysis and its effect on the move. c. Lists enemy disposition, strength, and capability factors affecting hospital movement. d. Lists all friendly units that provide support to the hospital during the move. e. Lists attachments and detachments initiated for movement purposes only. <p>12. Operations section drafts paragraph 2, Mission.</p> <ul style="list-style-type: none"> a. States those tasks to be accomplished, addressing the elements of who, what, when, and where. b. Provides overall movement mission statement that includes the purpose of movement and the start times. <p>13. Operations section drafts paragraph 3, Execution.</p> <ul style="list-style-type: none"> a. Provides brief statement on the concept of the move. b. Lists all subordinate elements' taskings required to complete hospital move. c. Lists all coordinating instructions required to complete the hospital move. <p>14. Operations section drafts paragraph 4, Service Support.</p> <ul style="list-style-type: none"> a. Lists all elements and the service support they provide the hospital HQ. b. Lists all traffic control support that affects hospital HQ. c. Lists the hospital service support functions. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>15. Operations section drafts paragraph 5, Command and Signal and the Authentication Section.</p> <ul style="list-style-type: none"> a. Lists position of command group in the move and the location of hospital HQ during the hospital move. b. Lists CP closing and opening times and new location. c. List all analog and digital communications information. <p>NOTE: List includes effective SOI/SSI, instructions on the use of radio and pyrotechnics, any restriction on special communications procedures.</p> <ul style="list-style-type: none"> d. Lists acknowledgment instructions appropriate signature block, and distribution instructions. <p>16. Operations section distributes movement order.</p> <ul style="list-style-type: none"> a. Coordinates movement order review with other hospital staff elements. b. Forwards draft movement order to medical operations officer for approval or modifications. c. Distributes approved movement order to appropriate staff elements, divisions, and attached elements (using appropriate BFACS, if available). 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
071-326-5805	Conduct a Route Reconnaissance Mission	STP 21-24-SMCT
071-329-1019	Use a Map Overlay	STP 21-24-SMCT
071-332-5000	Prepare an Operation Overlay	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
151-357-0002	Coordinate Combat Service Support (CSS) Operations	STP 21-24-SMCT
551-88N-0004	Coordinate Unit Movement	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENT: HOSP OPERATIONS SECT**TASK: DEVELOP OCCUPATION PLAN (63-1-1011.08-705L)**

(FM 55-30)

(FM 101-5)

(FM 101-5-1)

(FM 3-3)

(FM 3-4)

(FM 3-5)

(FM 63-3)

(FM 7-20)

(FM 8-10)

(FM 8-10-14)

(FM 8-42)

(FM 8-55)

ITERATION: 1 2 3 4 5 M (Circle)**COMMANDER/LEADER ASSESSMENT:** T P U (Circle)

CONDITIONS: The hospital HQ has analog and/or digital communications with higher and lower HQ. The medical brigade/medical group HQ OPLAN/OPORD with all annexes, status reports, maps, overlays, and other required documents has been forwarded to the commander (or his digital device, if available). The XO has assigned responsibility for planning the occupation of new AO to the staff. The new site location has been received from medical brigade/medical group. The medical operations officer has primary responsibility for coordination with other hospital staff sections. The hospital TSOP has been updated to accommodate changing procedural requirements. Hospital elements missions have been identified. Hospital elements and hospital HQ locations have been designated. Current situation maps are available. Medical brigade DCSSPO/medical group S2/S3 has provided reconnaissance information furnished by units previously located in the general area. Coordinate with medical brigade DCSSPO/medical group S2/S3 for EOD support. Medical brigade/medical group and hospital analyses of the AO are available. Some areas selected may be in or around cities or towns. SCPE is on hand and/or field-expedient and natural shelters are available. The hospital commander has elected to locate outside the shelter and has appointed a liaison officer to coordinate C2 functions between him and the staff. This task is performed under all environmental conditions, both day and night. The unit is subject to air, NBC, and ground threat forces attack. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: Occupation plan is prepared IAW TSOP and is in compliance with hospital commander's guidance. The areas selected support hospital elements and hospital HQ personnel, equipment, and mission requirements. At MOPP4, performance degradation increases occupation plan completion time.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
1. Operations section verifies the suitability of the new area by map reconnaissance. (071-329-10190, 071-720-0015) <ul style="list-style-type: none"> a. Calculates space requirements for number and type of elements and base facilities proposed in the new area. b. Identifies space availability to support number and type of elements, and base facilities proposed in the new area. c. Identifies ability of area to support the hospital's equipment and vehicles. d. Identifies accessibility of roads and size of areas around buildings (MOUT environment). e. Identifies availability of area cover and concealment. f. Identifies area suitability for helicopter landing sites. 		
2. Administrative service and professional services perform a support analysis of tentative operational areas. <ul style="list-style-type: none"> a. Identify specific functional area advantages and disadvantages of proposed areas by reviewing medical brigade/medical group and hospital Analyses of the AO. b. Perform a communications support analysis citing advantages and disadvantages of proposed areas. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> c. Perform a hospitalization support and services analysis citing advantages and disadvantages of proposed areas. d. Perform an NBC defense analysis citing advantages and disadvantages of proposed areas. e. Perform ADP analysis citing advantages and disadvantages of proposed area. f. Perform OPSEC analysis citing advantages and disadvantages of proposed area. g. Forward hospitalization support and services analysis to operations section. <p>3. Operations section selects final sites for each subordinate elements and hospital HQ. (071-329-1019, 071-332-5000, 113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Maintains situation awareness at all times (using appropriate BFACS, if available). b. Identifies specific missions for each element in the hospital. c. Identifies proposed locations of all subordinate elements and hospital HQ. d. Posts proposed hospital HQ and subordinate elements' positions on the situation map(s) layout. e. Coordinates proposed site selections with subordinate elements and hospital staff using radio, wire, or appropriate BFACS. f. Briefs proposed layout and rationale to the hospital commander or XO for approval or modifications. g. Forwards approved site selections to medical brigade operations branch/medical group S2/S3 section, hospital staff, and subordinate elements, using radio, wire, or appropriate BFACS. h. Prepares map overlays with all appropriate boundaries, supply routes, and unit locations using symbols IAW FM 101-5-1. <p>4. Operations section formulates a tentative hospital and CP area layout plan. (113-573-8010)</p> <ul style="list-style-type: none"> a. Designates a general location for the hospital HQ. b. Designates location of CP and hospital elements. c. Designates location of company HQ. d. Prepares a traffic circulation plan which depicts the traffic pattern for key roads in the hospital area and the CP area. e. Prepares communication plan which shows wire diagrams that connect all hospital elements, and instructions for runners system until wire communications are operational. f. Prepares a hasty security plan which provides minimum requirements for all hospital elements. g. Disseminates hospital layout plan to all hospital elements and the hospital advance/quartering party leader (using appropriate BFACS, if available). <p>5. Operations section plans hospital advance/quartering party activities.</p> <ul style="list-style-type: none"> a. Identifies required advance/quartering party tasks from the TSOP. b. Identifies advance/quartering party vehicle and personnel constraints. c. Identifies time limitation for completion of advance/quartering party tasks. d. Lists essential tasks to be completed by advance/quartering party. e. Lists all equipment required to perform essential tasks based on vehicle constraints. f. Briefs hospital advance/quartering party leader on area preparation, vehicles, equipment, and options which might be caused by METT-TC. <p>6. Operations section determines support requirements during hospital movement.</p> <ul style="list-style-type: none"> a. Identifies needed hospitalization services for supported units during displacement. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
b. Lists alternatives for provision of hospitalization support and services during displacement. c. Identifies requirement for echelons of hospital move to provide continuous patient care. d. Communicates support requirements to medical brigade operations branch/medical group S2/S3 section. e. Coordinates hospital closing and reopening times with medical brigade operations branch/medical group S2/S3 section and supported units. f. Identifies disposition of admitted patients.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
071-329-1019	Use a Map Overlay	STP 21-24-SMCT
071-332-5000	Prepare an Operation Overlay	STP 21-24-SMCT
071-720-0015	Conduct an Area Reconnaissance by a Platoon	STP 21-24-SMCT
113-573-8010	Prepare Input to Signal Operation Instructions (SOI) Using Revised Battlefield Electronics CEOI Systems (RBECS) or Equivalent	STP 11-31U14-SM-TG
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENT: HOSP OPERATIONS SECT**TASK: PLAN HOSPITAL AREA TACTICAL OPERATIONS (63-1-1012.08-705L)**

(FM 8-10)

(FM 3-0)

(FM 3-3)

(FM 3-4)

(FM 34-10)

(FM 34-25)

(FM 3-5)

(FM 5-103)

(FM 63-3)

(FM 8-10-14)

(FM 8-42)

(FM 8-55)

ITERATION:

1

2

3

4

5

M

(Circle)

COMMANDER/LEADER ASSESSMENT:

T

P

U

(Circle)

CONDITIONS: The hospital HQ has analog and/or digital communications with higher and lower HQ. The medical brigade/medical group HQ OPORD with all annexes, status reports, maps, overlays, and other required documents has been forwarded to the commander (or his digital device, if available). The hospital commander has approved the supporting commander's (operation) estimate and provided his decision and concept of operations. Medical brigade/medical group OPLAN with annexes is available. The medical brigade/medical group and hospital analyses of the AO are available. Coordination has been established with the responsible rear operations element for required assistance, if needed. The hospital TSOP is available to provide guidance in planning future activities. Tentative locations of subordinate elements and support facilities have been designated. The threat has the capability of intelligence gathering and launching NBC attacks into the hospital area. The operations section continuously receives messages from higher, adjacent, and lower echelons by analog and/or digital communications or messenger. SCPE is on hand and/or field-expedient and natural shelters are available. The hospital commander has elected to locate outside the shelter and has appointed a liaison officer to coordinate C2 functions between him and the staff. This task is performed under all environmental conditions, both day and night. The unit is subject to air, NBC, and ground threat forces attack. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: NBC defense and OPSEC plans support the hospital commander's guidance, concept of operations, and provide procedures and measures to overcome or minimize the NBC and information collection threat. At MOPP4, performance degradation increases plan completion time.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ol style="list-style-type: none"> 1. Operations section analyzes tactical NBC information. <ol style="list-style-type: none"> a. Identifies established policies and procedures located in TSOP. b. Identifies NBC threat capabilities and recommended countermeasures by reviewing medical brigade/medical group NBC vulnerability analysis, BCOC TSOP, and intelligence estimate. c. Identifies potential targets in the area for NBC weapons. 2. Operations section prepares NBC defense plan. (031-506-3001, 031-506-3002, 031-506-3003, 031-506-3004, 031-506-4022, 031-506-4025, 113-600-2001, 113-637-2001) <ol style="list-style-type: none"> a. Establishes procedures and measures that reduce hospital vulnerability and increased protective measures. b. Specifies levels of protection that correspond with the NBC threat, including MOPP levels. c. Establishes procedures for incoming and outgoing reports on threat use of NBC weapons. d. Develops monitoring and survey plans that establish policies and procedures for hospital elements' survey, monitor, and decontamination teams' operations. e. Coordinates for a patient decontamination augmentation team with personnel from supported units. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
f. Develops personnel, equipment, and hospital patients decontamination site plans that establishes priorities for decontamination. g. Establishes coordination procedures for requesting additional decontamination support. h. Provides commander's radiation exposure guidance. i. Identifies nuclear and chemical medical treatment support procedures in coordination with the hospital adjutant and TRIAGE/EMT/PREOP section. j. Establishes alternate methods and levels of hospitalization support and services. k. Consolidates NBC information into appropriate format IAW the TSOP. l. Forwards the NBC defense plan to the medical operations officer for approval or modifications. m. Disseminates the NBC defense plan to all appropriate staffs sections and hospital elements. 3. Operations section prepares OPSEC Plan. (159-200-2020, 301-371-1050) a. Identifies established policies and procedures in the hospital TSOP. b. Identifies threat intelligence collection capabilities. c. Identifies EEFI indicators that affect or compromise information. d. Identifies all countermeasures and deception requirements, including defense against DE devices/weapons. e. Transcribes required information from medical brigade/medical group OPSEC annexes to OPLAN. f. Consolidates OPSEC information into appropriate format IAW the TSOP. g. Forwards draft OPSEC plan to medical operations officer for approval or modifications. h. Disseminates OPSEC plan to all hospital staff sections and subordinate elements using radio, wire, or appropriate BFACS.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
031-506-3001	PLAN DECONTAMINATION OPERATIONS	STP 3-54B34-SM-TG
031-506-3002	PLAN RADIOLOGICAL SURVEY	STP 3-54B34-SM-TG
031-506-3003	PLAN CHEMICAL SURVEY	STP 3-54B34-SM-TG
031-506-3004	PLAN BIOLOGICAL SAMPLING	STP 3-54B34-SM-TG
	OPERATIONS	
031-506-4022	PERFORM NUCLEAR VULNERABILITY ANALYSIS	STP 3-54B34-SM-TG
031-506-4025	ESTABLISH DECONTAMINATION MATERIAL REQUIREMENTS	STP 3-54B34-SM-TG
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
159-200-2020	Integrate threat capabilities into mission planning.	STP 21-24-SMCT
301-371-1050	IMPLEMENT OPERATIONS SECURITY (OPSEC) MEASURES	STP 21-1-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENT: HOSP OPERATIONS SECT**TASK: ESTABLISH COMMUNICATIONS (63-1-1017.08-705L)**

(FM 24-18)	(AR 200-1)	(AR 380-40)
(AR 381-26)	(AR 385-10)	(FM 100-20)
(FM 11-32)	(FM 11-55)	(FM 24-19)
(FM 24-33)	(FM 24-35)	(FM 24-35-1)
(FM 3-0)	(FM 3-100.4)	(FM 3-11.21)
(FM 8-10)	(FM 8-10-14)	(FM 8-9)
(TC 24-20)	(TC 3-34.489)	(TG 244)

ITERATION: 1 2 3 4 5 M (Circle)**COMMANDER/LEADER ASSESSMENT:** T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. The battalion HQ is in the process of trying to establish analog and/or digital communications with subordinate and supported units in the new area. The TSOPs, OPORDs, analog/digital communications plan, and other required documents are available. The hospital advance/quartermaster party has secured the new area. Hospital communications personnel have accompanied the advance party to establish the hospital communications and/or ADPE system(s). The supporting signal element is responsible for running wire to the hospital CP. The TSOP and OPORD are available. The location for the TOC and other unit elements have been identified. The communications plan is available. Equipment and personnel are available. Initial communications are established by the advance communications element. Message service is provided on a 24-hour basis. Hospital should not set up in a contaminated area. This task is performed under all environmental conditions, both day and night. The unit is subject to air, NBC, and ground threat forces attack. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: Wire, radio, digital telephone communications and generator power are established IAW communications plan, OPORD, SOI/SSI, and TSOP. At MOPP4, performance degradation factors increase the time required to establish communications.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
1. Communications/electronics section chief organizes communications element of the advance/quartermaster party. (101-92Y-0006, 113-600-2001, 113-637-2001) <ol style="list-style-type: none"> Selects personnel to perform all communications set-up at new location. Selects required vehicles and equipment to establish communications at the new site IAW movement order or TSOP. Coordinates area communications system support at the new location with supporting signal element. Inspects personnel, vehicles, and equipment before departure for compliance with TSOP and hospital commander's guidance. Dispatches communications element to the assembly area for departure. Dispatches communications element to assembly area of departure. 		
2. Communications element provides assistance for area communications/ADPE systems hook-up. <ol style="list-style-type: none"> Identifies location of the hospital switchboard in coordination with headquarters advance element leader. Identifies all other elements that require area communication system hook-up. Provides for electronic protect in assigning sites, communications missions, and frequencies, if required. 		
3. Communications element installs local and area networks, if required.		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> a. Determines communications service requirements. b. Ensures analog/digital communications links with higher, adjacent, subordinate, and supported units. c. Plans backup means of communications. d. Implements backup or alternate means of communications. <p>4. Communications/electronics section chief performs system/software security manager functions. (113-600-2001, 113-637-2001)</p> <p>NOTE: Disregard this task step, if not applicable.</p> <ul style="list-style-type: none"> a. Issues passwords. b. Installs anti-virus software. c. Performs CSSCS network management functions in support of operations section. d. Coordinates with the CSSAMO to resolve application problems with CSS STAMIS and CSSCS. e. Advises the commander, staff, and subordinate units on communications matters. f. Coordinates with operations section to ensure COOP is included in the communications estimate/plan. <p>5. Communications element establishes wire communications for digital/non-digital telephones and ADPE. (113-580-0051, 113-580-1032, 113-580-1033, 113-580-2070, 113-580-3067, 113-580-3069, 113-581-1002, 113-583-1022, 113-597-0002, 113-597-1002, 113-597-3002, 113-625-1038, 850-001-4001)</p> <ul style="list-style-type: none"> a. Identifies locations of all subordinate elements. b. Plans wire, telephone, facsimile, and/or ADPE installation. c. Prepares telephone/ADPE traffic diagrams. d. Installs equipment (e.g., telephone switchboard, telephones, facsimiles, ADPE, etc.) IAW TSOP. e. Lays wire for communications/ADPE between switchboard/ADPE terminals and subordinate element, as required. f. Establishes wire communications between the TOC and switchboard. g. Establishes wire communications for data transfer between CP and ADPE terminals, if required. h. Establishes other wire communications between switchboard/ADPE and subordinate elements when area signal support personnel arrive. i. Tests each circuit (e.g., telephone, facsimile, switchboard, and/or ADPE) to ensure there are no breaks in the wire system. j. Operates the hospital switchboard. k. Employs safety procedures IAW AR 385-10 and TSOP. l. Employs environmental protection procedures IAW AR 200-1 and TSOP. <p>* 6. Communications section chief selects radio communications site. (113-580-7084, 113-611-1015, 850-001-2000)</p> <ul style="list-style-type: none"> a. Selects best location for primary communications site based on tactical and technical requirements in coordination with the advance/quartermaster party leader. b. Selects alternate site(s). c. Selects locations away from power lines and other friendly sources of frequency interference. d. Establishes physical security control of COMSEC material and documents containing EEFI. e. Incorporates signal site defense plan with overall defense plan. f. Enforces safety procedures IAW AR 385-10 and TSOP. g. Enforces environmental protection procedures IAW AR 200-1 and TSOP. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>7. Communications element establishes radio communications. (052-191-1361, 052-191-1362, 113-571-1003, 113-620-0107, 113-620-1001, 113-620-1040, 113-620-3001, 850-001-2000)</p> <ul style="list-style-type: none"> a. Installs power generator sets. b. Installs radio. c. Constructs double antenna to improve communications or as an EA precaution. d. Implements physical security plan. e. Establishes a NCS. f. Makes initial entry into designated net. g. Employs safety procedures IAW AR 385-10 and TSOP. h. Employs environmental protection procedures IAW AR 200-1 and TSOP. <p>8. Communications element operates radio set. (113-571-1003, 113-620-2001, 113-620-2002, 113-620-3001)</p> <ul style="list-style-type: none"> a. Performs pre-operational and procedural checks. b. Sets radio for secure operations. c. Grounds tent and/or vehicle. d. Applies power to radio set. e. Switches to AC power. f. Performs tuning procedures. g. Performs operational checks. h. Enters net using proper operating signals and PROSIGNs. i. Employs safety procedures IAW AR 385-10 and TSOP. j. Employs environmental protection procedures IAW AR 200-1 and TSOP. <p>9. Communications element establishes generator power. (101-92Y-0006, 113-601-1001, 113-601-2001, 113-601-2002, 113-601-3001, 113-601-3016, 850-001-2000)</p> <ul style="list-style-type: none"> a. Selects sites. b. Establishes fire and fuel storage points. c. Levels generator sets. d. Conducts pre-operational PMCS. e. Grounds generator sets. f. Connects DC power cable. g. Performs starting procedures. h. Accomplishes transition to generator power with minimum interruption of communications. i. Constructs sound barriers and screening system to muffle noise. j. Operates generator sets IAW applicable TM. k. Employs safety procedures IAW AR 385-10 and TSOP. l. Employs environmental protection procedures IAW AR 200-1 and TSOP. <p>10. Communications element establishes a message center. (850-001-2000)</p> <ul style="list-style-type: none"> a. Establishes primary and alternate messenger routes and schedules. b. Coordinates pickup and delivery times with users. c. Identifies type of messengers to be used. d. Establishes message control and accountability procedures. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
052-191-1361	CAMOUFLAGE YOURSELF AND YOUR INDIVIDUAL EQUIPMENT	STP 21-1-SMCT
052-191-1362	CAMOUFLAGE EQUIPMENT	STP 21-1-SMCT
101-92Y-0006	Inspect equipment for accountability, cleanliness, and serviceability	STP 21-24-SMCT
113-571-1003	ESTABLISH, ENTER, AND LEAVE A RADIO NET	STP 11-31C13-SM-TG
113-580-0051	Troubleshoot a Desktop IBM or Compatible Microcomputer	STP 11-31U14-SM-TG
113-580-1032	Configure a Desktop IBM or Compatible Microcomputer for Operation	STP 11-31U14-SM-TG
113-580-1033	Install Network Hardware/Software in a Desktop IBM or Compatible Microcomputer	STP 11-31U14-SM-TG
113-580-2070	PERFORM SYSTEM INITIALIZATION OF AN AUTOMATED INFORMATION SYSTEM (AIS)	STP 11-74B14-SM-TG
113-580-3067	PERFORM PREVENTIVE MAINTENANCE CHECKS AND SERVICES (PMCS) ON AN EVEREX SMC/EDS 486/33 MICROCOMPUTER	STP 11-74B14-SM-TG
113-580-3069	Perform Unit Level Maintenance (ULM) on a Desktop IBM or Compatible Microcomputer	STP 11-31U14-SM-TG
113-580-7084	SELECT A SITE FOR A TACTICAL AUTOMATED INFORMATION SYSTEM (AIS)	STP 11-74B14-SM-TG
113-581-1002	Install the Integrated System Control (ISYSCON) AN/TYQ-76A(V)1/2	STP 11-31F13-SM-TG
113-583-1022	INSTALL DATA COMMUNICATIONS EQUIPMENT	STP 11-74B14-SM-TG
113-597-0002	Troubleshoot Tactical Lightweight Digital Facsimile (LDF) AN/UXC-7 or a Similar System	STP 11-31U14-SM-TG
113-597-1002	Install Tactical Lightweight Digital Facsimile (LDF) AN/UXC-7 or a Similar System	STP 11-31U14-SM-TG
113-597-3002	Perform Scheduled Unit Level Maintenance (ULM) on Tactical Lightweight Digital Facsimile (LDF) AN/UXC-7 or a Similar System	STP 11-31U14-SM-TG
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-601-1001	INSTALL GENERATOR SET 5 KW OR PU-620	STP 11-31C13-SM-TG
113-601-2001	OPERATE GENERATOR SET 5 KW OR PU-620	STP 11-31C13-SM-TG

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
113-601-2002	PERFORM OPERATOR'S TROUBLESHOOTING PROCEDURES ON GENERATOR SET 5 KW/PU-620	STP 11-31C13-SM-TG
113-601-3001	PERFORM PMCS ON GENERATOR SET 5 KW OR PU-620	STP 11-31C13-SM-TG
113-601-3016	PERFORM UNIT LEVEL MAINTENANCE ON GENERATOR SETS 3 KW - 10 KW	STP 11-31C13-SM-TG
113-611-1015	Select a Radio Site	STP 11-74C14-SM-TG
113-620-0107	Troubleshoot Improved High Frequency Radio (IHFR) Set AN/GRC-213 or a Similar System	STP 11-31U14-SM-TG
113-620-1001	INSTALL RADIO SET AN/GRC-106(*)	STP 11-31C13-SM-TG
113-620-1040	Install Improved High Frequency Radio (IHFR) Set AN/GRC-213 or a Similar System	STP 11-31U14-SM-TG
113-620-2001	OPERATE RADIO SET AN/GRC-106(*)	STP 11-31C13-SM-TG
113-620-2002	PERFORM OPERATOR TROUBLESHOOTING PROCEDURES ON RADIO SET AN/GRC-106(*)	STP 11-31C13-SM-TG
113-620-3001	PERFORM PMCS ON RADIO SET AN/GRC-106(*)	STP 11-31C13-SM-TG
113-625-1038	Install Mobile Subscriber Radiotelephone Terminal (MSRT) AN/VRC-97	STP 11-31U14-SM-TG
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-4001	Integrate Risk Management Into Platoon	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE**OPFOR TASKS AND STANDARDS: NONE**

ELEMENT: HOSP OPERATIONS SECT**TASK: OPERATE THE TACTICAL OPERATIONS CENTER (63-1-1022.08-705L)**

(FM 8-10-14)	(FM 100-15)	(FM 100-20)
(FM 101-5)	(FM 3-0)	(FM 3-11.21)
(FM 3-3)	(FM 3-4)	(FM 3-5)
(FM 8-10)	(FM 8-42)	(FM 8-55)
(FM 8-9)	(TG 244)	

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. The hospital HQ has analog and/or digital communications with higher and lower HQ. The medical brigade/medical group HQ OPORD with all annexes, status reports, maps, overlays, and other required documents has been forwarded to the commander (or his digital device, when available). Hospitalization support and services operations have commenced. The hospital commander and XO have determined the composition of the TOC. Tactical and logistics information are continuously received by radio, telephone, and messenger. The medical brigade/medical group OPORD with annexes is available. The hospital may be subject to attack by threat forces, NBC attack, and radiological fallout. SCPE is on hand and/or field-expedient and natural shelters are available. The hospital commander has elected to locate outside the shelter and has appointed a liaison officer to coordinate C2 functions between him and the staff. This task is performed under all environmental conditions, both day and night. The unit is subject to air, NBC, and ground threat forces attack. This task should not be trained in MOPP4.

TASK STANDARDS: Continuous hospitalization support and services is provided in area of responsibility to sustain operations on a 24-hour basis. At MOPP4, performance degradation factors increase supervisory, managerial, administrative, and coordination completion times.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Medical operations officer supervises hospitalization support and services operations.</p> <ul style="list-style-type: none"> a. Develops a two-shift schedule that maintains 24-hour operations. b. Conducts detailed shift change briefings. c. Coordinates hospitalization support and services policies and mission changes with medical brigade/medical group and supported units. d. Monitors subordinate elements' operational activities by reviewing records and reports to ensure required hospitalization support and services is being provided. e. Directs cross attachment for subordinate unit augmentation, as required. f. Directs revision of task organization based upon changing requirements, workloads, and priorities. g. Coordinates redistribution of hospitalization support and services requirements with medical brigade/medical group MRO based upon priorities of support. h. Monitors hospitalization support and services operations to ensure efficient response to medical brigade/medical group directives. i. Supervises maintenance of the hospitalization support and services situation map(s). j. Supervises preparation and submission of subordinate unit's terrain requirement data to supporting units. k. Supervises operations of the operations section to ensure compliance with the CHS annex and hospital commander's guidance. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> l. Supervises hospitalization support and services contingency planning. m. Provides operational briefings to the hospital commander, as required, that provide actual status of hospitalization support and services to supported units. n. Briefs hospital commander on actual status of hospitalization support and services. <p>2. Operations section coordinates hospitalization support and services operations within area of responsibility. (071-329-1019, 071-332-5021, 113-600-2001, 113-637-2001, 151-357-0002, 805C-PAD-2461)</p> <ul style="list-style-type: none"> a. Maintains current CHS situation maps with all unit and facility locations posted within 50 meters. b. Maintains a supported unit list that is current and reflects changing requirements, workloads, and priorities of tactical operations. c. Maintains CHS overlay that shows current locations of supporting CHS units. d. Monitors operational reports from subordinate units to determine if requirements exceed capabilities. e. Coordinates cross attachment for unit augmentation, as required. f. Disseminates hospitalization support and services mission changes to subordinate elements by the most secure means. g. Coordinates proposed task organizations with medical brigade DCSSPO/medical group S2/S3. <p>3. Operations section prepares FRAGO to CHS Annex. (071-326-5502, 113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Prepares the operational changes as specified by the medical operations officer based on supplemental information. b. Completes all message forms IAW TSOP and SSI within the time specified by the hospital commander's or medical operations officer guidance. c. Forwards draft FRAGO to medical operations officer for review and approval. d. Disseminates FRAGO to all elements. <p>4. Medical operations officer disseminates intelligence and weather information. (113-600-2001, 113-637-2001, 301-371-1000)</p> <ul style="list-style-type: none"> a. Monitors intelligence summaries and reports to identify information pertinent to hospitalization support and services operations. b. Monitors weather reports to identify data that could effect operations. c. Forwards all pertinent intelligence and weather information to subordinate elements. <p>5. Operations section coordinates internal requirements with the administrative division and supply and services division. (113-600-2001, 113-637-2001, 805C-PAD-2461)</p> <ul style="list-style-type: none"> a. Maintains current status of subordinate elements' personnel strengths that directly affects the hospitalization support and services mission. b. Maintains current status of subordinate elements' supplies and equipment operational readiness that directly affects the hospitalization support and services mission. <p>6. Operations section coordinates tactical situation. (113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Monitors tactical situation for indications that may affect hospitalization support and services mission accomplishment. b. Coordinates relocation of hospital based upon the tactical situation with medical brigade DCSSPO/medical group S2/S3. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
c. Coordinates NBC indications or implications of current operations with medical brigade DCSSPO/medical group S2/S3.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
071-326-5502	Issue a Fragmentary Order	STP 21-24-SMCT
071-329-1019	Use a Map Overlay	STP 21-24-SMCT
071-332-5021	Prepare a Situation Map	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
151-357-0002	Coordinate Combat Service Support (CSS) Operations	STP 21-24-SMCT
301-371-1000	REPORT INTELLIGENCE INFORMATION	STP 21-1-SMCT
805C-PAD-2461	Maintain Accountability of Personnel (Status Report)	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENT: HOSPITAL HEADQUARTERS**TASK: PROVIDE COMMAND AND CONTROL (63-1-1045.08-705L)**

(FM 101-5)	(AR 1-201)	(AR 200-1)
(AR 25-1)	(AR 25-50)	(AR 385-10)
(FM 100-10)	(FM 100-20)	(FM 3-0)
(FM 3-100.4)	(FM 3-11.21)	(FM 3-3)
(FM 3-4)	(FM 3-5)	(FM 63-3)
(FM 8-10)	(FM 8-10-14)	(FM 8-42)
(FM 8-55)	(FM 8-9)	(TC 3-34.489)
(TG 244)		

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. The hospital HQ has analog and/or digital communications with higher and lower HQ. The medical brigade/medical group HQ OPORD with all annexes, status reports, maps, overlays, and other required documents has been forwarded to the commander (or his digital device, when available). Hospitalization support and services operations have commenced. Hospitalization support and services requirements exists. The hospital CP area has been established. The TOC and administrative areas are operational. During operations, members of the hospital HQ become casualties. Tactical and CHS information are continuously received by analog and/or digital communications or messenger. OPORD and TSOP are available. SCPE is on hand and/or field-expedient and natural shelters are available. The hospital commander has elected to locate outside the shelter and has appointed a liaison officer to coordinate C2 functions between him and the staff. This task is performed under all environmental conditions, both day and night. The unit is subject to air, NBC, and ground threat forces attack. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: C2 of all subordinate elements activities is conducted IAW plans, established policies and directives, and the TSOP. At MOPP4, performance degradation factors increase time of decision making procedures and activities.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
* 1. Hospital commander and staff officers supervise activities of hospital elements. (113-600-2001, 113-637-2001) <ul style="list-style-type: none"> a. Monitor performance of hospital elements to ensure that required level of operational readiness established in TSOP and OPORD is maintained. b. Monitor hospitalization support and services plan effectiveness to determine how well plans are working. c. Assign specific tasks to hospital elements. d. Monitor hospital elements implementation of decisions, directives, and instructions for compliance. e. Issue FRAGOs to implement changes to OPORD and annexes using radio, wire, or appropriate BFACS. f. Monitor safety procedures IAW AR 385-10 and TSOP. g. Monitor environmental protection procedures IAW AR 200-1 and TSOP. 		
* 2. XO manages administrative services. <ul style="list-style-type: none"> a. Implements the commander's directives in staff planning and policies. b. Supervises preparation of staff actions. c. Formulates staff operating policies. d. Supervises maintenance of master policy files. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> e. Monitors all staff actions for conformity to hospital the commander's guidance. f. Coordinates assigned missions with subordinate units' commanders using radio, wire, or appropriate BFACS. g. Supervises the operations of the hospital CP. h. Monitors safety procedures IAW AR 385-10 and TSOP. i. Monitors environmental protection procedures IAW AR 200-1 and TSOP. <p>3. Hospital HQ section exchanges information. (113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Translates pertinent information into usable data for decision making. b. Coordinates information exchange within, and with higher and adjacent medical units using radio, wire, or appropriate BFACS. c. Conducts daily operational briefings. <p>4. Hospital HQ section conducts staff liaison. (113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Provides advice to the medical brigade/medical group commander on hospitalization support and services operations, if requested. b. Provides input to planning for medical brigade/medical group operations. c. Coordinates with the medical brigade/medical group for logistics support using radio, wire, or appropriate BFACS. <p>5. Hospital HQ section maintains policy files. (071-329-1019, 071-332-5021, 121-004-1227, 121-004-1228, 121-004-1515)</p> <ul style="list-style-type: none"> a. Maintains current policy files by tabbing, indexing, and posting. b. Maintains file of current staff journals. c. Maintains file of current workbooks. d. Maintains a suspense file. e. Maintains current analog/digital situation maps and overlays. <p>6. Hospital HQ section processes incoming and outgoing correspondence. (121-004-1203, 121-004-1205, 121-004-1208, 121-004-1216, 121-004-1223, 121-004-1224)</p> <ul style="list-style-type: none"> a. Types correspondence (e.g., memorandums, endorsements, military orders, or joint messages). b. Routes incoming distribution. c. Assembles correspondence. d. Dispatches outgoing distribution. <p>7. Hospital HQ section reacts to loss of key personnel.</p> <ul style="list-style-type: none"> a. Realigns staff based on line of succession. b. Maintains continuity of operations. c. Forwards casualty report(s) to medical brigade DCSPER/medical group S1 within 24-hours or as battlefield situation permits using radio, wire, or appropriate BFACS. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
071-329-1019	Use a Map Overlay	STP 21-24-SMCT
071-332-5021	Prepare a Situation Map	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
121-004-1203	Type a Letter	STP 12-71L12-SM
121-004-1205	TYPE A JOINT MESSAGEFORM	STP 12-71L12-SM
121-004-1208	TYPE MILITARY ORDERS	STP 12-71L12-SM
121-004-1216	TYPE A SPECIAL PURPOSE MEMORANDUM	STP 12-71L12-SM
121-004-1223	ROUTE INCOMING DISTRIBUTION	STP 12-71L12-SM
121-004-1224	DISPATCH OUTGOING DISTRIBUTION	STP 12-71L12-SM
121-004-1227	Establish Files	STP 12-71L12-SM
121-004-1228	File Documents/Correspondence	STP 12-71L12-SM
121-004-1515	POST REGULATIONS AND DIRECTIVES	STP 12-71L12-SM

SUPPORTING COLLECTIVE TASKS: NONE**OPFOR TASKS AND STANDARDS: NONE**

ELEMENT: HOSPITAL HEADQUARTERS**TASK: DIRECT RESPONSE TO THREAT ACTIONS (63-1-1052.08-705L)**

(FM 100-15)	(FM 100-10)	(FM 100-20)
(FM 101-5)	(FM 22-100)	(FM 3-0)
(FM 3-11.21)	(FM 3-3)	(FM 3-4)
(FM 3-5)	(FM 63-3)	(FM 7-10)
(FM 7-20)	(FM 8-10)	(FM 8-10-14)
(FM 8-9)	(TG 244)	

ITERATION: 1 2 3 4 5 M (Circle)**COMMANDER/LEADER ASSESSMENT:** T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. The hospital HQ has analog and/or digital communications with higher and lower HQ. The medical brigade/medical group HQ OPOD with all annexes, status reports, maps, overlays, and other required documents has been forwarded to the commander (or his digital device, when available). Enemy elements have been sighted in the hospital's AO. The BCOC in which the hospital is located is operational. Bases in the cluster have reported threat attacks. The rear operations annex and TSOP are available. Hospital elements are providing current SITREPs. Threat information is provided by the medical brigade operations branch/medical group S2/S3 section and the supporting rear operations element. SCPE is on hand and/or field-expedient and natural shelters are available. Hospital commander has elected to locate outside the shelter and has appointed a liaison officer to coordinate C2 functions between him and the staff. This task is performed under all environmental conditions, both day and night. The unit is subject to air, NBC, and ground threat forces attack. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: The enemy is repelled and/or delayed IAW the provisions of the Geneva Conventions until hospital is relieved by MP elements or TCF. The hospital's pre established degradation of hospitalization support and services is maintained IAW TSOP. At MOPP4, performance degradation factors minimally decrease rear area operations activities.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. Hospital commander and staff make appropriate response determination. (113-600-2001, 113-637-2001, 181-105-1001, 181-105-2001)</p> <ul style="list-style-type: none"> a. Verify threat with BCOC. b. Verify base(s) priority as established by the BCOC defense plan. c. Order subordinate medical elements not to engage threat force unless attacked IAW the Geneva Conventions. <p>2. Hospital HQ monitors threat location and size. (071-329-1019, 071-332-5021, 113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Maintains map surveillance of enemy force as information is received in subordinate element's SPOTREP. b. Maintains analog/digital map surveillance of enemy force as information is received in subordinate element's SPOTREP. c. Forwards SPOTREP to medical brigade operations branch/medical group S2/S3 section and/or supporting rear area operations element(s) using radio, wire, or appropriate BFACS. d. Disseminates current threat information to all hospital elements using radio, wire, or appropriate BFACS. <p>* 3. Hospital commander and staff coordinate hospital response. (071-332-5021, 071-430-0002, 071-430-0006, 113-600-2001, 113-637-2001, 151-357-0002, 301-371-1150, 441-091-3000)</p>		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> a. Maintain situational awareness at all times (using appropriate BFACS, if available). b. Maintain analog/digital communications with all elements using radio, wire, appropriate BFACS, or messenger. c. Establish security level consistent with threat size, equipment, and BCOC instructions. d. Forward SITREP to medical brigade operations branch/medical group S2/S3 section and supporting rear operations element as situation changes. e. Report current situation to hospital elements as soon as situation changes. f. Recall isolated hospital elements to predetermined defensive positions within their specific base cluster. g. Coordinate internal response force commitment with the respective BCOC and medical brigade operations branch/medical group S2/S3 section and supporting rear operations element. h. Assemble internal response forces at predesignated rally points as prescribed by the defense plan. i. Direct internal response force to defend patients from enemy penetration into hospital area. j. Coordinate defensive repositioning with responsible BCOC and medical brigade operations branch/medical group S2/S3 section and supporting rear operations element. k. Identify projected degradation levels of hospitalization support and services within the hospital in coordination with the medical brigade operations branch/medical group S2/S3 section and all supported units. l. Forward identified hospitalization support and services degradation levels to medical brigade operations branch/medical group S2/S3 section. m. Maintain current analog/digital situation maps showing current locations of all friendly and enemy forces. n. Coordinate additional security requirements for movement of hospitalization support and services through affected areas with medical brigade operations branch/medical group S2/S3 section and supporting rear operations element. o. Coordinate information concerning threat NBC activities with medical brigade operations branch/medical group S2/S3 section and/or supporting rear area operations element. p. Make recommendations to hospital commander on partial suspension of hospitalization support and services functions until threat is driven from the AO or units are relieved by the MP or TCF. q. Downgrade security level as the threat is driven from area or defeated. <p>4. Staff sections supervise reorganization of hospital defense. (113-600-2001, 113-637-2001, 151-357-0002)</p> <ul style="list-style-type: none"> a. Perform damage assessment of area of responsibility by reviewing SITREPs from hospital elements. b. Reestablish communications with subordinate, superior, and adjacent units as necessary. c. Direct hospital defense plan adjustments, as required. d. Coordinate hospital resupply plan with the supply and service division, medical brigade DCSLOG/medical group S4, and supporting rear operations element. e. Reestablish security. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"*" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
071-329-1019	Use a Map Overlay	STP 21-24-SMCT
071-332-5021	Prepare a Situation Map	STP 21-24-SMCT
071-430-0002	Conduct a Defense by a Squad	STP 21-24-SMCT
071-430-0006	Conduct a Defense by a Platoon	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
151-357-0002	Coordinate Combat Service Support (CSS) Operations	STP 21-24-SMCT
181-105-1001	Comply with the Law of War and the Geneva and Hague Conventions	STP 21-1-SMCT
181-105-2001	Enforce the Law of War and the Geneva and Hague Conventions	STP 21-24-SMCT
301-371-1150	IDENTIFY INTELLIGENCE AND ELECTRONIC WARFARE (IEW) ASSETS	STP 21-24-SMCT
441-091-3000	Supervise the Implementation of Air Defense Measures	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: HOSP OPERATIONS SECT
SUPPLY & SERVICE DIV
SUP & SVC DIV (AUG)

TASK: DIRECT AREA DAMAGE CONTROL OPERATIONS (63-1-1053.08-705L)
(FM 63-3) (FM 100-10) (FM 100-15)
(FM 3-0) (FM 3-3) (FM 3-4)
(FM 3-5) (FM 8-10) (FM 8-10-14)

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital HQ has analog and/or digital communications with higher and lower HQ. The medical brigade/medical group HQ OPORD with all annexes, status reports, maps, overlays, and other required documents has been forwarded to the commander (or his digital device, when available). Enemy attacks have caused destruction of equipment and facilities in the hospital's area. Limited hospitalization support and services operations are reinstated. Complete restoration of hospitalization support and services operations is required for sustainment of combat operations. OPORD, rear operations annex, and TSOP are available. ADC teams have been designated. The hospital commander has established ADC priorities. Limited assistance is provided by the medical brigade/medical group. SCPE is on hand and/or field-expedient and natural shelters are available. The hospital commander has elected to locate outside the shelter and has appointed a liaison officer to coordinate C2 functions between him and the staff. This task is performed under all environmental conditions, both day and night. The unit is subject to air, NBC, and ground threat forces attack. Some iterations of this task should be performed in MOPPA.

TASK STANDARDS: Restoration activities are conducted and additional requirements are coordinated IAW hospital commander's priorities and guidance, OPORD, and TSOP. At MOPPA, performance degradation factors minimally decrease ADC activities.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
1. Operations section and supply and service division establish control and assessment CP. (071-332-5021) a. Identify personnel requirements for control and assessment CP. b. Identify established policies and procedures by reviewing the rear operations annex and the TSOP. c. Set up ADC situation maps.		
2. Operations section and supply and service division coordinates hospital restoration activities. (071-332-5021, 113-600-2001, 113-637-2001) a. Identify requirements and taskings by reviewing ADC plan and TSOP. b. Alert control and assessment teams. c. Establish ADC communications to transmit all required communications. d. Coordinate ADC operations with medical brigade DCSSPO/medical group S2/S3 and supporting rear operations element. e. Maintain ADC situation maps. f. Establish control of affected hospital elements. g. Calculate effectiveness of hospital elements. h. Forward unit effectiveness reports to medical brigade/medical group and supporting rear operations element. i. Provide ADC operational update to hospital commander.		
3. Operations section and supply and service division direct recovery activities. (113-600-2001, 113-637-2001)		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
a. Establish priorities for affected facilities. b. Task hospital elements for rescue teams. c. Coordinate with medical brigade DCSSPO/medical group S2/S3 for decontamination teams. d. Provide locations of decontamination sites. e. Identify locations of emergency food, clothing, water, and shelter. f. Coordinate emergency treatment and evacuation with supporting MTF using radio, wire, or appropriate BFACS, as required. 4. Operations section and supply and service division coordinate additional support requirements. (113-600-2001, 113-637-2001, 151-357-0002) a. Coordinate engineer support with supporting rear operations element. b. Coordinate MP support with supporting rear operations element. c. Coordinate EOD support with supporting rear operations element. d. Coordinate labor support with supporting rear operations element. e. Coordinate additional ADC requirements with medical brigade DCSSPO/medical group S2/S3 using radio, wire, or appropriate BFACS.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
071-332-5021	Prepare a Situation Map	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
151-357-0002	Coordinate Combat Service Support (CSS) Operations	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: HOSPITAL HEADQUARTERS
HOSP OPERATIONS SECT
COMPANY HEADQUARTERS
UNIT HEADQUARTERS

TASK: PLAN HOSPITAL DEFENSE (63-2-1010.08-705L)

(FM 7-20)

(FM 3-11.21)

(FM 3-5)

(FM 8-10)

(FM 8-9)

(FM 100-20)

(FM 3-3)

(FM 4-02.7)

(FM 8-10-14)

(TG 244)

(FM 3-0)

(FM 3-4)

(FM 5-33)

(FM 8-55)

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. The hospital's defensive area of responsibility is assigned by the medical brigade operations branch/medical group S2/S3 section. Hospital commander/XO have conducted a mounted or dismounted reconnaissance of the area. Selected personnel have occupied initial defensive positions. Hospital layout plan is finalized. Selected personnel have occupied initial security positions. The hospital's administrative and operational areas are established simultaneously with its defensive set up. Medical operations officer has responsibility for publication and distribution of defense plan. The detail and complexity of the defense is dependent upon the amount of time the hospital is to be at this location. The threat is capable of employing TACAIR sorties, airborne and airmobile regular Army units, and local guerilla elements. Medical brigade/medical group and hospital TSOPs are available. This task may be performed under all environmental conditions, day or night and provisions of the Geneva Conventions. SCPE is on hand and/or field-expedient and natural shelters are available. The hospital commander has elected to locate outside the shelter and has appointed a liaison officer to coordinate C2 functions between him and the staff. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: Defense plan is completed IAW the TSOP, provisions of the Geneva Conventions, medical brigade/medical group HQ guidance, and base or base cluster commander's defense plan, and is integrated into the area defense plan. At MOPP4, performance degradation factors increase hospital defense planning completion time.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
1. Operations section performs terrain analysis of hospital's area of responsibility <ul style="list-style-type: none"> a. Identifies terrain features which provide cover and concealment or other advantages to the threat force. b. Identifies likely avenues of approach for mounted and dismounted forces and threat aircraft. c. Identifies probable dead space(s) in the hospital's area. d. Identifies locations of restrictive fire zones within or in the immediate vicinity of the hospital's area of responsibility. 		
* 2. Company HQ commander and leaders prepare preliminary defensive fire plan. (071-326-5775, 113-600-2001, 113-637-2001, 850-001-2000, 850-001-4001) <ul style="list-style-type: none"> a. List available individual weapons and element to which they are assigned. b. Calculate each element's personnel assets based on the availability of personnel during normal operations. c. Designate element boundaries that cover the entire hospital area of responsibility based on the normal availability of weapons and personnel. d. Establish coordination channels with adjacent medical units to prevent fratricide. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 3. Company HQ commander and leaders prepare preliminary air defense plan. (441-091-3000)</p> <ul style="list-style-type: none"> a. Identify applicable air defense policies, procedures, and requirements in the medical command/medical brigade and hospital TSOP. b. List probable air avenues of approach. c. List current weapon control status as received from the medical command/medical brigade operations branch. d. Identify air defense warning signals. e. Designate locations for air watch positions. <p>* 4. Company HQ commander prepares internal reaction force plan. (071-326-5775, 113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Lists internal reaction force requirements based on medical brigade/medical group TSOP and the hospital commander's guidance. b. Lists internal reaction force requirements based on hospital TSOP and personnel availability. c. Designates internal reaction force rally point. d. Lists elements' tasking for internal reaction force requirements. <p>* 5. DIV/SVC/SEC/TM leaders plans defense of their area.</p> <ul style="list-style-type: none"> a. Identifies all primary positions within the element's defensive area. b. Designates individual weapons positions where fires overlap and provide flank security with adjacent medical units. c. Identifies locations of obstacles and restrictive fire zones within the element's defensive area. d. Selects alternate positions for each primary position that covers the same area of fire as the primary position. e. Selects alternate positions that provide covered and concealed withdrawal routes. f. Selects supplementary positions that are within 200 meters of primary positions and are oriented in a different direction from primary positions. g. Designates areas of fire for each supplementary position that interlock and provide mutual supporting fire. h. Coordinates integration of interlocking fires with adjacent medical units. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

*** indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
071-326-5775	Coordinate with an Adjacent Platoon	STP 21-24-SMCT
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
441-091-3000	Supervise the Implementation of Air Defense Measures	STP 21-24-SMCT

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT
850-001-4001	Integrate Risk Management Into Platoon	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE**OPFOR TASKS AND STANDARDS: NONE**

ELEMENTS: UNIT HEADQUARTERS
 HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS

TASK: PLAN AREA DAMAGE CONTROL OPERATIONS (63-2-1014.08-705L)
 (FM 63-3) (FM 100-10) (FM 100-15)
 (FM 3-3) (FM 3-4) (FM 3-5)
 (FM 4-02.7) (FM 63-4) (FM 8-10)
 (FM 8-10-14) (FM 8-42) (FM 8-55)

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The CP, bivouac, and operational areas and the defense are set up. The medical brigade/medical group, hospital TSOPs and OPORDs are available. This plan is contingent upon a disaster caused by threat forces or natural elements. SCPE is on hand and/or field-expedient and natural shelters are available. The hospital commander has elected to locate outside the shelter and has appointed a liaison officer to coordinate C2 functions between him and the staff. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: ADC plan is completed IAW TSOP and OPORD within the time prescribed by the medical brigade DCSSPO/medical group S2/S3. At MOPP4, performance degradation factors increase planning completion time.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
1. Hospital HQ identifies ADC probable requirements. (113-600-2001, 113-637-2001, 151-357-0002) a. Identifies static requirements and procedures by reviewing the TSOP and OPORD. b. Coordinates ADC requirement changes with medical brigade DCSSPO and DCSLOG/medical group S2/S3 and S4. c. Identifies on-hand equipment required for ADC operations as prescribed by TSOP. d. Identifies personnel available for ADC operations. e. Requests fill of equipment shortages through the medical brigade DCSLOG/medical group S4. f. Coordinates resolution of personnel and equipment shortages with the medical brigade DCSPER and DCSSPO/medical group S1 and S2/S3. g. Tasks unit elements for ADC personnel and vehicles based on requirements in TSOP, current mission, and availability of personnel during normal operations. * 2. DIV/SVC/SEC/TM leaders provide support to ADC plan. a. Identify element personnel and equipment to be used for ADC. b. Forward a list of required personnel and equipment to the hospital HQ. 3. Hospital HQ prepares ADC plan. (113-600-2001, 113-637-2001) a. Organizes light rescue, decontamination, and other team(s) with equipment as prescribed by the TSOP and OPORD. b. Identifies ADC priorities for all hospital facilities in coordination with medical brigade DCSSPO/medical group S2/S3. c. Identifies locations of alternate operational or alert sites in coordination with the medical brigade DCSSPO/medical group S2/S3.		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
d. Provides instructions on hardening facilities. e. Forwards ADC plan to medical brigade DCSSPO/medical group S2/S3 for approval. f. Disseminates ADC plan to all hospital elements upon approval.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"*" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
151-357-0002	Coordinate Combat Service Support (CSS) Operations	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 COMPANY HEADQUARTERS
 SUPPLY & SERVICE DIV
 SUP & SVC DIV (AUG)
 UNIT HEADQUARTERS

TASK: PLAN HOSPITAL REDEPLOYMENT (63-1-8074.08-705L)

(FM 100-17)
 (FM 8-10)

(FM 55-65)
 (FM 8-10-14)

(FM 63-3)
 (FM 8-55)

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: The hospital receives a warning order to deploy to home station. The hospital and subordinate units are located in the TAA. All personnel are present or accounted for, weapons and sensitive equipment have been secured, and inventories of vehicles, equipment, and supplies have been conducted. Personnel and equipment status reports are being received from subordinate units. The hospital staff continuously receives messages from higher HQ and subordinate units by analog and/or digital communications or messenger. The readiness RSOP and deployment warning order are available. This task should not be trained in MOPP4.

TASK STANDARDS: The redeployment movement plan is completed IAW governing regulations and higher HQ directions.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> * 1. Hospital commander directs redeployment planning. <ul style="list-style-type: none"> a. Provides planning guidance to staff and subordinate elements. b. Directs medical operations officer to prepare OPORD. c. Directs medical operations officer to validate subordinate elements' movement plans. d. Directs UMO to update redeployment movement plan based on current mission guidance and timeline medical brigade/medical group HQ. e. Directs hospital leaders to update unit battle book (e.g., unit missions, organization, redeployment ports information, extracts from the applicable OPLANs, etc.). f. Directs security officer to update security plan. g. Directs safety officer to prepare a risk assessment of the deployment operation. h. Directs hospital adjutant to verify SRP activities. i. Issues redeployment OPORD. * 2. Staff officers analyze mission. <ul style="list-style-type: none"> a. Identify tasks in the warning order. b. Identify documented policies and procedures. c. Coordinate mission parameters and details with medical brigade/medical group HQ. d. Coordinate with the administrative division for personnel analysis of mission. e. Coordinate with the supply and service division for logistics and movement analysis of mission. f. Prepare hospital OPORD. g. Verify redeployment maps and overlays. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>h. Brief hospital commander on redeployment mission.</p> <p>* 3. XO coordinates staff planning.</p> <ul style="list-style-type: none"> a. Implements hospital commander's directives in staff planning and policy making. b. Assigns staff responsibilities for updating redeployment plans. c. Monitors all staff actions for conformity to hospital commander's guidance. d. Coordinates redeployment mission with subordinate unit commanders. e. Consolidates input from staff elements for hospital commander's briefing. <p>* 4. Staff officers supervise staff sections.</p> <ul style="list-style-type: none"> a. Direct preparation of redeployment plans and orders. b. Direct preparation of draft input for hospital commander's brief. <p>5. Staff elements conduct readiness review of subordinate elements.</p> <ul style="list-style-type: none"> a. Provide personnel readiness review. b. Perform logistics readiness review. c. Perform OPSEC readiness review. d. Identify readiness issues. e. Make recommendations to bring hospital to designated readiness level. <p>6. Supply and service division validates deployment plans. (113-600-2001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Validates equipment status. b. Validates AUEL for subordinate elements. c. Coordinates for medical operations officer review of subordinate elements and hospital redeployment movement plans. <p>* 7. UMO updates redeployment movement plan.</p> <ul style="list-style-type: none"> a. Updates the administrative, logistics, and coordinating requirements for the plan based on current mission. b. Updates redeployment movement plan based on current mission guidance. c. Verifies load plans are current and entered into the AUEL. d. Updates DEL based on current missions. e. Updates movement binders with mission specific information. f. Identifies hazardous and sensitive/classified handling procedures for each mode of transport and each port. g. Updates BBPCT materiel requirements. h. Verifies status of personnel listed for redeployment equipment teams, supercargoes, and advance parties. i. Coordinates tactical information and security requirements with company HQ and/or hospital operations section. j. Coordinates update of redeployment movement plan with supply and service division. <p>8. Company HQ plans for redeployment.</p> <ul style="list-style-type: none"> a. Plans steps to meet redeployment validation criteria. b. Identifies force protection measures in the assembly and MA(s). c. Incorporates redeployment family reunion requirements into planning timeline. d. Plans media contact for return to home station. e. Initiates planning for welcome home ceremony. f. Identifies requirements and plan for stress control briefings. g. Provides rear detachment with information on redeployment for dissemination to families. h. Performs risk assessment on redeployment operations. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"**" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT

SUPPORTING COLLECTIVE TASKS: NONE

OPFOR TASKS AND STANDARDS: NONE

ELEMENTS: HEAD & NECK SURG TEAM
 MED TM, NEUROSURGERY
 MED TM, EYE SURGERY
 MED TM, PATHOLOGY
 MED TM, RENAL DIALYSIS
 RADIOLOGY SERVICE
 MED TM, INFECT DIS
 HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 SUPPLY & SERVICE DIV
 TRIAGE/PRE-OP/EMT
 LITTER BEARER SECTION
 OR/CMS CONTROL TEAM
 OPERATING ROOM A
 OPERATING ROOM C
 OPERATING ROOM D
 ORTHO CAST CLINIC
 2 CMS
 5 INTENSIVE CARE WARD
 OPERATING ROOM B
 DENTAL SERVICE
 INPATIENT MEDICINE A
 3 INTENSIVE CARE WARD
 7 INTERMED CARE WARDS
 NP WARD & CONSULT SVC
 2 MINIMAL CARE WARDS
 PHARMACY SERVICE
 LABORATORY SERVICE
 BLOOD BANK
 PT SERVICE
 HOSPITAL MINISTRY TM
 UNIT HEADQUARTERS
 SUP & SVC DIV (AUG)
 COMPANY HEADQUARTERS
 ADMINISTRATION DIV
 PATIENT ADMIN DIV
 NUTRITION CARE DIV

TASK: MAINTAIN COMMUNICATIONS (63-1-1040.08-705L)

(FM 24-1)	(AR 200-1)	(AR 380-19)
(AR 380-19-1)	(AR 385-10)	(FM 100-20)
(FM 24-18)	(FM 24-19)	(FM 24-33)
(FM 24-35)	(FM 24-35-1)	(FM 3-0)
(FM 3-100.4)	(FM 3-11.21)	(FM 3-3)
(FM 3-4)	(FM 34-1)	(FM 3-5)
(FM 5-424)	(FM 63-3)	(FM 8-10)
(FM 8-10-14)	(FM 8-9)	(TC 3-34.489)
(TG 244)		

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. The hospital HQ has analog and/or digital communications with higher and lower HQ. The medical brigade/medical group HQ OPORD with all annexes, status reports, maps, overlays, and other required documents has been forwarded to the commander (or his digital device, when available). Hospitalization support and services

operations are commencing. The hospital's AO is established. The SOI/SSI is available. Coordination of support operations is conducted by analog and/or digital communications or messenger. Threat is conducting EW and is capable of locating stations with direction finding equipment. SCPE is on hand and/or field-expedient and natural shelters are available. This task is performed under all environmental conditions, both day and night. The unit is subject to air, NBC, and ground threat forces attack.

NOTE: At MOPP4, only those tasks deemed mission-essential by the commander are performed. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: Uninterrupted 24-hour analog and/or digital communications is provided to hospital HQ and all subordinate units through one or more external means. At MOPP4, performance degradation factors increase the time required to maintain communications systems.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ol style="list-style-type: none"> 1. Communications element personnel performs functions related to information technology operations, if applicable. (113-600-2001, 113-637-2001, 151-357-0002) <ol style="list-style-type: none"> a. Exercises staff supervision over communications services. b. Determines requirements for communications services. c. Issues passwords. d. Installs software. e. Performs CSSCS network management functions. f. Coordinates with CSSAMO to resolve application problems with CSS STAMIS and CSSCS. g. Ensures communications links with higher, adjacent, subordinate, and supported units. 2. Communications element personnel performs network management functions for all tactical automation, if applicable. <ol style="list-style-type: none"> a. Troubleshoots hardware needing repair. b. Monitors contractor repair performance. c. Collects status from organic elements for BFACS and the CSSAMO for CSS STAMIS. 3. Communications element personnel performs functions in support of local area networks, if applicable. (101-92Y-0006, 113-580-0052, 113-580-0053, 113-580-1033, 113-580-1035) <ol style="list-style-type: none"> a. Installs local area networks. b. Operates local area networks. c. Operates the hospital switchboard. d. Serves as net control station. e. Performs unit level maintenance on all communications electronic equipment in the unit. 4. Communications element personnel operates hospital NCS. (113-571-1003, 113-620-2001, 113-620-2002, 113-620-3001, 113-637-2001) <ol style="list-style-type: none"> a. Opens AM and FM nets IAW SOI/SSI. b. Controls all entries and departures to station. c. Challenges all stations in net reply as required in SOI/SSI. d. Corrects all errors in net operating procedures. e. Enforces station and net restrictions. f. Observes radio and listening silence periods as prescribed by OPORD or the hospital commander's directive. g. Completes transition to extend range of radio station, if required. h. Remotes radio station at least one kilometer, if required. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> i. Directs change to alternate frequency when compromise of primary frequency is suspected IAW SOI. j. Closes net IAW SOI/SSI. k. Performs PMCS. <p>5. Communications element personnel manages message traffic. (113-571-1003, 113-573-4003, 113-573-6001, 113-637-2001)</p> <ul style="list-style-type: none"> a. Processes messages by precedence, date, and time group IAW TSOP. b. Processes incoming messages without errors. c. Forwards incoming messages to appropriate element. d. Checks outgoing messages for completeness and readability. e. Employs approved radio-telephone procedures. f. Transmits a message in the correct precedence, format, and prescribed text IAW TSOP and SOI/SSI. g. Employs approved codes and brevity lists when transmitting the names of persons, places, and sensitive information. h. Decrypts all incoming messages. i. Encrypts all outgoing messages. j. Encrypts all grid coordinates using current SOI/SSI. k. Transmits messages for no longer than 20 seconds. l. Employs lowest operational power setting consistent with operations requirements. m. Ensures radio communications exist during unit moves between the start point and the release point. <p>6. Communications element personnel employs SIGSEC measures. (113-573-4003, 113-573-6001, 113-637-2001, 301-371-1050, 301-371-1052, 301-371-1150)</p> <ul style="list-style-type: none"> a. Employs COMSEC measures to deny friendly telecommunication information to the threat. b. Employs ELSEC measures to protect electromagnetic transmissions, other than communication devices, from threat detectors. c. Evaluates TEMPEST controls to identify emanations, vulnerabilities, and countermeasures. d. Processes initial MIJIFEEDER voice template reports from subordinate elements. e. Forwards MIJIFEEDER voice template reports to medial brigade/medical group HQ and supporting signal element IAW TSOP and SOI/SSI. <p>7. Communications element personnel maintains land-line communications. (113-600-2001)</p> <ul style="list-style-type: none"> a. Maintains wire communications between hospital CP and all hospital elements. b. Maintains a hot loop between hospital CP and hospital elements, if switchboard is not available. c. Establishes messenger runners when land communication is inoperative. <p>8. Radio operators implement AM/FM remedial EP. (113-573-6001, 113-573-7017, 113-600-2001, 113-611-1015, 113-637-2001, 301-371-1150)</p> <ul style="list-style-type: none"> a. Identify whether the source of interference is internal or external by the radio antenna. b. Continue to operate in an attempt to communicate through the jamming. c. Check for intentional or unintentional interference. d. Use radio frequency gain/frequency vernier in an attempt to work through the jamming (AM equipment). e. Check equipment grounding. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
f. Switch to high power on receiver transmitters (FM equipment). g. Recommend distant stations switch to high power (FM equipment). h. Relocate radio set (mobile units) to take advantage of terrain features to reduce the effects of jamming. i. Relocate the antenna to take advantage of terrain features to reduce the effects of jamming. j. Submit initial MIJIFEEDER voice template report to battalion communications personnel and/or the supporting signal element using radio, wire, or BFACS. k. Reroute message traffic using alternate means of communications such as, relay (through another station), RATT/RWI, or wire. l. Request (using alternate means) net change to a backup frequency. 9. Communications/power generator equipment operator element maintains generator power. (113-601-2001, 113-601-3016, 850-001-2000) a. Operates generators IAW applicable TM(s). b. Constructs sound barrier and screening system to muffle noise and minimize heat signal. c. Constructs a fuel storage and fire control point for all generators with fire extinguishers as prescribed by TSOP and the hospital commander's guidance. d. Performs PMCS. e. Employs safety procedures IAW AR 385-10 and TSOP. f. Employs environmental protection procedures IAW AR 200-1 and TSOP. 10. Communications element personnel provide unit level maintenance support. (113-600-2001, 113-637-2001, 850-001-2000) a. Respond to calls for assistance within 30 minutes. b. Make organizational level repairs on communications equipment. c. Arrange for transport of equipment to DS maintenance unit. d. Maintain authorized PLL levels. e. Arrange for pick up of repaired equipment from DS maintenance unit. f. Employ safety procedures IAW AR 385-10 and TSOP. g. Employ environmental protection procedures IAW AR 200-1 and TSOP.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"*" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
101-92Y-0006	Inspect equipment for accountability, cleanliness, and serviceability	STP 21-24-SMCT
113-571-1003	ESTABLISH, ENTER, AND LEAVE A RADIO NET	STP 11-31C13-SM-TG
113-573-4003	ENCODE AND DECODE MESSAGES USING KTC 600(*) TACTICAL OPERATIONS CODE	STP 11-31C13-SM-TG

SUPPORTING INDIVIDUAL TASKS

Task Number	Task Title	References
113-573-6001	RECOGNIZE ELECTRONIC ATTACK (EA) AND IMPLEMENT ELECTRONIC PROTECTION (EP)	STP 11-31C13-SM-TG
113-573-7017	PREPARE/SUBMIT INTERFERENCE MESSAGE REPORT	STP 11-31C13-SM-TG
113-580-0052	Troubleshoot Common Hardware/Software Within a Standardized Integrated Command Post System (SICPS)	STP 11-31U14-SM-TG
113-580-0053	Troubleshoot a Tactical Local Area Network (LAN)	STP 11-31U14-SM-TG
113-580-1033	Install Network Hardware/Software in a Desktop IBM or Compatible Microcomputer	STP 11-31U14-SM-TG
113-580-1035	Install a Tactical Local Area Network (LAN)	STP 11-31U14-SM-TG
113-600-2001	Communicate Via a Tactical Telephone	STP 21-1-SMCT
113-601-2001	OPERATE GENERATOR SET 5 KW OR PU-620	STP 11-31C13-SM-TG
113-601-3016	PERFORM UNIT LEVEL MAINTENANCE ON GENERATOR SETS 3 KW - 10 KW	STP 11-31C13-SM-TG
113-611-1015	Select a Radio Site	STP 11-74C14-SM-TG
113-620-2001	OPERATE RADIO SET AN/GRC-106(*)	STP 11-31U14-SM-TG
113-620-2002	PERFORM OPERATOR TROUBLESHOOTING PROCEDURES ON RADIO SET AN/GRC-106(*)	STP 11-31C13-SM-TG
113-620-3001	PERFORM PMCS ON RADIO SET AN/GRC-106(*)	STP 11-31C13-SM-TG
113-637-2001	Communicate Via a Tactical Radio in a Secure Net	STP 21-1-SMCT
151-357-0002	Coordinate Combat Service Support (CSS) Operations	STP 21-24-SMCT
301-371-1050	IMPLEMENT OPERATIONS SECURITY (OPSEC) MEASURES	STP 21-1-SMCT
301-371-1150	IDENTIFY INTELLIGENCE AND ELECTRONIC WARFARE (IEW) ASSETS	STP 21-24-SMCT
850-001-2000	Employ Accident Prevention Measures and Risk Mgt Process	STP 21-24-SMCT

SUPPORTING COLLECTIVE TASKS: NONE**OPFOR TASKS AND STANDARDS: NONE**

ELEMENTS: TRIAGE/PRE-OP/EMT
 UNIT HEADQUARTERS
 HOSPITAL HEADQUARTERS
 HOSP OPERATIONS SECT
 NURSING SVC CNTL TEAM

TASK: SUPERVISE PATIENT CARE OPERATIONS (08-1-0229.08-705L)

(AR 40-2)	(AR 200-1)	(AR 385-10)
(AR 40-3)	(AR 40-407)	(AR 40-68)
(AR 40-7)	(ATLS COURSE MANUAL)	(DA PAM 385-1)
(EWS NATO HANDBOOK)	(FM 100-20)	(FM 101-5)
(FM 3-0)	(FM 3-100.4)	(FM 3-11.21)
(FM 3-3)	(FM 3-4)	(FM 3-5)
(FM 4-02.33)	(FM 8-10)	(FM 8-10-14)
(FM 8-10-6)	(FM 8-285)	(FM 8-55)
(FM 8-74)	(FM 8-9)	(TC 3-34.489)
(TG 244)		

ITERATION: 1 2 3 4 5 M (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: THIS TASK MAY BE USED TO SUPPORT A CBRNE EVENT. Hospital elements are performing patient care activities which require routine administrative and operational support. The hospital is providing support to the theater of operations. Patients are arriving from forward area and need to be hospitalized. The hospital is prepared to receive patients. The hospital TSOP, CSOP, and the hospital commander's guidance are available. This task may be performed under all environmental conditions. The hospital may be subject to attack by threat forces, NBC attack, or radiological fallout. SCPE is on hand and/or field-expedient and natural shelters are available. The hospital commander has elected to locate outside the shelter and has appointed a liaison Off to coordinate C2 functions between him and the staff. Some iterations of this task should be performed in MOPP4.

TASK STANDARDS: Patient care operations are provided IAW TSOP, CSOP, and the hospital commander's guidance. At MOPP4, performance degradation factors increase the time required to supervise patient care operations.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
* 1. Hospital commander directs patient care operations. <ol style="list-style-type: none"> Provides operational guidance to staff as appropriate. Implements medical quality assurance program IAW AR 40-68. Monitors implementation of plans, policies, and procedures for compliance with TSOP. Monitors safety program for compliance with AR 385-10, safety checklist, and TSOP. Monitors environmental protection program for compliance with AR 200-1 and TSOP. Manages staff performance. Forwards reports to medical brigade DCSSPO/medical group S2/S3. 		
* 2. XO monitors administrative and logistics functions. <ol style="list-style-type: none"> Coordinates with elements for implementation of administrative plans, policies, and procedures. Supervises implementation of plans, policies, and procedures. Forwards administrative and logistics reports to the hospital commander. Implements safety program IAW AR 385-10, safety checklist, and TSOP. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>e. Implements environmental protection procedures IAW AR 200-1 and TSOP.</p> <p>* 3. Deputy commander for professional services directs patient care program.</p> <ul style="list-style-type: none"> a. Coordinates with staff for input to the hospitalization support and services plan. b. Develops plans, policies, and procedures detailing patient care and evacuation. c. Provides hospitalization support and services plan to the hospital commander. d. Enforces medical quality assurance program IAW AR 40-68. e. Implements plans, policies, and procedures for patient care and evacuation. f. Supervises staff activities. g. Supervises clinical staff training. h. Develops clinical activity report for the hospital commander. <p>* 4. Chief nursing service supervises nursing service activities.</p> <ul style="list-style-type: none"> a. Develops nursing plans, policies, and procedures for patient care. b. Provides input to the hospitalization support and services plan to deputy commander for professional services. c. Enforces medical quality assurance program IAW AR 40-68. d. Regulates patient flow through ward areas. e. Provides professional assistance to clinical staff. f. Coordinates with supply and service division for logistics support. g. Monitors status of treatment areas for operational capability. h. Monitors operational areas for compliance with the CSOP. i. Monitors patient care and treatment procedures for compliance with CSOP. j. Requests additional nursing support from the deputy commander for professional services. k. Supervises training programs. l. Enforces safety procedures IAW AR 385-10 and TSOP. m. Enforces environmental protection procedures IAW AR 200-1 and TSOP. n. Forwards required reports to medical brigade/medical group nurse staff officer. <p>* 5. Chief surgical service supervises surgical service activities.</p> <ul style="list-style-type: none"> a. Develops plans, policies, and procedures for surgical service. b. Provides input to the hospitalization support and services plan. c. Enforces medical quality assurance program IAW AR 40-68. d. Regulates patient flow through surgical service areas. e. Provides guidance and assistance to surgical staff. f. Coordinates with supply and service division for logistics support. g. Monitors status of surgical treatment areas for operational capability. h. Monitors surgical service areas for operational compliance with CSOP. i. Monitors patient care and treatment procedures for compliance with CSOP. j. Monitors in-service training programs for compliance with CSOP. k. Enforces safety procedures IAW AR 385-10 and TSOP. l. Enforces environmental protection procedures IAW AR 200-1 and TSOP. m. Requests additional surgical support through hospital commander to medical brigade/medical group command section, as required. <p>* 6. Chief medical service supervises medical service activities.</p> <ul style="list-style-type: none"> a. Develops plans, policies, and procedures for medical service. b. Provides input for the hospitalization support and services plan to deputy commander for professional services. c. Enforces medical quality assurance program IAW AR 40-68. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
d. Regulates patient flow through medical service areas. e. Provides guidance to medical service staff. f. Coordinates with supply and service division for logistics requirements.. g. Monitors status of treatment areas to determine operational capability. h. Monitors medical service areas for operational compliance with CSOP and TSOP. i. Requests additional hospitalization support and services from the deputy commander for professional services. j. Monitors in-service training programs for compliance with CSOP. k. Enforces safety procedures IAW AR 385-10 and TSOP. l. Enforces environmental protection procedures IAW AR 200-1 and TSOP.		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5	M	TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

"*" indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS: NONE

SUPPORTING COLLECTIVE TASKS

Task Number	Task Title	References
08-1-0231.08-705L	PROVIDE EMERGENCY MEDICAL SERVICES	ARTEP 8-705-MTP
08-1-0233.08-705L	PROVIDE MOVEMENT OF PATIENTS	ARTEP 8-705-MTP
08-1-0234.08-705L	PERFORM STAFF ADMINISTRATIVE FUNCTIONS	ARTEP 8-705-MTP
08-1-0235.08-705L	PROVIDE ORTHOPEDIC CAST/TRACTION SERVICES	ARTEP 8-705-MTP
08-1-0236.08-705L	PROVIDE CENTRAL MATERIEL SERVICES	ARTEP 8-705-MTP
08-1-0237.08-705L	PROVIDE MEDICAL CONSULTATION AND TREATMENT SERVICES	ARTEP 8-705-MTP
08-1-0238.08-705L	PROVIDE RESPIRATORY THERAPY FUNCTIONS	ARTEP 8-705-MTP
08-1-0239.08-705L	PROVIDE NURSING SERVICES	ARTEP 8-705-MTP
08-1-0240.08-705L	PROVIDE PHARMACY SERVICES	ARTEP 8-705-MTP
08-1-0241.08-705L	PROVIDE PHYSICAL THERAPY SERVICES	ARTEP 8-705-MTP
08-1-0242.08-705L	PERFORM SURGICAL SERVICES	ARTEP 8-705-MTP
08-1-0244.08-705L	PROVIDE LABORATORY SERVICES	ARTEP 8-705-MTP
08-1-0245.08-705L	PROVIDE BLOOD BANKING SERVICES	ARTEP 8-705-MTP
08-1-0246.08-705L	PROVIDE NEUROPSYCHIATRIC SERVICES	ARTEP 8-705-MTP
08-1-0247.08-705L	PROVIDE RADIOLOGY SERVICES	ARTEP 8-705-MTP
08-1-0534.08-705L	PROVIDE OCCUPATIONAL THERAPY SERVICES	ARTEP 8-705-MTP

SUPPORTING COLLECTIVE TASKS

Task Number	Task Title	References
08-2-0232.08-705L	TREAT NUCLEAR, BIOLOGICALLY, AND CHEMICALLY CONTAMINATED CASUALTIES	ARTEP 8-705-MTP
08-2-0314.08-705L	TREAT HOSPITAL CASUALTIES	ARTEP 8-705-MTP
08-2-0317.08-705L	PROVIDE DENTAL SERVICES	ARTEP 8-705-MTP
08-2-R303.08-705L	CONDUCT BATTLEFIELD STRESS REDUCTION AND PREVENTION PROCEDURES	ARTEP 8-705-MTP
08-5-0001.08-705L	PROVIDE EYE SURGERY SERVICES	ARTEP 8-705-MTP
08-5-0002.08-705L	PROVIDE NEUROSURGERY SERVICES	ARTEP 8-705-MTP
08-5-0003.08-705L	PROVIDE HEAD AND NECK SURGERY SERVICES	ARTEP 8-705-MTP
08-5-0004.08-705L	PROVIDE INFECTIOUS DISEASE SERVICES	ARTEP 8-705-MTP
08-5-0005.08-705L	PROVIDE PATHOLOGY SERVICES	ARTEP 8-705-MTP
08-5-0006.08-705L	PROVIDE RENAL HEMODIALYSIS SERVICES	ARTEP 8-705-MTP
63-1-1040.08-705L	MAINTAIN COMMUNICATIONS	ARTEP 8-705-MTP
63-2-R326.08-705L	PERFORM RISK MANAGEMENT PROCEDURES	ARTEP 8-705-MTP

OPFOR TASKS AND STANDARDS: NONE

CHAPTER 6

EXTERNAL EVALUATIONS

6-1. General.

a. External evaluations are designed to provide the commander and the next higher echelon an evaluation of the unit's ability to perform its critical mission. Feedback from external evaluations is also used as a key input into the planning and development of future unit training activities.

b. The unit's METL, in conjunction with the T&EOs of this ARTEP MTP (Chapter 5), provides the primary basis and focus for an external evaluation.

c. External evaluations are usually planned, administered, and evaluated by the next higher echelon. The frequency of such evaluations will be prescribed at the discretion of the unit's chain of command.

6-2. Preparing the Evaluation. A successful evaluation depends on proper preparation to include planning, coordination, and where applicable, a rehearsal or OC talk-through of the major exercise events. The written evaluation plan must contain the pertinent evaluation details.

a. METL. The hospital's METL provides the foundation for external evaluations and is the start point for the development of the evaluation. The METL must be evaluated in order to obtain an accurate assessment of the hospital's capability to perform its missions. When the evaluation is used primarily as a training diagnostic tool, the list of evaluated tasks may be modified.

b. Evaluation Scenario Development. After evaluation tasks are identified and listed, a broad exercise scenario, which establishes a logical sequence for task performance is prepared. This scenario should depict general events and broad time planning factors. The materials contained in Chapter 4 and Appendix D (Medical Threat) of this ARTEP MTP are very helpful in developing this scenario. The following procedures are provided for scenario development.

(1) A variety of materials are prepared during the development of the scenario. The friendly and enemy situations are developed in the form of INTSUMs, OPORDs, map overlays, and related documents. The prepared master events list depicts the cues or events which will cause the hospital to perform the mission-essential tasks. In addition, the actual event drivers such as FRAGOs, messages, OPFOR missions, OC tasks, role player assignments, and records and reports are prepared. During this process, evaluation requirements and responsibilities are determined and materials that will assist the OCs to conduct the evaluation are prepared.

(2) During the development of the master events list, the cues or events that cause the hospital to perform all mission-essential tasks must be incorporated. Because most mission-essential tasks are directly correlated to ARTEP MTP collective tasks (Chapter 5), cues are identified in the condition statement of each T&EO. The primary focus of scenario development must be to ensure the evaluation is structured to provide the hospital the opportunity to perform its mission-essential tasks to the standards specified in this ARTEP MTP.

(3) A sample evaluation scenario for the hospital is provided in Table 6-1.

(4) To ensure that most, if not all, mission-essential tasks are included in the evaluation, the general scenario can be expanded by adding the mission-essential tasks under each phase of the evaluation. This results in the development of an OC worksheet, which can be used to summarize the results of the evaluation of each critical task. Figure 6-1, OC Worksheet, shows a portion of the general scenario expanded to reflect the ARTEP MTP tasks, which can be evaluated under each event.

SEQUENCE	EVENT	ESTIMATED TIME
1	Perform administrative preparations	Pre-FTX
	PART 1	
2*	Direct deployment activities	25 hrs
3	Perform predeployment activities	8 hrs
4	Perform nontactical road march	1 hr
5	Perform APOE/SPOE activities	4 hrs
6	Perform APOD/SPOD activities	4 hrs
7	Perform staging area activities	2 hrs
8	Conduct tactical road march	3 hrs
9	Perform TAA activities	2 hrs
10	Conduct tactical road march	3 hrs
11	Perform setup activities	86 hrs
12	AAR	1 hr
	PART 2	
13	Receive warning order	15 min
14	Perform planning activities	14 hrs 15 min
15	AAR	1 hr
	PART 3	
16	Prepare hospital to move	1 hr
17	Conduct tactical road march	3 hrs
18*	Cross contaminated area	45 min
19*	Perform decontamination activities	45 min
20*	React to OPFOR actions	45 min
21	Resume tactical road march	1 hr
22	AAR	1 hr
	PART 4	
23	Conduct advance/quartering party activities	2 hrs
24*	Perform setup activities	86 hrs
25	AAR	1 hr
	PART 5	
26	Perform mission support activities	24 hrs
27	AAR	1 hr
	PART 6	
28	React to threat	30 min
29	Reorganize defenses	1 hr
30	Perform ADC activities	1 hr 30 min
31	AAR	1 hr
	PART 7	
32	Receive warning order	15 min
33	Conduct nontactical road march	1 hr
34*	Direct redeployment activities	19 hrs
35	Perform TAA/RAA activities	2 hrs
36	Conduct nontactical road march	1 hr
37	Perform APOE/SPOE activities	4 hrs
38	Perform APOD activities	2 hrs
39	Perform SPOD activities	2 hrs
40	Conduct nontactical road march	1 hr
41	Arrive home station	1 hr
42	Final AAR	2 hrs
	Total time	183 hrs 45 min
*These events occur simultaneously and are not added to total time.		

Table 6-1. Sample Evaluation Scenario.

EVENT	ACTION	T&EO NUMBER	ESTIMATED TIME	EVALUATIONS	
				GO	NO GO
14	PART 1		14 hrs & 15 min		
	Perform planning activities				
	Plan hospital deployment in a peacetime environment	63-1-8072.08-705L			
	Plan unit deployment upon receipt of a warning order	63-1-8073.08-705L			
	Conduct mission	63-1-1001.08-705L			
	Conduct intelligence preparation of the battlefield	63-1-1002.08-705L			
	Formulate feasible courses of action	63-1-1003.08-705L			
	Develop intelligence estimate	63-1-1004.08-705L			
	Develop personnel estimate	63-1-1005.08-705L			
	Develop logistics estimate	63-1-1006.08-705L			
	Develop a hospitalization support and services estimate	63-1-1007.08-705L			
	Develop supporting commander's (operation) estimate	63-1-1008.08-705L			
	Prepare operations plan/operations order and annexes	63-1-1009.08-705L			
	Develop road movement order	63-1-1010.08-705L			
	Develop occupation plan	63-1-1011.08-705L			
	Plan hospital area tactical operations	63-1-1012.08-705L			
	Plan hospital defense	63-2-1010.08-705L			
	Supervise operations security program	63-1-1038.08-705L			
	Employ operations security measures	63-2-1016.08-705L			
	Maintain communications	63-1-1040.08-705L			
	Conduct battlefield stress reduction and prevention procedures	08-2-R303.08-705L			
	Perform risk management procedures	63-2-R326.08-705L			
	Provide command and control	63-1-1045.08-705L			
	Plan hospital redeployment	63-1-8074.08-705L			
16	PART 2		1 hr		
	Prepare hospital to move				

Figure 6-1. Observer Controller Worksheet.

(5) The graphic scenario in Figure 6-2 supports the evaluation execution.

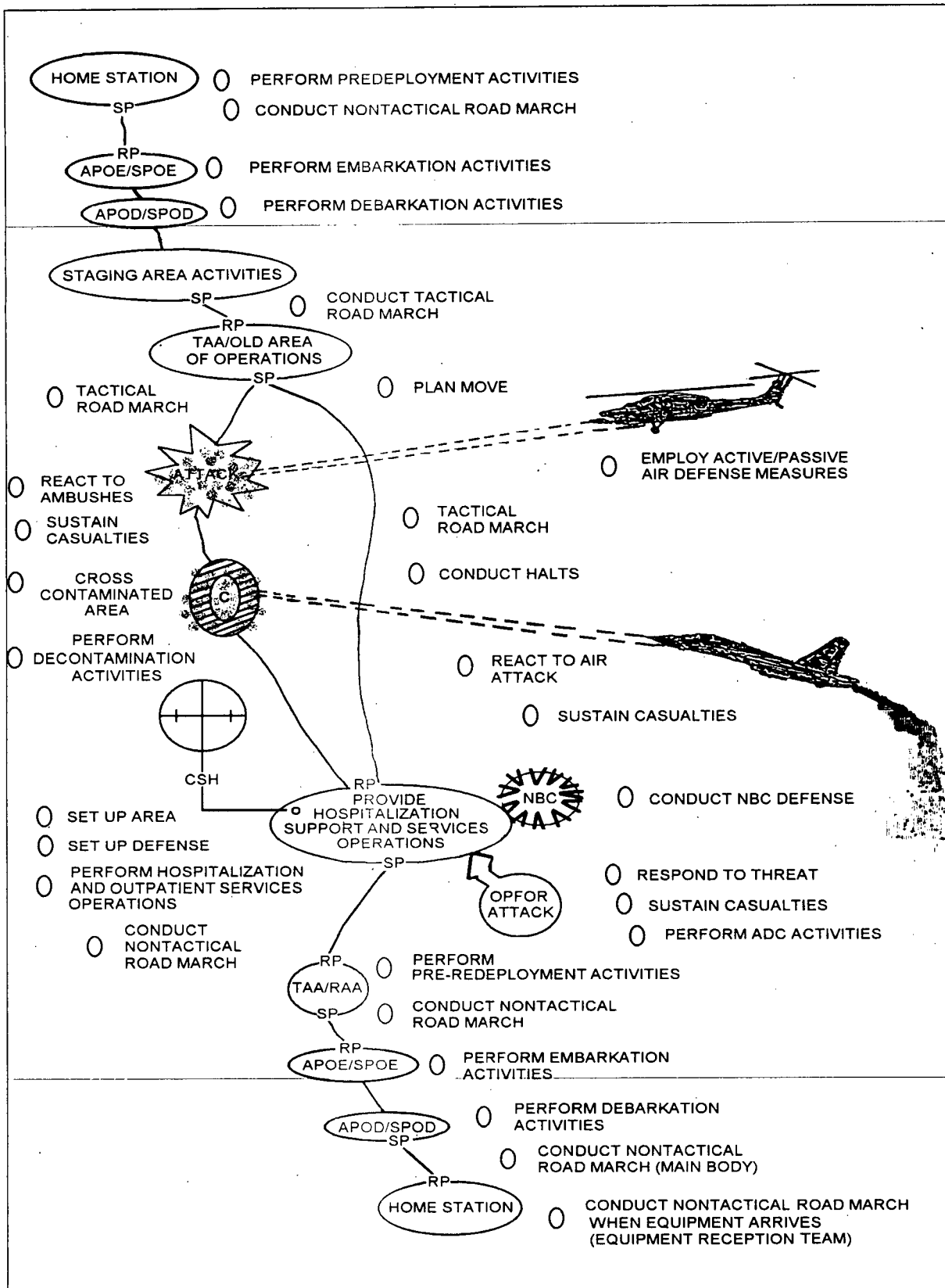


Figure 6-2. General Scenario Illustration

6-3. Resource Requirements and Planning Considerations. Resource requirements and planning considerations are identified as the evaluation is expanded and developed. These requirements and considerations involve scheduling, coordinating, and other planning activities, which include:

- a. Schedule training areas.
- b. Prepare a calendar of events and key milestones leading to the final AAR and preparation of the AAR.
- c. Identify individual and hospital support requirements, which include personnel and units required to perform OC duties, safety, support, OPFOR, and all other functions.
- d. Requisition training ammunition, training aids, other training materials, and required supplies.
- e. Coordinate unit transportation support requirements.
- f. Identify and coordinate equipment support requirements.
- g. Notify supporting and supported units of the planned evaluation dates.
- h. Coordinate adjustments to include personnel and unit support required to perform hospital's mission while it is undergoing evaluation.
- i. Schedule and conduct safety training.
- j. Schedule OC training and orientation sessions.
- k. Identify and schedule OPFOR training.

6-4. Selecting and Training OCs. A successful evaluation depends heavily on selecting OCs with the proper experience, training them to fulfill their responsibilities, and supervising them throughout the conduct of the evaluation.

a. A six-person OC team comprised of the following personnel is suggested for performing an external evaluation of this hospital.

- (1) Senior OC.
- (2) Staff OC.
- (3) Operations OC.
- (4) Administration OC.
- (5) Logistics OC.
- (6) NBC OC.

b. OCs are required to be thoroughly familiar with the hospital's mission, organization, equipment, and doctrine. They must understand the overall operation of the hospital; and how it is integrated into and supports the AirLand Battle. Team members must have a working knowledge of the common individual and collective tasks in areas such as local defense, convoy procedures, communications, and NBC. One member of the team must have detailed expertise in the NBC and local defense common task areas. OCs should be equal in grade to the person in charge of the element they are evaluating. OCs should have previous experience in the position being evaluated. All team members must be able to make objective evaluations, function effectively as team members and state their findings in writing and briefings.

c. OC training focuses on providing OCs a general understanding of the overall evaluation, providing each OC a detailed understanding of specific duties and responsibilities and on building a spirit of teamwork. OC training includes:

(1) The overall evaluation design, general scenario, master events list, and specific evaluation purposes and objectives.

(2) The hospital METL and its linkage to the T&EOs and other materials contained in this ARTEP MTP.

(3) The OC team composition and general duties and responsibilities of each team member.

(4) Detailed responsibilities of individual team members with special emphasis on the master events list items that are their responsibility.

(5) A review of the written instructions and materials contained in the OC's folders.

(6) A detailed reconnaissance of the area used for the evaluation.

(7) The OC C3 system.

(8) Safety procedures.

(9) Evaluation data collection plan and procedures.

(10) AAR procedures and techniques.

(11) A talk-through of the entire evaluation, which includes wargaming all items of the master events list in order of their occurrence and a review of each team member's responsibilities and anticipated problems.

d. The senior OC supervises the operation of the team. He provides the team leadership and focuses his efforts on ensuring OCs fulfill their responsibilities and adhere to the evaluation plan. He answers questions concerning the evaluation plan, resolves problems, synchronizes the efforts of team members, ensures close coordination among team members, holds periodic team coordination meetings, plans and orchestrates the hospital AAR and conducts specific evaluation team AARs.

6-5. Selecting and Training OPFOR. The OPFOR support for an external evaluation of the hospital is limited to two squads of dismounted infantry and two to five individuals who serve as enemy agents. Although OPFOR support is only used for some tasks, proper training and employment of this force is important to ensure a proper assessment of the hospital's capabilities.

a. The OPFOR commander should be a company grade officer or senior NCO who is well trained in OPFOR tactics and operations. In addition to these duties and responsibilities in leading various OPFOR elements, the OPFOR commander serves as a part time member of the OC team. In order to fulfill OC responsibilities, the OPFOR commander must participate in OC planning and training activities. He must be present during AARs.

b. OPFOR elements are trained, organized and equipped to operate in a manner that depicts threat forces as realistically as possible. Their training includes:

(1) Threat tactics and rules for engagement.

(2) OPFOR missions and responsibilities.

(3) OPFOR tasks and standards.

(4) Threat weapons and equipment, if available.

(5) C2.

(6) Safety.

6-6. Conducting the Evaluation. The senior OC has overall responsibility for the conduct of the evaluation. He orchestrates the overall evaluation and the support provided by the various individuals and elements, which are specially selected and trained to fulfill designated functions and responsibilities.

- a. OCs must be free to observe, report, and record the actions of the hospital.
- b. The unit's next higher echelon HQ or specialized cell drawn from that HQ should be selected and trained to serve as the control element for the evaluation. They issue orders, receive reports, provide feeder information, and control the OPFOR.
- c. All exercise participants and supporting personnel must ensure that every facet of the evaluation is conducted in a safe manner. Personnel observing unsafe conditions must take prompt action to halt them and advise their superiors of the situation.

6-7. Recording External Evaluation Information.

a. The senior OC has overall responsibility for the implementation of the evaluation scoring system. Although the final evaluation is made up by the senior OC, the full team participates in this process. Their reports reflect the overall ability of the unit to accomplish its mission.

b. The evaluation scoring system is based on an evaluation of the hospital's performance of each mission-essential task and any other collective task contained in the overall evaluation plan. This evaluation has four steps.

- (1) Identify the ARTEP MTP T&EOs which correspond to each of the evaluation plan tasks.
- (2) Use T&EO standards to evaluate the hospital's performance of the tasks. This is done for each evaluation plan task.
- (3) Record on the T&EO a "GO" for each performance measure performed to standard and a "NO GO" for each performance measure not performed to standard.
- (4) Record the hospital's overall capability to perform the task by using "GO/NO GO" information recorded on each T&EO. Use the following definitions as guidance in making this determination.
 - (a) GO--the hospital successfully accomplished the task or performance measure to standard.
 - (b) NO GO--the hospital did not accomplish the task or performance measure to standard.

c. Other locally designed reports approved by the senior OC and prescribed in the evaluation plan may be used to collect evaluation information. These reports assist the team in recording the information concerning the hospital's capability to perform its mission in accordance with the established standards. This information will assist the senior OC to determine the hospital's overall final rating. These reports may include:

- (1) Unit Data Sheet (Figure 6-3). This report records personnel and equipment status information.
- (2) Environmental Data Sheet (Figure 6-4). This report records information concerning weather and terrain conditions present during the evaluation period.
- (3) Personnel and Equipment Loss Report (Figure 6-5). This report records information concerning hospital personnel and equipment losses during OPFOR engagements.

UNIT DATA SHEET						
1. UNIT DESIGNATION: _____						
2. UNIT LEADERS: (Circle most correct answer)						
POSITION	RANK	TIME IN UNIT (MONTHS)				
HOSPITAL COMMANDER	COL	1-3	4-6	7-12	13-18	19 or more
EXECUTIVE OFFICER	LTC	1-3	4-6	7-12	13-18	19 or more
CHIEF, SURGICAL SERVICE	COL	1-3	4-6	7-12	13-18	19 or more
CHIEF, NURSING SERVICE	COL	1-3	4-6	7-12	13-18	19 or more
CHIEF, MEDICAL SERVICE	LTC	1-3	4-6	7-12	13-18	19 or more
HOSPITAL CHAPLAIN	MAJ	1-3	4-6	7-12	13-18	19 or more
MED OPERATIONS OFFICER	MAJ	1-3	4-6	7-12	13-18	19 or more
COMMAND SERGEANT MAJOR	CSM	1-3	4-6	7-12	13-18	19 or more
CHIEF WARDMASTER	MSG/SFC	1-3	4-6	7-12	13-18	19 or more
MEDICAL SUPPLY SERGEANT	MSG	1-3	4-6	7-12	13-18	19 or more
OPERATIONS SERGEANT	SFC/SSG	1-3	4-6	7-12	13-18	19 or more
MOTOR SERGEANT	SFC/SSG	1-3	4-6	7-12	13-18	19 or more
PERSONNEL STAFF NCO	SFC/SSG	1-3	4-6	7-12	13-18	19 or more
HOSPITAL FOOD SERVICE NCO	SFC/SSG	1-3	4-6	7-12	13-18	19 or more
PHARMACY NCO	SFC/SSG	1-3	4-6	7-12	13-18	19 or more
LABORATORY NCO	SFC/SSG	1-3	4-6	7-12	13-18	19 or more
RADIOLOGY NCO	SFC/SSG	1-3	4-6	7-12	13-18	19 or more
3. UNIT STRENGTH (excluding leaders): _____						
4. EQUIPMENT SHORTAGES (major items): _____						

5. COMMENTS: _____						

OC's Signature: _____						

Figure 6-3. Sample Unit Data Sheet.

ENVIRONMENTAL DATA SHEET	
EXERCISE NUMBER AND DESCRIPTION: _____	
DATE/TIME EXERCISE STARTED: _____	
DATE/TIME EXERCISE ENDED: _____	
1. WEATHER CONDITIONS: (Circle appropriate description)	
Clear	Partly Cloudy
Cloudy	Hazy
Raining	Snowing
Fog	
Other (describe): _____	
Temperature: _____	
2. GROUND CONDITIONS: (Circle appropriate description)	
Dry	Wet
Ice	Snow
Other: _____	
3. LIGHT CONDITIONS: (Circle appropriate description)	
A. Day Night	
B. Moon Phase: None $\frac{1}{4}$ $\frac{1}{2}$ $\frac{3}{4}$ Full	
C. Average range of visibility due to light: _____	
4. TERRAIN: (Circle appropriate description)	
A. Flat	Rolling
Mountainous	Jungle
Desert	Urban
Arctic	
Other (describe) _____	
B. Top Soil Composition:	
Sandy	Rocky
Clay	Other (describe): _____
C. Average range of visibility due to terrain: _____	
5. REMARKS:	

Figure 6-4. Example Environmental Data Sheet.

6-10

6-8. After-Action Reviews. AARs provide direct feedback to hospital members by involving them in the training diagnosis process and by enabling them to discover for themselves what happened during the evaluation. In this way, participants identify errors and seek solutions, which increase the value of the training and reinforce learning.

a. The senior OC is responsible for the AAR process. He coordinates the entire AAR program from the initial planning of the evaluation through the after-actions phases.

b. Key steps in the AAR process are:

(1) AAR planning. Planning for AARs is initiated in the exercise preparation activities long before the start of the action evaluation. AARs are integrated into the general scenario at logical break points and into the detailed evaluation scenario, which is developed subsequently. Qualified OCs are selected and trained in the AAR processes as part of OC training. This phase also includes the identification of potential AAR sites and the requisition of equipment and supplies needed to conduct the AAR.

(2) AAR preparation. AAR preparation commences with the beginning of the actual evaluation. In addition to observing the hospital performing its critical tasks, this phase includes the review of training objectives, orders, and doctrine. Final AAR site selection is completed and times and attendance are established. AAR information is gathered from applicable OCs and hospital personnel. The AAR is organized and rehearsed.

(3) AAR conduct. AARs are conducted at logical break points in the exercise and at the end of the evaluation. When AAR participants have assembled, the AAR begins with the senior OC introducing the session with a statement of the AAR purpose, the establishment of the AAR ground rules and procedures, and a restatement of the training and evaluation objectives. Guidelines for a successful AAR include:

(a) AARs are not critiques, but professional discussions of training events.

(b) The senior OC guides the discussion in a manner that ensures lessons are openly discussed by the participants.

(c) Dialogue is encouraged among OCs and hospital personnel.

(d) All individuals who participated in the evaluation are present for the AAR, if possible. As a minimum, every unit or element that participated in the exercise is represented.

(e) Participants discuss not only what happened, but also how it happened and how it could have been done better.

(f) Events which were not directly related to the major events are not examined.

(g) Participants do not offer self-serving excuses for inappropriate actions.

(h) The AAR end result is that soldiers and leaders through discovery learning, gain a better understanding of their individual and collective strengths and weaknesses, and become more proficient in training for and performing their critical tasks.

Appendix A**Army Universal Task List**

1. **Deploy/Conduct Maneuver.** The deploy/conduct maneuver task area is the movement of combat forces to achieve a position of advantage with respect to enemy forces. This task area includes the employment of forces on the battlefield in combination with direct fire or fire potential. Indirect fires are included under the "Employ Fires" task area. It also includes the conduct of tactical movement of all types of units, mobility operations, counter-mobility operations, and tactical actions associated with force protection.
2. **Develop Intelligence.** The develop intelligence task area is the activity to generate knowledge of and products portraying the enemy and environment features required by a commander in planning and conducting operations. It is derived from an analysis of information on the enemy's capabilities, intentions, vulnerabilities, and the environment. This includes the development of tactical intelligence requirements, the planning of collection activities, the collection of relevant information, the processing of that information to include the development of targeting information, and the preparation and dissemination of intelligence.
3. **Employ Fires.** The employ fires task area encompasses the collective and coordinated use of target-acquisition data, indirect-fire weapons, fixed-wing aircraft, offensive information operations, and other lethal and non-lethal means against targets located throughout an area of operations. The essential features of the employ fires task area are the acquiring and processing of tactical targets and the employment of fire support. Note: The acquisition and attack of aerial targets are addressed in "Protect the Force" task area.
4. **Perform CSS (Combat Service Support) and Sustainment.** The perform CSS and sustainment task area is the support and service provided to sustain forces in an area of operations during war and during stability operations and support operations. This tactical task area involves the provision of supply, maintenance, transportation, CHS, personnel, legal, finance, religious, public affairs, contracting, distribution management, and field and other service support (such as general engineering support) required to sustain an operating force in an area of operations that may be joint, multinational, interagency, or a combination of these forces. Combat service support may be required to support contractors, civilians (such as refugees and disaster victims), or members of other governmental and non-governmental agencies. It includes civil-military operations.
5. **Exercise Command and Control (C2).** The exercise C2 task area is the exercise and direction by a properly designated commander over assigned and available forces in the accomplishment of the mission. C2 tasks are performed through an arrangement of personnel, information management, procedures, and equipment and facilities employed by a commander in planning, preparing for, executing, and assessing the conduct of operations to accomplish the mission. It includes the acquisition and management of information, the maintenance of situational understanding, the conduct of situational estimates to determine actions, applying risk management, and the direction and leading of subordinate forces.
6. **Protect the Force.** The protect the force task area is the protection of the tactical force's fighting potential so it can be applied at the appropriate time and place. It includes those measures the force takes to remain viable and functional by protecting itself from the effects of (or recovery from) enemy activities. Those active and passive measures encompass the following:
 - a. Conduct air/missile defense.
 - b. Protect against enemy hazards within the AO.
 - c. Conduct local security operations.
 - d. Conduct defensive information operations.

Appendix B

Geneva Conventions

THE EFFECTS OF THE LAWS OF LAND WARFARE ON COMBAT HEALTH SUPPORT

1. The Law of War.

a. The conduct of armed hostilities on land is regulated by the law of land warfare. (See DA Pam 27-1 and FM 27-10). This body of law is inspired by the desire to diminish the evils of war by--

- Protecting both combatants and noncombatants from unnecessary suffering.
- Safeguarding certain fundamental human rights of persons who fall into the hands of the enemy, particularly prisoners of war, the wounded and sick, and civilians.
- Facilitating the restoration of peace.

b. The law of war places limits on the exercise of a belligerent's power in the interest of furthering that desire (diminishing the evils of war), and it requires that belligerents--

- Refrain from employing any kind or degree of violence which is not actually necessary for military purposes.
- Conduct hostilities with regard for the principles of humanity and chivalry.

2. Sources of the Law of War.

a. The law of war is derived from two principal sources.

(1) Treaties (or conventions) such as The Hague and Geneva Conventions.

(2) Custom--practices which by common consent and long-established uniform adherence has taken on the force of law.

b. Under the Constitution of the U.S., treaties constitute part of the "supreme Law of the Land," and thus must be observed by both military and civilian personnel. The unwritten or customary law of war is also part of the law of the U.S. It is binding upon the U.S., citizens of the U.S., and other persons serving this country.

3. The Geneva Conventions. The U.S. is a Party to numerous conventions and treaties pertinent to warfare on land. Collectively, these treaties are often referred to as The Hague and Geneva Conventions. Whereas The Hague Conventions concern the methods and means of warfare, The Geneva Conventions concern the victims of war or armed conflict. The Geneva Conventions are four separate international treaties, signed in 1949, and are respectively entitled:

a. "Geneva Convention for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field" (GWS).

b. "Geneva Convention for the Amelioration of the Condition of Wounded, Sick, and Shipwrecked Members of Armed Forces at Sea" (GWS Sea).

c. "Geneva Convention Relative to the Treatment of Prisoners of War" (GPW).

d. "Geneva Convention Relative to the Protection of Civilian Persons in Time of War" (GC).

The Conventions are very detailed and contain many provisions, which are tied directly to the CHS mission.

4. Protection of the Sick and Wounded. The essential and dominant idea of the GWS is that the soldier who has been wounded or who is sick, and for that reason is out of the combat in a disabled condition, is from that moment protected. Friend or foe must be tended with the same care. From this principle numerous obligations are imposed upon Parties to a conflict.

a. Protection and Care. Article 12 of the GWS imposes several specific obligations regarding the protection and care of the wounded and sick.

(1) The first paragraph of Article 12, GWS, states "Members of the armed forces and other persons mentioned in the following Article, who are wounded or sick, shall be respected and protected in all circumstances."

(a) The word "respect" means "to spare, not to attack," and "protect" means "to come to someone's defense, to lend help and support." These words make it unlawful to attack, kill, ill-treat, or in any way harm a fallen and unarmed enemy soldier. At the same time, these words impose an obligation to come to his aid and give him such care, as his condition requires.

(b) This obligation is applicable "in all circumstances." The wounded and sick are to be respected just as much when they are with their own army or in no man's land as when they have fallen into the hands of the enemy.

(c) Combatants as well as noncombatants are required to respect the wounded. The obligation also applies to civilians, in regard to who Article 18 specifically states: "The civilian population shall respect these wounded and sick, and in particular abstain from offering them violence."

(d) The GWS does not define what "wounded or sick means" nor has there ever been any definition of the degree of severity of a wound or a sickness entitling the wounded or sick combatant to respect. Any definition would necessarily be restrictive in character and would thereby open the door to misinterpretation and abuse. The meaning of the words "wounded and sick" is thus a matter of common sense and good faith. It is the act of falling or laying down of arms because of a wound or sickness, which constitutes the claim to protection. Only the soldier who is he seeking to kill may be killed.

(e) The benefits afforded the wounded and sick extend not only to members of the armed forces, but to other categories of persons as well, classes of whom are specified in Article 13, GWS. Even though a wounded person is not in one of the categories enumerated in the Article, we still must respect and protect that person. There is a universal principle, which says that any wounded or sick person is entitled to respect and humane treatment and the care, which his condition requires. Wounded and sick civilians have the benefit of the safeguards of the GC.

(2) The second paragraph of Article 12, GWS, provides that the wounded and sick "... shall be treated humanely and cared for by the Party to the conflict in whose power they may be, without any adverse distinction found on sex, race, nationality, religion, political opinions, or other similar criteria..."

(a) All adverse distinctions are prohibited. Nothing can justify a belligerent in making any adverse distinction between wounded or sick who require his attention, whether they be friend or foe. Both are on equal footing in the matter of their claims to protection, respect, and care. The foregoing is not intended to prohibit concessions, particularly with respect to food, clothing, and shelter, which take into account the different national habits and backgrounds of the wounded and sick.

(b) The wounded and sick shall not be made the subjects of biological, scientific, or medical experiments of any kind which are not justified on medical grounds and dictated by a desire to improve their condition.

(c) The wounded and sick shall not willfully be left without medical assistance, nor shall conditions exposing them to contagion or infection be created.

(3) The only reasons, which can justify priority in the order of treatment, are reasons of medical urgency. This is the only justified exception to the principle of equality of treatment of the wounded.

(4) Paragraph 5 of Article 12, GWS, provides that if we must abandon wounded or sick, we have a moral obligation to, "as far as military considerations permit," leave medical supplies and personnel to assist in their care. This provision is in no way bound up with the absolute obligation imposed by paragraph 2 to care for the wounded. A belligerent can never refuse to care for enemy wounded on the pretext that his adversary has abandoned them without medical personnel and equipment.

b. Enemy Wounded and Sick. The protections accorded the wounded and sick apply to friend and foe alike without distinction. Certain provisions of the GWS; however, specifically concern enemy wounded and sick. There are also provisions in the GPW which, because they apply to prisoners of war generally, also apply to enemy wounded or sick.

(1) Article 14 of the GWS states that persons who are wounded and then captured have the status of prisoners of war. However, that wounded soldier is also a person who needs treatment. Therefore, a wounded soldier who falls into the hands of an enemy who is a Party to the GWS and the GPW, such as the U.S., will enjoy protection under both Conventions until his recovery. The GWS will take precedence over the GPW where the two overlap.

(2) Article 16 of the GWS requires the recording and forwarding of information regarding enemy wounded, sick, or dead. (See AR 190-8 for disposition of an EPW after hospital care.)

(3) When intelligence indicates that large numbers of EPWs may result from an operation, medical units may require reinforcement to support the anticipated additional EPW patient workload. Procedures for estimating the medical workload involved in the treatment and care of EPW patients are described in FM 8-55.

c. Search for and Collection of Casualties. Article 15 of the GWS imposes a duty on combatants to search for and collect the dead and wounded and sick as soon as circumstances permit. It is left to the tactical commander to judge what is possible, and to decide to commit his medical personnel to this effort. If circumstances permit, an armistice or suspension of fire should be arranged to permit this effort.

d. Assistance of the Civilian Population. Article 18, GWS addresses the civilian population. It allows a belligerent to ask the civilians to collect and care for wounded or sick of whatever nationality. This provision does not relieve the military authorities of their responsibility to give both physical and moral care to the wounded and sick. The GWS also reminds the civilian population that they must respect the wounded and sick, and in particular must not injure them.

e. Enemy Civilian Wounded and Sick. Certain provisions of the GC are relevant to the CHS mission.

(1) Article 16 of the GC provides that enemy civilians who are "wounded and sick, as well as the infirm, and expectant mothers, shall be the object of particular protection and respect." The Article also requires that, "as far as military considerations allow, each Party to the conflict shall facilitate the steps taken to search for the killed and wounded [civilians], to assist...other persons exposed to grave danger, and to protect them against pillage and ill-treatment [emphasis added]."

(a) The "protection and respect" to which wounded and sick enemy civilians are entitled is the same as that accorded to wounded and sick enemy military personnel.

(b) While Article 15 of the GWS requires Parties to a conflict to search for and collect the dead and wounded and sick members of the armed forces, Article 16 of the GC states that the Parties must "facilitate the steps taken" in regard to civilians. This recognizes the fact that saving civilians is the responsibility of the civilian authorities rather than of the military. The military is not required to provide injured civilians with medical care in a CZ. However, if we start providing treatment we are bound by the provisions of the GWS. Provisions for treating civilians (enemy or friendly) will be addressed in COMMZ regulations.

(2) In occupied territories, the Occupying Power must accord the inhabitants numerous protections as required by the GC. The provisions relevant to medical care include--

- Requirement to bring in medical supplies for the population if the resources of the occupied territory are inadequate.
- Prohibition on requisitioning medical supplies unless the requirements of the civilian population have been taken into account.
- Duty of ensuring and maintaining, with the cooperation of national and local authorities, the medical and hospital establishments and services, public health, and hygiene in the occupied territory.
- Requirement that medical personnel of all categories be allowed to carry out their duties.
- Prohibition on requisitioning civilian hospitals on other than a temporary basis and then only in cases of urgent necessity for the care of military wounded and sick and after suitable arrangements have been made for the civilian patients.
- Requirement to provide adequate medical treatment to detained persons.
- Requirement to provide adequate medical care in internment camps.

5. Protection and Identification of Medical Personnel. Article 24 of the GWS provides special protection for "Medical personnel exclusively engaged in the search for, or the collection, transport, or treatment of the wounded or sick, or in the prevention of disease, [and] staff exclusively engaged in the administration of medical units and establishments...[emphasis added]." Article 25 provides limited protection for "Members of the armed forces specially trained for employment, should the need arise, as hospital orderlies, nurses, or auxiliary stretcher-bearers, in the search for or the collection, transport, or treatment of the wounded and sick...if they are carrying out those duties at the time when they come into contact with the enemy or fall into his hands [emphasis added]."

a. Protection. There are two separate and distinct forms of protection.

(1) The first is protection from intentional attack if medical personnel are identifiable as such by an enemy in a combat environment. Normally medical personnel wearing an arm band bearing the Distinctive Emblem (a red cross or red crescent, on a white background facilitate this), or by their employment in a medical unit, establishment, or vehicle (including medical aircraft and hospital ships) that displays the Distinctive Emblem. Persons protected by Article 25 may wear an arm band bearing a miniature Distinctive Emblem only while executing medical duties.

(2) The second protection provided by the GWS pertains to medical personnel who fall into the hands of the enemy. Article 24 personnel are entitled to "retained person" status. They are not deemed to be prisoners of war, but otherwise benefit from the protections of the GPW. They are authorized to carry out medical duties only, and "shall be retained only in so far as the state of health...and the number of prisoners of war require." Article 25 personnel are prisoners of war, but shall be employed on their medical duties in so far as the need arises. They may be required to perform other duties or labor, and they may be held until a general repatriation of prisoners of war is accomplished upon the cessation of hostilities.

b. Specific Cases. The AMEDD personnel and non-AMEDD personnel assigned to medical units fall into the category identified in Article 24 provided they meet the "exclusively engaged" criteria of that article. The U.S. Army does not have any personnel who officially fall into the category identified in Article 25. While it is not a violation of the GWS for Article 24 personnel to perform nonmedical duties, it should be understood; however, that Article 24 personnel lose their protected status under that article if they perform duties or tasks inconsistent with their noncombatant role. Should those personnel later take up their medical duties again, a reasonable argument might be made that they cannot regain Article 24 status since they have not been exclusively engaged in medical duties and that such switching of roles might at best cause such personnel to fall under the category identified in Article 25.

(1) While only Article 25 refers to nurses, nurses are Article 24 personnel if they meet the "exclusively engaged" criteria of that article.

(2) The AMEDD officers and NCOs assigned to nonmedical positions in a FSB, MSB, or DISCOM are neither Article 24 nor Article 25 personnel. Such assignments place them in the role of a combatant. Examples of such personnel are--

(a) The AMEDD officers serving as commanders of FSBs or MSBs with responsibility for base or base cluster defense as well as command and control of medical and nonmedical units.

(b) The AMEDD officers and NCOs assigned to nonmedical staff positions with a FSB or MSB with responsibility for planning and supervising the logistics support for a combat maneuver brigade or other combat unit.

(3) Article 24 personnel who might become Article 25 personnel by virtue of their switching roles could include the following:

(a) A medical company commander, a physician, or the executive officer, an MSC officer, detailed as convoy march unit commander with responsibility for medical and nonmedical unit routes of march, convoy control, defense, and repulsing attacks.

(b) Helicopter pilots who are permanently assigned to a dedicated medical aviation unit to fly medical evacuation helicopters, but fly helicopters not bearing the red cross emblems on standard combat missions during other times.

(4) The GWS does not itself prohibit the use of Article 24 personnel in perimeter defense of nonmedical units such as unit trains logistics areas or base clusters under overall security defense plans, but the policy of the U.S. Army is that Article 24 personnel will not be used for this purpose. Adherence to this policy should avoid any issues regarding their status under the GWS due to a temporary change in their role from noncombatant to combatant. Medical personnel may guard their own unit without any concurrent loss of their protected status.

c. Identification Cards and Arm Bands. Medical personnel who meet the "exclusively engaged" criteria of Article 24, GWS, are entitled to wear an arm band bearing the Distinctive Emblem of the red cross and carry the medical personnel identification card authorized in Article 40, GWS (in the U.S. armed services, Department of Defense (DD) Form 1934). Article 25 personnel and medical personnel serving in positions that do not meet the "exclusively engaged" criteria of Article 24 are not entitled to carry the medical personnel identification card or wear the Distinctive Emblem arm band. Such personnel carry a standard military identification card (DD Form 2A) and, under Article 25, may wear an arm band bearing a miniature Distinctive Emblem when executing medical duties (For a discussion of ID cards, see AR 600-8-14.).

This paragraph implements STANAGs 2027, 2060, 2931 and QSTAG 248.

6. Protection and Identification of Medical Units and Establishments, Buildings and Materiel, and Medical Transports.

a. Protection. There are two separate and distinct forms of protection.

(1) The first is protection from intentional attack if medical units, establishments, or transports are identifiable as such by an enemy in a combat environment. Normally, this is facilitated by medical units or establishments flying a white flag with a red cross and by marking buildings and transport vehicles with the red cross emblem.

(a) It follows that if we cannot attack recognizable medical units, establishments, or transports, we should allow them to continue to give treatment to the wounded in their care as long as this is necessary.

(b) All vehicles employed exclusively on medical transport duty are protected on the field of battle. Medical vehicles being used for both military and medical purposes, such as moving wounded personnel during an evacuation and carrying retreating belligerents as well, are not entitled to protection.

(c) Medical aircraft, like medical transports, are protected from intentional attack, but with a major difference: they are protected only "while flying at heights, times, and on routes specifically agreed upon between the belligerents concerned." Article 36, GWS. Such agreements may be made for each specific case or may be of a general nature, concluded for the duration of hostilities. If there is no agreement, belligerents use medical aircraft at their own risk and peril.

(d) The second paragraph of Article 19 imposes an obligation upon belligerents to "ensure that the said medical establishments and units are, as far as possible, situated in such a manner that attacks against military objectives cannot imperil their safety." Hospitals should be sited alone, as far as possible from military objectives. The unintentional bombardment of a medical establishment or unit due to its presence among or in proximity to valid military objectives is not a violation of the GWS. Legal protection is certainly valuable, but it is more valuable still when accompanied by practical safeguards.

(2) The second protection provided by the GWS pertains to medical units, establishments, materiel, and transports, which fall into the hands of the enemy.

(a) Captured mobile medical unit materiel is to be used first to treat the patients in the captured unit. If there are no patients in the captured unit, or when those who were there have been moved, the materiel is to be used for the treatment of other wounded and sick persons.

(b) Generally, the buildings, materiel, and stores of fixed medical establishments will continue to be used to treat wounded and sick. However, after provision is made to care for remaining patients, tactical commanders may make other use of them. All distinctive markings must be removed if the buildings are to be used for other than medical purposes.

(c) The materiel and stores of fixed establishments and mobile medical units are not to be intentionally destroyed, even to prevent them from falling into enemy hands. The actual buildings may in certain extreme cases have to be destroyed for tactical reasons.

(d) Medical transports which fall into enemy hands may be used for any purpose once arrangement have been made for the medical care of the wounded and sick they contain. The distinctive markings must be removed if they are to be used for nonmedical purposes.

(e) A medical aircraft is supposed to obey a summons to land for inspection. If it is performing its medical mission, it is supposed to be released to continue its flight. If examination reveals that an act "harmful to the enemy" (that is if the aircraft is carrying munitions, for example) has been committed, it loses the protections of the Conventions and may be seized. If a medical aircraft makes an involuntary landing, all aboard, except the medical personnel, will be prisoners of war. A medical aircraft refusing a summons to land is a fair target.

b. Identification. The GWS contains several provisions regarding the use of the red cross emblem on medical units, establishments, and transports (the identification of medical personnel has been previously discussed).

(1) Article 39 of the GWS reads as follows: "Under the direction of the competent military authority, the emblem shall be displayed on the flags, armlets, and on all equipment employed in the Medical Service."

(a) There is no obligation on a belligerent to mark his units with the emblem. Sometimes a commander (generally no lower than a brigade commander for U.S. forces) may order the camouflage of his medical units in order to conceal the presence or real strength of his forces. The enemy must respect a medical unit if he knows of its presence, even one, which is camouflaged or not marked. The absence of a visible red cross emblem; however, coupled with a lack of knowledge on the part of the enemy as to the unit's protected status, may render that unit's protection valueless.

(b) The distinctive emblem is not a red cross alone; it is a red cross on a white background. Should there be some good reason; however, why an object protected by the Conventions can only be marked with a red cross without a white background, belligerents may not make the fact that it is so marked a pretext for refusing to respect it.

(c) Some countries use the red crescent on a white background in place of the red cross. This emblem is recognized as an authorized exception under Article 38, GWS. Although not specifically authorized as a symbol in lieu of the red cross, enemies of Israel in past wars have recognized the red Star of David and have afforded it the same respect as the red cross. This showed compliance with the general rule that the wounded and sick must be respected and protected when they are recognized as such, even when not properly marked.

(d) The initial phrase of Article 39 shows that it is the military commander who controls the emblem and can give or withhold permission to use it. He is at all times responsible for the use made of the emblem and must see that it is not improperly used by the troops or by individuals.

(2) Article 42 of the GWS specifically addresses the marking of medical units and establishments.

(a) "The distinctive flag of the Conventions shall be hoisted only over such medical units and establishments as are entitled to be respected under the Conventions, and only with the consent of the military authorities." Paragraph 1, Article 42, GWS. Although the Conventions does not define "the distinctive flag of the Conventions," what is meant is a white flag with a red cross in its center. Also, the word "flag" must be taken in its broadest sense. Hospitals are often marked by one or several red cross emblems painted on the roof. Finally, the military authority must consent to the use of the flag (see the above comments on Article 39) and must ensure that the flag is used only on buildings entitled to protection.

(b) "In mobile units, as in fixed establishments, [the distinctive flag] may be accompanied by the national flag of the Party to the conflict to which the unit or establishment belongs." Paragraph 2, Article 42, GWS. This provision makes it optional to fly the national flag with the red cross flag. It should be noted that on a battlefield, the national flag is a symbol of belligerency and is therefore likely to provoke attack.

(3) In a NATO conflict, NATO STANAG 2931 provides for camouflage of the Geneva emblem on medical facilities where the lack of camouflage might compromise tactical operations. Medical facilities on land, supporting forces of other nations, will display or camouflage the Geneva emblem in accordance with national regulations and procedures. When failure to camouflage would endanger or compromise tactical operations, the camouflage of medical facilities may be ordered by a NATO commander of at least brigade level or equivalent. Such an order is to be temporary and local in nature and countermanded as soon as the circumstances permit. It is not envisaged that fixed, large, medical facilities would be camouflaged. The Standardization Agreement defines "medical facilities" as "medical units, medical vehicles, and medical aircraft on the ground." (For information on camouflage painting, see AR 750-1.)

NOTE

There is no such thing as a "camouflaged" red cross. When camouflaging a medical unit, either cover up the red cross or take it down. A black cross on an olive drab background is not a symbol recognized under the Geneva Conventions.

(4) Medical evacuation vehicles and medical materiel containers will, unless ordered otherwise, be marked with the Distinctive Emblem (red cross on a white background) and other distinguishing insignia and color markings when required by International STANAGs. (See STANAGs 2027, 2060, and QSTAG 248.)

7. Loss of Protection of Medical Establishments and Units. Medical assets lose their protected status by committing acts "harmful to the enemy." Article 21, GWS. A warning must be given to the offending unit and a reasonable amount of time allowed to cease such activity.

a. Acts Harmful to the Enemy. The phrase "acts harmful to the enemy" is not defined in the Conventions, but should be considered to include acts the purpose or effect of which is to harm the enemy, by facilitating or impeding military operations. Such harmful acts would include, for example, the use of a hospital as a shelter for able-bodied combatants, as an arms or ammunition dump, or as a military observation post. Another instance would be the deliberate siting of a medical unit in a position where it would impede an enemy attack.

b. **Warning and Time Limit.** The enemy has to warn the unit to put an end to the harmful acts and must fix a time limit on the conclusion of which he may open fire or attack if the warning has not been complied with. The phrase "in all appropriate cases" recognizes that there might obviously be cases where no time limit could be allowed. A body of troops approaching a hospital and met by heavy fire from every window would return fire without delay.

c. **Use of Smoke and Obscurants.** The use of smoke and obscurants during medical evacuation operations does not differ from the use of camouflage and does not constitute an act harmful to the enemy.

8. Conditions Not Depriving Medical Units and Establishments of Protection.

a. Article 22 of the GWS reads as follows: "The following conditions shall not be considered as depriving a medical unit or establishment of the protection guaranteed by Article 19:

(1) That the personnel of the unit or establishment are armed, and that they use the arms in their own defense, or in that of the wounded and sick in their charge.

(2) That in the absence of armed orderlies, the unit or establishment is protected by a picket or by sentries or by an escort.

(3) That small arms and ammunition taken from the wounded and sick and not yet handed to the proper service, are found in the unit or establishment.

(4) That personnel and materiel of the veterinary service are found in the unit or establishment, without forming an integral part thereof.

(5) That the humanitarian activities of medical units and establishments or of their personnel extend to the care of civilian wounded or sick."

b. These five conditions are not to be regarded as acts harmful to the enemy. These are particular cases where a medical unit retains its character as such, and its right to immunity, in spite of certain appearances, which might have led to the contrary conclusion or, at least, created some doubt.

(1) **Defense of medical units and self-defense by medical personnel.** A medical unit is granted a privileged status under the laws of war. This status is based on the view that medical personnel are not combatants and that their role in the combat area is exclusively a humanitarian one. In recognition of the necessity of self-defense; however, medical personnel may be armed for their own defense or for the protection of the wounded and sick under their charge. To retain this privileged status, they must refrain from all aggressive action, and may only employ their weapons if attacked in violation of the Conventions. They may not employ arms against enemy forces acting in conformity with the law of war and may not use force to prevent the capture of their unit by the enemy (it is, on the other hand, perfectly legitimate for a medical unit to withdraw in the face of the enemy). Medical personnel who use their arms in circumstances not justified by the law of war expose themselves to penalties for violation of the law of war and, provided they have been given due warning to cease such acts, may also forfeit the protection of the medical unit or establishment which they are protecting.

(a) Medical personnel may carry only small arms, such as rifles or pistols or authorized substitutes. AR 71-32 provides the policy that governs the small arms medical personnel are authorized to carry. AR 350-41 also supports this policy. It states "AMEDD personnel and non-AMEDD personnel in medical units will not be required to train or qualify with weapons other than individual or small arms weapons. However, AMEDD personnel attending training at NCOES [noncommissioned officer education system] courses will receive weapons instruction that is part of the curriculum. This will ensure that successful completion of the course is not jeopardized by failure to attend the weapons training portion of the curriculum."

(b) The presence of machine guns, grenade launchers, booby traps, hand grenades, light antitank weapons, or mines (regardless of the method by which they are detonated) in or around a medical unit or establishment would seriously jeopardize its entitlement to privileged status under the GWS. The deliberate arming of a medical unit with such items could constitute an act harmful to the enemy and cause the medical unit to lose its protection, regardless of the location of the medical unit. See the previous discussion of loss of protection of medical units and establishments.

(2) Guarding of medical units. As a rule, a medical unit is to be guarded by its own personnel. However, it will not lose its protected status if the guard is performed by a number of armed soldiers. The military guard attached to a medical unit may use its weapons, just as armed medical personnel may, to ensure the protection of the unit. But, as in the case of medical personnel, the soldiers may only act in a purely defensive manner, and may not oppose the occupation or control of the unit by an enemy who is respecting the unit's privileged status. The status of such soldiers is that of ordinary members of the armed forces. The mere fact of their presence with a medical unit will shelter them from attack. In case of capture, they will be prisoners of war.

(3) Arms and ammunition taken from the wounded. Wounded arriving in a medical unit may still be in possession of small arms and ammunition, which will be taken from them and handed to authorities outside the medical unit. Should a unit be captured by the enemy before it is able to get rid of these arms, their presence is not of itself cause for denying the protection to be accorded the medical unit under the GWS.

(4) Personnel and materiel of the veterinary corps. The presence of personnel and materiel of the veterinary corps with a medical unit is authorized, even where they do not form an integral part of such unit.

(5) Care of civilian wounded or sick. A medical unit or establishment protected by the GWS may take in civilians as well as military wounded and sick without jeopardizing its privileged status. This clause merely sanctions what is actually done in practice.

9. 1977 Protocols to The Geneva Conventions. Amendments to The Geneva Conventions have been ratified by some of our allies and potential adversaries. The U.S. representative to the diplomatic conference signed these amendments, but they have not been officially ratified by our government.

(Classification)

Appendix C

Sample Operations Plan/Order With Annexes

(Classification)

Copy No ___ of ___ Copies
___ CSH, Medical Brigade/
Medical Group ___ TA/Corps
Anywhere, USA
112200Z June 20XX
MZ23

OPORD 1234

References: a. Map series 1501, sheets NM 32-5 (FRANKFURT), edition 2, NM 32-8 (MANNHEIM), edition 3, 1:250000 scale.

- b. ___ CSH TSOP.
- c. ___ Medical Brigade/Medical Group OPORD 2987.
- d. ___ TA/Corps OPORD 222.

Time Zone Used Throughout the Plan: ZULU

Task Organization:

___ Combat Support Hospital
Hospital Augmentation Team (Eye Surgery)
Hospital Augmentation Team (Head and Neck Surgery)
Hospital Augmentation Team (Neurosurgery)
Hospital Augmentation Team (Pathology)
Medical Team, Dialysis
Medical Team, Infectious Disease

(Classification)

(Classification)

OPORD 1234

1. SITUATION.

a. Enemy Forces.

(1) The _____ Corps is opposed by two infantry divisions estimated to be approximately 95 percent strength. These ground forces are supported by a helicopter company and an artillery battery, which is capable of mass artillery barrages within a 10-mile radius and attack helicopter strikes within 20 miles. Intelligence indicates that the full range of radio electronic combat elements will be employed to gather intelligence and to degrade the effectiveness of friendly command and control nets through the use of electronic warfare. The threat has the ability to deliver nuclear weapons and/or chemical agents into the TAACOM/corps support area. Intelligence also indicates that the threat will employ TACAIR, airborne and airmobile regular army units, and local guerilla units in the TAACOM/corps support area to disrupt or destroy CSS operations.

(2) See current INTSUM.

b. Friendly Forces.

(1) _____ Corps attack 120500 June through elements of the 1st and 2nd Threat Infantry Divisions with two divisions abreast. 1st Corps on the left (east) conducts main attack; 2nd Corps on the right (west) conducts supporting attack. 3rd Corps follows in zone of 1st Corps, secures FREISING (QU0364), and MOOSBURG (QU1773), and prepares to continue attack on to S and SW.

(2) Provide hospitalization support and services to TA/corps units on area basis. Defend the hospital area within the base cluster defense when attacked.

c. Attachments and Detachments.

2. MISSION.

Provide hospitalization support and services to the TA.

3. EXECUTION.

a. Combat Support Hospital. Provide hospitalization support and services for TA/corps tactical/stability operations and support operations. Render resuscitative care and medical treatment of critically injured or ill patients requiring highly specialized care and surgical and medical services for patients held for definitive treatment.

b. Boundaries. Annex B (Operations Overlay) _____ TA/Corps OPORD 222.

c. Coordinating Instructions.

(1) This OPORD is effective for planning upon receipt; execute on order.

(2) All elements provide closing notification upon arrival at designated operating locations with projected operational capability attainment until fully mission capable.

(Classification)

(Classification)**OPORD 1234**

(3) Units located in TAACOM/corps support area will comply with defense and ADC procedures established by the CSH, operations section.

(4) Chemical MOPP 1 is in effect. Be prepared to increase MOPP on short notice.

(5) Operation Security. __ Annex K, Medical brigade/medical group OPORD 2987 and Annex L, TA/Corps OPORD 222.

(6) Movement Annex for TAACOM/corps support area units to be prepared separately.

4. **SERVICE SUPPORT.** See Annex B, (Service Support).

5. **COMMAND AND SIGNAL.**

a. Command. CSH located vic MA 779705.

b. Signal.

(1) Current SOI in effect.

(2) Minimize, in effect for FM radio traffic until lifted by CSH commander.

Acknowledge.

commander
colonel

OFFICIAL:

/s/

S2/S3

Annexes:

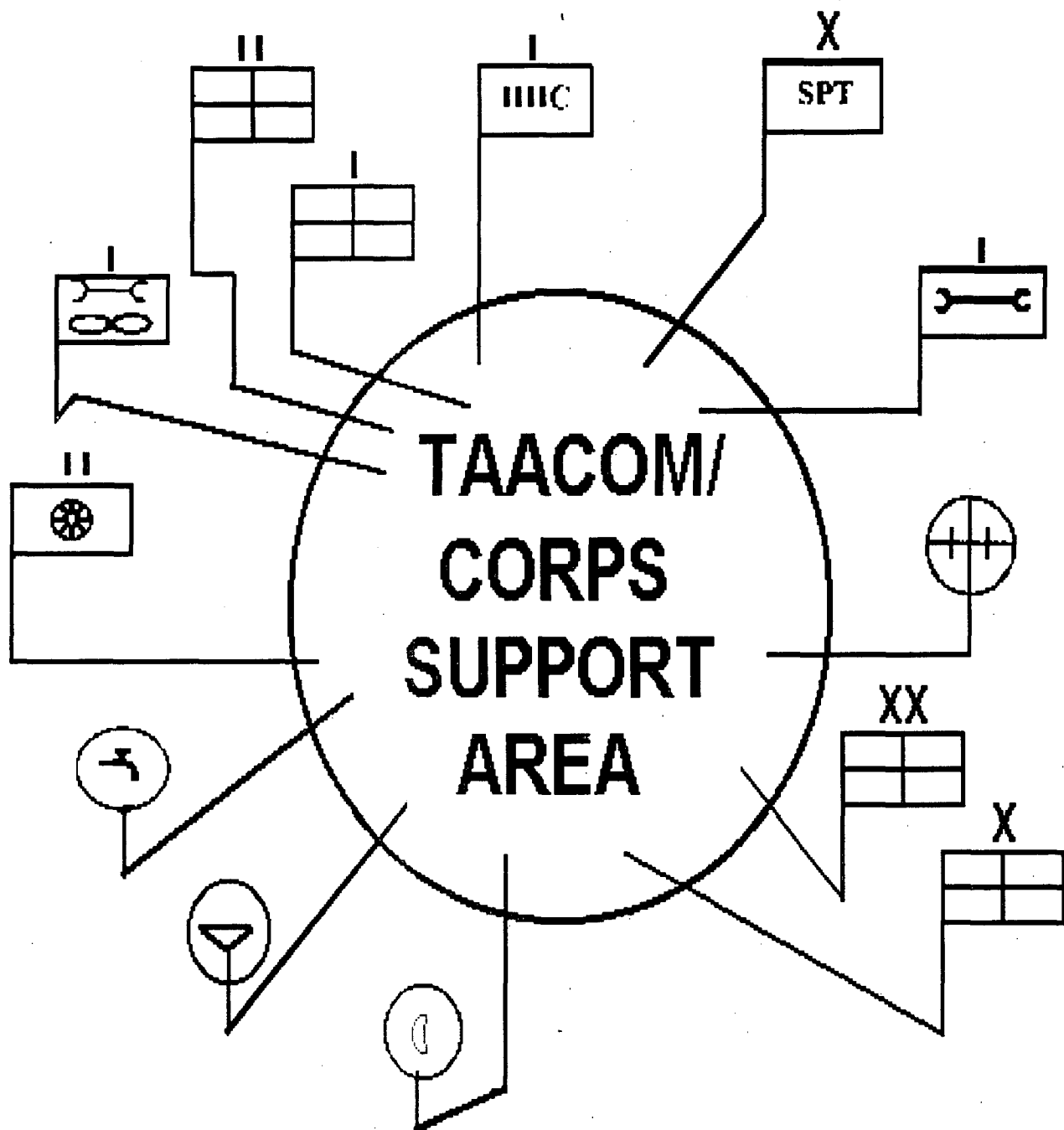
- A. Operational Overlay
- B. Road Movement
- C. Service Support
- D. Rear Operations

Distribution: A

(Classification)

(Classification)

ANNEX A (OPERATIONAL OVERLAY) to OPORD 1234,CSH



(Classification)

(Classification)**ANNEX B (ROAD MOVEMENT) to OPORD 1234, CSH**

References: a. Map series 1501, sheets NM 35-2 (FRANKFURT), edition 2, NM 32-8, edition 3, 1:250000 scale.

- b. ____ CSH TSOP.
- c. ____ Medical brigade/medical group OPORD 2987.
- d. ____ TA/Corps OPORD 222.

Time Zone Used Throughout the Plan: ZULU

1. SITUATION.

a. **Enemy Forces.** The enemy's capability to conduct road interdiction through mining and demolition generally along the route is acknowledged. However, it is anticipated that the enemy will limit their interdictions to the intent consistent with meeting specific military objectives in ambush attack operations. The enemy's capability to conduct simultaneous and multiple convoy ambush operations at critical areas exists. However, this is unlikely because of the restriction on convoy movement within the TAACOM/corps support area.

b. **Friendly Forces.**

- (1) Corps units move night of 21-22 June 20XX to assembly area VIC GRAFTON (UV 6302).
- (2) Aerial observation and CAS is provided by the USAF.
- (3) Battery B, 317th Artillery, provides artillery support, as required.
- (4) ____ CSH, ____ TA, provides en route medical support.
- (5) The 504th Main Support Battalion (Rear), provides transportation support, as required.

2. **MISSION.** CSH move commencing 210300 June 20XX to a AO to support ____ TA/corps tactical/stability operations and support operations mission.

(Classification)

(Classification)

ANX B (ROAD MOVEMENT) to OPORD 1234, CSH

3. EXECUTION.

a. Concept of Operations. CSH conducts a tactical road march in three echelons over two routes to a new AO. First echelon crossing SP 210300 June and last echelon crossing RP 220546 June.

b. Convoy Organization.

(1) Echelon 1: Advanced/Quartermaster Party.

(2) Echelon 2: Hospital Headquarters (HUB), Supply and Service Division (HUS) Triage/EMT/Pre-op (HUS), OR/CMS Control Team (HUS), OR A Module (HUB), two ICUs (HUS), two ICWs (HUB), Laboratory (HUB), Blood Bank (HUB), X-ray (HUB), Pharmacy (HUB), two CMSs (HUS), Ortho Cast Clinic (HUS), Litter Bearer Section (HUB); parts of Company Headquarters (HUB), Supply and Service Division (HUB), PAD, and Nutrition Care Division.

(3) Echelon 3: Neuropsychiatric Service (HUB), OR B Module (HUB), Inpatient Medicine A Module (HUB), two ICUs (HUB), two ICWs (HUB), two MCWs (HUB), two CMSs (HUB); parts of Company Headquarters (HUB), Supply and Service Division (HUB), and PAD.

(4) Echelon 4: All remaining elements of the hospital.

c. Tasks to Subordinate Elements. Supply and Service Division will provide recovery support along the route.

(Classification)

(Classification)**ANX B (ROAD MOVEMENT) to OPORD 1234, CSH**

d. Checkpoints are listed below:

CHECKPOINTS	COORDINATES	CHECKPOINTS
SP	UV721624	9.8
40	UV711121	2.4
12	UV701243	2.3
93	UV693240	2.1
77	V695179	2.1
RP	UV711234	1.9

e. Coordinating Instructions.

- (1) Advance/quartering party assemble CSH dismount point 210200 June.
- (2) Formation: Close Column.
- (3) Time Gap: 8 hours between echelons.
- (4) Appendix 1, Road Movement Table.
- (5) Appendix 2, Route Overlay.

4. SERVICE SUPPORT.

a. Traffic Control.

(1) Quartering party will drop two-man TC teams at Critical Points 1, 2, and 4. MP will be responsible for TCP at Blue River and in the town of Manly.

(2) Recovery.

(a) Units will recover organic vehicles that break down along the route.

(b) Ordnance (heavy equipment maintenance) company, general support, trail echelon will recover all vehicles beyond self-recovery capability.

(3) Medical.

(a) Triage/pre-op/EMT will provide treatment services.

(b) Aeromedical evacuation procedures (Medical Annex, TSOP).

(Classification)

(Classification)

ANX B (ROAD MOVEMENT) to OPORD 1234, CSH

5. COMMAND AND SIGNAL.

a. Command.

- (1) CP and Command Group with Echelon 2 and 3.
- (2) CP opening, closing times, and locations to be announced.

b. Signal.

- (1) SOI Index 1-12 in effect.
- (2) Listening silence effective 211300 June.

Acknowledge.

commander
colonel

OFFICIAL:

/s/

S2/S3

Appendixes:

1. Road Movement Table
2. Route Overlay

Distribution: A

(Classification)

(Classification)**APPENDIX 1 (ROAD MOVEMENT TABLE) to ANNEX B, OPORD 1234, CSH**

Map Reference:

Time Zone Used Throughout the Order:

General Data:

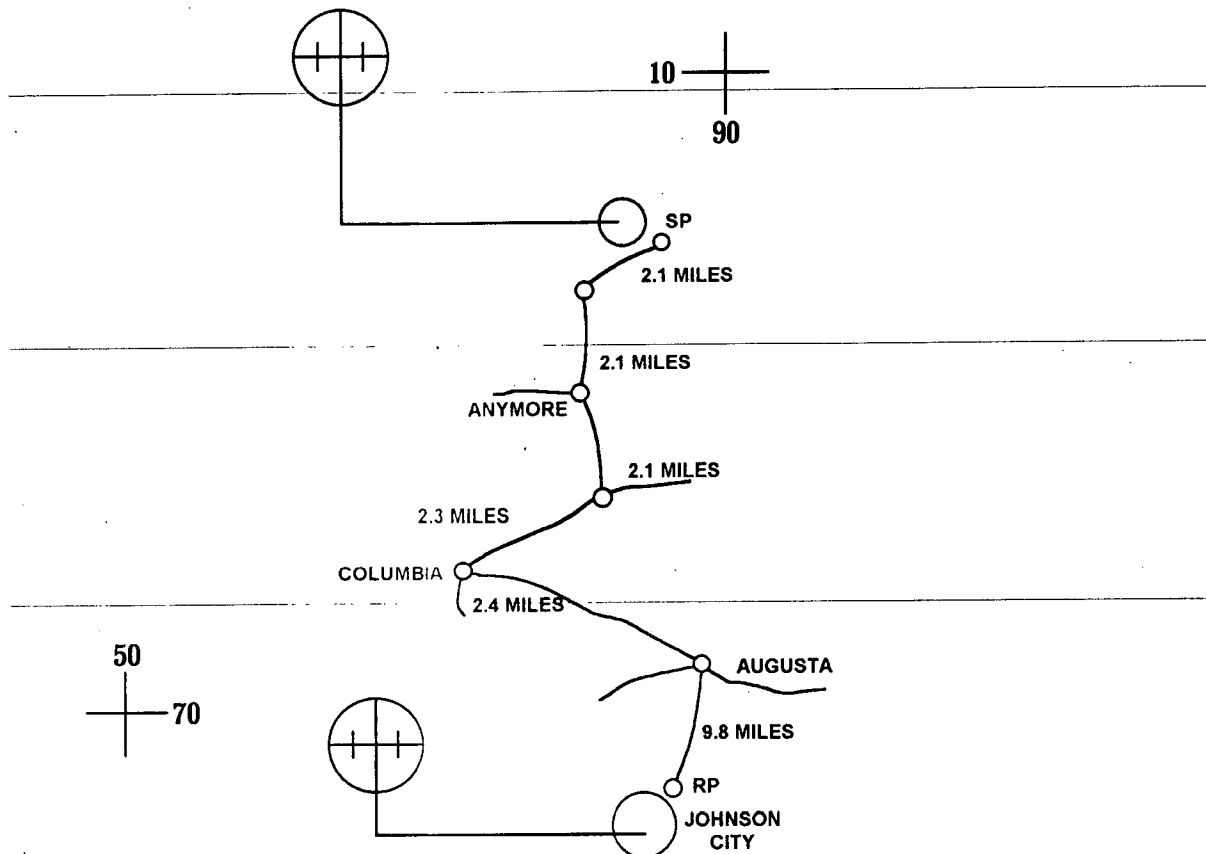
1. Average Speed:
2. Traffic Density:
3. Halts:
4. Critical Points:
 - a. SP:
 - b. RP:
 - c. Other Critical Points:
 - d. Route Classification:
 - e. Route Restrictions:
5. Main Route to SP:
6. Main Route to RP:

March Unit Date	No. of Unit Vehicles	Class of Heaviest Vehicles	From	To	Route	Critical Points

(Classification)

(Classification)

APPENDIX 2 (ROUTE OVERLAY) to ANNEX B, OPORD 1234, CSH



(Classification)

(Classification)**ANNEX C (SERVICE SUPPORT) to OPORD 1234, CSH**

1. **GENERAL.** This annex provides the support plan for _____ TA/corps. CSS will provide/coordinate through the CSH staff and medical brigade DCSLOG/medical group S4.

2. **MATERIAL AND SERVICES.**

a. Supply.

(1) Class I. The TASG/COSCOM will operate ration supply points in the TAACOM/corps support area for medical brigade/medical group and its supporting units.

(2) Water. The DS supply company, TASG/COSCOM will operate the water points. Water requirements will be coordinated through the medical command DCSSPO/medical brigade S2/S3 and may be located in the TAACOM/corps support area.

(3) Class II, III (pkg), & (bulk).

(a) Class II, III (pkg).

1. Supply point distribution from DS supply company, TASG/COSCOM.
2. Request will be submitted to CSH operations section.

(b) Class III (bulk).

1. Supply point distribution from any Class III supply point.
2. Allocations will be provided by medical brigade DCSLOG/medical group S4,

when required.

(4) Class IV.

(a) Supply point distribution. Selected Class IV materials issued by the S&T Battalion, TASG/COSCOM.

(b) Class IV priorities assigned by the TASG/COSCOM.

(c) The following controlled items will be requisitioned through command channels.

1. Culvert nestable, 60 feet.
2. Lumber, softwood, 2X4.

(5) Class V.

(a) ATP will be operated by the S&T Battalion, TASG/COSCOM.

(Classification)

(Classification)

ANX C (SERVICE SUPPORT) to OPORD 1234, CSH

- (b) CSR for items in critical shortage will be listed in this paragraph.
- (c) Units will maintain basic loads.
- (6) Class VII.
 - (a) Selected Class VII will be stocked by the ordnance (light equipment maintenance) company.
 - (b) Requests to fill TOE shortages will be submitted to medical brigade DCSLOG/ medical group S4 citing TOE authority. Battle loss replacement will be requested by submitting Daily Battle Loss Reports IAW field SOP. The medical brigade DCSLOG/ medical group S4 will forward request to Corps G4.
- (7) Class VIII. Medical battalion (LOG), provide Class VIII support on a supply point distribution basis.
- (8) Class IX.
 - (a) Ordnance (light equipment maintenance) company provides repair parts support.
 - (b) Stockage objectives. DS 15 days of ASL items.
 - (c) Major critical shortages exists for the following item:
 - 1. Monitor - Recorder M79195, ECG.
 - 2. Light, surgical field L65295, 110-volt alternating current (AC) or 24-volt direct current (DC).
 - (d) Cannibalization. Unserviceable end items and major assemblies will be evacuated to the ordnance (light equipment maintenance) company, general support, ordnance (maintenance) battalion, TA/corps support area collection points. Controlled cannibalization may be performed at the discretion of the hospital commander.
- (9) Class X. Civil relief supply requirements will be approved by medical brigade/medical group and coordinated through the medical brigade DCSSPO section/medical group S2/S3 section.
- (10) Maps are provided by medical command DCSLOG/medical brigade S4.
- (11) Captured enemy materials.
 - (a) Will be reported to medical brigade DCSSPO section/medical group S2/S3 section for disposition instructions.

(Classification)

(Classification)**ANX C (SERVICE SUPPORT) to OPORD 1234, CSH**

(b) Enemy rations and medical supplies will not be utilized or consumed by medical brigade DCSPER/medical group S1.

(12) Excess supplies. All elements will report excess supplies through supply channels to medical brigade DCSLOG/ medical group S4 for disposition instructions.

b. Transportation.

(1) All MSR are two-way.

(2) Ten or more vehicles dispatched to the same destination from one point of origin constitutes a convoy.

(3) Elements coordinate convoy movements with the medical brigade DCSSPO section/medical group S2/S3 section.

(4) Emergency resupply requirements will be submitted through command channels.

c. Services.

(1) Construction efforts will be limited to minimum essential required.

(2) TA/corps units will evacuate remains to the nearest mortuary affairs collection point. Collection points will be operated by the TAACOM/corps support area.

(3) Clothing exchange and bath services will be coordinated by medical command DCSLOG/medical brigade S4.

d. Maintenance.

(1) Maintenance collection points will be established in the TAACOM/corps support area by the DS maintenance company.

(2) Priority of maintenance is to the 1st Division.

(3) Repair time limits: 48-hours. If an item will be deadlined in excess of 24-hours and otherwise qualifies for float, it may be exchanged for a serviceable like item at the discretion of the CSH commander in coordination with medical brigade/medical group commander.

3. MEDICAL EVACUATION AND HOSPITALIZATION.

a. Evacuation.

(1) Theater evacuation policy is 30 days.

(Classification)

(Classification)

ANX C (SERVICE SUPPORT) to OPORD 1234, CSH

- (2) Primary means of evacuation is ground ambulance.
- (3) Preferred means of evacuation is air ambulance.
- b. Hospitalization.
 - (1) Medical facilities forward of division boundaries will camouflage.
 - (2) Hospitalization will be provided by the CSH.

4. PERSONNEL.

a. Maintenance of Unit Strength. Replacements will be assigned to units based upon priority of the commander.

b. Personnel Management.

(1) EPW and Civilian Internees. Medical brigade/medical group evacuates EPW to TAACOM/corps collection points. Enemy prisoners of war from a chemical, biological, or nuclear unit will be reported immediately to the medical brigade/medical group command channel.

(2) Military Prisoners. TAACOM/corps HQ will retain military prisoners until sentences are approved.

c. Development and Maintenance of Morale.

(1) Morale and Personnel Services.

(a) Postal, personnel/administrative and finance services provided to medical brigade/medical group by TAACOM/corps contact teams.

(b) Legal services will be requested from medical brigade DCSPER/medical group S1.

(2) Mortuary Affairs.

(a) Army cemeteries will not be established.

(b) Concurrent return program is in effect.

(c) Isolated or mass burials are not authorized unless approved by the TAACOM/corps commander. In emergencies, commanders may request such burials through TOC channels. When authorized, report number of remains, identify (by nationality, sex, age grouping, and name, if possible), cause of deaths to the HQ, medical brigade/medical group, ATTN: DCSPER/S1, within 48 hours of burial.

(Classification)

(Classification)**ANX C (SERVICE SUPPORT) to OPORD 1234, CSH**

(3) Maintenance of discipline, law, and order.

(a) Commanders will give special attention to the problems of illegal sale and bartering of military supplies and equipment. Incidents will be reported to appropriate criminal investigation or MP unit.

(b) Claims by indigenous personnel will be reported to the medical brigade DCSSPO section/medical group S2/S3 section.

5. CIVIL-MILITARY OPERATIONS.

- a. TA/Corps CA brigade G5 provides civil affairs support.
- b. 288th Psychological Operations Company provides psychological operations support.
- c. All civil affairs/psychological operations-related activities will be coordinated through medical brigade/medical group command section.

6. MISCELLANEOUS.

a. Subordinate elements submit Daily Battle Loss Report twice each day to the medical command/medical brigade and CSH. Reporting periods are 0001 to 1200, due NLT 1400 hours; 1201 to 2400 hours, due NLT 0400 the following day.

b. See Reports SOP.

Acknowledge.

commander
colonel

OFFICIAL:
/s/
S2/S3

Distribution: A

(Classification)

(Classification)

ANNEX D (REAR BATTLE OPERATIONS) to OPORD 1234, CSH

1. SITUATION. OPORD 1234 CSH.

2. MISSION. CSH provides hospitalization support and services within the TA/corps support area.

3. EXECUTION.

a. Concept of Operations. Units in the TAACOM/corps support area will establish individual bases for rear security. The base cluster will have an appointed commander who will form and operate the base defense operations center on a 24-hour basis. Base commanders are responsible for their own base defense and base damage control. Base cluster commander will coordinate and supervise base defense within cluster. Under direction medical brigade DCSSPO section/medical group S2/S3 section, supporting MP will respond to bases under attack by threat forces. The medical brigade DCSSPO section/medical group S2/S3 section will request commitment of TAACOM/corps RF should a threat attack occur in the TAACOM/corps support area. Base commanders will request Level II support from the TAACOM RAOC/corps support area BCOC. Any rear operations liaison or technical support provided by the TAACOM/corps will be collocated with medical brigade/medical group HQ.

b. RAOC/BCOC/TOC.

- (1) Provide protection.
- (2) Request support.
- (3) Request ADC support.

c. Medical brigade DCSSPO section/medical group S2/S3 section.

- (1) Disseminate tactical information to CSH operations section.
- (2) Forward request for assistance from CSH.
- (3) Forward priority communications from CSH.
- (4) Monitor base defense preparedness.

d. Coordinating Instructions.

(1) Reporting enemy activities. Individual units within a base defense cluster will report all observed enemy acts and any locally gathered intelligence to the base defense operations center and next higher headquarters.

(2) Barrier and denial. No barrier and denial operations will be conducted without approval of the CSH headquarters.

4. SERVICE SUPPORT. Annex C.

(Classification)

(Classification)

ANX D (REAR BATTLE OPERATIONS) to OPORD 1234, CSH

5. COMMAND AND SIGNAL.

a. Command. Command of rear operations in the TAACOM/corps support area as directed by TAACOM RAOC/corps support area BDOC (MA676988).

b. Signal. Current SOI/SSI in effect.

Acknowledge.

commander
colonel

OFFICIAL:

/s/
S2/S3

Distribution: A

(Classification)

Appendix D

Medical Threat

1. Threat Environment.

a. Ethnic, religious, territorial, and economic tensions, held in check by the pressures of bipolar global competition, erupted when Cold War constraints dissolved. The world has entered a period of radical and often violent change. The threats today are more diverse, yet less predictable, than during any other period in our history; they are, however, just as real.

b. The US faces no immediate threat to its national survival. Still, our worldwide interests require that we remain engaged in the world. The National Military Strategy notes four principal dangers to which we must be prepared to respond: regional instability, proliferation of weapons of mass destruction, transnational dangers, and threats to democracy and reform. America has committed its forces to respond to such dangers nearly 40 times since the fall of the Berlin Wall.

c. Regional instability, often based on ethnic or territorial disputes, is evident throughout the world. Somalia, Rwanda, Haiti, and Bosnia are just a few examples of countries where America's interests have been affected by instability. Some regional powers, those with strong conventional armies and aggressive modernization programs, can threaten American interests directly. In addition, thousands of nuclear, biological, and chemical (NBC) warheads and strategic delivery systems exist throughout the world. These weapons of mass destruction could present a very real danger in the hands of terrorists or rogue states. Terrorism, drug trafficking, and other transnational dangers pose a significant threat to all if left unchecked. In response to threats to democracy and reform, the US is committed to strong, active support for nations transitioning into the community of democratic nations. The failure of democratic reform would adversely affect our nation and interests.

2. Health Threat Assessment.

a. A critical element of the CHS assessment is a thorough appraisal of the health threat. This assessment includes the health threat to the deploying forces and to the residents in the area of operations (AO). The US soldier is placed at increased risk in stability operations and support operations scenarios as the incidence and exposure to infectious diseases and environmental hazards is greater in man-made or natural disaster areas and in developing nations. The health threat is derived through established intelligence channels and from a variety of informational sources outside of the military.

b. The ability to obtain, interpret, and use medical intelligence is critical to the success of the CHS mission. Regardless of whether the operation is conducted within the US or abroad, man-made and natural disasters can cause a resurgence of diseases once thought to be at low epidemiological levels. This may result in environmental contamination. A combination of factors can result in the spread of communicable diseases in epidemic proportions and increased opportunity for exposure to NBC hazards. These factors are--

Disruption of sanitation services (such as garbage disposal or sewer systems).

Contamination of food and water.

Development of new breeding grounds for rodents and arthropods (such as in rubble or in stagnant pools of water).

Disruption of industrial operations.

Dispersion of biological or radiological waste by improper handling or terrorist activity.

(1) Medical intelligence is the product resulting from the collection, evaluation, analysis, integration, and interpretation of all available general health and bioscientific information. Medical intelligence is concerned with one or more of the medical aspects of foreign nations or the AO and which is significant to CHS or general military planning. Until medical information is processed, it is not considered to be medical intelligence. Medical information pertaining to foreign nations is processed by the Armed Forces Medical Intelligence Center (AFMIC). Health threat information in AOs within the US can be obtained from--

United States Army Medical Command.

United States Army Medical Department medical centers and activities within the immediate area.

United States Civil Affairs and Psychological Operations Command.

Local public health officials.

Official Report of the American Public Health Association.

Centers for Disease Control.

World Health Organization.

Control of Communicable Diseases Manual, FM 4-02.33.

(2) The special training of PVNTMED personnel, as well as other medical professionals, enables them to provide a clear assessment of the health threat. In addition to public health, they also have expertise in NBC warfare agents. PVNTMED personnel are specifically trained and equipped to collect, analyze, and interpret health information. When the assessment includes oral, dental, or maxillofacial considerations, the dental public health officer has similar specialized training in his field. The veterinary officer can provide expertise in the public health ramifications of zoonotic diseases and biological and chemical warfare agents. These personnel can make recommendations for types of activities to be accomplished and their priority for support. Using these skills maximizes the efficient use of limited CHS resources. For consultation purposes during the assessment, the medical personnel conducting the assessment must have access to all medical professionals within the CHS force and the local medical community.

c. CHS planners must acquaint themselves with the currently existing intelligence products. These products include national-level intelligence products such as the Medical Capabilities Studies, the AFMIC MEDIC CD-ROM, and Disease Occurrence Worldwide and access to Intellink that is located at brigade or higher level. These reports are specifically produced to support US military CHS operations conducted outside continental United States (OCONUS). These reports can be obtained through operational and medical intelligence channels (such as the medical evacuation battalion/medical brigade). (Refer to FM 8-10-8 for specific information.)

d. As CHS plans and operations progress, the requirements for additional medical intelligence will occur. All such requirements should be requested through intelligence channels as soon as they are validated; when required, coordination should be effected with local agencies.

e. In OCONUS operations, the CHS planner must make himself aware of the health threat posed by the disaster (such as continued flooding, earthquakes and after shocks, or further explosions) and groups, factions, opponents, terrorists, or enemy forces operating within the AO. This threat also includes the capabilities and potential use of weapons systems and munitions, such as NBC, directed-energy weapons or devices, or conventional armaments, and the potential for terrorist attacks or incidents, including the use of chemical warfare and biological warfare agents without weapons delivery systems. CHS planning and force survivability necessitate that CHS units remain abreast of the complete intelligence picture.

f. The health threat includes the stress threat. The stress threat encompasses all stressors in the environment which are likely to threaten the mission and the soldier's current and future well being. The stress threat can result in--

- Misconduct stress behaviors.
- Post-traumatic stress disorder.
- Battle (conflict) fatigue.
- Neuropsychiatric disorders including organic mental disorders.

g. Should CHS personnel gain information of potential medical intelligence value while in the performance of their duties, they are required to report it to their supporting intelligence element (FM 8-10-8).

3. The Complete Medical Threat. Obtain information concerning the entire "medical threat facing the force" through the following methods:

- a. For additional information on infectious diseases and their prevalence, refer to FM 4-02.33.
- b. For additional information on the health threat and intelligence preparation of the battlefield, refer to FM 8-10-8 and FM 8-55.
- c. From military servers; point your web browsers to URL:

<http://dcdd.amedd.army.mil/main/index1.htm>
(Click on "Medical Threat")

d. From public sites, password access is required. Contact the AMEDDC&S, Directorate of Combat and Doctrine Development, Threat Branch, (210) 221-1277 or DSN 471-1277.

e. For the fax, contact the AMEDDC&S, Directorate of Combat and Doctrine Development, Threat Branch, (210) 221-1277 or DSN 471-1277.

Appendix E

Combined Arms Training Strategy

1. Combined Arms Training Strategy. The training program developed and executed by a unit to train to standards in its critical missions is a component of the Army's CATS. The purpose of CATS is to provide direction and guidance on how the Total Army will train and identify the resources required to support that training. CATS provides the tools that enables the Army to focus and manage training in an integrated manner. Central to the CATS is a series of proponent generated unit and institutional strategies that describe the training and resources required to train to standard.

a. The unit training strategies central to CATS provide the commander with a descriptive "menu" for training, reflecting that while there is an optimal way to train to standard, it is unlikely that all units in the Army will have the exact mix of resources required to execute an optimal training strategy.

b. The unit's training strategy is a descriptive training strategy that provides a means for training this unit to standard by listing required training events, critical training gates, training event frequencies, and training resources. The commander selects from this MTP the tasks required to train his METL. The training strategies provided in the MTP provide the means whereby those tasks can be trained through a focused and integrated training plan.

c. This unit's training strategy is comprised of three separate training strategies. When integrated with the training tasks found in the MTP, they form a comprehensive and focused strategy that allows the unit to train to standard. The elements of this unit's training strategy are:

(1) Maneuver/Collective Strategy. This strategy is intended to provide a set of recommended training frequencies for key training events in a unit and depict those resources, which are required to support training events.

(2) Gunnery Strategy. The gunnery strategy is built around weapon systems found in the unit and is intended to provide an annual training plan and to depict resources required to support weapons training. Data for the gunnery strategy comes from the STRAC manual or appropriate FM publications.

(3) Soldier Strategy. The soldier strategy provides an annual plan for training and maintaining skills at the individual level and lists the resources required to train a soldier.

d. A critical element in the unit training strategy is the identification of critical training gates. These gates are defined as training events that must be conducted to standard before moving to a more difficult or resource intensive training event or task. Training gates follow the crawl, walk, run training methodology. For example, if the unit training strategy calls for conducting an FTX, and an STX has been identified as a critical training gate for the FTX, the training tasks contained in the STX must be trained to standard prior to conducting the FTX. Standards for all tasks must be clearly defined so that the trainer can assess the preparedness of his soldiers, or unit before proceeding to more complex training events. The provision for critical training gates recognizes that the unit's METL and the commander's assessment of his unit's training status will determine the selection and timing of the collective training exercises in a specific unit's training strategy.

e. When developing the unit's training plan, the commander identifies the training tasks from the MTP required to train his METL. CATS is found in Appendix A of some of our earlier unit and higher HQ MTPs.

2. Purpose. The goal of training is to produce combat ready soldiers and units that are capable of responding to any situation in the global arena. The training event frequencies outlined in the CATS are intended to keep a unit in the band of excellence as described in FM 25-101.

a. CATS provides direction and guidance on how the total Army will train and how the resources required to support that training can be identified.

b. When implemented, CATS will support the integration of heavy, light, and special operations forces training in AC and RC units.

c. CATS will enable the Army to effectively identify, manage, and program the acquisition of training resources which are vital to achieving and sustaining the combat readiness of the total Army.

d. CATS is meant to be descriptive, not prescriptive training. CATS will provide commanders an additional means to develop training and capture data on the resources used to execute that training.

3. AMEDD CATS. The AMEDD CATS concept envisions a strategy that will enable units to focus and manage all unit and soldier training in an integrated manner. At the heart of AMEDD CATS is a series of unit training strategies that describe the events, frequencies, and resources required to train soldiers and units to standards. These strategies provide unit commanders with a descriptive menu for training. While there may be a "best" way to train to standard, it is unlikely that all units across the Army will have the exact mix of resources required to execute the strategy precisely as written.

4. Assumptions. The following assumptions were used to develop AMEDD CATS Tables 1 through 4:

a. AC units need to train in the field at least forty-five days per year. RC units need to train fourteen of their thirty-nine days in the field.

b. Training events can be conducted concurrently (e.g., conducting a FTX, DEPEX, and LCX at the same time).

c. Training events can be conducted as multiechelon events (e.g., a battalion CPX can involve companies and platoons). Therefore, the battalion, companies, and platoons can receive credit for completing one of the annual CPXs recommended for the AC units in the maneuver/collective training strategy.

5. Updates. AMEDD CATS will be updated during routine MTP revisions. All units are encouraged to submit recommendations for changes.

6. References. CATS is being incorporated into FM 25-100 and FM 25-101 as a training strategy.

7. Elements of the Unit Strategies.

a. Maneuver/Collective Training Strategy (See Table 1).

(1) The maneuver/collective training strategy is intended to provide a set of recommended training frequencies for key training events in a unit and depict those resources which are required to support the training events.

(2) Each column contains the number of iterations of each event that are recommended for annual execution by a specific echelon or level. This number reflects how many times a unit will train at that particular level. The numbers at each echelon/level stand alone. Therefore, it is not necessary to add the frequencies in the event column to determine the number of times a unit participates in a training event annually.

(3) For example, twelve MAPEXs at the AC platoon level means that the platoon participates in twelve MAPEXs regardless of the frequencies of other levels. The twelve MAPEXs can be trained as a platoon, with the company, battalion, maneuver battalion task force, or any combination of these units.

b. Soldier Strategy (See Table 2). The individual soldier strategy provides an annual plan for training and maintaining skills at the individual level and lists the resources required to train that individual.

c. Gunnery Strategy (See Tables 3 and 4).

(1) The gunnery strategy, built around weapons systems found in the unit, is intended to provide an annual training plan and to depict resources required to support weapons training.

(2) Medical units, armed exclusively with individual small arms, will only have two gunnery strategies, one for the M1911A1 or 9-millimeter pistol (Table 3) and one for the M16A1/A2 rifle (Table 4).

8. Guide to Unit Strategies. A comprehensive "Guide to Unit Strategies" is at Figure 1.

GUIDE TO UNIT STRATEGIES	
1. Maneuver/Collective Training Strategy (See Table 1). Listed across the maneuver/collective training strategy are major training events. The order in which the events appear, from left to right, is not designed to be prescriptive; however, the events do follow a logical progression of how a unit might proceed through an annual training cycle. Explanations of these events are found in the glossary of FM 25-101.	
2. Levels Column. The column on the left side of the maneuver/collective training strategy is titled "levels." This column lists each echelon that exists within the unit. Each echelon contains both an AC and an RC line for listing appropriate training frequencies.	
3. Events Column.	
a. Number of Iterations.	
(1) The "events" column lists the number of iterations of each event that are recommended for annual execution by a specific echelon or level.	
(2) The number of iterations recommends the minimum number of times annually that each level in a unit should train an event.	
(3) The actual number of iterations trained is dependent on the unit commander and the resources available to that commander.	

Figure 1. Guide to Unit Strategies

GUIDE TO UNIT STRATEGIES

b. Multiechelon Approach. To maximize training opportunities, commanders may use the multiechelon approach to training, which is the simultaneous training of more than one echelon on different tasks.

(1) Examples of multiechelon training are the current conduct of different exercises by subordinate elements in a unit and the training of different tasks by elements of the same unit.

(2) For example, the hospital commander determines that an upcoming FTX will include the task "Establish tactical operations center, administrative areas, and operational areas" task number 63-1-1020.08-855A). He informs his staff of his decision. The staff plans to train specific task steps associated with the task "Establish tactical operations center, administrative areas, and operational areas." Because of the units assessed weaknesses, the subordinate leaders may choose different task steps. The operations section may choose to train on task step "Establish the TOC", while the administrative and supply and service divisions may choose to train on task step "Establish administrative area."

4. Critical Gates.

a. Underneath levels or echelons is a training category called critical gates. Critical gates are training events that should be conducted to standard before moving on to more difficult or resource intensive events or tasks.

b. For example, STXs are a critical gate for an FTX. This is reflected by placing STX on the critical gate line beneath FTX.

5. Resources. At the bottom part of the maneuver/collective training strategy is a section for identifying the resources which will be used to support each training event. This form shows five categories of resources:

a. OPTEMPO.

(1) OPTEMPO figures reflect total mileage or hours per event for certain key vehicles or equipment listed in the BLTM. For example, if ten miles were allocated for a two and a half ton truck to conduct an STX, and five trucks are used in the STX, the OPTEMPO would be fifty miles.

(2) Units have the flexibility to adjust OPTEMPO figures for training events, provided they do not exceed the authorized total listed in the BLTM. Where there is no BLTM, units will use the current consumption rate for their key vehicles or equipment.

(3) The key vehicles and equipment, and the OPTEMPO miles listed, are only examples and guidelines. Differences in MTOEs, in lieu of equipment, and size and location of LTAs will cause each unit to have a unique OPTEMPO.

b. Ammunition. Ammunition figures are listed by event (DA Pam 350-38). Maneuver/collective training strategies will reflect blank ammunition and pyrotechnic requirements while live ammunition requirements are depicted in the gunnery strategies.

Figure 1. Guide to Unit Strategies (cont).

GUIDE TO UNIT STRATEGIES

c. **TADSS.** TADSS are those training aids, devices, simulators and simulations that support specific training events. To be selected, a TADSS must train different tasks or events. In other words, if two different TADSS train the same task, only one will be chosen by using the following criteria:

- (1) Trains the skill the best.
- (2) Trains the most units.
- (3) Is the most cost efficient.
- (4) Saves the most OPTEMPO and ammunition.

NOTE: The maneuver/collective training strategies list only TADSS that are presently fielded. Future TADSS will be listed during routine revisions of CATS.

d. **Training Land.** Training land is a resource category that will list land requirements, by event, for a unit to conduct maneuver/collective training. Following the fielding of TC 25-1, training requirements will be addressed in the CATS.

6. **Soldier Strategy** (See Table 2). While the maneuver/collective training strategy focused at the collective level, the soldier strategy focuses on individual skills and soldier tasks. This strategy may be applied collectively to a CMF or singularly to a MOS.

a. **Events Column.** Training events selected for the soldier are listed in the top row of the table.

b. **Frequency Column.** The column on the left side contains frequencies depicting how often an event should be executed.

7. **Gunnery Strategy**, M1911A1 or 9-millimeter pistol (Table 3) and M16A1/A2 rifle (Table 4).

a. **Applicability.** These strategies are applicable to both AC and RC units, as indicated in Tables 3 and 4.

b. **Training Events.**

(1) Training events or tasks are listed at the top of the gunnery strategy matrix.

(2) The "Individual" row depicts the training events for the soldier and collective training events.

(3) The second row is "Critical Gates." See paragraph 4 of this figure for an explanation of critical gates.

Figure 1. Guide to Unit Strategies (cont).

GUIDE TO UNIT STRATEGIES	
c. Training Frequency.	
(1) The training frequencies listed on Tables 3 and 4 are derived from DA Pam 350-38.	
(2) Gunnery training is subdivided by TRC (DA Pam 350-38). These subdivisions are: TRC A = AC units; TRC C = RC units; TRC L = light infantry, air assault, and airborne units; TRCs S and D do not apply to medical units.	
(3) The weapons training event and the training readiness condition together set the training frequency. For example, the M16 strategy recommends that TRC A soldiers qualify semiannually and TRC C soldiers qualify annually.	
d. Resources.	
(1) The bottom five areas are resources that can be used to support training. They are: OPTEMPO, ammunition, TADSS, training land, and training ranges.	
(2) The OPTEMPO line has been left blank for unit use. Units should track OPTEMPO for each training event and include the roll up in BLTM submission.	

Figure 1. Guide to Unit Strategies (cont).

COMBAT SUPPORT HOSPITAL														
		EVENTS												
LEVELS		DRILL	TEWT	MAPEX	CELL/ STAFF SEC TNG	STAF- FEX	CPX	STX	DEPEX	FTX	EX-EVAL/ ARTEP	JTX	CTX	CTC
ELEMENT	AC	5			12									
	RC	2.5			6									
SERVICE	AC	5		4	12	4								
	RC	2.5		2	6	2								
DIVISIONS	AC	5		4	12	4								
	RC	2.5		2	6	2								
CSH	AC		4				**3	18	1	2	1		1	
	RC		1				1	4.5	.5	.5	.25		.5	
CRITICAL GATES							Drill			STX	FTX			
RESOURCES														
*OPTEMPO	AC					1092 hrs	2808 hrs	4914 hrs		9828 hrs	4914 hrs		4914 hrs	
	RC	N/A	N/A	N/A	N/A	546 hrs	936 hrs	1229 hrs		2457 hrs	1229 hrs		2457 hrs	
BASE VEH/EQUIP: #J35801	AC					21 hrs	72 hrs	21 hrs		192 hrs	192 hrs		192 hrs	
	RC	N/A	N/A	N/A	N/A	21 hrs	72 hrs	21 hrs		96 hrs	48 hrs		96 hrs	
AMMO								See Chap 4		See Chap 4				
TADSS					GTAs ***	GTAs ***	CSS- TSS	GTAs ***		GTAs ***	GTAs ***		CSS- TSS	
OTHER														
NOTE: # TOE line number for Generator Set Diesel Engine: 100 KW, Auth: 13.														
* OPTEMPO = 21 hrs(average of FTX (192 hrs) / 9 STXs) x 13 Generators x number of events.														
** CPX OPTEMPO = Normal CPX (72 hrs) x 13 Generators x number of events.														
*** See reference list for GTAs that may apply.														

Table 1. Maneuver/Collective Training Strategy (Sample).

		EVENT										
FREQUENCY		PT	CT TNG	MOS	NBC	MAINT	APFT	CTT	NBC TEST	CPR	FST	
DAILY	AC RC											
WEEKLY	AC RC	XXX		X		X						
MONTHLY	AC RC	X	X	X	X	X						
QUARTERLY	AC RC		X								X	
SEMI- ANNUALLY	AC RC				X		X				X	
ANNUAL	AC RC						X	X	X	X X		
BI- ANNUALLY	AC RC							X	X			
CRITICAL GATES							PT (FM 21-20)	CT Tng (STP 21- 1-SMCT)			IAW AR 40-5	
RESOURCES												
OPTEMPO	AC											
RC												
AMMO	AC											
RC												
TADSS												
TNG LAND			LTA					LTA				
TNG RANGES												

Table 2. Soldier Strategy (Sample).

INDIVIDUAL		EVENT							
		PMI PMT	Instructional Fire	Combat Pistol Qual	NBC Record Fire	Night Record Fire			
CRITICAL GATES				PMI and Instructional Fire (FM 23-35)					
CA/ CS/ CSS UNITS	TRC	FREQUENCY							
	A	1	1	1	1	1			
	L	1	1	1	1	1			
	S	N/A	N/A	N/A	N/A	N/A			
	C	1	1	1	1	1			
	D	N/A	N/A	N/A	N/A	N/A			
RESOURCES									
OPTEMPO									
AMMO			10 Ball	40 Ball	40 Ball	40 Ball			
TADSS									
TNG LAND		LTA							
TNG RANGES			Combat Pistol Qual Course	Combat Pistol Qual Course	Combat Pistol Qual Course	Combat Pistol Qual Course			

Table 3. M1911A1 or 9-Millimeter Pistol (Gunnery Strategy) (Sample).

		EVENT						
INDIVIDUAL		PMI PMT	Zero	Practice and Record Fire	NBC * Practice and Record Fire	Night * Practice and Record Fire **	Unit FTX	EXEVAL (ARTEP)
CRITICAL GATES			PMI (STP 21-1- SMCT and FM 23-9)	Zero (FM 23-9)	NBC Practice (FM 23-9)			
CA/ CS/ CSS UNITS	TRC	FREQUENCY						
	A	2	2	2	2	2	1	1
	L	2	2	2	2	2	1	1
	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	C	1	1	1	1	1	.25	.25
	D	N/A	N/A	N/A	N/A	N/A	N/A	N/A
RESOURCES								
OPTEMPO								
AMMO			18 Ball	80 Ball	40 Ball	40 Ball and 20 Tracer	40 Blank	40 Blank
TADSS		MACS Weaponeer	MACS Weapon- eer LOMAH	MACS Weaponeer LOMAH	MACS Weapon- eer LOMAH	MACS Weaponeer LOMAH	M16 MILES BFA	M16 MILES BFA
TNG LAND		LTA					LTA/ MTA	LTA/ MTA
TNG RANGES			25-Meter Zero Range	Automatic Record Fire Range	Automatic Record Fire Range	Automatic Record Fire Range		
NOTE: * NBC and night fire record fires are permitted during post mobilization training if range resources are limited.								
** Use 20 ball and 10 tracer rounds for firing night fire to standard (FM 23-9).								

Table 4. M16A1/A2 Rifle (Gunnery Strategy).(Sample).

Combined Arms Training Strategy

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Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
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Replication of Conditions

Replication of condition codes are a characterization of the fidelity of the battle or contingency conditions that can be simulated in a training event. The characterizations are subjective relationships based on the degree of confidence a commander would have in the accuracy of his USR 'T' rating assessment if he were to base his rating on the unit's performance during that event. Each CATS event has a code, followed by a short definition of what the code means. The codes are more fully defined below.

Code s	Event Definitions
A	Highest fidelity possible simulation of conditions, cues and responses for sustainment training as defined in FM 25-101. "A" level events permit the interaction, provide the cues, and facilitate assessment of collective training to maintain peak proficiency at the coordination, integration, and if applicable, synchronization of combined arms mission execution. "A" level events provide the greatest realism and require the greatest level of resources as reflected in Figure C-1, Appendix C, FM 25-101. CTC rotations are the best examples of "A" level events.
B	High fidelity simulation of conditions, cues and responses at a site other than a CTC for sustainment training as defined in FM 25-101. "B" level events permit the interaction, provide the cues, and facilitate assessment of collective training to maintain peak proficiency at the coordination, integration, and if applicable, the synchronization of combined arms mission execution. "B" level events usually include OPFOR and appropriate observers to assist the commander in assessment.
C	Simulation of conditions provides sufficient cues to facilitate responses and collective demonstration of interaction with others to accomplish a collective task or to perform a function to standard. Normally, "C" level events are associated with refresher training as defined in FM 25-101. Examples of "C" level training are a STAFFEX for members of the S2, S3 sections, and the FSE on mission analysis or, a "rock drill" of assembly area procedures for the element leaders of a unit's field trains.
D	Simulation of conditions provides sufficient conditions to enable initial training as defined in FM 25-101 to achieve individual or collective proficiency at part-tasks, process steps, facts, or other data. An example of "D" level events is a squad's step-by-step practice of formations before conducting drills of the same task.

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

Task: PROVIDE HOSPITALIZATION SUPPORT AND SERVICES (08-TS-1747)

Supporting Task(s):

03-1-C404.08-705L SUPERVISE NUCLEAR, BIOLOGICAL, AND CHEMICAL DEFENSE OPERATIONS
 03-2-C312.08-705L CONDUCT THOROUGH DECONTAMINATION
 03-3-C201.08-705L PREPARE FOR OPERATIONS UNDER NUCLEAR, BIOLOGICAL, AND CHEMICAL CONDITIONS
 03-3-C202.08-705L PREPARE FOR A CHEMICAL ATTACK
 03-3-C203.08-705L RESPOND TO A CHEMICAL ATTACK
 03-3-C205.08-705L PREPARE FOR A FRIENDLY NUCLEAR STRIKE
 03-3-C208.08-705L CROSS A RADIOLOGICALLY CONTAMINATED AREA
 03-3-C222.08-705L RESPOND TO THE RESIDUAL EFFECTS OF A NUCLEAR ATTACK
 03-3-C223.08-705L RESPOND TO THE INITIAL EFFECTS OF A NUCLEAR ATTACK
 03-3-C224.08-705L CONDUCT OPERATIONAL DECONTAMINATION
 03-3-C226.08-705L CROSS A CHEMICALLY CONTAMINATED AREA
 08-1-0218.08-705L ESTABLISH HOSPITAL HEADQUARTERS AREA
 08-1-0225.08-705L PREPARE FOR HOSPITALIZATION SUPPORT AND SERVICES OPERATIONS
 08-1-0226.08-705L COORDINATE HOSPITALIZATION SUPPORT AND SERVICES OPERATIONS
 08-1-0229.08-705L SUPERVISE PATIENT CARE OPERATIONS
 08-1-0230.08-705L PROVIDE PATIENT ADMINISTRATION SERVICES
 08-1-0231.08-705L PROVIDE EMERGENCY MEDICAL SERVICES
 08-1-0233.08-705L PROVIDE MOVEMENT OF PATIENTS
 08-1-0234.08-705L PERFORM STAFF ADMINISTRATIVE FUNCTIONS
 08-1-0235.08-705L PROVIDE ORTHOPEDIC CAST/TRACTION SERVICES
 08-1-0236.08-705L PROVIDE CENTRAL MATERIEL SERVICES
 08-1-0237.08-705L PROVIDE MEDICAL CONSULTATION AND TREATMENT SERVICES
 08-1-0238.08-705L PROVIDE RESPIRATORY THERAPY FUNCTIONS
 08-1-0239.08-705L PROVIDE NURSING SERVICES
 08-1-0240.08-705L PROVIDE PHARMACY SERVICES
 08-1-0241.08-705L PROVIDE PHYSICAL THERAPY SERVICES
 08-1-0242.08-705L PERFORM SURGICAL SERVICES
 08-1-0244.08-705L PROVIDE LABORATORY SERVICES
 08-1-0245.08-705L PROVIDE BLOOD BANKING SERVICES
 08-1-0246.08-705L PROVIDE NEUROPSYCHIATRIC SERVICES
 08-1-0247.08-705L PROVIDE RADIOLOGY SERVICES
 08-1-0248.08-705L PROVIDE COMPREHENSIVE RELIGIOUS SUPPORT TO PATIENTS AND UNIT MEMBERS
 08-1-0249.08-705L PROVIDE MEDICAL SUPPLY SUPPORT
 08-1-0250.08-705L PROVIDE NUTRITION CARE SERVICES
 08-1-0259.08-705L SET UP LAUNDRY SERVICE AND BATH AREA
 08-1-0260.08-705L PROVIDE LAUNDRY AND BATH SERVICES
 08-1-0534.08-705L PROVIDE OCCUPATIONAL THERAPY SERVICES
 08-2-0220.08-705L ESTABLISH HOSPITAL OPERATIONAL AREAS
 08-2-0232.08-705L TREAT NUCLEAR, BIOLOGICALLY, AND CHEMICALLY CONTAMINATED CASUALTIES
 08-2-0317.08-705L PROVIDE DENTAL SERVICES
 08-2-R303.08-705L CONDUCT BATTLEFIELD STRESS REDUCTION AND PREVENTION PROCEDURES
 08-2-R315.08-705L PERFORM FIELD SANITATION FUNCTIONS
 08-5-0001.08-705L PROVIDE EYE SURGERY SERVICES

Supported Mission(s):

DEFEND HOSPITAL AREA
 DEPLOY HOSPITAL
 ESTABLISH HOSP AREA OF OPS
 PERFORM HOSP SPT AND SVC OPS
 PLAN HOSP SPT AND SVC OPS
 REDEPLOY HOSPITAL
 RELOCATE HOSP TO NEW OP SITE
 SUPERVISE DEPLOYMENT
 SUPERVISE REDEPLOYMENT

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08-5-0002.08-705L	PROVIDE NEUROSURGERY SERVICES
08-5-0003.08-705L	PROVIDE HEAD AND NECK SURGERY SERVICES
08-5-0004.08-705L	PROVIDE INFECTIOUS DISEASE SERVICES
08-5-0005.08-705L	PROVIDE PATHOLOGY SERVICES
08-5-0006.08-705L	PROVIDE RENAL HEMODIALYSIS SERVICES
10-2-C318.08-705L	PERFORM MORTUARY AFFAIRS OPERATIONS
10-2-C320.08-705L	PROVIDE UNIT SUPPLY SUPPORT
10-2-C325.08-705L	RECEIVE EXTERNAL SLING LOAD RESUPPLY
19-3-3105.08-705L	PROCESS CAPTURED DOCUMENTS AND EQUIPMENT
19-3-3106.08-705L	HANDLE ENEMY PRISONERS OF WAR
43-2-R322.08-705L	PERFORM UNIT-LEVEL MAINTENANCE (UNIT WITH MAINTENANCE ELEMENT)
44-3-C220.08-705L	USE PASSIVE AIR DEFENSE MEASURES
44-3-C221.08-705L	TAKE ACTIVE AIR DEFENSE MEASURES AGAINST HOSTILE AIRCRAFT
63-1-1001.08-705L	CONDUCT MISSION ANALYSIS
63-1-1002.08-705L	CONDUCT INTELLIGENCE PREPARATION OF THE BATTLEFIELD
63-1-1003.08-705L	FORMULATE FEASIBLE COURSES OF ACTION
63-1-1004.08-705L	DEVELOP INTELLIGENCE ESTIMATE
63-1-1005.08-705L	DEVELOP PERSONNEL ESTIMATE
63-1-1006.08-705L	DEVELOP LOGISTICS ESTIMATE
63-1-1007.08-705L	DEVELOP A HOSPITALIZATION SUPPORT AND SERVICES ESTIMATE
63-1-1008.08-705L	DEVELOP SUPPORTING COMMANDER'S (OPERATION) ESTIMATE
63-1-1009.08-705L	PREPARE OPERATIONS PLAN/OPERATIONS ORDER AND ANNEXES
63-1-1010.08-705L	DEVELOP ROAD MOVEMENT ORDER
63-1-1011.08-705L	DEVELOP OCCUPATION PLAN
63-1-1012.08-705L	PLAN HOSPITAL AREA TACTICAL OPERATIONS
63-1-1015.08-705L	PERFORM ADVANCE/QUARTERING PARTY ACTIVITIES
63-1-1016.08-705L	ESTABLISH HOSPITAL COMMAND POST (FORWARD)
63-1-1017.08-705L	ESTABLISH COMMUNICATIONS
63-1-1019.08-705L	SUPERVISE ESTABLISHMENT OF SUBORDINATE ELEMENTS AND HOSPITAL HEADQUARTERS
63-1-1020.08-705L	ESTABLISH TACTICAL OPERATIONS CENTER, ADMINISTRATIVE AREAS, AND OPERATIONAL AREAS
63-1-1022.08-705L	OPERATE THE TACTICAL OPERATIONS CENTER
63-1-1038.08-705L	SUPERVISE OPERATIONS SECURITY PROGRAM
63-1-1040.08-705L	MAINTAIN COMMUNICATIONS
63-1-1042.08-705L	PROVIDE PERSONNEL SERVICE SUPPORT
63-1-1043.08-705L	PROVIDE ADMINISTRATIVE SERVICE SUPPORT
63-1-1045.08-705L	PROVIDE COMMAND AND CONTROL
63-1-1052.08-705L	DIRECT RESPONSE TO THREAT ACTIONS
63-1-1053.08-705L	DIRECT AREA DAMAGE CONTROL OPERATIONS
63-2-R326.08-705L	PERFORM RISK MANAGEMENT PROCEDURES

Frequency: Semi-annually (2)

Types of Events: FTX

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

Training Audience: HOSPITAL HEADQUARTERS, HEAD & NECK SURG TEAM (08527LA00), MED TM, NEUROSURGERY (08527LB00), MED TM, EYE SURGERY (08527LC00), MED TM, PATHOLOGY (08537LA00), MED TM, DIALYSIS (08537LB00), MED TM, INFECT DIS (08537LC00), HOSP OPERATIONS SECT, COMPANY HEADQUARTERS, ADMINISTRATION DIV, OPERATING ROOM C (08737L000), PATIENT ADMIN DIV, OPERATING ROOM D (08737L000), NUTRITION CARE DIV, SUPPLY & SERVICE DIV, NURSING SVC CNTL TEAM, TRIAGE/PRE-OP/EMT, LITTER BEARER SECTION, OR/CMS CONTROL TEAM, OPERATING ROOM A, OPERATING ROOM B, ORTHO CAST CLINIC, 2 CMS, DENTAL SERVICE, INPATIENT MEDICINE A, 3 INTENSIVE CARE WARD, 7 INTERMED CARE WARDS, NP WARD & CONSULT SVC, 2 MINIMAL CARE WARDS, PHARMACY SERVICE, LABORATORY SERVICE, BLOOD BANK, RADIOLOGY SERVICE, PT SERVICE, HOSPITAL MINISTRY TM

Means (Event) (TADSS): 1 - Battalion FTX (MILES)

Title: FTX for PROVIDE HOSPITALIZATION SUPPORT AND SERVICES using (08736L100)

Estimated Duration: 216 Hours

Replication of Conditions (A-D): B - CTC quality training; realism sufficient to permit appraisal of training readiness for USR

Multi-echelon Training: STX for PROVIDE EMERGENCY MEDICAL SERVICE (08736L100), STX for PROVIDE PATIENT ADMINISTRATION (08736L100), STX for PROVIDE LABORATORY SERVICES (08736L100), STX for DEFEND HOSPITAL AREA (08736L100), STX for PERFORM HOSPITALIZATION SUPPORT AND SERVICES OPS (08736L100)

Critical Training Gates:

Action Gates: STX for DEFEND HOSPITAL AREA (08736L100); STX for RELOCATE CSH TO A NEW SITE (08736L100); STX for PERFORM HOSPITALIZATION SUPPORT AND SERVICES OPS (08736L100);

Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS/et al)

PURPOSE: To train the CSH to proficiency in its critical mission, Provide Hospitalization Support and Services.

OUTCOME: The CSH sustains proficiency in performing hospital operations and providing quality treatment to casualties in a tactical environment

EXECUTION GUIDANCE: The FTX proposed is a nine day (216 hour) event. This FTX could be a CTC rotation. The FTX exercise in which the CSH participates to achieve and maintain proficiency in common, tactical, clinical tasks and must be conducted at the prescribed intervals to sustain the highest level of combat readiness. Based on unit personnel turnover, METL assessment, and the scope of the FTX, the commander identifies specific common, tactical, clinical tasks or task selections (e.g., conduct tactical movements, communicate) that can be trained in conjunction with the FTX. Army doctrine for common skills, tactical and clinical tasks, specific mission requirements, the unit TSOP and the commander's readiness evaluation should be used to guide this training event. For purposes of this training strategy, the common tasks identified in the unit's mission training plan have been grouped into several functional areas (Maintain Status, Maintain, Sustain, Supply, Move, Occupy Assembly Area, Defend, React To Air/Indirect Fire, Handle Casualties, Perform NBC Operations, Maintain Operations Security, Communicate) which should be trained during all field exercises. The training and performance of the tasks included in each of these functions should be embedded in all unit field training. Based on the METL tasks selected to be trained, the commander must develop training objectives, a master events list (MEL), and exercise support, control and evaluation plans to drive the training of these tasks during the exercise. Operations are conducted continuously for the duration of the exercise (day/night) under near combat conditions. Duration indicated is the estimated duration of the entire exercise. Common tasks are performed throughout the FTX and should be scheduled for performance under appropriate conditions and to the desired standard as part of exercise planning. If the commander believes repeated task performance is necessary, he/she can arrange for multiple opportunities during the course of the exercise or plan for optional repetitions within the context of the FTX scenario. Duration includes time for tactical planning, preparation, execution, conduct of AARs, and for remedial training as required. Training during the FTX also includes training of all other embedded common military tasks (e.g., Move Tactically, Occupy an Assembly Area, Establish Unit Defense, or Defend Unit Position).

Resources:

HOSPITAL HEADQUARTERS

LIN	Quantity	Nomenclature	Class 3 - POL			Class 5 - Ammunition		
			OPTEMPO Hours/Miles	Gallons	DODIC	Quantity	Nomenclature	
T61494	1	TRUCK UTILITY: CARGO/TROOP CARRIER 1-1/4 TON 4X4 W/E (HMMWV)	200.0 mi	20.0				

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

HOSP OPERATIONS SECT

LIN	Quantity	Nomenclature	OPTEMPO		Class 3 - POL		Class 5 - Ammunition	
			Hours/Miles		Gallons	DODIC	Quantity	Nomenclature
T61494	1	TRUCK UTILITY: CARGO/TROOP CARRIER 1-1/4 TON 4X4 W/E (HMMWV)	200.0 mi		20.0			

COMPANY HEADQUARTERS

LIN	Quantity	Nomenclature	OPTEMPO		Class 3 - POL		Class 5 - Ammunition	
			Hours/Miles		Gallons	DODIC	Quantity	Nomenclature
D8240 4	2	DECONTAMINATING APPARATUS: PWR DRVN LT WT	24.0 hrs		465.6			
P9175 6	2	PUMP CENTRF: GAS DRVN FRAME MTD 1-1/2 IN 65GPM 50 FT HD	100.0 hrs		120.0			
R9503 5	178	RIFLE 5.56 MILLIMETER: M16A2	0		0	A080	10680	Ctg 5.56mm Blank M200
T61494	2	TRUCK UTILITY: CARGO/TROOP CARRIER 1-1/4 TON 4X4 W/E (HMMWV)	200.0 mi		40.0			
						G940	4	HG Green Smoke M18
						G945	9	HG Yellow Smoke M18
						G950	11	HG Red Smoke M18
						G955	7	HG Violet Smoke M18
						G963	7	HG CS M7
						G982	16	HG Smoke Training M83
						L305	2	Sig Illum Green Star Para M195
						L306	7	Sig Illum Red Star Cluster M158
						L311	7	Sig Illum Red Para M126A1
						L312	1	Sig Illum White Star Para M127
						L314	7	Sig Illum Green Star Cluster M125
						L594	16	Sim Proj Ground Burst M115A2
						L596	4	Sim Flash Arty M110
						L598	9	Sim Booby Trap Flash M117
						L599	7	Sim Booby Trap Illum M118
						L600	9	Sim Booby Trap Whistling M119
						L601	18	Sim Hand Gren M116A1

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

ADMINISTRATION DIV

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
T61494	1	TRUCK UTILITY: CARGO/TROOP CARRIER 1- 1/4 TON 4X4 W/E (HMMWV)	200.0 mi	20.0			

NUTRITION CARE DIV

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
B3867 2	36	BURNER UNIT: MODERN (M)	108.0 hrs	388.8			
R1415 4	8	RANGE OUTFIT FIELD GASOLINE:	108.0 hrs	86.4			
R6554 4	2	REF UNIT MECHANICAL PANEL TYPE: GASOLINE DRVN	200.0 hrs	200.0			
T61908	1	TRUCK CARGO: MTV W/E	200.0 mi	40.0			

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

SUPPLY & SERVICE DIV				Class 3 - POL		Class 5 - Ammunition	
LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Gallons	DODIC	Quantity	Nomenclature
C3288 7	1	CLEANER STEAM PRESSURE JET TRAILER MOUNTED:	24.0 hrs	124.8			
E7006 4	1	COMP UNIT RCP: TRK 2 WHL PNEU TIRES GAS DRVN 5 CFM 175 PSI	24.0 hrs	14.4			
G1835 8	1	GEN SET: DIESEL SKID MTD 3KW 60HZ	200.0 hrs	40.0			
P9203 0	3	PUMP CENTRF: GAS DRVN FRAME MTD 2 IN 125 GPM 50 FT HD	100.0 hrs	180.0			
T33786	2	TRACTOR WHEELED IND: DED 4X4 W/FORKLIFT AND CRANE ATT (HMMH)	100.0 hrs	620.0			
T41135	1	TRUCK CARGO: MTV W/E W/W	200.0 mi	40.0			
T49255	2	TRUCK LIFT FORK: DSL DRVN 4000 LB CAP ROUGH TERRAIN	150.0 hrs	240.0			
T61908	12	TRUCK CARGO: MTV W/E	200.0 mi	480.0			
T94709	1	TRUCK WRECKER: MTV W/E W/W	200.0 mi	40.0			
Z67207	7	GENERATOR SET DED TM: 100KW 50/60HZ MTD ON M353 PU-807	100.0 hrs	420.0			
Z94047	1	TRUCK TANK: POL MTV W/E	200.0 mi	40.0			
					G940	1	HG Green Smoke M18
					G945	1	HG Yellow Smoke M18
					G950	1	HG Red Smoke M18
					G955	1	HG Violet Smoke M18
					K874	4	SMOKE POT
					L128	3	SIGNAL SMOKE
					L131	3	SIGNAL ILLUMINATION
					L161	1	SIGNAL SMOKE
					L162	1	SIGNAL SMOKE
					L163	3	SIGNAL SMOKE
					L278	1	Sig Illum Ground Red Star M187

				L279	1	Sig Illum Ground White Star M188
				L280	1	Sig Illum Ground Green Star M189
				L600	5	Sim Booby Trap Whistling M119
				A080	3500	Ctg 5.56mm Blank M200

TRIAGE/PRE-OP/EMT

TRIAGE/PRE-OP/EMI		Quantity	Nomenclature	Class 3 - POL		Class 5 - Ammunition	
LIN	OPTEMPO Hours/Miles			Gallons	DODIC	Quantity	Nomenclature
H0058 6	1	HEATER: DUCT TYPE PORTABLE 1200-00 BTUS	72.0 hrs	230.4			
K2534 2	2	HEATER IMMERSION LIQUID FUEL FIRED: 34- 3/4 IN LG OF HEATER	50.0 hrs	30.0			

OR/CMS CONTROL TEAM

UR/CMS CONTROL TEAM		Nomenclature	Class 3 - POL		Class 5 - Ammunition	
LIN	Quantity		OPTEMPO	DODIC	Quantity	Nomenclature
			Hours/Miles			
H0058 6	1	HEATER: DUCT TYPE PORTABLE 1200-00 RTUIS	72.0 hrs	230.4		

OPERATING ROOM A

OPERATING ROOM A							
LIN	Quantity	Nomenclature	OPTEMPO	Class 3 - POL		Class 5 - Ammunition	
			Hours/Miles	Gallons	DODIC	Quantity	Nomenclature
H0058 6	1	HEATER: DUCT TYPE PORTABLE 1200-00 RTIIS.	72.0 hrs	230.4			

OPERATING ROOM B

OPERATING ROOM B							
LIN	Quantity	Nomenclature	OPTEMPO	Class 3 - POL		Class 5 - Ammunition	
			Hours/Miles	Gallons	DODIC	Quantity	Nomenclature
H0058 6	1	HEATER: DUCT TYPE PORTABLE 1200-00 RTIIS	72.0 hrs	230.4			

2 CMS

2 CMS		Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL Gallons	Class 5 - Ammunition	
LIN	DODIC					Quantity	Nomenclature
H0058 6	2	HEATER: DUCT TYPE PORTABLE 1200-00 RTUIS	72.0 hrs	460.8			

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

DENTAL SERVICE		Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
LIN	Quantity			Gallons	DODIC	Quantity	Nomenclature
H0058 6	1	HEATER: DUCT TYPE PORTABLE 1200-00 BTUS	72.0 hrs	230.4			

INPATIENT MEDICINE A		Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
LIN	Quantity			Gallons	DODIC	Quantity	Nomenclature
H0058 6	1	HEATER: DUCT TYPE PORTABLE 1200-00 BTUS	72.0 hrs	230.4			

3 INTENSIVE CARE WARD		Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
LIN	Quantity			Gallons	DODIC	Quantity	Nomenclature
H0058 6	3	HEATER: DUCT TYPE PORTABLE 1200-00 BTUS	72.0 hrs	691.2			
K2534 2	6	HEATER IMMERSION LIQUID FUEL FIRED: 34- 3/4 IN LG OF HEATER	24.0 hrs	43.2			

7 INTERMED CARE WARDS		Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
LIN	Quantity			Gallons	DODIC	Quantity	Nomenclature
H0058 6	7	HEATER: DUCT TYPE PORTABLE 1200-00 BTUS	72.0 hrs	1612.8			
K2534 2	14	HEATER IMMERSION LIQUID FUEL FIRED: 34- 3/4 IN LG OF HEATER	24.0 hrs	100.8			

NP WARD & CONSULT SVC		Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
LIN	Quantity			Gallons	DODIC	Quantity	Nomenclature
H0058 6	1	HEATER: DUCT TYPE PORTABLE 1200-00 BTUS	72.0 hrs	230.4			
K2534 2	2	HEATER IMMERSION LIQUID FUEL FIRED: 34- 3/4 IN LG OF HEATER	24.0 hrs	14.4			

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

2 MINIMAL CARE WARDS

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
H0058 6	2	HEATER: DUCT TYPE PORTABLE 1200-00 BTUS	72.0 hrs	460.8			
K2534 2	2	HEATER IMMERSION LIQUID FUEL FIRED: 34- 3/4 IN LG OF HEATER	24.0 hrs	14.4			

PHARMACY SERVICE

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
H0058 6	1	HEATER: DUCT TYPE PORTABLE 1200-00 BTUS	72.0 hrs	230.4			

LABORATORY SERVICE

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
H0058 6	1	HEATER: DUCT TYPE PORTABLE 1200-00 BTUS	72.0 hrs	230.4			

BLOOD BANK.

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
H0058 6	1	HEATER: DUCT TYPE PORTABLE 1200-00 BTUS	72.0 hrs	230.4			

RADIOLOGY SERVICE

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
H0058 6	1	HEATER: DUCT TYPE PORTABLE 1200-00 BTUS	72.0 hrs	230.4			

PT SERVICE

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
H0058 6	1	HEATER: DUCT TYPE PORTABLE 1200-00 BTUS	72.0 hrs	230.4			

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

Training Audience: HOSPITAL HEADQUARTERS, HEAD & NECK SURG TEAM (08527LA00), MED TM, NEUROSURGERY (08527LB00), MED TM, EYE SURGERY (08527LC00), MED TM, PATHOLOGY (08537LA00), MED TM, DIALYSIS (08537LB00), MED TM, INFECT DIS (08537LC00), HOSP OPERATIONS SECT, COMPANY HEADQUARTERS, ADMINISTRATION DIV, OPERATING ROOM C (08737L000), PATIENT ADMIN DIV, OPERATING ROOM D (08737L000), NUTRITION CARE DIV, SUPPLY & SERVICE DIV, NURSING SVC CNTL TEAM, TRIAGE/PRE-OP/EMT, LITTER BEARER SECTION, OR/CMS CONTROL TEAM, OPERATING ROOM A, OPERATING ROOM B, ORTHO CAST CLINIC, 2 CMS, DENTAL SERVICE, INPATIENT MEDICINE A, 3 INTENSIVE CARE WARD, 7 INTERMED CARE WARDS, NP WARD & CONSULT SVC, 2 MINIMAL CARE WARDS, PHARMACY SERVICE, LABORATORY SERVICE, BLOOD BANK, RADIOLOGY SERVICE, PT SERVICE, HOSPITAL MINISTRY TM

Means (Event) (TADSS): 1 - Battalion FTX (MILES) (EXEVAL)

Title: FTX for PROVIDE HOSPITALIZATION SUPPORT AND SERVICES using (08736L100)

Estimated Duration: 216 Hours

Replication of Conditions (A-D): B - CTC quality training; realism sufficient to permit appraisal of training readiness for USR

Multi-echelon Training: STX for PROVIDE EMERGENCY MEDICAL SERVICE (08736L100), STX for PROVIDE PATIENT ADMINISTRATION (08736L100), STX for PROVIDE LABORATORY SERVICES (08736L100), STX for DEFEND HOSPITAL AREA (08736L100), STX for PERFORM HOSPITALIZATION SUPPORT AND SERVICES OPS (08736L100)

Critical Training Gates:

Action Gates: STX for DEFEND HOSPITAL AREA (08736L100), STX for RELOCATE CSH TO A NEW SITE (08736L100), STX for PERFORM HOSPITALIZATION SUPPORT AND SERVICES OPS (08736L100);

Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS(es))

PURPOSE: To train the CSH to proficiency in its critical mission, Provide Hospitalization Support and Services.

OUTCOME: The CSH sustains proficiency in performing hospital operations and providing quality treatment to casualties in a tactical environment.

EXECUTION GUIDANCE: The FTX proposed is a nine day (216 hour) event. This FTX could be a CTC rotation. The FTX exercise in which the CSH participates to achieve and maintain proficiency in common, tactical, clinical tasks and must be conducted at the prescribed intervals to sustain the highest level of combat readiness. Based on unit personnel turnover, METL assessment, and the scope of the FTX, the commander identifies specific common, tactical, clinical tasks or task selections (e.g., conduct tactical movements, communicate) that can be trained in conjunction with the FTX. Army doctrine for common skills, tactical and clinical tasks, specific mission requirements, the unit TSOP and the commander's readiness evaluation should be used to guide this training event. For purposes of this training strategy, the common tasks identified in the unit's mission training plan have been grouped into several functional areas (Maintain Status, Maintain, Sustain, Supply, Move, Occupy Assembly Area, Defend, React To Air/Indirect Fire, Handle Casualties, Perform NBC Operations, Maintain Operations Security, Communicate) which should be trained during all field exercises. The training and performance of the tasks included in each of these functions should be embedded in all unit field training. Based on the METL tasks selected to be trained, the commander must develop training objectives, a master events list (MEL), and exercise support, control and evaluation plans to drive the training of these tasks during the exercise. Operations are conducted continuously for the duration of the exercise (day/night) under near combat conditions. Duration indicated is the estimated duration of the entire exercise. Common tasks are performed throughout the FTX and should be scheduled for performance under appropriate conditions and to the desired standard as part of exercise planning. If the commander believes repeated task performance is necessary, he/she can arrange for multiple opportunities during the course of the exercise or plan for optional repetitions within the context of the FTX scenario. Duration includes time for tactical planning, preparation, execution, conduct of AARS, and for remedial training as required. Training during the FTX also includes training of all other embedded common military tasks (e.g., Move Tactically, Occupy an Assembly Area, Establish Unit Defense, or Defend Unit Position).

Resources:

HOSPITAL HEADQUARTERS

LIN	Quantity	Nomenclature	Class 3 - POL		Class 5 - Ammunition		
			OPTEMPO Hours/Miles	Gallons	DODIC	Quantity	Nomenclature
T61494	1	TRUCK UTILITY: CARGO/TROOP CARRIER 1-1/4 TON 4X4 W/E (HMMWV)	200.0 mi	20.0			

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

HOSP OPERATIONS SECT

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
T61494	1	TRUCK UTILITY: CARGO/TROOP CARRIER 1-1/4 TON 4X4 W/E (HMMWV)	200.0 mi	20.0			

COMPANY HEADQUARTERS

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
D8240 4	2	DECONTAMINATING APPARATUS: PWR DRVN LT WT	24.0 hrs	465.6			
P9175 6	2	PUMP CENTRE: GAS DRVN FRAME MTD 1-1/2 IN 65GPM 50 FT HD	100.0 hrs	120.0			
R9503 5	178	RIFLE 5.56 MILLIMETER: M16A2	0	0	A080	10680	Cig 5.56mm Blank M200
T61494	2	TRUCK UTILITY: CARGO/TROOP CARRIER 1-1/4 TON 4X4 W/E (HMMWV)	200.0 mi	40.0			
					G940	4	HG Green Smoke M18
					G945	9	HG Yellow Smoke M18
					G950	11	HG Red Smoke M18
					G955	7	HG Violet Smoke M18
					G963	7	HG CS M7
					G982	16	HG Smoke Training M83
					L305	2	Sig Illum Green Star Para M195
					L306	7	Sig Illum Red Star Cluster M158
					L311	7	Sig Illum Red Para M126A1
					L312	1	Sig Illum White Star Para M127
					L314	7	Sig Illum Green Star Cluster M125
					L594	16	Sim Proj Ground Burst M115A2
					L596	4	Sim Flash Arty M110
					L598	9	Sim Booby Trap Flash M117
					L599	7	Sim Booby Trap Illum M118
					L600	9	Sim Booby Trap Whistling M119
					L601	18	Sim Hand Gren M116A1

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

ADMINISTRATION DIV

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
T61494	1	TRUCK UTILITY: CARGO/TROOP CARRIER 1-1/4 TON 4X4 W/E (HMMWV)	200.0 mi	20.0			

NUTRITION CARE DIV

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
B3867 2	36	BURNER UNIT: MODERN (M)	108.0 hrs	388.8			
R1415 4	8	RANGE OUTFIT FIELD GASOLINE:	108.0 hrs	86.4			
R6554 4	2	REF UNIT MECHANICAL PANEL TYPE: GASOLINE DRVN	200.0 hrs	200.0			
T61908	1	TRUCK CARGO: MTV W/E	200.0 mi	40.0			

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

SUPPLY & SERVICE DIV

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		DODIC	Quantity	Class 5 - Ammunition	
				Gallons					Nomenclature
C3288 7	1	CLEANER STEAM PRESSURE JET TRAILER MOUNTED:	24.0 hrs	124.8					
E7006 4	1	COMP UNIT RCP: TRK 2 WHL PNEU TIRES GAS DRVN 5 CFM 175 PSI	24.0 hrs	14.4					
G1835 8	1	GEN SET: DIESEL SKID MTD 3KW 60HZ	200.0 hrs	40.0					
P9203 0	3	PUMP CENTRF: GAS DRVN FRAME MTD 2 IN 125 GPM 50 FT HD	100.0 hrs	180.0					
T33786	2	TRACTOR WHEELED IND: DED 4X4 W/FORKLIFT AND CRANE ATT (HMMH)	100.0 hrs	620.0					
T41135	1	TRUCK CARGO: MTV W/E W/W	200.0 mi	40.0					
T49255	2	TRUCK LIFT FORK: DSL DRVN 4000 LB CAP ROUGH TERRAIN	150.0 hrs	240.0					
T61908	12	TRUCK CARGO: MTV W/E	200.0 mi	480.0					
T94709	1	TRUCK WRECKER: MTV W/E W/W	200.0 mi	40.0					
Z67207	7	GENERATOR SET DED TM: 100KW 50/60HZ MTD ON M353 PU-807	100.0 hrs	420.0					
Z94047	1	TRUCK TANK: POL MTV W/E	200.0 mi	40.0					
						G940	1		HG Green Smoke M18
						G945	1		HG Yellow Smoke M18
						G950	1		HG Red Smoke M18
						G955	1		HG Violet Smoke M18
						K874	4		SMOKE POT
						L128	3		SIGNAL SMOKE
						L131	3		SIGNAL ILLUMINATION
						L161	1		SIGNAL SMOKE
						L162	1		SIGNAL SMOKE
						L163	3		SIGNAL SMOKE
						L278	1		Sig Illum Ground Red Star M187

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

TRIAGE/PRE-OP/EMT		L279		L280		L600		A080		3500		Sig Illum Ground White Star M188		Sig Illum Ground Green Star M189		Sim Booby Trap Whistling M119		Ctg 5.56mm Blank M200	
LIN	Quantity																		
H0058	1																		
K2534	2																		

Nomenclature		OPTEMPO		Class 3 - POL		Class 5 - Ammunition	
LIN	Quantity	Hours/Miles	Gallons	DODIC	Quantity	Nomenclature	
H0058	1	72.0 hrs	230.4				
K2534	2	50.0 hrs	30.0				

OR/CMS CONTROL TEAM

Nomenclature		OPTEMPO		Class 3 - POL		Class 5 - Ammunition	
LIN	Quantity	Hours/Miles	Gallons	DODIC	Quantity	Nomenclature	
H0058	1	72.0 hrs	230.4				

OPERATING ROOM A

Nomenclature		OPTEMPO		Class 3 - POL		Class 5 - Ammunition	
LIN	Quantity	Hours/Miles	Gallons	DODIC	Quantity	Nomenclature	
H0058	1	72.0 hrs	230.4				

OPERATING ROOM B

Nomenclature		OPTEMPO		Class 3 - POL		Class 5 - Ammunition	
LIN	Quantity	Hours/Miles	Gallons	DODIC	Quantity	Nomenclature	
H0058	1	72.0 hrs	230.4				

2 CMS

Nomenclature		OPTEMPO		Class 3 - POL		Class 5 - Ammunition	
LIN	Quantity	Hours/Miles	Gallons	DODIC	Quantity	Nomenclature	
H0058	2	72.0 hrs	460.8				

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

DENTAL SERVICE

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
H0058 6	1	HEATER: DUCT TYPE PORTABLE 1200-00 BTUS	72.0 hrs	230.4			

INPATIENT MEDICINE A

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
H0058 6	1	HEATER: DUCT TYPE PORTABLE 1200-00 BTUS	72.0 hrs	230.4			

3 INTENSIVE CARE WARD

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
H0058 6	3	HEATER: DUCT TYPE PORTABLE 1200-00 BTUS	72.0 hrs	691.2			
K2534 2	6	HEATER IMMERSION LIQUID FUEL FIRED: 34- 3/4 IN LG OF HEATER	24.0 hrs	43.2			

7 INTERMED CARE WARDS

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
H0058 6	7	HEATER: DUCT TYPE PORTABLE 1200-00 BTUS	72.0 hrs	1612.8			
K2534 2	14	HEATER IMMERSION LIQUID FUEL FIRED: 34- 3/4 IN LG OF HEATER	24.0 hrs	100.8			

NP WARD & CONSULT SVC

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
H0058 6	1	HEATER: DUCT TYPE PORTABLE 1200-00 BTUS	72.0 hrs	230.4			
K2534 2	2	HEATER IMMERSION LIQUID FUEL FIRED: 34- 3/4 IN LG OF HEATER	24.0 hrs	14.4			

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

2 MINIMAL CARE WARDS

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
H0058 6	2	HEATER: DUCT TYPE PORTABLE 1200-00 BTUS	72.0 hrs	460.8			
K2534 2	2	HEATER IMMERSION LIQUID FUEL FIRED: 34- 3/4 IN LG OF HEATER	24.0 hrs	14.4			

PHARMACY SERVICE

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
H0058 6	1	HEATER: DUCT TYPE PORTABLE 1200-00 BTUS	72.0 hrs	230.4			

LABORATORY SERVICE

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
H0058 6	1	HEATER: DUCT TYPE PORTABLE 1200-00 BTUS	72.0 hrs	230.4			

BLOOD BANK

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
H0058 6	1	HEATER: DUCT TYPE PORTABLE 1200-00 BTUS	72.0 hrs	230.4			

RADIOLOGY SERVICE

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
H0058 6	1	HEATER: DUCT TYPE PORTABLE 1200-00 BTUS	72.0 hrs	230.4			

PT SERVICE

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
H0058 6	1	HEATER: DUCT TYPE PORTABLE 1200-00 BTUS	72.0 hrs	230.4			

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

Task: PERFORM DEPLOYMENT/REDEPLOYMENT (08-TS-1733)	<div data-bbox="388 131 421 638"> Supporting Task(s): </div> <div data-bbox="421 131 1476 2006"> <ul style="list-style-type: none"> 08-2-0220 08-705L ESTABLISH HOSPITAL OPERATIONAL AREAS 08-2-R303 08-705L CONDUCT BATTLEFIELD STRESS REDUCTION AND PREVENTION PROCEDURES 63-1-1038 08-705L SUPERVISE OPERATIONS SECURITY PROGRAM 63-1-1040 08-705L MAINTAIN COMMUNICATIONS 63-1-1045 08-705L PROVIDE COMMAND AND CONTROL 63-1-8050 08-705L DIRECT DEPLOYMENT ALERT ACTIVITIES 63-1-8051 08-705L ESTABLISH THE EMERGENCY OPERATIONS CENTER 63-1-8052 08-705L OPERATE THE EMERGENCY OPERATIONS CENTER 63-1-8053 08-705L SUPERVISE HOSPITAL DEPLOYMENT/REDEPLOYMENT ACTIVITIES 63-1-8054 08-705L UPDATE MOVEMENT PLAN/ORDER 63-1-8055 08-705L COORDINATE SOLDIER READINESS PROCESSING SUPPORT 63-1-8056 08-705L PROVIDE DEPLOYMENT PERSONNEL AND ADMINISTRATIVE SERVICES SUPPORT 63-1-8057 08-705L COORDINATE FAMILY ASSISTANCE SUPPORT 63-1-8058 08-705L COORDINATE DEPLOYMENT TRAINING SUPPORT 63-1-8059 08-705L PERFORM DEPLOYMENT INTELLIGENCE SUPPORT FUNCTIONS 63-1-8060 08-705L PROVIDE DEPLOYMENT LOGISTICS SUPPORT 63-1-8061 08-705L PROVIDE DEPLOYMENT ADVANCE PARTY ACTIVITIES 63-1-8062 08-705L COORDINATE ONWARD MOVEMENT 63-1-8063 08-705L COORDINATE REAR DETACHMENT SUPPORT 63-1-8064 08-705L PERFORM HOME STATION REAR DETACHMENT ACTIVITIES 63-1-8065 08-705L COORDINATE RECONSTITUTION FOR REDEPLOYMENT 63-1-8066 08-705L PREPARE REDEPLOYMENT MOVEMENT PLAN/ORDER 63-1-8067 08-705L PROVIDE REDEPLOYMENT SUPPORT 63-1-8068 08-705L PERFORM REDEPLOYMENT ADVANCE PARTY ACTIVITIES 63-1-8069 08-705L PERFORM THEATER REAR DETACHMENT ACTIVITIES 63-1-8070 08-705L COORDINATE HOME STATION ACTIVITIES 63-1-8071 08-705L DIRECT INTEGRATION ACTIVITIES 63-1-8072 08-705L PLAN HOSPITAL DEPLOYMENT IN A PEACETIME ENVIRONMENT 63-1-8073 08-705L PLAN HOSPITAL DEPLOYMENT UPON RECEIPT OF A WARNING ORDER 63-1-8074 08-705L PLAN HOSPITAL REDEPLOYMENT 63-2-1016 08-705L EMPLOY OPERATIONS SECURITY MEASURES 63-2-8001 08-705L PERFORM DEPLOYMENT ALERT ACTIVITIES 63-2-8002 08-705L PERFORM PERSONNEL AND ADMINISTRATIVE PREDEPLOYMENT ACTIVITIES 63-2-8003 08-705L PERFORM PREDEPLOYMENT TRAINING ACTIVITIES 63-2-8004 08-705L PERFORM PREDEPLOYMENT SUPPLY ACTIVITIES 63-2-8005 08-705L PERFORM PREDEPLOYMENT MAINTENANCE ACTIVITIES (UNIT WITH MAINTENANCE ELEMENT) 63-2-8006 08-705L PREPARE VEHICLES AND EQUIPMENT FOR DEPLOYMENT 63-2-8007 08-705L PREPARE HOSPITAL FOR NONTACTICAL MOVE 63-2-8008 08-705L CONDUCT NONTACTICAL ROAD MARCH 63-2-8009 08-705L PERFORM SEA PORT OF EMBARKATION ACTIVITIES FOR DEPLOYMENT 63-2-8010 08-705L PERFORM AERIAL PORT OF EMBARKATION ACTIVITIES FOR DEPLOYMENT 63-2-8011 08-705L PERFORM AERIAL PORT OF DEBARKATION ACTIVITIES FOR DEPLOYMENT 63-2-8012 08-705L PERFORM SEA PORT OF DEBARKATION ACTIVITIES FOR DEPLOYMENT </div>
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Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

63-2-8013 08-705L	PREPARE EQUIPMENT RECEPTION TEAM FOR TACTICAL ROAD MARCH (DEPLOYMENT)
63-2-8014 08-705L	PERFORM REDEPLOYMENT PERSONNEL AND ADMINISTRATIVE ACTIONS
63-2-8015 08-705L	PERFORM REDEPLOYMENT TRAINING ACTIVITIES
63-2-8016 08-705L	PERFORM REDEPLOYMENT SUPPLY ACTIVITIES
63-2-8017 08-705L	PERFORM REDEPLOYMENT MAINTENANCE ACTIVITIES (UNIT WITH MAINTENANCE ELEMENT)
63-2-8018 08-705L	PREPARE VEHICLES AND EQUIPMENT FOR REDEPLOYMENT
63-2-8019 08-705L	PERFORM SEA PORT OF EMBARKATION ACTIVITIES FOR REDEPLOYMENT
63-2-8020 08-705L	PERFORM AERIAL PORT OF EMBARKATION ACTIVITIES FOR REDEPLOYMENT
63-2-8021 08-705L	PERFORM AERIAL PORT OF DEBARKATION ACTIVITIES FOR REDEPLOYMENT
63-2-8022 08-705L	PERFORM HOME STATION ACTIVITIES
63-2-8023 08-705L	PERFORM SEA PORT OF DEBARKATION ACTIVITIES FOR REDEPLOYMENT
63-2-8024 08-705L	PERFORM DEMOBILIZATION STATION ACTIVITIES
63-2-8025 08-705L	CONDUCT INTEGRATION ACTIVITIES
63-2-8026 08-705L	CONDUCT STAGING ACTIVITIES
63-2-R326 08-705L	PERFORM RISK MANAGEMENT PROCEDURES

Frequency: Semi-annually (2)

Types of Events: DEPEX, STX

Training Audience: HOSPITAL HEADQUARTERS, HOSP OPERATIONS SECT, COMPANY HEADQUARTERS, ADMINISTRATION DIV, PATIENT ADMIN DIV, NUTRITION CARE DIV, SUPPLY & SERVICE DIV, NURSING SVC CNLT TEAM, TRIAGE/PRE-OP/EMT, LITTER BEARER SECTION, OR/CMS CONTROL TEAM, OPERATING ROOM A, OPERATING ROOM B, ORTHO CAST CLINIC, 2 CMS, DENTAL SERVICE, INPATIENT MEDICINE A, 3 INTENSIVE CARE WARD, 7 INTERMED CARE WARDS, NP WARD & CONSULT SVC, 2 MINIMAL CARE WARDS, PHARMACY SERVICE, LABORATORY SERVICE, BLOOD BANK, RADIOLOGY SERVICE, PT SERVICE, HOSPITAL MINISTRY TM

Means (Event) (TADSS): 1 - Battalion STX

Title: STX for PERFORM DEPLOYMENT/REDEPLOYMENT (08736L100)

Estimated Duration: 12 Hours

Replication of Conditions (A-D): C - Gate quality for task or echelon

Multi-echelon Training:

Critical Training Gates:

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS(es) al)

PURPOSE: To train CSH in performing strategic deployment and redeployment tasks from home station to a theater of operations and return to home station.

OUTCOME: The CSH sustains proficiency in conducting deployment and redeployment.

EXECUTION GUIDANCE: This STX trains the CSH command and staff elements in directing the deployment of the CSH to a new theater of operations. This STX also provides the CSH commander and key leaders with practice in directing, controlling, coordinating CSH deployment activities. This STX can be used to plan and implement deployment (land, sea, or air) of the CSH as part of a CPX or FTX. The commander identifies selected deployment and redeployment tasks to be trained, participating personnel, and frequency of STX based on personnel turnover and his training assessment. The content of the pre deployment training is METT-T dependent. Subjects and classes are identified based on movement directive, movement order, deployment plan, and POM information message to ensure personnel receive mandatory training and briefing prior to deployment. At a minimum training should include ROE, Commander's Overseas Orientation, and the intelligence briefing on the theater of operation. In addition, the unit RSOP should address special team and personnel training procedures and requirements for deployment and should be used to guide this training event. The STX is designed to be a "hands on" performance oriented exercise employing the systems, equipment, and communications means necessary to conduct successful special team and personnel training for deployment. The unit should have designated and school trained personnel and teams for the following: Safety Officer, UMO (Joint Deployment Officers Course and Joint Planning Orientation); Air movement, 463L pallet loading, Rail loading, Hazardous Cargo/Material (HAZMAT) handling. A minimum of two refresher training periods should be scheduled, one during the quarter prior to DEPEX to maintain school trained proficiency; the other can be in the quarter after the DEPEX in order to train the personnel turnover. Similar deployment and redeployment tasks can be trained together and differences highlighted.

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

Resources:

HOSPITAL HEADQUARTERS

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
T61494	1	TRUCK UTILITY: CARGO/TROOP CARRIER 1-1/4 TON 4X4 W/E (HMMWV)	110.0 mi	11.0			

HOSP OPERATIONS SECT

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
T61494	1	TRUCK UTILITY: CARGO/TROOP CARRIER 1-1/4 TON 4X4 W/E (HMMWV)	110.0 mi	11.0			

COMPANY HEADQUARTERS

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
T61494	2	TRUCK UTILITY: CARGO/TROOP CARRIER 1-1/4 TON 4X4 W/E (HMMWV)	110.0 mi	22.0			

ADMINISTRATION DIV

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
T61494	1	TRUCK UTILITY: CARGO/TROOP CARRIER 1-1/4 TON 4X4 W/E (HMMWV)	110.0 mi	11.0			

NUTRITION CARE DIV

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
T61908	1	TRUCK CARGO: MTV W/E	110.0 mi	22.0			

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

SUPPLY & SERVICE DIV

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition		
				Hours/Miles	Gallons	DODIC	Quantity	Nomenclature
T41135	1	TRUCK CARGO: MTV W/E W/W	110.0 mi		22.0			
T49255	2	TRUCK LIFT FORK: DSL DRVN 4000 LB CAP ROUGH TERRAIN	12.0 hrs		124.8			
T61908	12	TRUCK CARGO: MTV W/E	110.0 mi		264.0			
Z94047	1	TRUCK TANK: POL MTV W/E	110.0 mi		22.0			

Training Audience: HOSPITAL HEADQUARTERS, HOSP OPERATIONS SECT, COMPANY HEADQUARTERS, ADMINISTRATION DIV, PATIENT ADMIN DIV, NUTRITION CARE DIV, SUPPLY & SERVICE DIV, NURSING SVC CNTL TEAM, TRIAGE/PRE-OP/EMT, LITTER BEARER SECTION, OR/CMS CONTROL TEAM, OPERATING ROOM A, OPERATING ROOM B, ORTHO CAST CLINIC, 2 CMS, DENTAL SERVICE, INPATIENT MEDICINE A, 3 INTENSIVE CARE WARD, 7 INTERMED CARE WARDS, NP WARD & CONSULT SVC, 2 MINIMAL CARE WARDS, PHARMACY SERVICE, LABORATORY SERVICE, BLOOD BANK, RADIOLOGY SERVICE, PT SERVICE, HOSPITAL MINISTRY TM

Means (Event) (TADSS): 1 - Battalion DEPEX

Title: DEPEX for PERFORM DEPLOYMENT / REDEPLOYMENT (08736L100)

Estimated Duration: 36 Hours

Replication of Conditions (A-D): B - CTC quality training, realism sufficient to permit appraisal of training readiness for USR

Multi-echelon Training:

Critical Training Gates:

Action Gates: STX for PERFORM DEPLOYMENT / REDEPLOYMENT (08736L100)

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS/et al)

PURPOSE: To train CSH personnel on all tasks necessary to deploy and redeploy all assigned personnel and equipment.

OUTCOME: The CSH accomplishes deployment and redeployment operations.

EXECUTION GUIDANCE: DEPEX is a run event which may be external when part of a CPX directed exercise or internal when conducted as part of the CSH exercise. The unit may be selected during CPX or CSH DEPEX for a full load-out, at least through rail loading or may only complete activities up to being prepared to move to rail head or departure airfield. If not involved in full load-out, unit may continue DEPEX as STX. Unit should accomplish one full deployment and one DEPEX through marshalling and up load annually. A DEPEX may be conducted in conjunction with any other Corps unit CSH FTX. Deployment for CTC rotation may be conducted as a DEPEX. The DEPEX is intended to concurrently train the entire unit in all unit tasks grouped under deployment, redeployment, rear detachment, RSO&I. Based on the tasks and task steps to be trained, the commander must develop a master events list (MEL) for this event to drive the exercise to train the tasks. Operations should include all steps required in an actual deployment: alert staging, transport to designated port/air facilities, and up loading for final shipment. Simulations may occur as appropriate but must retain the realism of the exercise (i.e. loading equipment onto a dock or warehouse rather than a ship). During the DEPEX, the commander should verify unit special personnel and teams school trained for the following: Safety Officer, UMO (Joint Deployment Officers Course and Joint Planning Orientation); Air movement; 463L pallet loading; Rail loading; Hazardous Cargo/Material (HAZMAT) handling. In addition, DEPEX can be used to validate unit load plans, all drivers properly licensed, SAEDA training for all assigned personnel, Soldier Readiness Processing completed, and the accuracy of Unit Movement Books.

Resources:

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

HOSPITAL HEADQUARTERS

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
T61494	1	TRUCK UTILITY: CARGO/TROOP CARRIER 1- 1/4 TON 4X4 W/E (HMMWV)	110.0 mi	11.0			

HOSP OPERATIONS SECT

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
T61494	1	TRUCK UTILITY: CARGO/TROOP CARRIER 1- 1/4 TON 4X4 W/E (HMMWV)	110.0 mi	11.0			

COMPANY HEADQUARTERS

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
T61494	2	TRUCK UTILITY: CARGO/TROOP CARRIER 1- 1/4 TON 4X4 W/E (HMMWV)	110.0 mi	22.0			

ADMINISTRATION DIV

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
T61494	1	TRUCK UTILITY: CARGO/TROOP CARRIER 1- 1/4 TON 4X4 W/E (HMMWV)	110.0 mi	11.0			

SUPPLY & SERVICE DIV

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
T41135	1	TRUCK CARGO: MTV W/E W/W	110.0 mi	22.0			
T49255	2	TRUCK LIFT FORK: DSL DRVN 4000 LB CAP ROUGH TERRAIN	12.0 hrs	124.8			
T61908	12	TRUCK CARGO: MTV W/E	110.0 mi	264.0			
Z94047	1	TRUCK TANK: POL MTV W/E	110.0 mi	22.0			

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

<p>Task: PLAN HOSPITAL SUPPORT AND SERVICES OPERATIONS (08-TS-1731)</p> <p>Supporting Task(s):</p> <ul style="list-style-type: none"> 03-3-C201 08-705L PREPARE FOR OPERATIONS UNDER NUCLEAR, BIOLOGICAL, AND CHEMICAL CONDITIONS 08-2-R303 08-705L CONDUCT BATTLEFIELD STRESS REDUCTION AND PREVENTION PROCEDURES 10-2-C318 08-705L PERFORM MORTUARY AFFAIRS OPERATIONS 63-1-1001 08-705L CONDUCT MISSION ANALYSIS 63-1-1002 08-705L CONDUCT INTELLIGENCE PREPARATION OF THE BATTLEFIELD 63-1-1003 08-705L FORMULATE FEASIBLE COURSES OF ACTION 63-1-1005 08-705L DEVELOP PERSONNEL ESTIMATE 63-1-1006 08-705L DEVELOP LOGISTICS ESTIMATE 63-1-1007 08-705L DEVELOP A HOSPITALIZATION SUPPORT AND SERVICES ESTIMATE 63-1-1008 08-705L DEVELOP SUPPORTING COMMANDER'S (OPERATION) ESTIMATE 63-1-1009 08-705L PREPARE OPERATIONS PLAN/OPERATIONS ORDER AND ANNEXES 63-1-1016 08-705L ESTABLISH HOSPITAL COMMAND POST (FORWARD) 63-1-1017 08-705L ESTABLISH COMMUNICATIONS 63-1-1019 08-705L SUPERVISE ESTABLISHMENT OF SUBORDINATE ELEMENTS AND HOSPITAL HEADQUARTERS 63-1-1020 08-705L ESTABLISH TACTICAL OPERATIONS CENTER, ADMINISTRATIVE AREAS, AND OPERATIONAL AREAS 63-1-1038 08-705L SUPERVISE OPERATIONS SECURITY PROGRAM 63-1-1040 08-705L MAINTAIN COMMUNICATIONS 63-1-1045 08-705L PROVIDE COMMAND AND CONTROL 63-2-1002 08-705L PREPARE HOSPITAL TO MOVE 63-2-1009 08-705L OCCUPY NEW OPERATING SITE 63-2-8007 08-705L PREPARE HOSPITAL FOR NONTACTICAL MOVE 63-2-R326 08-705L PERFORM RISK MANAGEMENT PROCEDURES <p>Frequency: Quarterly (4)</p> <p>Types of Events: SGT TIME, STX</p>	<p>Supported Mission(s):</p> <ul style="list-style-type: none"> DEFEND HOSPITAL AREA DEPLOY HOSPITAL ESTABLISH HOSP AREA OF OPS PERFORM HOSP SPT AND SVC OPS PLAN HOSP SPT AND SVC OPS REDEPLOY HOSPITAL RELOCATE HOSP TO NEW OP SITE SUPERVISE DEPLOYMENT SUPERVISE REDEPLOYMENT
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Training Audience: HOSPITAL HEADQUARTERS, HOSP OPERATION'S SECT, ADMINISTRATION DIV, PATIENT ADMIN DIV, SUPPLY & SERVICE DIV

Means (Event) (TADSS): 2 - Headquarters SGT TIME

Title: SGT TIME for PLAN HOSPITAL SUPPORT AND SERVICES OPERATIONS (08736L100)

Estimated Duration: 5 Hours

Replication of Conditions (A-D): D - Refresher training; basic skills training

Multi-echelon Training:

Critical Training Gates:
Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS/et al)

PURPOSE: To train the CSH sections to conduct hospital support and services operation tasks.

OUTCOME: The CSH sections achieve or sustain proficiency in conducting hospital support and services operations.

ARTEP 8-705-MTP

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

EXECUTION GUIDANCE: These tasks are best trained by the NCOs of each of the sections within the CSH. Scheduling sergeants time for training this selection of tasks provides sections the flexibility and time to train or refresh these tasks as required. The tasks selected and the sequence selected should be based on the sections leaders' assessment of the proficiency of the sections through the METL process. Sergeants time is also a means to refresh tasks steps to standard, before a larger or multi echelon event at the walk or run level, such as STXs or FTX. This is a crawl level event with complete involvement of the sections and should provide opportunity to train the tasks. This event is conducted as decentralized training at the section and platoon levels under the control of the section. The trainer should be the section sergeant. The commander could add additional Sergeants Time or STXs to satisfy his training needs.

Resources:

Training Audience: HOSPITAL HEADQUARTERS, HOSP OPERATIONS SECT, COMPANY HEADQUARTERS, ADMINISTRATION DIV, PATIENT ADMIN DIV, SUPPLY & SERVICE DIV

Means (Event) (TADSS): 1 - Headquarters STX

Title: STX for PLAN HOSPITAL SUPPORT AND SERVICES OPERATIONS (08736L100)

Estimated Duration: 14 Hours

Replication of Conditions (A-D): C - Gate quality for task or echelon

Multi-echelon Training:

Critical Training Gates:

- Collective Task Gates:** HOSPITAL HEADQUARTERS proficient in 63-1-1001.08-705L; 63-2-1003.08-705L;
HOSP OPERATIONS SECT proficient in 63-1-1001.08-705L; 63-1-1002.08-705L; 63-2-1003.08-705L;
COMPANY HEADQUARTERS proficient in 63-2-1003.08-705L;
ADMINISTRATION DIV proficient in 63-2-1003.08-705L;
PATIENT ADMIN DIV proficient in 63-2-1003.08-705L;
SUPPLY & SERVICE DIV proficient in 63-2-1003.08-705L;

Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS(et al))

PURPOSE: To train the CSH sections in hospital support and services operation tasks.

OUTCOME: The CSH sections achieve or sustain proficiency in conducting hospital support and services operations.

EXECUTION GUIDANCE: This STX trains the CSH in planning, coordinating and performing hospitalization support services operations. The STX should be conducted under normal and MOPP 4 conditions during both day and night tactical conditions; with and / or without simulated casualties. After proficiency in this STX is reached, the CSH sustains proficiency by training the supporting tasks at the run level in an FTX.

Resources:

HOSPITAL HEADQUARTERS

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL			Class 5 - Ammunition		
				Hours/Miles	Gallons	DODIC	Quantity	Nomenclature	Nomenclature
T61494	1	TRUCK UTILITY: CARGO/TROOP CARRIER 1-1/4 TON 4X4 W/E (HMMWV)	60.0 mi		6.0				

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

HOSP OPERATIONS SECT

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
T61494	1	TRUCK UTILITY: CARGO/TROOP CARRIER 1- 1/4 TON 4X4 W/E (HMMWV)	60.0 mi	6.0			

COMPANY HEADQUARTERS

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
T61494	2	TRUCK UTILITY: CARGO/TROOP CARRIER 1- 1/4 TON 4X4 W/E (HMMWV)	60.0 mi	12.0			

ADMINISTRATION DIV

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
T61494	1	TRUCK UTILITY: CARGO/TROOP CARRIER 1- 1/4 TON 4X4 W/E (HMMWV)	60.0 mi	6.0			

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

SUPPLY & SERVICE DIV

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		DODIC	Quantity	Class 5 - Ammunition	
				Gallons					Nomenclature
G1835 8	1	GEN SET: DIESEL SKID MTD 3KW 60HZ	6.0 hrs	4.2					
G7471 1	1	GEN SET: DIESEL SKID MTD 10KW 60HZ	6.0 hrs	6.0					
H0058 6	5	HEATER: DUCT TYPE PORTABLE 1200-00 BTUS	6.0 hrs	96.0					
T41135	1	TRUCK CARGO: MTV W/E W/W	60.0 mi	12.0					
T49255	2	TRUCK LIFT FORK: DSL DRVN 4000 LB CAP ROUGH TERRAIN	6.0 hrs	62.4					
T61908	12	TRUCK CARGO: MTV W/E	60.0 mi	144.0					
T94709	1	TRUCK WRECKER: MTV W/E W/W	60.0 mi	12.0					
Z67207	7	GENERATOR SET DED TM: 100KW 50/60HZ MTD ON M353 PU-807	6.0 hrs	29.4					
Z94047	1	TRUCK TANK: POL MTV W/E	60.0 mi	12.0					

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

<p>Task: DEFEND HOSPITAL AREA (08-TS-1732)</p> <p>Supporting Task(s):</p> <ul style="list-style-type: none"> 03-2-C312 08-705L CONDUCT THOROUGH DECONTAMINATION 03-3-C201 08-705L PREPARE FOR OPERATIONS UNDER NUCLEAR, BIOLOGICAL, AND CHEMICAL CONDITIONS 03-3-C202 08-705L PREPARE FOR A CHEMICAL ATTACK 03-3-C203 08-705L RESPOND TO A CHEMICAL ATTACK 03-3-C205 08-705L PREPARE FOR A FRIENDLY NUCLEAR STRIKE 03-3-C208 08-705L CROSS A RADIOLOGICALLY CONTAMINATED AREA 03-3-C222 08-705L RESPOND TO THE RESIDUAL EFFECTS OF A NUCLEAR ATTACK 03-3-C223 08-705L RESPOND TO THE INITIAL EFFECTS OF A NUCLEAR ATTACK 03-3-C224 08-705L CONDUCT OPERATIONAL DECONTAMINATION 03-3-C226 08-705L CROSS A CHEMICALLY CONTAMINATED AREA 08-2-0314 08-705L TREAT HOSPITAL CASUALTIES 08-2-R303 08-705L CONDUCT BATTLEFIELD STRESS REDUCTION AND PREVENTION PROCEDURES 10-2-C318 08-705L PERFORM MORTUARY AFFAIRS OPERATIONS 19-3-3105 08-705L PROCESS CAPTURED DOCUMENTS AND EQUIPMENT 19-3-3106 08-705L HANDLE ENEMY PRISONERS OF WAR 44-3-C220 08-705L USE PASSIVE AIR DEFENSE MEASURES 44-3-C221 08-705L TAKE ACTIVE AIR DEFENSE MEASURES AGAINST HOSTILE AIRCRAFT 63-1-1017 08-705L ESTABLISH COMMUNICATIONS 63-1-1038 08-705L SUPERVISE OPERATIONS SECURITY PROGRAM 63-1-1040 08-705L MAINTAIN COMMUNICATIONS 63-1-1045 08-705L PROVIDE COMMAND AND CONTROL 63-1-1052 08-705L DIRECT RESPONSE TO THREAT ACTIONS 63-1-1053 08-705L DIRECT AREA DAMAGE CONTROL OPERATIONS 63-2-1010 08-705L PLAN HOSPITAL DEFENSE 63-2-1011 08-705L SET UP HOSPITAL DEFENSE 63-2-1014 08-705L PLAN AREA DAMAGE CONTROL OPERATIONS 63-2-1016 08-705L EMPLOY OPERATIONS SECURITY MEASURES 63-2-1024 08-705L DEFEND HOSPITAL AREA 63-2-1026 08-705L REORGANIZE HOSPITAL DEFENSE 63-2-R326 08-705L PERFORM RISK MANAGEMENT PROCEDURES <p>Frequency: Quarterly (4)</p> <p>Types of Events: SGT TIME, STX</p>	<p>Supported Mission(s):</p> <ul style="list-style-type: none"> DEFEND HOSPITAL AREA DEPLOY HOSPITAL ESTABLISH HOSP AREA OF OPS PERFORM HOSP SPT AND SVC OPS PLAN HOSP SPT AND SVC OPS REDEPLOY HOSPITAL RELOCATE HOSP TO NEW OP SITE SUPERVISE DEPLOYMENT SUPERVISE REDEPLOYMENT
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Training Audience: HOSPITAL HEADQUARTERS, HOSP OPERATIONS SECT, COMPANY HEADQUARTERS, SUPPLY & SERVICE DIV

Means (Event) (TADSS): 2 - Company SGT TIME

Title: SGT TIME for DEFEND HOSPITAL AREA (08736L100)

Estimated Duration: 4 Hours

Replication of Conditions (A-D): D - Refresher training, basic skills training

Multi-echelon Training:

ARTEP 8-705-MTP

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE HOSPITAL UNIT, BASE (CSH) (T1)

Critical Training Gates: Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS(et al))

PURPOSE: To train the CSH in protect and defend tasks.

OUTCOME: The all CSH personnel to a basic level of proficiency in common protect and defend collective tasks.
EXECUTION GUIDANCE: The commander identifies selected tasks to be trained, participating personnel, and frequency of the training based on personnel turnover and his training concentrated attention. Most of the tasks related to protect the force involve a variety of skills that require training the more structured and detailed approach of both sergeants time and STX events. Relevant Army doctrine and training publications and the unit TSOP provide detailed information on the tasks, conditions and standards used in organizing this training. When required, this sergeants time should be "hands on" performance-oriented exercise employing the systems, equipment, and communications means necessary to accomplish the assigned tasks. The sergeants time may be trained by itself, or may be combined with other sergeants time and /or STX to vary training and meet the commander's requirements. Common METL function sergeants time should be conducted, if required, prior to sections field training using the STX. Duration for these exercise may vary to meet training needs. Typically, sergeants time are short training events that provide the unit preliminary refresher instruction and practice prior to STX training.

Resources:

Training Audience: HOSPITAL HEADQUARTERS, HOSP OPERATIONS SECT, COMPANY HEADQUARTERS, ADMINISTRATION DIV, OPERATING ROOM C (08737L000), PATIENT ADMIN DIV, OPERATING ROOM D (08737L000), NUTRITION CARE DIV, SUPPLY & SERVICE DIV, NURSING SVC CNLT TEAM, TRIAGE/PRE-OP/EMT, LITTER BEARER SECTION, OR/CMS CONTROL TEAM, OPERATING ROOM A, OPERATING ROOM B, ORTHO CAST CLINIC, 2 CMS, DENTAL SERVICE, INPATIENT MEDICINE A, 3 INTENSIVE CARE WARD, 7 INTERMED CARE WARDS, NP WARD & CONSULT SVC, 2 MINIMAL CARE WARDS, PHARMACY SERVICE, LABORATORY SERVICE, BLOOD BANK, RADIOLOGY SERVICE, PT SERVICE, HOSPITAL MINISTRY TM

Means (Event) (TADSS): 1 - Headquarters STX

Title: STX for DEFEND HOSPITAL AREA (08736L100)

Estimated Duration: 8 Hours

Replication of Conditions (A-D): C - Gate quality for task or echelon

Multi-echelon Training:

Critical Training Gates:

Action Gates: SGT TIME for DEFEND HOSPITAL AREA (08736L100);
Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS(et al))

PURPOSE: To train the CSH in defend tasks.

OUTCOME: The CSH sustains proficiency in defend hospital tasks.

EXECUTION GUIDANCE: This STX is a means to concentrate on this task selection at the walk and run level. The STX should be conducted in the field with minimum equipment. It should be conducted under normal and MOPP4 conditions during both day and night conditions. OPFOR is required for this event. This STX may also be conducted as multi echelon training during the CSH FTX.

Resources:

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

HOSPITAL HEADQUARTERS

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
T61494	1	TRUCK UTILITY: CARGO/TROOP CARRIER 1-1/4 TON 4X4 W/E (HMMWV)	50.0 mi	5.0			

HOSP OPERATIONS SECT

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
T61494	1	TRUCK UTILITY: CARGO/TROOP CARRIER 1-1/4 TON 4X4 W/E (HMMWV)	50.0 mi	5.0			

COMPANY HEADQUARTERS

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition		
				Gallons	DODIC	Quantity	Nomenclature	
R9503 5	178	RIFLE 5.56 MILLIMETER: M16A2	0	0	A080	3560	Ctg 5.56mm Blank M200	
					A080	2500	Ctg 5.56mm Blank M200	
					L211	1	SIGNAL SMOKE	
					L278	1	Sig Illum Ground Red Star M187	
					L279	1	Sig Illum Ground White Star M188	
					L280	2	Sig Illum Ground Green Star M189	
					G930	1	HG HC AN-M8	
					G940	1	HG Green Smoke M18	
					G945	1	HG Yellow Smoke M18	
					G950	3	HG Red Smoke M18	

NUTRITION CARE DIV

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
R6554 4	2	REF UNIT MECHANICAL PANEL TYPE: GASOLINE DRVN	8.0 hrs	8.0			
T61908	1	TRUCK CARGO: MTV W/E	50.0 mi	10.0			

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

SUPPLY & SERVICE DIV						
LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition
				Gallons	DODIC	Quantity
G1835 8	1	GEN SET: DIESEL SKID MTD 3KW 60HZ	8.0 hrs	4.8		
T41135	1	TRUCK CARGO: MTV W/E W/W	50.0 mi	10.0		
T49255	1	TRUCK LIFT FORK: DSL DRVN 4000 LB CAP ROUGH TERRAIN	8.0 hrs	0.8		
T61908	12	TRUCK CARGO: MTV W/E	50.0 mi	120.0		
T94709	1	TRUCK WRECKER: MTV W/E W/W	67.0 mi	13.4		
Z67207	7	GENERATOR SET DED TM: 100KW 50/60HZ MTD ON M353 PU-807	0	0		
Z94047	1	TRUCK TANK: POL MTV W/E	47.0 mi	9.4		

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

<p>Task: RELOCATE CSH TO A NEW SITE (08-TS-1736)</p> <p>Supporting Task(s):</p> <ul style="list-style-type: none"> 03-3-C208.08-705L CROSS A RADIOLOGICALLY CONTAMINATED AREA 03-3-C226.08-705L CROSS A CHEMICALLY CONTAMINATED AREA 63-1-1010.08-705L DEVELOP ROAD MOVEMENT ORDER 63-1-1015.08-705L PERFORM ADVANCE/QUARTERING PARTY ACTIVITIES 63-1-1038.08-705L SUPERVISE OPERATIONS SECURITY PROGRAM 63-1-1040.08-705L MAINTAIN COMMUNICATIONS 63-1-1045.08-705L PROVIDE COMMAND AND CONTROL 63-2-1002.08-705L PREPARE HOSPITAL TO MOVE 63-2-1003.08-705L CONDUCT TACTICAL ROAD MARCH 63-2-1006.08-705L DEFEND MARCH ELEMENTS 63-2-1016.08-705L EMPLOY OPERATIONS SECURITY MEASURES 63-2-R326.08-705L PERFORM RISK MANAGEMENT PROCEDURES <p>Frequency: Semi-annually (2)</p> <p>Types of Events: LTX, STX, TEWT</p>	<p>Supported Mission(s):</p> <ul style="list-style-type: none"> DEFEND HOSPITAL AREA DEPLOY HOSPITAL ESTABLISH HOSP AREA OF OPS PERFORM HOSP SPT AND SVC OPS PLAN HOSP SPT AND SVC OPS REDEPLOY HOSPITAL RELOCATE HOSP TO NEW OP SITE SUPERVISE DEPLOYMENT SUPERVISE REDEPLOYMENT
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Training Audience: HOSPITAL HEADQUARTERS (EXECUTIVE OFFICER [1], CHIEF MEDICAL SVC [1], CHIEF SURGICAL SVC [1], HOSP OPERATIONS SECT (MEDICAL OPERATIONS OFF [1], FIELD MEDICAL ASST [1], COMPANY HEADQUARTERS (COMMANDER [1], FIRST SERGEANT [1], NUTRITION CARE DIV (CHIEF [1], HOSP FOOD SERVICE NCO [1], SUPPLY & SERVICE DIV (HLTH SVC MAT PATIENT ADMIN DIV (PATIENT ADMIN OFFICER [1], PATIENT ADMIN NCO [1], NURSING SVC CNTRL TEAM (PRACTICAL NURSE [1], TRIAGE/PRE-OP/EMT (EMERGENCY OFF [1], MEDICAL LOGISTICS SGT [1], MOTOR SERGEANT [1], SP PURP EQUIP REP SUPV [1], NURSING SVC CNTRL TEAM (PRACTICAL NURSE [1], TRIAGE/PRE-OP/EMT (EMERGENCY CARE NCO [1], EMERGENCY PHYSICIAN [1], OR/CMS CONTROL TEAM (CLINICAL HEAD NURSE OR [1], SR OPERATING ROOM NCO [1], SR CMS NCO [1], DENTAL SERVICE (COMPREHENSIVE DENT OFF [1], NP WARD & CONSULT SVC (MENTAL HEALTH NCO [2]), PHARMACY SERVICE (PHARMACY NCO [1]), LABORATORY SERVICE (MEDICAL LABORATORY NCO [1], CLINICAL LAB OFFICER [1]), RADIOLOGY SERVICE (SR RADIOLOGY NCO [1], DIAGNOSTIC RADIOLOGIST [1])

Means (Event) (TADSS): 2 - Battalion TEWT

Title: TEWT for RELOCATE CSH TO A NEW SITE (08736L100)

Estimated Duration: 8 Hours

Replication of Conditions (A-D): D - Refresher training; basic skills training

Multi-echelon Training:

Critical Training Gates:

Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS/et al)

PURPOSE: To train the CSH leaders in relocating the CSH to a new site.

OUTCOME: The CSH leaders sustains proficiency in relocating the CSH area of operation.

EXECUTION GUIDANCE: This TEWT is a crawl level training event. This TEWT provides the CSH Commander and leaders with practice in coordinating and conducting movement. This TEWT can be used to plan, rehearse and practice movement. It provides training when conducted at the same site as future STX or FTX training.

Resources:

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

HOSPITAL HEADQUARTERS

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL Gallons	DODIC	Quantity	Class 5 - Ammunition Nomenclature
T61494	1	TRUCK UTILITY: CARGO/TROOP CARRIER 1- 1/4 TON 4X4 W/E (HMMWV)	50.0 mi	5.0			

HOSP OPERATIONS SECT

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL Gallons	DODIC	Quantity	Class 5 - Ammunition Nomenclature
T61494	1	TRUCK UTILITY: CARGO/TROOP CARRIER 1- 1/4 TON 4X4 W/E (HMMWV)	50.0 mi	5.0			

COMPANY HEADQUARTERS

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL Gallons	DODIC	Quantity	Class 5 - Ammunition Nomenclature
T61494	2	TRUCK UTILITY: CARGO/TROOP CARRIER 1- 1/4 TON 4X4 W/E (HMMWV)	50.0 mi	10.0			

NUTRITION CARE DIV

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL Gallons	DODIC	Quantity	Class 5 - Ammunition Nomenclature
T61908	1	TRUCK CARGO: MTV W/E	50.0 mi	10.0			

SUPPLY & SERVICE DIV

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL Gallons	DODIC	Quantity	Class 5 - Ammunition Nomenclature
T41135	1	TRUCK CARGO: MTV W/E WW	50.0 mi	10.0			
T61908	4	TRUCK CARGO: MTV W/E	50.0 mi	40.0			

Training Audience: HOSPITAL HEADQUARTERS, HOSP OPERATIONS SECT, COMPANY HEADQUARTERS, ADMINISTRATION DIV, PATIENT ADMIN DIV, NUTRITION CARE DIV, SUPPLY & SERVICE DIV, NURSING SVC CNLT TEAM, TRIAGE/PRE-OP/EMT, OR/CMS CONTROL TEAM, DENTAL SERVICE, NP WARD & CONSULT SVC, PHARMACY SERVICE, LABORATORY SERVICE, RADIOLOGY SERVICE

Means (Event) (TADSS): Battalion LTX

Title: LTX for RELOCATE CSH TO A NEW SITE (08736L100)

Estimated Duration: 12 Hours

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE HOSPITAL UNIT, BASE (CSH) (T1)

Replication of Conditions (A-D): C - Gate quality for task or echelon

Multi-echelon Training:

Critical Training Gates:

Action Gates: TEWT for RELOCATE CSH TO A NEW SITE (08736L100);

Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS/et al)

PURPOSE: To train the CSH on collective tasks associated with relocation from one operating site to another operating site.

OUTCOME: The CSH will attain and sustain proficiency in collective tasks necessary to relocate the hospital to a new operating site.

EXECUTION GUIDANCE: The CSH uses LTX to maintain and evaluate proficiency in the conduct of tactical movement tasks that the commander singles out for concentrated attention. The commander identifies selected tasks to be trained and evaluated, participating personnel/teams, and frequency of training based on personnel turnover and his training assessment.

Tasks related to conducting tactical movement (e.g., Move Tactically, Perform A Tactical Road March, Occupy Assembly Area, etc.) may be incorporated into a structured tactical movement LTX, or combined with other METL group tasks into a larger LTX, which is organized and run by the operations section. Relevant Army doctrinal and training publications and the unit TSOP provide detailed information on the tasks, conditions and standards used in organizing this training. This LTX is designed to be a "hands on" performance-oriented event employing the systems, equipment, and communications means necessary to accomplish the assigned tasks. The LTX provides a vehicle for combining tasks from all METL groups (e.g., Conduct Tactical Movement, Exercise Command and Control, Sustain and Maintain, and Protect the Force) into one event, through which the CSH can train and evaluate the proficiency of all its sections. Duration for these exercises may vary to meet training needs and with the exercise design. Typically, LTX are short events that provide the unit being trained with preliminary refresher instruction and practice on-site before the unit negotiates the evaluated LTX itself. A detailed AAR follows completion of the task and, whenever possible, the training plan provides the opportunity for a unit to repeat the event if it failed to meet standards initially.

Resources:

HOSPITAL HEADQUARTERS

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL Gallons	DODIC	Quantity	Class 5 - Ammunition Nomenclature
T61494	1	TRUCK UTILITY: CARGO/TROOP CARRIER 1-1/4 TON 4X4 W/E (HMMWV)	50.0 mi	5.0			

HOSP OPERATIONS SECT

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL Gallons	DODIC	Quantity	Class 5 - Ammunition Nomenclature
T61494	1	TRUCK UTILITY: CARGO/TROOP CARRIER 1-1/4 TON 4X4 W/E (HMMWV)	50.0 mi	5.0			

COMPANY HEADQUARTERS

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL Gallons	DODIC	Quantity	Class 5 - Ammunition Nomenclature
T61494	2	TRUCK UTILITY: CARGO/TROOP CARRIER 1-1/4 TON 4X4 W/E (HMMWV)	50.0 mi	10.0			

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

ADMINISTRATION DIV

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL Gallons	DODIC	Quantity	Class 5 - Ammunition Nomenclature
T61494	1	TRUCK UTILITY: CARGO/TROOP CARRIER 1- 1/4 TON 4X4 W/E (HMMWV)	50.0 mi	5.0			

NUTRITION CARE DIV

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL Gallons	DODIC	Quantity	Class 5 - Ammunition Nomenclature
T61908	1	TRUCK CARGO: MTV W/E	50.0 mi	10.0			

SUPPLY & SERVICE DIV

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL Gallons	DODIC	Quantity	Class 5 - Ammunition Nomenclature
G1835 8	1	GEN SET: DIESEL SKID MTD 3KW 60HZ	6.0 hrs	4.2			
T41135	1	TRUCK CARGO: MTV W/E W/W	50.0 mi	10.0			
T49255	2	TRUCK LIFT FORK: DSL DRVN 4000 LB CAP ROUGH TERRAIN	6.0 hrs	62.4			
T61908	12	TRUCK CARGO: MTV W/E	50.0 mi	0			
T94709	1	TRUCK WRECKER: MTV W/E W/W	50.0 mi	10.0			
Z67207	7	GENERATOR SET DED TM: 100KW 50/60HZ MTD ON M353 PU-807	6.0 hrs	29.4			
Z94047	1	TRUCK TANK: POL MTV W/E	50.0 mi	10.0			

Training Audience: HOSPITAL HEADQUARTERS, HOSP OPERATIONS SECT, COMPANY HEADQUARTERS, ADMINISTRATION DIV, PATIENT ADMIN DIV, NUTRITION CARE DIV, SUPPLY & SERVICE DIV, NURSING SVC CNTL TEAM, TRIAGE/PRE-OP/EMT, OR/CMS CONTROL TEAM, DENTAL SERVICE, NP WARD & CONSULT SVC, PHARMACY SERVICE, LABORATORY SERVICE, RADIOLOGY SERVICE

Means (Event) (TADSS): Battalion STX

Title: STX for RELOCATE CSH TO A NEW SITE (08736L100)

Estimated Duration: 12 Hours

Replication of Conditions (A-D): C - Gate quality for task or echelon

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

Multi-echelon Training:

Critical Training Gates:

Action Gates: TEWT for RELOCATE CSH TO A NEW SITE (08736L100);
Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS/et al)

PURPOSE: To train the CSH in relocating the CSH to a new site.

OUTCOME: The CSH achieves or sustains proficiency in relocating the CSH to a new area of operation.

EXECUTION GUIDANCE: This STX is a walk level training event. This STX provides practice in coordinating and conducting movement. The CSH use STXs to gain proficiency in common military tasks that the commander singles out for concentrated attention (e.g. Cross Chemically Contaminated Area, Develop Road Movement, Conduct Tactical Road March). The commander identifies selected tasks to be trained, participating personnel/teams, and frequency of training based on personnel turnover and his METL assessment. Relevant Army doctrinal publications and the unit TSOP provide detailed information on the tasks, conditions and standards used in organizing this training. FM 25-101 describes STX planning and execution in detail. This STX is designed to be a "hands on" performance-oriented exercise employing the systems, equipment, and communications means necessary to accomplish the assigned tasks. Based on the commander's assessment, a single task can be trained as a STX, or several tasks may be combined into one longer company STX or FTX. Duration for these exercises may vary to meet training needs and with the exercise design. Typically, STX are short events that provide the unit with preliminary refresher instruction and practice on-site before the unit negotiates the evaluated STX itself. A detailed AAR follows completion of the task and, whenever possible, the training plan provides the opportunity for a unit to repeat the event if it failed to meet standards initially. Resources:

Resources:

HOSPITAL HEADQUARTERS

LIN	Quantity	Nomenclature	OPT/EMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
T61494	1	TRUCK UTILITY: CARGO/TROOP CARRIER 1-1/4 TON 4X4 W/E (HMMWV)	50.0 mi	5.0			

HOSP OPERATIONS SECT

LIN	Quantity	Nomenclature	OPT/EMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
T61494	1	TRUCK UTILITY: CARGO/TROOP CARRIER 1-1/4 TON 4X4 W/E (HMMWV)	50.0 mi	5.0			

COMPANY HEADQUARTERS

LIN	Quantity	Nomenclature	OPT/EMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
T61494	2	TRUCK UTILITY: CARGO/TROOP CARRIER 1-1/4 TON 4X4 W/E (HMMWV)	50.0 mi	10.0			

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

SUPPLY & SERVICE DIV				Class 3 - POL			Class 5 - Ammunition	
LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Gallons	DODIC	Quantity	Nomenclature	
G1835 8	1	GEN SET: DIESEL SKID MTD 3KW 60HZ	6.0 hrs	4.2				
H0058 6	5	HEATER: DUCT TYPE PORTABLE 1200-00 BTUS	6.0 hrs	96.0				
T41135	1	TRUCK CARGO: MTV W/E W/W	50.0 mi	10.0				
T49255	2	TRUCK LIFT FORK: DSL DRVN 4000 LB CAP ROUGH TERRAIN	8.0 hrs	83.2				
T61908	4	TRUCK CARGO: MTV W/E	50.0 mi	40.0				
T94709	1	TRUCK WRECKER: MTV W/E W/W	50.0 mi	0				
Z67207	7	GENERATOR SET DED TM: 100KW 50/60HZ MTD ON M353 PU-807	6.0 hrs	29.4				
Z94047	1	TRUCK TANK: POL MTV W/E	50.0 mi	10.0				

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

<p>Task: ESTABLISH HOSPITAL AREA OF OPERATION (08-TS-1735)</p> <p>Supporting Task(s):</p> <p>03-3-C201 08-705L PREPARE FOR OPERATIONS UNDER NUCLEAR, BIOLOGICAL, AND CHEMICAL CONDITIONS</p> <p>08-1-0218 08-705L ESTABLISH HOSPITAL HEADQUARTERS AREA</p> <p>08-1-0259 08-705L SET UP LAUNDRY SERVICE AND BATH AREA</p> <p>08-2-0220 08-705L ESTABLISH HOSPITAL OPERATIONAL AREAS</p> <p>08-2-R303 08-705L CONDUCT BATTLEFIELD STRESS REDUCTION AND PREVENTION PROCEDURES</p> <p>63-1-1011 08-705L DEVELOP OCCUPATION PLAN</p> <p>63-1-1016 08-705L ESTABLISH HOSPITAL COMMAND POST [FORWARD]</p> <p>63-1-1017 08-705L ESTABLISH COMMUNICATIONS</p> <p>63-1-1019 08-705L SUPERVISE ESTABLISHMENT OF SUBORDINATE ELEMENTS AND HOSPITAL HEADQUARTERS</p> <p>63-1-1020 08-705L ESTABLISH TACTICAL OPERATIONS CENTER, ADMINISTRATIVE AREAS, AND OPERATIONAL AREAS</p> <p>63-1-1038 08-705L SUPERVISE OPERATIONS SECURITY PROGRAM</p> <p>63-1-1040 08-705L MAINTAIN COMMUNICATIONS</p> <p>63-1-1045 08-705L PROVIDE COMMAND AND CONTROL</p> <p>63-2-0008 08-705L ESTABLISH COMPANY HEADQUARTERS AREA</p> <p>63-2-1009 08-705L OCCUPY NEW OPERATING SITE</p> <p>63-2-1011 08-705L SET UP HOSPITAL DEFENSE</p> <p>63-2-1016 08-705L EMPLOY OPERATIONS SECURITY MEASURES</p> <p>63-2-R306 08-705L EMPLOY PHYSICAL SECURITY MEASURES</p> <p>63-2-R326 08-705L PERFORM RISK MANAGEMENT PROCEDURES</p> <p>Frequency: Quarterly (4)</p> <p>Types of Events: CLASS, STX, TEWT</p>	<p>Supported Mission(s):</p> <p>DEFEND HOSPITAL AREA</p> <p>DEPLOY HOSPITAL</p> <p>ESTABLISH HOSP AREA OF OPS</p> <p>PERFORM HOSP SPT AND SVC OPS</p> <p>PLAN HOSP SPT AND SVC OPS</p> <p>REDEPLOY HOSPITAL</p> <p>RELOCATE HOSP TO NEW OP SITE</p> <p>SUPERVISE DEPLOYMENT</p> <p>SUPERVISE REDEPLOYMENT</p>
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Training Audience: HOSPITAL HEADQUARTERS, HOSP OPERATIONS SECT, COMPANY HEADQUARTERS, ADMINISTRATION DIV, PATIENT ADMIN DIV, NUTRITION CARE DIV, SUPPLY & SERVICE DIV, NURSING SVC CNTRL TEAM, TRIAGE/PRE-OP/EMT, LITTER BEARER SECTION, OR/CMS CONTROL TEAM, OPERATING ROOM A, OPERATING ROOM B, ORTHO CAST CLINIC, 2 CMS, DENTAL SERVICE, INPATIENT MEDICINE A, 3 INTENSIVE CARE WARD, 7 INTERMED CARE WARDS, NP WARD & CONSULT SVC, 2 MINIMAL CARE WARDS, PHARMACY SERVICE, LABORATORY SERVICE, BLOOD BANK, RADIOLOGY SERVICE, PT SERVICE, HOSPITAL MINISTRY TM

Means (Event) (TADSS): Battalion CLASS

Title: CLASS for ESTABLISH HOSPITAL AREA OF OPERATION (08736L100)

Estimated Duration: 3 Hours

Replication of Conditions (A-D): D - Refresher training; basic skills training

Multi-echelon Training:

Critical Training Gates:
Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS/et al)

PURPOSE: To train the CSH leaders to establish the hospital area of operations.

OUTCOME: The CSH leaders become proficient in establishing the hospital area of operation.

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

EXECUTION GUIDANCE: This is a crawl level event. This task trains the CSH in the establishment of the hospital area of operations. These tasks are for the CSH to familiarize themselves with procedures for setting up your type of CSH area of operation. The commander may use classes, as required, to gain a basic level of proficiency in common tasks in establishing the hospital area. The commander identifies selected tasks to be trained, participating personnel, and frequency of training based on personnel turnover and his assessment. Training publications and the unit TSOP provide detailed information on the tasks, conditions and standards used in organizing this training. When required, this class should be a "hands on" performance oriented exercise employing the systems, equipment and communications means necessary to accomplish the assigned tasks. Typically classes are short events that provide the unit with preliminary refresher instruction and practice prior to STX training.

Resources:

Training Audience: HOSPITAL HEADQUARTERS (EXECUTIVE OFFICER [1], CHIEF SURGICAL SVC [1], CHIEF MEDICAL SVC [1]), HOSP OPERATIONS SECT (MEDICAL OPERATIONS OFF [1], SECTION CHIEF [1]), COMPANY HEADQUARTERS (COMMANDER [1], FIRST SERGEANT [1]), ADMINISTRATION DIV (HOSPITAL ADJUTANT [1], SR PERSONNEL SVC SGT [1]), PATIENT ADMIN DIV (PATIENT ADMIN OFFICER [1], PATIENT ADMIN NCO [1]), NUTRITION CARE DIV, SUPPLY & SERVICE DIV (SP PURP EQUIP REP SUPV [1], MOTOR SERGEANT [1], HLTH SVC MAT OFF [1]), NURSING SVC CNTL TEAM (PRACTICAL NURSE [1])

Means (Event) (TADSS): Battalion TEWT

Title: TEWT for ESTABLISH HOSPITAL AREA OF OPERATION (08736L100)

Estimated Duration: 6 Hours

Replication of Conditions (A-D): D - Refresher training; basic skills training

Multi-echelon Training:

Critical Training Gates:
Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS/et al)

PURPOSE: To train the CSH leaders in each element to establish the hospital area of operations.

OUTCOME: The CSH leaders attain or sustain proficiency in establishing the hospital area of operation.

EXECUTION GUIDANCE: This is a crawl level event. These tasks are for the CSH leaders to familiarize themselves with procedures for setting up CSH area of operation. This should also include a review of the Medical Brigade and Medical Group TSOPs. The commander and staff do a full area layout (engineer tape) of the CSH area of operations during the reconnaissance of the training area where set up will take place. Training should consider CP configuration, staff shifts and the need for 24 hour continuous operations.

Resources:

HOSPITAL HEADQUARTERS

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
T61494	1	TRUCK UTILITY: CARGO/TROOP CARRIER 1-1/4 TON 4X4 W/E (HMMWV)	60.0 mi	6.0			

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

HOSP OPERATIONS SECT

LIN	Quantity	Nomenclature	OPT:EMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
T61494	1	TRUCK UTILITY: CARGO/TROOP CARRIER 1-1/4 TON 4X4 W/E (HMMWV)	60.0 mi	6.0			

COMPANY HEADQUARTERS

LIN	Quantity	Nomenclature	OPT:EMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
T61494	2	TRUCK UTILITY: CARGO/TROOP CARRIER 1-1/4 TON 4X4 W/E (HMMWV)	60.0 mi	12.0			

SUPPLY & SERVICE DIV

LIN	Quantity	Nomenclature	OPT:EMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
T41135	1	TRUCK CARGO: MTV W/E W/W	60.0 mi	12.0			
T61908	6	TRUCK CARGO: MTV W/E	60.0 mi	72.0			

Training Audience: HOSPITAL HEADQUARTERS, HOSP OPERATIONS SECT, COMPANY HEADQUARTERS, ADMINISTRATION DIV, PATIENT ADMIN DIV, NUTRITION CARE DIV, SUPPLY & SERVICE DIV, NURSING SVC CNLT TEAM, TRIAGE/PRE-OP/EMT, LITTER BEARER SECTION, OR/CMS CONTROL TEAM, OPERATING ROOM A, OPERATING ROOM B, ORTHO CAST CLINIC, 2 CMS, DENTAL SERVICE, INPATIENT MEDICINE A, 3 INTENSIVE CARE WARD, 7 INTERMED CARE WARDS, NP WARD & CONSULT SVC, 2 MINIMAL CARE WARDS, PHARMACY SERVICE, LABORATORY SERVICE, BLOOD BANK, RADIOLOGY SERVICE, PT SERVICE, HOSPITAL MINISTRY TM

Means (Event) (TADSS): Battalion STX

Title: STX for ESTABLISH HOSPITAL AREA OF OPERATION (08736L100)

Estimated Duration: 16 Hours

Replication of Conditions (A-D): C - Gate quality for task or echelon

Multi-echelon Training:

Critical Training Gates:

Action Gates: TEWT for ESTABLISH HOSPITAL AREA OF OPERATION (08736L100); Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS(es))

PURPOSE: To train the CSH personnel to establish the hospital area of operations.

OUTCOME: The CSH personnel become proficient in establishing the hospital area of operation.

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

EXECUTION GUIDANCE: This task trains the CSH in establishment of the hospital areas of operation. These tasks are for the CSH to familiarize themselves with procedures for setting up CSH area of operation. Training should also include a review of the Medical Brigade and Medical Group TSOPs. The STX may be conducted as multi echelon training nested in a higher headquarters event, or if circumstances dictate, it can be conducted independently. The STX should be scheduled approximately three months before and after the CSH FTX. Unit should coordinate with higher headquarters for OPFOR and OC requirements.

Resources:

HOSPITAL HEADQUARTERS

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
T61494	1	TRUCK UTILITY: CARGO/TROOP CARRIER 1- 1/4 TON 4X4 W/E (HMMWV)	60.0 mi	6.0			

HOSP OPERATIONS SECT

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
T61494	1	TRUCK UTILITY: CARGO/TROOP CARRIER 1- 1/4 TON 4X4 W/E (HMMWV)	60.0 mi	6.0			

COMPANY HEADQUARTERS

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
T61494	2	TRUCK UTILITY: CARGO/TROOP CARRIER 1- 1/4 TON 4X4 W/E (HMMWV)	60.0 mi	12.0			

NUTRITION CARE DIV

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
B3867 2	36	BURNER UNIT: MODERN (M)	4.0 hrs	14.4			
R1415 4	8	RANGE OUTFIT FIELD GASOLINE:	4.0 hrs	3.2			
R6554 4	1	REF UNIT MECHANICAL PANEL TYPE: GASOLINE DRVN	16.0 hrs	8.0			
T61908	1	TRUCK CARGO: MTV W/E	60.0 mi	12.0			

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

SUPPLY & SERVICE DIV

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		DODIC	Quantity	Class 5 - Ammunition	
				Gallons					Nomenclature
G1835 8	1	GEN SET: DIESEL SKID MTD 3KW 60HZ	6.0 hrs	4.2					
T33786	2	TRACTOR WHEELED IND: DED 4X4 W/FORKLIFT AND CRANE ATT (HMMH)	6.0 hrs	37.2					
T41135	1	TRUCK CARGO: MTV W/E W/W	60.0 mi	12.0					
T49255	2	TRUCK LIFT FORK: DSL DRVN 4000 LB CAP ROUGH TERRAIN	6.0 hrs	62.4					
T61908	12	TRUCK CARGO: MTV W/E	0	0					
Z67207	7	GENERATOR SET DED TM: 100KW 50/60HZ MTD ON M353 PU-807	6.0 hrs	29.4					
Z94047	1	TRUCK TANK: POL MTV W/E	60.0 mi	12.0					

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

<p>Task: PERFORM HOSPITALIZATION SUPPORT AND SERVICES OPS (08-TS-1737)</p> <p>Supporting Task(s):</p> <ul style="list-style-type: none"> 03-1-C404.08-705L SUPERVISE NUCLEAR, BIOLOGICAL, AND CHEMICAL DEFENSE OPERATIONS 03-2-C312.08-705L CONDUCT THOROUGH DECONTAMINATION 03-3-C202.08-705L PREPARE FOR A CHEMICAL ATTACK 03-3-C203.08-705L RESPOND TO A CHEMICAL ATTACK 03-3-C205.08-705L PREPARE FOR A FRIENDLY NUCLEAR STRIKE 03-3-C222.08-705L RESPOND TO THE RESIDUAL EFFECTS OF A NUCLEAR ATTACK 03-3-C223.08-705L RESPOND TO THE INITIAL EFFECTS OF A NUCLEAR ATTACK 03-3-C224.08-705L CONDUCT OPERATIONAL DECONTAMINATION 08-1-10234.08-705L PERFORM STAFF ADMINISTRATIVE FUNCTIONS 08-1-10248.08-705L PROVIDE COMPREHENSIVE RELIGIOUS SUPPORT TO PATIENTS AND UNIT MEMBERS 08-1-10249.08-705L PROVIDE MEDICAL SUPPLY SUPPORT 08-2-R303.08-705L CONDUCT BATTLEFIELD STRESS REDUCTION AND PREVENTION PROCEDURES 08-2-R315.08-705L PERFORM FIELD SANITATION FUNCTIONS 10-2-C320.08-705L PROVIDE UNIT SUPPLY SUPPORT 10-2-C325.08-705L RECEIVE EXTERNAL SLING LOAD RESUPPLY 19-3-3105.08-705L PROCESS CAPTURED DOCUMENTS AND EQUIPMENT 19-3-3106.08-705L HANDLE ENEMY PRISONERS OF WAR 43-2-R322.08-705L PERFORM UNIT-LEVEL MAINTENANCE (UNIT WITH MAINTENANCE ELEMENT) 44-3-C220.08-705L USE PASSIVE AIR DEFENSE MEASURES 44-3-C221.08-705L TAKE ACTIVE AIR DEFENSE MEASURES AGAINST HOSTILE AIRCRAFT 63-1-1022.08-705L OPERATE THE TACTICAL OPERATIONS CENTER 63-1-1038.08-705L SUPERVISE OPERATIONS SECURITY PROGRAM 63-1-1040.08-705L MAINTAIN COMMUNICATIONS 63-1-1042.08-705L PROVIDE PERSONNEL SERVICE SUPPORT 63-1-1043.08-705L PROVIDE ADMINISTRATIVE SERVICE SUPPORT 63-1-1045.08-705L PROVIDE COMMAND AND CONTROL 63-2-1016.08-705L EMPLOY OPERATIONS SECURITY MEASURES 63-2-1024.08-705L DEFEND HOSPITAL AREA 63-2-1026.08-705L REORGANIZE HOSPITAL DEFENSE 63-2-1028.08-705L PERFORM AREA DAMAGE CONTROL FUNCTIONS 63-2-R207.08-705L PERFORM RADIOLOGICAL DECONTAMINATION 63-2-R306.08-705L EMPLOY PHYSICAL SECURITY MEASURES 63-2-R326.08-705L PERFORM RISK MANAGEMENT PROCEDURES <p>Frequency: Semi-annually (2)</p> <p>Types of Events: STX</p>	<p>Supported Mission(s):</p> <ul style="list-style-type: none"> DEFEND HOSPITAL AREA DEPLOY HOSPITAL ESTABLISH HOSP AREA OF OPS PERFORM HOSP SPT AND SVC OPS PLAN HOSP SPT AND SVC OPS REDEPLOY HOSPITAL RELOCATE HOSP TO NEW OP SITE SUPERVISE DEPLOYMENT SUPERVISE REDEPLOYMENT
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Training Audience: HOSPITAL HEADQUARTERS, HOSP OPERATIONS SECT, COMPANY HEADQUARTERS, ADMINISTRATION DIV, OPERATING ROOM C (08737L000), PATIENT ADMIN DIV, OPERATING ROOM D (08737L000), SUPPLY & SERVICE DIV, NURSING SVC CNTL TEAM, LITTER BEARER SECTION, OR/CMS CONTROL TEAM, OPERATING ROOM A, OPERATING ROOM B, ORTHO CAST CLINIC, 2 CMS, DENTAL SERVICE, INPATIENT MEDICINE A, 3 INTENSIVE CARE WARD, NP WARD & CONSULT SVC, PHARMACY SERVICE, LABORATORY SERVICE, BLOOD BANK, RADIOLOGY SERVICE, PT SERVICE, HOSPITAL MINISTRY TM

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

Means (Event) (TADSS): 2 - Battalion STX

Title: STX for PERFORM HOSPITALIZATION SUPPORT AND SERVICES OPS (08736L100)

Estimated Duration: 36 Hours

Replication of Conditions (A-D): C - Gate quality for task or echelon

Multi-echelon Training: SGT TIME for CONDUCT NURSING SERVICES (08736L100), STX for PROVIDE EMERGENCY MEDICAL SERVICE (08736L100), STX for PROVIDE LABORATORY SERVICES (08736L100), SGT TIME for PROVIDE DENTAL SERVICE (08736L100), STX for PROVIDE PATIENT ADMINISTRATION (08736L100), SGT TIME for PROVIDE RADIOLOGY SERVICES (08736L100), CLASS for PROVIDE NUTRITION CARE (08736L100), CLASS for PHARMACY SERVICE (08736L100)

Critical Training Gates:
Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS/et al)

PURPOSE: To train the CSH sections and teams on hospital support and services operation tasks.

OUTCOME: The CSH sections and teams achieve or sustain proficiency in hospital support and services operations.

EXECUTION GUIDANCE: This STX trains the CSH in planning, coordinating and performing hospitalization support services operations. The STX should be conducted under normal and MOPP 4 conditions during both day and night tactical conditions. With or without simulated patients. After proficiency in this STX is reached, the CSH can execute this STX as part of an FTX.

Resources:

HOSPITAL HEADQUARTERS

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
T61494	1	TRUCK UTILITY: CARGO/TROOP CARRIER 1-1/4 TON 4X4 W/E (HMMWV)	50.0 mi	5.0			

HOSP OPERATIONS SECT

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
T61494	1	TRUCK UTILITY: CARGO/TROOP CARRIER 1-1/4 TON 4X4 W/E (HMMWV)	67.0 mi	6.7			

COMPANY HEADQUARTERS

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
T61494	2	TRUCK UTILITY: CARGO/TROOP CARRIER 1-1/4 TON 4X4 W/E (HMMWV)	0	0			

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

NUTRITION CARE DIV

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
B3867 2	36	BURNER UNIT: MODERN (M)	12.0 hrs	43.2			
R1415 4	8	RANGE OUTFIT FIELD GASOLINE:	12.0 hrs	9.6			
R6554 4	2	REF UNIT MECHANICAL PANEL TYPE: GASOLINE DRVN	36.0 hrs	36.0			
T61908	1	TRUCK CARGO: MTV W/E	50.0 mi	10.0			

SUPPLY & SERVICE DIV

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
G1835 8	1	GEN SET: DIESEL SKID MTD 3KW 60HZ	30.0 hrs	18.0			
H0058 6	5	HEATER: DUCT TYPE PORTABLE 1200-00 BTUS	12.0 hrs	192.0			
P9203 0	3	PUMP CENTRF: GAS DRVN FRAME MTD 2 IN 125 GPM 50 FT HD	12.0 hrs	21.6			
T33786	1	TRACTOR WHEELED IND: DED 4X4 W/FORKLIFT AND CRANE ATT (HMMH)	23.0 hrs	2.3			
T41135	1	TRUCK CARGO: MTV W/E W/W	0	0			
T49255	1	TRUCK LIFT FORK: DSL DRVN 4000 LB CAP ROUGH TERRAIN	20.0 hrs	14.0			
T61908	12	TRUCK CARGO: MTV W/E	50.0 mi	120.0			
T94709	1	TRUCK WRECKER: MTV W/E W/W	40.0 mi	8.0			
Z67207	7	GENERATOR SET DED TM: 100KW 50/60HZ MTD ON M353 PU-807	30.0 hrs	147.0			
Z94047	1	TRUCK TANK: POL MTV W/E	50.0 mi	10.0			

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

<p>Task: CONDUCT SURGICAL OPERATIONS (08-TS-1738)</p> <p>Supporting Task(s):</p> <ul style="list-style-type: none"> 08-1-0229.08-705L SUPERVISE PATIENT CARE OPERATIONS 08-1-0233.08-705L PROVIDE MOVEMENT OF PATIENTS 08-1-0235.08-705L PROVIDE ORTHOPEDIC CAST/TRACTION SERVICES 08-1-0236.08-705L PROVIDE CENTRAL MATERIEL SERVICES 08-1-0239.08-705L PROVIDE NURSING SERVICES 08-1-0242.08-705L PERFORM SURGICAL SERVICES 08-5-0001.08-705L PROVIDE EYE SURGERY SERVICES 08-5-0002.08-705L PROVIDE NEUROSURGERY SERVICES 08-5-0003.08-705L PROVIDE HEAD AND NECK SURGERY SERVICES <p>Frequency: Quarterly (4)</p> <p>Types of Events: CLASS, SGT TIME, STX</p>	<p>Supported Mission(s):</p> <p>PERFORM HOSP SPT AND SVC OPS</p>
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Training Audience: HEAD & NECK SURG TEAM (08527LA00), MED TM, NEUROSURGERY (08527LB00), MED TM, EYE SURGERY (08527LC00), OPERATING ROOM C (08737L000), OPERATING ROOM D (08737L000), OR/GMS CONTROL TEAM, OPERATING ROOM A, OPERATING ROOM B, ORTHO CAST CLINIC, 2 CMS

Means (Event) (TADSS): Section CLASS

Title: CLASS for CONDUCT SURGICAL OPERATIONS (08736L100)

Estimated Duration: 3 Hours

Replication of Conditions (A-D): D - Refresher training; basic skills training

Multi-echelon Training:

Critical Training Gates:

Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS/et al)

PURPOSE: To train the Surgical Unit, TOE 08737L100, Hospital Unit Surgical, in collective tasks required to integrate fully into the 08736L100 Hospital Unit, Base and perform CHS operations as a fully integrated element of CSH.

OUTCOME: The surgical unit will attain or sustain proficiency in operating, the eight operating rooms within the CSH as a fully integrated element.

EXECUTION GUIDANCE: This is a crawl level event which should be scheduled as required. The chief surgeon and the Asst. Chief Nurse should use this event to establish a clear understanding of the procedures for employing the surgical unit with the CSH. While the individual tasks of the specialties that support the surgical unit are performed on a daily basis in TMC's and operating rooms in fixed facilities, the field conditions present a unique difference. Equipment in the surgical unit could be quite different than the equipment used in garrison. Classes and sergeants' time can provide the means to span those tasks between garrison and field conditions. The chief surgeon and the Asst. Chief Nurse may use classes, as required, to gain a basic level of proficiency in common tasks related to surgical procedures that the commander singles out for concentrated attention. The commander identifies selected tasks to be trained, participating personnel/teams, and frequency of training based on personnel turnover and his training assessment. Under normal circumstances, the tasks related to surgical procedures are performed in garrison on a daily basis and do not require the same structure to train as some of the common tasks in the other METL groups. Relevant Army doctrinal and training publications and the unit TSOP provide detailed information on the tasks, conditions and standards used in organizing this training. When required, this class should be a "hands on" performance-oriented exercise employing the systems, equipment, and communications means necessary to accomplish the assigned tasks. The class may be trained by itself, or may be combined with other classes and/or STX to vary training and meet the commander's requirements. Common METL function classes should be conducted, if required, prior to CSH training. Duration for these exercises may vary to meet training needs. Typically, classes are short events that provide the unit with preliminary refresher instruction and practice prior to STX training.

Resources:

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

Training Audience: OPERATING ROOM C (08737L000), OPERATING ROOM D (08737L000), OR/CMS CONTROL TEAM, OPERATING ROOM A, OPERATING ROOM B, ORTHO CAST CLINIC, 2 CMS

Means (Event) (TADSS): Section SGT TIME

Title: SGT TIME for CONDUCT SURGICAL OPERATIONS (08736L 100)

Estimated Duration: 3 Hours

Replication of Conditions (A-D): D - Refresher training; basic skills training

Multi-echelon Training:

Critical Training Gates:

Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS(et al))

PURPOSE: To train the surgical unit to perform surgical operations as an integrated element of CSH operations.

OUTCOME: The surgical unit will sustain proficiency in operating the eight operating rooms within the CSH.

EXECUTION GUIDANCE: This is a walk level event which should be scheduled as required. The chief surgeon and the Asst. Chief Nurse should use this event to establish a clear understanding of the procedures for employing the surgical unit with the CSH. While the individual tasks of the specialties that support the surgical unit are performed in a daily basis in TMC's and operating rooms in fixed facilities, the field conditions present a unique difference.

Resources:

Training Audience: OPERATING ROOM C (08737L000), OPERATING ROOM D (08737L000), OR/CMS CONTROL TEAM, OPERATING ROOM A, OPERATING ROOM B, ORTHO CAST CLINIC, 2 CMS

Means (Event) (TADSS): Section STX

Title: STX for CONDUCT SURGICAL OPERATIONS (08736L 100)

Estimated Duration: 8 Hours

Replication of Conditions (A-D): C - Gate quality for task or echelon

Multi-echelon Training:

Critical Training Gates:

Action Gates: CLASS for CONDUCT SURGICAL OPERATIONS (08736L 100);

Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS(et al))

PURPOSE: To train the surgical unit to perform surgical operations as an integrated element of CSH.

OUTCOME: The surgical unit will attain proficiency in operating the eight operating rooms within the CSH.

EXECUTION GUIDANCE: This is a walk or run level event which should be scheduled as required. The chief surgeon and the Asst Chief Nurse should use this event to establish a clear understanding of the procedures for employing the surgical unit with the CSH. While the individual tasks of the specialties that support the surgical unit are performed on a daily basis in TMC's and operating rooms in fixed facilities, the field conditions present a unique difference. The STX can be used in conjunction with a fixed facility exercise, minor surgical cases scheduled for the fixed facility can be performed by the surgical unit CSH using DEPMEDS equipment.

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Combined Arms Training Strategy
 REVISED CATS TASK TEMPLATE
 HOSPITAL UNIT, BASE (CSH) (T1)

Resources:

SUPPLY & SERVICE DIV						
LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL Gallons	DODIC	Class 5 - Ammunition Quantity Nomenclature
Z67207	2	GENERATOR SET DED TM: 100KW 50/60HZ MTD ON M353 PU-807	6.0 hrs	8.4		

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

<p>Task: CONDUCT NURSING SERVICES (08-TS-1739)</p> <p>Supporting Task(s):</p> <ul style="list-style-type: none"> 08-1-0229 08-705L SUPERVISE PATIENT CARE OPERATIONS 08-1-0231 08-705L PROVIDE EMERGENCY MEDICAL SERVICES 08-1-0234 08-705L PERFORM STAFF ADMINISTRATIVE FUNCTIONS 08-1-0238 08-705L PROVIDE RESPIRATORY THERAPY FUNCTIONS 08-1-0239 08-705L PROVIDE NURSING SERVICES 08-2-0314 08-705L TREAT HOSPITAL CASUALTIES 08-2-R303 08-705L CONDUCT BATTLEFIELD STRESS REDUCTION AND PREVENTION PROCEDURES 08-2-R315 08-705L PERFORM FIELD SANITATION FUNCTIONS <p>Frequency: Semi-annually (2)</p> <p>Types of Events: CLASS, SGT TIME</p>	<p>Supported Mission(s):</p> <ul style="list-style-type: none"> DEFEND HOSPITAL AREA DEPLOY HOSPITAL ESTABLISH HOSP AREA OF OPS PERFORM HOSP SPT AND SVC OPS PLAN HOSP SPT AND SVC OPS REDEPLOY HOSPITAL RELOCATE HOSP TO NEW OP SITE SUPERVISE DEPLOYMENT SUPERVISE REDEPLOYMENT
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Training Audience: NURSING SVC CNTL TEAM, 3 INTENSIVE CARE WARD

Means (Event) (TADSS): 4 - Section CLASS

Title: CLASS for CONDUCT NURSING SERVICES (08736L100)

Estimated Duration: 3 Hours

Replication of Conditions (A-D): D - Refresher training; basic skills training

Multi-echelon Training:

Critical Training Gates:
Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS(et al))

PURPOSE: To train the nursing services section to provide nursing care as an integrated section.

OUTCOME: The nursing section attains proficiency in providing nursing care in field conditions.

EXECUTION GUIDANCE: This is a crawl level event. The commander identifies selected tasks to be trained, participating personnel/teams, and frequency of training based on personnel turnover and his training assessment. The nursing service chief assists the commander in focusing on procedures required for nursing personnel to function as an integrated part of the CSH. Relevant Army doctrinal publications and the unit TSOP provide detailed information on the tasks, conditions and standards used in organizing this training. This class is designed to be a "hands on" performance-oriented exercise employing the systems, equipment, and communications means necessary to accomplish the assigned tasks. This class may be trained by itself, or may be combined with other classes and/or STX to vary training and meet the commander's requirements. The common function classes should be conducted, if required, prior to section and/or CSH field training. Duration for these exercises may vary to meet training needs. Typically, classes are short events that provide the unit with preliminary refresher instruction and practice prior to SGT Time training.

Resources:

Training Audience: NURSING SVC CNTL TEAM, INPATIENT MEDICINE A, 3 INTENSIVE CARE WARD, 7 INTERMED CARE WARDS, 2 MINIMAL CARE WARDS

Means (Event) (TADSS): 2 - Section SGT TIME

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

Title: SGT TIME for CONDUCT NURSING SERVICES (08736L100)

Estimated Duration: 3 Hours

Replication of Conditions (A-D): D - Refresher training; basic skills training

Multi-echelon Training:

Critical Training Gates:
Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance;nce about execution of the event; constraints posed by TADSS/et al)

PURPOSE: To train the nursing services section to provide care as an integrated section.

OUTCOME: The nursing section attains or sustains proficiency in providing nursing care.

EXECUTION GUIDANCE: The conduct of this training is the CSH commander responsibility and is based on his assessment of training needs and task proficiency. This is crawl level training for the Nursing Service staff and should be performed prior to any run level events. Each of the SGT Time is designed to walk through the tasks, procedures, and the process necessary to conduct nursing operations in the field. Consideration on the entire set up of all wards, and the flow of patients throughout the entire facility should be part of the exercise. Nursing staff should achieve and maintain proficiency on all equipment and supplies for which they have primary responsibility for in each of their nursing areas. The introduction of new equipment and systems and technologies must continuously be addressed.

Resources:

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

<p>Task: PROVIDE EMERGENCY MEDICAL SERVICE (08-TS-1740)</p> <p>Supporting Task(s):</p> <ul style="list-style-type: none"> 03-2-C312.08-705L CONDUCT THOROUGH DECONTAMINATION 08-1-0231.08-705L PROVIDE EMERGENCY MEDICAL SERVICES 08-1-0233.08-705L PROVIDE MOVEMENT OF PATIENTS 08-1-0237.08-705L PROVIDE MEDICAL CONSULTATION AND TREATMENT SERVICES 08-1-0239.08-705L PROVIDE NURSING SERVICES 08-2-0232.08-705L TREAT NUCLEAR, BIOLOGICALLY, AND CHEMICALLY CONTAMINATED CASUALTIES <p>Frequency: Monthly (12)</p> <p>Types of Events: CLASS, SGT TIME, STX</p>	<p>Supported Mission(s):</p> <p>PERFORM HOSP SPT AND SVC OPS</p>
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Training Audience: NURSING SVC CNTL TEAM, TRIAGE/PRE-OP/EMT, LITTER BEARER SECTION

Means (Event) (TADSS): Section CLASS

Title: CLASS for PROVIDE EMERGENCY MEDICAL SERVICE (08736L100)

Estimated Duration: 3 Hours

Replication of Conditions (A-D): D - Refresher training: basic skills training

Multi-echelon Training:

Critical Training Gates:
Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS/et al)

PURPOSE: To train the selected elements on collective tasks required for receiving, treatment, and onward movement of casualties at the CSH.

OUTCOME: The elements identified in the training audience will have a thorough understanding of the collective tasks required to prepare for and receive, treat, and provide for onward movement of casualties received at the CSH.

EXECUTION GUIDANCE: This is crawl level training. This training should focus on the Emergency Medical Treatment services as the start point for casualties arriving at the CSH. Training may consist of set up of primary and secondary landing zones, approaches, ambulance arrival, turn around and parking areas, as well as transport of casualties to the triage area. Training may also focus on the triage of casualties and plans or SOPs developed to bypass areas of the hospital i.e., movement of minimally injured casualties, direct movement of surgically urgent patients, designated areas for expectant casualties. The dental section should be included in this training event based on the dental officers ability to act as triage officers in the event of MASCALS. The training audience should be expanded to include the TRIAGE/PRE-OP/EMT sections to facilitate an understanding of the roles of each of these separate elements.

Resources:

Training Audience: NURSING SVC CNTL TEAM, TRIAGE/PRE-OP/EMT, LITTER BEARER SECTION

Means (Event) (TADSS): Section SGT TIME

Title: SGT TIME for PROVIDE EMERGENCY MEDICAL SERVICE (08736L100)

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE HOSPITAL UNIT, BASE (CSH) (T1)

Estimated Duration: 6 Hours

Replication of Conditions (A-D): D - Refresher training, basic skills training

Multi-echelon Training:

Critical Training Gates:
Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS(et al))

PURPOSE: To train the emergency medical personnel to a basic proficiency in collective tasks related to emergency services.

OUTCOME: Emergency medical personnel have a thorough understanding of collective tasks associated with providing emergency medical services and treatment, triage, and movement of patients.

EXECUTION GUIDANCE: These sergeants time are section training exercises designed to train specific team collective tasks in each of the nursing sections. The OIC/NCOIC and respective team leader identifies selected tasks to be trained (e.g., triage patients, evaluate patient, maintain infection control, manage MASCAL, set up of emergency medical), participating personnel / teams, and frequency of sergeants time based on personnel turnover and his/her training assessment. The sergeants time are designed to be "hands on" performance oriented exercises employing the systems, equipment, and communications means necessary to conduct emergency medical operations. The sergeants time are internal events conducted by the sections. They may be conducted in garrison or in the field, usually for a relatively short period of time. Following each sergeants time, the leader conducts an AAR with the section and re-training takes place if that is desirable and time is available. Sergeants time may be combined with other classes and/or other events to vary training and suit the different team's training needs. Duration for these exercises may vary to meet training needs and the training method selected to train the class.

Resources:

Training Audience: NURSING SVC CNTL TEAM, TRIAGE/PRE-OP/EMT, LITTER BEARER SECTION

Means (Event) (TADSS): 2 - Section STX

Title: STX for PROVIDE EMERGENCY MEDICAL SERVICE (08736L100)

Estimated Duration: 8 Hours

Replication of Conditions (A-D): C - Gate quality for task or echelon

Multi-echelon Training:

Critical Training Gates:

Action Gates: CLASS for PROVIDE EMERGENCY MEDICAL SERVICE (08736L100);
Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS(et al))

PURPOSE: To gain and maintain emergency medical personnel proficiency in collective tasks related to emergency services, day / night, in a tactical scenario.

OUTCOME: Emergency medical personnel can perform common emergency service tasks, under simulated combat conditions and complete training with all assigned equipment fully operational.

EXECUTION GUIDANCE: The STX is used as a training exercises designed to train specific team collective tasks in each of the nursing sections. The commander identifies selected tasks to be trained (e.g., triage patients, evaluate patient, maintain infection control, manage MASCAL, set up of emergency medical), participating personnel/teams, and frequency is based on personnel turnover and his/her training assessment. The STX is designed to be "hands on" performance oriented exercises employing the systems, equipment, and communications means necessary to conduct emergency medical operations. STX may be combined with other METL groups into one longer CSH events STX, FTX, to vary training and suit the different sections training needs and with exercise design. STX are self conducted, short events that allow the unit to conduct preliminary refresher instruction and practice/train one or a group of collective tasks to standard. Following each STX, the leader conducts an AAR with the section and retraining takes place if that is desirable and time is available.

Resources:

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

SUPPLY & SERVICE DIV

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		DODIC	Quantity	Class 5 - Ammunition	
				Gallons					Nomenclature
T33786	1	TRACTOR WHEELED IND: DED 4X4 W/FORKLIFT AND CRANE ATT (HMMH)	8.0 hrs	24.8					
T49255	1	TRUCK LIFT FORK: DSL DRVN 4000 LB CAP ROUGH TERRAIN	6.0 hrs	31.2					
T61908	2	TRUCK CARGO: MTV W/E	0	0					
Z67207	1	GENERATOR SET DED TM: 100KW 50/60HZ MTD ON M353 PU-807	8.0 hrs	5.6					
Z94047	1	TRUCK TANK: POL MTV W/E	20.0 mi	4.0					

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

Task: PROVIDE LABORATORY SERVICES (08-TS-1741) Supporting Task(s): 08-1-0226 08-705L COORDINATE HOSPITALIZATION SUPPORT AND SERVICES OPERATIONS 08-1-0244 08-705L PROVIDE LABORATORY SERVICES 08-1-0245 08-705L PROVIDE BLOOD BANKING SERVICES Frequency: Monthly (12) Types of Events: CLASS, STX	Supported Mission(s): PERFORM HOSP SPT AND SVC OPS
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Training Audience: NURSING SVC CNTL TEAM, LABORATORY SERVICE

Means (Event) (TADSS): Section CLASS

Title: CLASS for PROVIDE LABORATORY SERVICES (08736L100)

Estimated Duration: 2 Hours

Replication of Conditions (A-D): D - Refresher training, basic skills training

Multi-echelon Training:

Critical Training Gates:
Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS(et al)

PURPOSE: To train laboratory and blood bank personnel to a basic level of proficiency in common laboratory and blood bank skills.

OUTCOME: The laboratory and blood bank sections can perform common laboratory skills.

EXECUTION GUIDANCE: This class is a crawl level event designed to train the laboratory and blood bank personnel in support of CSH operations. The unique field conditions and the difference in medical equipment from medical equipment in garrison facilities enhances the need for these classes. The commander identifies selected tasks to be trained, participating personnel/teams, and frequency of training based on personnel turnover and his training assessment. Relevant Army doctrinal publications and the unit TSOP provide detailed information on the tasks, conditions and standards used in organizing this training. This class is designed to be a "hands on" performance-oriented exercise employing the systems, equipment, and communications means necessary to accomplish the assigned tasks. This class may be trained by itself, or may be combined with other classes and/or STX to vary training and meet the commander's requirements. Duration for these exercises may vary to meet training needs. Typically, classes are short events that provide the unit with preliminary refresher instruction and practice prior to STX training.

Resources:

Training Audience: SUPPLY & SERVICE DIV, NURSING SVC CNTL TEAM, LABORATORY SERVICE

Means (Event) (TADSS): 2 - Section STX

Title: STX for PROVIDE LABORATORY SERVICES (08736L100)

Estimated Duration: 6 Hours

Replication of Conditions (A-D): C - Gate quality for task or echelon

Multi-echelon Training:

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

Critical Training Gates:

Action Gates: CLASS for PROVIDE LABORATORY SERVICES (08736L 100);
Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS/et al)

PURPOSE: To train laboratory and blood bank personnel on laboratory services collective tasks using personnel, equipment, and procedures that will be used in a field or deployment environment.
OUTCOME: The laboratory and blood bank sections attain and sustain proficiency in providing laboratory and blood bank services to the CSH.

EXECUTION GUIDANCE: This STX is a walk level event designed to train the laboratory and blood bank personnel in support of CSH operations. The commander identifies selected tasks to be trained, participating personnel/teams, and frequency of training based on personnel turnover and his training assessment. Relevant Army doctrinal publications and the unit TSOP provide detailed information on the tasks, conditions and standards used in organizing this training. This STX is designed to be a "hands on" performance-oriented exercise employing the systems, equipment, and communications means necessary to accomplish the assigned tasks. This STX may be trained by itself, or may be combined with other STX's and/or FTX to vary training and meet the commander's requirements. Duration for these exercises may vary to meet training needs. Typically, STX's are short events that provide the unit with preliminary refresher instruction and practice prior to FTX training.

Resources:

SUPPLY & SERVICE DIV

LIN	Quantity	Nomenclature	OPTEMPO Hours/Miles	Class 3 - POL		Class 5 - Ammunition	
				Gallons	DODIC	Quantity	Nomenclature
Z67207	1	GENERATOR SET DED TM: 100KW 50/60HZ MTD ON M353 PU-807	6.0 hrs	4.2			

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

Task: PROVIDE DENTAL SERVICE (08-TS-1742) Supporting Task(s): 08-2-0317, 08-705L PROVIDE DENTAL SERVICES Frequency: Monthly (12) Types of Events: CLASS, SGT TIME	Supported Mission(s): PERFORM HOSP SPT AND SVC OPS
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Training Audience: NURSING SVC CNTL TEAM, DENTAL SERVICE

Means (Event) (TADSS): Section CLASS

Title: CLASS for PROVIDE DENTAL SERVICE (08736L100)

Estimated Duration: 3 Hours

Replication of Conditions (A-D): D - Refresher training; basic skills training

Multi-echelon Training:

Critical Training Gates:

Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS/et al)

PURPOSE: To train dental section to provide dental services.

OUTCOME: The dental section can perform collective tasks related to dental treatment.

EXECUTION GUIDANCE: This is a crawl level event designed to train the dental services section to support CSH operations. The dental section should use this event to establish a clear understanding of the procedures for employing the dental services section within the setup of the CSH.

Resources:

Training Audience: NURSING SVC CNTL TEAM, DENTAL SERVICE

Means (Event) (TADSS): Section SGT TIME

Title: SGT TIME for PROVIDE DENTAL SERVICE (08736L100)

Estimated Duration: 5 Hours

Replication of Conditions (A-D): D - Refresher training; basic skills training

Multi-echelon Training:

Critical Training Gates:

Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS/et al)

PURPOSE: To train dental section to provide dental services.

OUTCOME: The dental section attains a thorough understanding of collective tasks necessary to provide comprehensive dental services to patients and staff of the CSH.

ARTEP 8-705-MTP

Combined Arms Training Strategy

**REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)**

EXECUTION GUIDANCE: This is a crawl level event designed to train the dental services section to support CSH operations. This event should be used to set up the radiology section and its equipment so procedures for employing the dental section can be exercised. The CSH complex must be reviewed so mobile radiology equipment can be strategically placed throughout the facility. During this SGT Time the field radiology equipment could also be used in a fixed facility in garrison so radiology personnel can have "hands on" training with real patients.

Resources:

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

Task: PROVIDE PATIENT ADMINISTRATION (08-TS-1743)	Supported Mission(s): PERFORM HOSP SPT AND SVC OPS
Supporting Task(s): 08-1-0230.08-705L PROVIDE PATIENT ADMINISTRATION SERVICES 08-1-0234.08-705L PERFORM STAFF ADMINISTRATIVE FUNCTIONS	
Frequency: Monthly (12)	
Types of Events: CLASS, STX	

Training Audience: ADMINISTRATION DIV, PATIENT ADMIN DIV, NURSING SVC CNTL TEAM

Means (Event) (TADSS): Section CLASS

Title: CLASS for PROVIDE PATIENT ADMINISTRATION (08736L100)

Estimated Duration: 3 Hours

Replication of Conditions (A-D): D - Refresher training, basic skills training

Multi-echelon Training:

Critical Training Gates:

Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS/et al)

PURPOSE: To train the patient administration division on collective tasks required to perform patient administration functions as well as CSH common collective tasks such as force protection and deploy/redeploy tasks.

OUTCOME: The patient administration division has a thorough understanding of patient administration collective tasks as well as CSH common collective tasks, to include force protection and deploy/redeploy tasks.

EXECUTION GUIDANCE: This is crawl level event. The commander may use classes, as required, to gain a basic level of proficiency in patient administration tasks that he/her singles out for concentrated attention. The commander identifies selected tasks to be trained, participating personnel/teams, and frequency of training based on personnel turnover and his training assessment. Relevant Army doctrinal and training publications and the unit TSOP provide detailed information on the tasks, conditions and standards used in organizing this training. When required, this class should be a "hands on" performance-oriented exercise employing the systems, equipment, and communications means necessary to accomplish the assigned tasks. The class may be trained by itself, or may be combined with other classes and/or STX to vary training and meet the commander's requirements. Duration for these exercises may vary to meet training needs. Typically, classes are short events that provide the unit with preliminary refresher instruction and practice prior to STX training.

Resources:

Training Audience: ADMINISTRATION DIV, PATIENT ADMIN DIV, NURSING SVC CNTL TEAM

Means (Event) (TADSS): Section STX

Title: STX for PROVIDE PATIENT ADMINISTRATION (08736L100)

Estimated Duration: 8 Hours

Replication of Conditions (A-D): C - Gate quality for task or echelon

ARTEP 8-705-MTP

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

Multi-echelon Training:

Critical Training Gates:

Action Gates: CLASS for PROVIDE PATIENT ADMINISTRATION (08736L 100);
Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS/et al)

PURPOSE: To maintain the patient administration division to provide services as an integrated unit.
OUTCOME: Patient administration division can perform proficiently in providing patient administration services.
EXECUTION GUIDANCE: The commander uses STX to gain proficiency in common protect the force tasks that the commander singles out for concentrated attention. The commander identifies selected tasks to be trained, participating personnel/teams, and frequency of training based on personnel turnover and his training assessment. Tasks related to patient administration (e.g. Bed status reports to higher hqs, coordination of patient administration with clinical and ward personnel, admitting patients to CSH, casualty feeder reports, TAMMIS data entry, MASCAL patient management) are particularly suitable for training with the more structured and detailed approach provided by the STX. Relevant Army doctrinal and training publications and the unit TSOP provide detailed information on the tasks, conditions and standards used in organizing this training. This STX is designed to be a "hands on" performance-oriented exercise employing the systems, equipment, and communications means necessary to accomplish the assigned tasks. Duration for these exercise may vary to meet training needs and with the exercise design. Typically, STX are self-conducted, short, events that allow the unit to conduct preliminary refresher instruction and practice/train one or a group of collective tasks to standard. The unit may conduct a detailed AAR following completion of the task and, whenever possible, the training plan should provide the opportunity for a unit to repeat the event if necessary.

Resources:

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

Task: PROVIDE NUTRITION CARE (08-TS-1744)	Supported Mission(s): PERFORM HOSP SPT AND SVC OPS
Supporting Task(s): 08-1-0250.08-705L PROVIDE NUTRITION CARE SERVICES	
Frequency: Monthly (12)	
Types of Events: CLASS	

Training Audience: NUTRITION CARE DIV, 7 INTERMED CARE WARDS, NP WARD & CONSULT SVC, 2 MINIMAL CARE WARDS

Means (Event) (TADSS): 12 - Section CLASS

Title: CLASS for PROVIDE NUTRITION CARE (08736L100)

Estimated Duration: 2 Hours

Replication of Conditions (A-D): D - Refresher training; basic skills training

Multi-echelon Training:

Critical Training Gates:

Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS/et al)

PURPOSE: To train the nutrition care division on collective tasks required to provide food service to CSH patients and staff as well as collective tasks common to the support of the CSH.

OUTCOME: The nutrition care division understands procedures for providing services for patients.

EXECUTION GUIDANCE: This is a crawl level event designed to train the nutrition care division. The chief dietitian should use this event to establish a clear understanding of the procedures for feeding patients and staff in the different areas of the CSH facility, as well as training on specific dietary needs for patients as directed by health care providers. The training audience could be expanded to the personnel in the intermediate and minimal wards. Training may also consist of common collective tasks such as force protection and deploy/redeploy tasks.

Resources:

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

<p>Task: PROVIDE RADIOLOGY SERVICES (08-TS-1745)</p> <p>Supporting Task(s):</p> <p>08-1-0247 08-705L PROVIDE RADIOLOGY SERVICES</p> <p>Frequency: Monthly (12)</p> <p>Types of Events: CLASS, SGT TIME</p>	<p>Supported Mission(s):</p> <p>PERFORM HOSP SPT AND SVC OPS</p>
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Training Audience: NURSING SVC CNTL TEAM, RADIOLOGY SERVICE

Means (Event) (TADSS): Section CLASS

Title: CLASS for PROVIDE RADIOLOGY SERVICES (08736L100)

Estimated Duration: 3 Hours

Replication of Conditions (A-D): D - Refresher training; basic skills training

Multi-echelon Training:

Critical Training Gates:

Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS(et al))

PURPOSE: To train the radiology section on collective tasks required to provide radiology services to the CSH.

OUTCOME: The radiology section understands the procedures for providing radiology services for the CSH.

EXECUTION GUIDANCE: This is a crawl level event designed to train the radiology service to support CSH operations. The radiologist should use this event to establish a clear understanding of the procedures for employing the radiology section and its equipment throughout the CSH area of operations.

Resources:

Training Audience: NURSING SVC CNTL TEAM, RADIOLOGY SERVICE

Means (Event) (TADSS): Section SGT TIME

Title: SGT TIME for PROVIDE RADIOLOGY SERVICES (08736L100)

Estimated Duration: 4 Hours

Replication of Conditions (A-D): D - Refresher training; basic skills training

Multi-echelon Training:

Critical Training Gates:

Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS(et al))

PURPOSE: To train the radiology section to provide services.

OUTCOME: The radiology section understands the procedures for providing radiology services for the CSH.

Combined Arms Training Strategy

**REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)**

EXECUTION GUIDANCE: This is a crawl level event designed to train the radiology service to support the CSH operations. The radiologist should use this event to establish a clear understanding of the procedures for employing the radiology section and its equipment throughout the CSH area of operations.

Resources:

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

Task: PROVIDE PHARMACY SERVICE (08-TS-1746) Supporting Task(s): 08-1-0240 08-705L PROVIDE PHARMACY SERVICES Frequency: Quarterly (4) Types of Events: CLASS	Supported Mission(s): PERFORM HOSP SPT AND SVC OPS
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Training Audience: PHARMACY SERVICE

Means (Event) (TADSS): 4 - Section CLASS

Title: CLASS for PHARMACY SERVICE (08736L100)

Estimated Duration: 3 Hours

Replication of Conditions (A-D): D - Refresher training, basic skills training

Multi-echelon Training:

Critical Training Gates:
Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS/et al)

PURPOSE: To train the pharmacy section to provide pharmacy supplies.

OUTCOME: The pharmacy section understands the procedures for providing pharmacy supplies.

EXECUTION GUIDANCE: This is a crawl level event. The chief pharmacy officer should use this event to establish a clear understanding of the procedures used for pharmaceutical supplies used in the CSH treatment areas. The training audience should include personnel from all the different treatment areas of the CSH.

Resources:

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

<p>Task: TRAUMA ASSESSMENT AND MANAGEMENT (08-TS-TBL1)</p> <p>Supporting Task(s): 08-2-0314 08-705L TREAT HOSPITAL CASUALTIES</p> <p>Frequency: Semi-annually (2)</p> <p>Types of Events: CLASS, SGT TIME</p>	<p>Supported Mission(s): DEFEND HOSPITAL AREA DEPLOY HOSPITAL ESTABLISH HOSP AREA OF OPS PERFORM HOSP SPT AND SVC OPS RELOCATE HOSP TO NEW OP SITE</p>
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Training Audience: HOSP OPERATIONS SECT (OPERATIONS SERGEANT [1], NURSING SVC CNTL TEAM (PRACTICAL NURSE [1], TRIAGE/PRE-OP/EMT (EMERGENCY CARE SPECIALIST [3], EMERGENCY CARE SGT [4], EMERGENCY CARE SGT [1], EMERGENCY CARE NCO [1]), LITTER BEARER SECTION (EMERGENCY CARE SPECIALIST [5], EMERGENCY CARE SPECIALIST [1]), ORTHO CAST CLINIC (ORTHOPEDIC SGT [1]), 3 INTENSIVE CARE WARD (PRACTICAL NURSE [12], WARDMASTER [3]), 7 INTERMED CARE WARDS (HEALTH CARE SPEC [21], PRACTICAL NURSE [14], HEALTH CARE SPEC [14], WARDMASTER [4]), NP WARD & CONSULT SVC (OCC THERAPY SGT [1], 2 MINIMAL CARE WARDS (HEALTH CARE SPEC [2], HEALTH CARE SGT [2], WARDMASTER [1]), PT SERVICE (PHYSICAL THERAPY SGT [1])

Means (Event) (TADSS): 2 - CLASS

Title: CLASS for TRAUMA ASSESSMENT AND MANAGEMENT (08736L100)

Estimated Duration: 4.5 Hours

Replication of Conditions (A-D): D - Refresher training; basic skills training

Multi-echelon Training:

Critical Training Gates:

Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS(es))

PURPOSE: To provide refresher training to personnel with MOS 91W in trauma assessment and management/control of bleeding/treat for shock/intravenous (IV) therapy.

OUTCOME: Personnel with MOS 91W will attain/sustain proficiency in trauma assessment and management/control bleeding/treat for shock/intravenous (IV) therapy.

EXECUTION GUIDANCE: This is crawl level training for the 91W, with walk level training conducted during the Lane Training Exercise (LTX). Training Circular 8-800, Semi-Annual Combat Medic Skills Validation Test and the 91W website (<http://www.cs.amedd.army.mil/91w>) will be used for training guidance. Training will focus on trauma assessment, rapid trauma assessment using DCAP-BTLS, detailed physical exam and SAMPLE history, and the ability to recognize and treat bleeding and shock, ocular injuries, head injuries, chest injuries to include sucking chest wounds, abdominal wounds/injuries, impaired objects, and wounds to the extremities, initiation and maintenance of IV therapy. This training should be planned and executed by the unit. Training will be given IAW the NR EMT-B standards. The trainer will be a NCO/enlisted that is a Nationally Registered EMT-B (or higher) or an officer that is either medically licensed or certified (Nationally Registered EMT certification is not required). Training records will be maintained at the unit.

Resources:

Training Audience: HOSP OPERATIONS SECT (OPERATIONS SERGEANT [1], NURSING SVC CNTL TEAM (PRACTICAL NURSE [1], TRIAGE/PRE-OP/EMT (EMERGENCY CARE SPECIALIST [3], EMERGENCY CARE SGT [4], EMERGENCY CARE SGT [1], EMERGENCY CARE NCO [1]), LITTER BEARER SECTION (EMERGENCY CARE SPECIALIST [5], EMERGENCY CARE SPECIALIST [1]), ORTHO CAST CLINIC (ORTHOPEDIC SGT [1]), 3 INTENSIVE CARE WARD (PRACTICAL NURSE [12], WARDMASTER [3]), 7 INTERMED CARE WARDS (HEALTH CARE SPEC [21], PRACTICAL NURSE [14], HEALTH CARE SPEC [14], WARDMASTER [4]), NP WARD & CONSULT SVC (OCC THERAPY SGT [1], 2 MINIMAL CARE WARDS (WARDMASTER [1], HEALTH CARE SGT [2], HEALTH CARE SPEC [2]), PT SERVICE (PHYSICAL THERAPY SGT [1])

Means (Event) (TADSS): SGT TIME

ARTEP 8-705-MTP

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

Title: SGT TIME for TRAUMA ASSESSMENT AND MANAGEMENT (08736L100)

Estimated Duration: 5 Hours

Replication of Conditions (A-D): D - Refresher training, basic skills training

Multi-echelon Training:

Critical Training Gates:

Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS/et al)

PURPOSE: To provide refresher training to personnel with MOS 91W in trauma assessment and management/control of bleeding/treat for shock/intravenous (IV) therapy.

OUTCOME: Personnel with MOS 91W will sustain proficiency in trauma assessment and management/control bleeding/treat for shock/intravenous (IV) therapy.

EXECUTION GUIDANCE: This is crawl level training for the 91W, with walk level training conducted during the Lane Training Exercise (LTX). Training Circular 8-800, Semi-Annual Combat Medic Skills Validation Test and the 91W website (<http://www.cs.amedd.army.mil/91w>) will be used for training guidance. Training will focus on trauma assessment, rapid trauma assessment using DCAP-BTLS, detailed physical exam and SAMPLE history, and the ability to recognize and treat bleeding and shock, ocular injuries, head injuries, chest injuries to include sucking chest wounds, abdominal wounds/injuries, impaled objects, and wounds to the extremities, initiation and maintenance of IV therapy. This training should be planned and executed by the unit. Training will be given IAW the NR EMT-B standards. The trainer will be a NCO/enlisted that is a Nationally Registered EMT-B (or higher) or an officer that is either medically licensed or certified (Nationally Registered EMT certification is not required). Training records will be maintained at the unit.

Resources:

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

<p>Task: IMMOBILIZATION OF BONE AND JOINT INJURIES/EXTRACTION (Individual and Team) (08-TS-TBL2)</p> <p>Supporting Task(s): 08-2-0314 08-705L TREAT HOSPITAL CASUALTIES</p> <p>Frequency: Semi-annually (2)</p> <p>Types of Events: CLASS, SGT TIME</p>	<p>Supported Mission(s): DEFEND HOSPITAL AREA DEPLOY HOSPITAL ESTABLISH HOSP AREA OF OPS PERFORM HOSP SPT AND SVC OPS RELOCATE HOSP TO NEW OP SITE</p>
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Training Audience: HOSP OPERATIONS SECT (OPERATIONS SERGEANT [1]), NURSING SVC CNTL TEAM (PRACTICAL NURSE [1]), TRIAGE/PRE-OP/EMT (EMERGENCY CARE SPECIALIST [3], EMERGENCY CARE SGT [4], EMERGENCY CARE SGT [1], EMERGENCY CARE NCO [1]), LITTER BEARER SECTION (EMERGENCY CARE SPECIALIST [5], EMERGENCY CARE SPECIALIST [1]), ORTHO CAST CLINIC (ORTHOPEDIC SGT [1]), 3 INTENSIVE CARE WARD (PRACTICAL NURSE [12], WARDMASTER [3]), 7 INTERMED CARE WARDS (HEALTH CARE SPEC [21], PRACTICAL NURSE [14], HEALTH CARE SPEC [14], WARDMASTER [4]), NP WARD & CONSULT SVC (OCC THERAPY SGT [1]), 2 MINIMAL CARE WARDS (HEALTH CARE SPEC [2], HEALTH CARE SGT [2], WARDMASTER [1]), PT SERVICE (PHYSICAL THERAPY SGT [1])

Means (Event) (TADSS): 2 - CLASS

Title: CLASS for IMMOBILIZATION OF BONE AND JOINT INJURIES/EXTRACTION (Individual and Team) (08736L100)

Estimated Duration: 1.5 Hours

Replication of Conditions (A-D): D - Refresher training; basic skills training

Multi-echelon Training:

Critical Training Gates:
Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS(es))

PURPOSE: To provide refresher training to personnel with MOS 91W in immobilization of bone, joint or skeletal injuries and extraction and evacuation of casualties using a Kendrick Extrication Device (KED), short spine board, long spine board, both individually and as part of a team.

OUTCOME: Personnel with MOS 91W will attain/sustain proficiency in immobilization of bone, joint, or skeletal injuries and extraction and evacuation of casualties using a Kendrick Extrication Device (KED), short spine board, long spine board, both individually and as part of a team.

EXECUTION GUIDANCE: This is crawl level training for the 91W, with walk level training conducted during the Lane Training Exercise (LTX). Training Circular 8-800, Semi-Annual Combat Medic Skills Validation Test and the 91W website (<http://www.cs.amedd.army.mil/91w>) will be used for training guidance. Training will consist of traction splinting, immobilization of joints, immobilization of long bones, immobilization of head/spine injuries, and immobilization of other skeletal injuries. Training will focus on extraction of a casualty from a vehicle or aircraft, immobilize and treat a casualty with a suspected spine injury while seated with the KED or short board, and immobilize and treat a suspected spinal injury, prone or supine. This training will be planned and executed by the unit. Training will be given IAW the NR EMT-B standards. The trainer will be a NCO/enlisted that is a Nationally Registered EMT-B (or higher) or an officer that is either medically licensed or certified (Nationally Registered EMT certification not required). Training records will be maintained at the unit.

Resources:

Training Audience: HOSP OPERATIONS SECT (OPERATIONS SERGEANT [1]), NURSING SVC CNTL TEAM (PRACTICAL NURSE [1]), TRIAGE/PRE-OP/EMT (EMERGENCY CARE SPECIALIST [3], EMERGENCY CARE SGT [4], EMERGENCY CARE SGT [1], EMERGENCY CARE NCO [1]), LITTER BEARER SECTION (EMERGENCY CARE SPECIALIST [5], EMERGENCY CARE SPECIALIST [1]), ORTHO CAST CLINIC (ORTHOPEDIC SGT [1]), 3 INTENSIVE CARE WARD (PRACTICAL NURSE [12], WARDMASTER [3]), 7 INTERMED CARE WARDS (WARDMASTER [4], HEALTH CARE SPEC [21], PRACTICAL NURSE [14], HEALTH CARE SPEC [14]), NP WARD & CONSULT SVC (OCC THERAPY SGT [1]), 2 MINIMAL CARE WARDS (HEALTH CARE SPEC [2], HEALTH CARE SGT [2], WARDMASTER [1]), PT SERVICE (PHYSICAL THERAPY SGT [1])

ARTEP 8-705-MTP

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

Means (Event) (TADSS): SGT TIME

Title: SGT TIME for IMMOBILIZATION OF BONE AND JOINT INJURIES/EXTRATION (Individual and Team) (08736L100)

Estimated Duration: 5 Hours

Replication of Conditions (A-D): D - Refresher training, basic skills training

Multi-echelon Training:

Critical Training Gates:
Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS/et al)

PURPOSE: To provide refresher training to personnel with MOS 91W in immobilization of bone, joint or skeletal injuries and extration and evacuation of casualties using a Kendrick Extrication Device (KED), short spine board, long spine board, both individually and as part of a team.

OUTCOME: Personnel with MOS 91W will sustain proficiency in immobilization of bone, joint, or skeletal injuries and extration and evacuation of casualties using a Kendrick Extrication Device (KED), short spine board, long spine board, both individually and as part of a team.

EXECUTION GUIDANCE: This is crawl level training for the 91W, with walk level training conducted during the Lane Training Exercise (LTX). Training Circular 8-800, Semi-Annual Combat Medic Skills Validation Test and the 91W website (<http://www.cs.amedd.army.mil/91w>) will be used for training guidance. Training will consist of traction splinting, immobilization of joints, immobilization of long bones, immobilization of head/spine injuries, and immobilization of other skeletal injuries. Training will focus on extration of a casualty from a vehicle or aircraft, immobilize and treat a casualty with a suspected spine injury while seated with the KED or short board, and immobilize and treat a suspected spinal injury, prone or supine. This training will be planned and executed by the unit. Training will be given IAW the NR EMT-B standards. The trainer will be a NCO/enlisted that is a Nationally Registered EMT-B (or higher) or an officer that is either medically licensed or certified (Nationally Registered EMT certification not required). Training records will be maintained at the unit.

Resources:

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

<p>Task: MEDICAL ASSESSMENT AND MANAGEMENT (08-TS-TBL3)</p> <p>Supporting Task(s): 08-2-0314.08-705L TREAT HOSPITAL CASUALTIES</p> <p>Frequency: Semi-annually (2)</p> <p>Types of Events: CLASS, SGT TIME</p>	<p>Supported Mission(s): DEFEND HOSPITAL AREA DEPLOY HOSPITAL ESTABLISH HOSP AREA OF OPS PERFORM HOSP SPT AND SVC OPS RELOCATE HOSP TO NEW OP SITE</p>
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Training Audience: HOSP OPERATIONS SECT (OPERATIONS SERGEANT [1]), NURSING SVC CNTL TEAM (PRACTICAL NURSE [1]), TRIAGE/PRE-OP/EMT (EMERGENCY CARE SPECIALIST [3]), EMERGENCY CARE SGT [4], EMERGENCY CARE SGT [1], EMERGENCY CARE NCO [1]), LITTER BEARER SECTION (EMERGENCY CARE SPECIALIST [5], EMERGENCY CARE SPECIALIST [1]), ORTHO CAST CLINIC (ORTHOPEDIC SGT [1]), 3 INTENSIVE CARE WARD (PRACTICAL NURSE [12], WARDMASTER [3]), 7 INTERMED CARE WARDS (HEALTH CARE SPEC [21], PRACTICAL NURSE [14], HEALTH CARE SPEC [14], WARDMASTER [4]), NP WARD & CONSULT SVC (OCC THERAPY SGT [1]), 2 MINIMAL CARE WARDS (HEALTH CARE SPEC [2], HEALTH CARE SGT [2], WARDMASTER [1]), PT SERVICE (PHYSICAL THERAPY SGT [1])

Means (Event) (TADSS): 2 - CLASS

Title: CLASS for MEDICAL ASSESSMENT AND MANAGEMENT (08736L100)

Estimated Duration: 5.25 Hours

Replication of Conditions (A-D): D - Refresher training, basic skills training

Multi-echelon Training:

Critical Training Gates:

Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS(es))

PURPOSE: To provide refresher training to personnel with MOS 91W in medical assessment and the management of medical conditions.

OUTCOME: Personnel with MOS of 91W will attain/sustain proficiency in medical assessment and the management of medical conditions.

EXECUTION GUIDANCE: Training Circular 8-800, Semi-Annual Combat Medic Skills Validation Test and the 91W website (<http://www.cs.amedd.army.mil/91w>) will be used for training guidance. This is crawl level training for the 91W, with walk level training conducted during the Lane Training Exercise (LTX). Training will consist of non-trauma assessment, focused history and physical exam, obtain a SAMPLE history, obtain baseline vital signs, recognize and treat casualties with bites and stings, anaphylaxis, seizure disorders, behavioral emergencies, cold and heat injuries, cardiopulmonary conditions, gastrointestinal disorders, immunological disorders, metabolic/endocrine disorders, infectious disease, diabetes and skin disorders. This training should be planned and executed by the unit. Training will be given IAW the NR EMT-B standards. The trainer will be a NCO/enlisted that is a Nationally Registered EMT-B (or higher) or an officer that is either medically licensed or certified (Nationally Registered EMT certification is not required). Training records will be maintained at the unit.

Resources:

Training Audience: HOSP OPERATIONS SECT (OPERATIONS SERGEANT [1]), NURSING SVC CNTL TEAM (PRACTICAL NURSE [1]), TRIAGE/PRE-OP/EMT (EMERGENCY CARE SPECIALIST [3]), EMERGENCY CARE SGT [4], EMERGENCY CARE SGT [1], EMERGENCY CARE NCO [1]), LITTER BEARER SECTION (EMERGENCY CARE SPECIALIST [5], EMERGENCY CARE SPECIALIST [1]), ORTHO CAST CLINIC (ORTHOPEDIC SGT [1]), 3 INTENSIVE CARE WARD (PRACTICAL NURSE [12], WARDMASTER [3]), 7 INTERMED CARE WARDS (HEALTH CARE SPEC [21], PRACTICAL NURSE [14], HEALTH CARE SPEC [14], WARDMASTER [4]), NP WARD & CONSULT SVC (OCC THERAPY SGT [1]), 2 MINIMAL CARE WARDS (HEALTH CARE SPEC [2], HEALTH CARE SGT [2], WARDMASTER [1]), PT SERVICE (PHYSICAL THERAPY SGT [1])

Means (Event) (TADSS): SGT TIME

ARTEP 8-705-MTP

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

Title: SGT TIME for MEDICAL ASSESSMENT AND MANAGEMENT (08736L100)

Estimated Duration: 5 Hours

Replication of Conditions (A-D): D - Refresher training; basic skills training

Multi-echelon Training:

Critical Training Gates:

Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS/et al)

PURPOSE: To provide refresher training to personnel with MOS 91W in medical assessment and the management of medical conditions.

OUTCOME: Personnel with MOS of 91W will sustain proficiency in medical assessment and the management of medical conditions.

EXECUTION GUIDANCE: This is crawl level training for the 91W, with walk level training conducted during the Lane Training Exercise (LTX). Training Circular 8-800, Semi-Annual Combat Medic Skills Validation Test and the 91W website (<http://www.cs.amedd.army.mil/91w>) will be used for training guidance. Training will consist of non-trauma assessment, focused history and physical exam, obtain a SAMPLE history, obtain baseline vital signs, recognize and treat casualties with bites and stings, anaphalaxis, seizure disorders, behavioral emergencies, cold and heat injuries, cardiopulmonary conditions, gastrointestinal disorders, immunological disorders, metabolic/endocrine disorders, infectious disease, diabetes and skin disorders. This training should be planned and executed by the unit. Training will be given IAW the NR EMT-B standards. The trainer will be a NCO/enlisted that is a Nationally Registered EMT-B (or higher) or an officer that is either medically licensed or certified (Nationally Registered EMT certification is not required). Training records will be maintained at the unit.

Resources:

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

<p>Task: BASIC AND ADVANCE AIRWAY SKILLS (08-TS-TBL4)</p> <p>Supporting Task(s): 08-2-0314.08-705L TREAT HOSPITAL CASUALTIES</p> <p>Frequency: Semi-annually (2)</p> <p>Types of Events: CLASS, SGT TIME</p>	<p>Supported Mission(s): DEFEND HOSPITAL AREA DEPLOY HOSPITAL ESTABLISH HOSP AREA OF OPS PERFORM HOSP SPT AND SVC OPS RELOCATE HOSP TO NEW OP SITE</p>
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Training Audience: HOSP OPERATIONS SECT (OPERATIONS SERGEANT [1]), NURSING SVC CNTL TEAM (PRACTICAL NURSE [1]), TRIAGE/PRE-OP/EMT (EMERGENCY CARE SPECIALIST [3], EMERGENCY CARE SGT [4], EMERGENCY CARE SGT [1], EMERGENCY CARE NCO [1]), LITTER BEARER SECTION (EMERGENCY CARE SPECIALIST [5], EMERGENCY CARE SPECIALIST [1]), ORTHO CAST CLINIC (ORTHOPEDIC SGT [1]), 3 INTENSIVE CARE WARD (PRACTICAL NURSE [12], WARDMASTER [3]), 7 INTERMED CARE WARDS (HEALTH CARE SPEC [21], PRACTICAL NURSE [14], HEALTH CARE SPEC [14], WARDMASTER [4]), NP WARD & CONSULT SVC (OCC THERAPY SGT [1]), 2 MINIMAL CARE WARDS (HEALTH CARE SPEC [2], HEALTH CARE SGT [2], WARDMASTER [1]), PT SERVICE (PHYSICAL THERAPY SGT [1])

Means (Event) (TADSS): 2 - CLASS

Title: CLASS for BASIC AND ADVANCE SKILLS (08736L100)

Estimated Duration: 2.5 Hours

Replication of Conditions (A-D): D - Refresher training, basic skills training

Multi-echelon Training:

Critical Training Gates:

Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS(es))

PURPOSE: To provide refresher training to personnel with MOS 91W in basic and advanced airway skills and oxygen therapy.

OUTCOME: Personnel with MOS 91W will attain/sustain proficiency in basic and advanced airway skills and oxygen therapy.

EXECUTION GUIDANCE: This is crawl level training for the 91W, with walk level training conducted during the Lane Training Exercise (LTX). Training Circular 8-800, Semi-Annual Combat Medic Skills Validation Test and the 91W website (<http://www.cs.amedd.army.mil/91w>) will be used for training guidance. Training will consist of maintaining the airway, oxygen equipment setup, oxygen administration with bag-valve-mask (BVM) and non-rebreather mask, mouth to mask with supplemental oxygen, airway adjuncts and treatment of the apneic casualty. This training should be planned and executed by the unit. Training will be given IAW the NR EMT-B standards. The trainer will be a NCO/enlisted that is a Nationally Registered EMT-B (or higher) or an officer that is either medically licensed or certified (Nationally Registered EMT certification not required). Training records will be maintained at the unit.

Resources:

Training Audience: HOSP OPERATIONS SECT (OPERATIONS SERGEANT [1]), NURSING SVC CNTL TEAM (PRACTICAL NURSE [1]), TRIAGE/PRE-OP/EMT (EMERGENCY CARE SPECIALIST [3], EMERGENCY CARE SGT [4], EMERGENCY CARE SGT [1], EMERGENCY CARE NCO [1]), LITTER BEARER SECTION (EMERGENCY CARE SPECIALIST [5], EMERGENCY CARE SPECIALIST [1]), ORTHO CAST CLINIC (ORTHOPEDIC SGT [1]), 3 INTENSIVE CARE WARD (PRACTICAL NURSE [12], WARDMASTER [3]), 7 INTERMED CARE WARDS (HEALTH CARE SPEC [21], PRACTICAL NURSE [14], HEALTH CARE SPEC [14], WARDMASTER [4]), NP WARD & CONSULT SVC (OCC THERAPY SGT [1]), 2 MINIMAL CARE WARDS (HEALTH CARE SPEC [2], HEALTH CARE SGT [2], WARDMASTER [1]), PT SERVICE (PHYSICAL THERAPY SGT [1])

Means (Event) (TADSS): SGT TIME

ARTEP 8-705-MTP

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

Title: SGT TIME for BASIC AND ADVANCED AIRWAY SKILLS (08736L100)

Estimated Duration: 5 Hours

Replication of Conditions (A-D): D - Refresher training, basic skills training

Multi-echelon Training:

Critical Training Gates:

Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS(et al))

PURPOSE: To provide refresher training to personnel with MOS 91W in basic and advanced airway skills and oxygen therapy.

OUTCOME: Personnel with MOS 91W will sustain proficiency in basic and advanced airway skills and oxygen therapy.

EXECUTION GUIDANCE: This is crawl level training for the 91W, with walk level training conducted during the Lane Training Exercise (LTX). Training Circular 8-800, Semi-Annual Combat Medic Skills Validation Test and the 91W website (<http://www.cs.amedd.army.mil/91w>) will be used for training guidance. Training will consist of maintaining the airway, oxygen equipment setup, oxygen administration with bag-valve-mask (BVM) and non-rebreather mask, mouth to mask with supplemental oxygen, airway adjuncts and treatment of the apneic casualty. This training should be planned and executed by the unit. Training will be given IAW the NR EMT-B standards. The trainer will be a NCO/enlisted that is a Nationally Registered EMT-B (or higher) or an officer that is either medically licensed or certified (Nationally Registered EMT certification not required). Training records will be maintained at the unit.

Resources:

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

<p>Task: CPR MANAGEMENT (08-TS-TBL5)</p> <p>Supporting Task(s): 08-2-0314.08-705L TREAT HOSPITAL CASUALTIES</p> <p>Frequency: Semi-annually (2)</p> <p>Types of Events: CLASS, SGT TIME</p>	<p>Supported Mission(s): DEFEND HOSPITAL AREA DEPLOY HOSPITAL ESTABLISH HOSP AREA OF OPS PERFORM HOSP SPT AND SVC OPS RELOCATE HOSP TO NEW OP SITE</p>
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Training Audience: HOSP OPERATIONS SECT (OPERATIONS SERGEANT [1]), NURSING SVC CNTL TEAM (PRACTICAL NURSE [1]), TRIAGE/PRE-OP/EMT (EMERGENCY CARE SPECIALIST [3], EMERGENCY CARE SGT [4], EMERGENCY CARE SGT [1], EMERGENCY CARE NCO [1]), LITTER BEARER SECTION (EMERGENCY CARE SPECIALIST [5], EMERGENCY CARE SPECIALIST [1]), ORTHO CAST CLINIC (ORTHOPEDIC SGT [1]), 3 INTENSIVE CARE WARD (PRACTICAL NURSE [12], WARDMASTER [3]), 7 INTERMED CARE WARDS (HEALTH CARE SPEC [21], PRACTICAL NURSE [14], HEALTH CARE SPEC [14], WARDMASTER [4]), NP WARD & CONSULT SVC (OCC THERAPY SGT [1]), 2 MINIMAL CARE WARDS (HEALTH CARE SPEC [2], HEALTH CARE SGT [2], WARDMASTER [1]), PT SERVICE (PHYSICAL THERAPY SGT [1])

Means (Event) (TADSS): 2 - CLASS

Title: CLASS for CPR MANAGEMENT (08736L100)

Estimated Duration: 1.5 Hours

Replication of Conditions (A-D): D - Refresher training; basic skills training

Multi-echelon Training:

Critical Training Gates:
Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS(es))

PURPOSE: To provide refresher training to personnel with MOS 91W in Cardiopulmonary Resuscitation (CPR) (one and two person) and management of cardiac arrest (ventricular fibrillation, ventricular tachycardia) using the Automatic External Defibrillator (AED).

OUTCOME: Personnel with MOS 91W will attain/sustain proficiency in one and two person CPR and management of cardiac arrest with the AED.

EXECUTION GUIDANCE: This is crawl level training for the 91W, with walk level training conducted during the Lane Training Exercise (LTX). The American Heart Association (AHA) CPR checklist and Training Circular 8-800 (Semi-Annual Combat Medic Skills Validation Test), and the 91W website (<http://www.cs.amedd.army.mil/91w>) will be used for training guidance. This training will be planned and executed by the unit. Training will be given IAW the NR EMT-B standards. The trainer for CPR must be an AHA certified CPR instructor and the trainer on the AED will be a NCO/enlisted that is a Nationally Registered EMT-B (or higher) or an officer that is either medically licensed or certified (Nationally Registered EMT certification is not required). The trainer may act as a partner during two person CPR. Equipment for the training should include manikins, adult and infant, and an AED trainer. Training records should be maintained at the unit.

Resources:

Training Audience: HOSP OPERATIONS SECT (OPERATIONS SERGEANT [1]), NURSING SVC CNTL TEAM (PRACTICAL NURSE [1]), TRIAGE/PRE-OP/EMT (EMERGENCY CARE SPECIALIST [3], EMERGENCY CARE SGT [4], EMERGENCY CARE SGT [1], EMERGENCY CARE NCO [1]), LITTER BEARER SECTION (EMERGENCY CARE SPECIALIST [5], EMERGENCY CARE SPECIALIST [1]), ORTHO CAST CLINIC (ORTHOPEDIC SGT [1]), 3 INTENSIVE CARE WARD (PRACTICAL NURSE [12], WARDMASTER [3]), 7 INTERMED CARE WARDS (HEALTH CARE SPEC [21], PRACTICAL NURSE [14], HEALTH CARE SPEC [14], WARDMASTER [4]), NP WARD & CONSULT SVC (OCC THERAPY SGT [1]), 2 MINIMAL CARE WARDS (WARDMASTER [1], HEALTH CARE SPEC [2], HEALTH CARE SGT [2]), PT SERVICE (PHYSICAL THERAPY SGT [1])

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

Means (Event) (TADSS): SGT TIME

Title: SGT TIME for CPR MANAGEMENT (08736L100)

Estimated Duration: 5 Hours

Replication of Conditions (A-D): D - Refresher training; basic skills training

Multi-echelon Training:

Critical Training Gates:

Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS/et al)

PURPOSE: To provide refresher training to personnel with MOS 91W in Cardiopulmonary Resuscitation (CPR) (one and two person) and management of cardiac arrest (ventricular fibrillation, ventricular tachycardia) using the Automatic External Defibrillator (AED).

OUTCOME: Personnel with MOS 91W will sustain proficiency in one and two person CPR and management of cardiac arrest with the AED.

EXECUTION GUIDANCE: This is crawl level training for the 91W, with walk level training conducted during the Lane Training Exercise (LTX). The American Heart Association (AHA) CPR checklist and Training Circular 8-800 (Semi-Annual Combat Medic Skills Validation Test), and the 91W website (<http://www.cs.amedd.army.mil/91w>) will be used for training guidance. This training will be planned and executed by the unit. Training will be given IAW the NR EMT-B standards. The trainer for CPR must be an AHA certified CPR instructor and the trainer on the AED will be a NCO/enlisted that is a Nationally Registered EMT-B (or higher) or an officer that is either medically licensed or certified (Nationally Registered EMT certification is not required). The trainer may act as a partner during two person CPR. Equipment for the training should include manikins, adult and infant, and an AED trainer. Training records should be maintained at the unit.

Resources:

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

<p>Task: NBC MEDICAL SKILLS (08-TS-TBL6)</p> <p>Supporting Task(s):</p> <p>08-2-0314.08-705L TREAT HOSPITAL CASUALTIES</p> <p>Frequency: Semi-annually (2)</p> <p>Types of Events: CLASS, SGT TIME</p>	<p>Supported Mission(s):</p> <p>DEFEND HOSPITAL AREA DEPLOY HOSPITAL ESTABLISH HOSP AREA OF OPS PERFORM HOSP SPT AND SVC OPS RELOCATE HOSP TO NEW OP SITE</p>
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Training Audience: HOSP OPERATIONS SECT (OPERATIONS SERGEANT [1]), NURSING SVC CNTL TEAM (PRACTICAL NURSE [1]), TRIAGE/PRE-OP/EMT (EMERGENCY CARE SPECIALIST [3], EMERGENCY CARE SGT [4], EMERGENCY CARE SGT [1], EMERGENCY CARE NCO [1]), LITTER BEARER SECTION (EMERGENCY CARE SPECIALIST [5], EMERGENCY CARE SPECIALIST [1]), ORTHO CAST CLINIC (ORTHOPEDIC SGT [1]), 3 INTENSIVE CARE WARD (PRACTICAL NURSE [12], WARDMASTER [3]), 7 INTERMED CARE WARDS (HEALTH CARE SPEC [21], PRACTICAL NURSE [14], HEALTH CARE SPEC [14], WARDMASTER [4]), NP WARD & CONSULT SVC (OCC THERAPY SGT [1]), 2 MINIMAL CARE WARDS (HEALTH CARE SPEC [2], HEALTH CARE SGT [2], WARDMASTER [1]), PT SERVICE (PHYSICAL THERAPY SGT [1])

Means (Event) (TADSS): 2 - CLASS

Title: CLASS for NBC MEDICAL SKILLS (08736L100)

Estimated Duration: 1.25 Hours

Replication of Conditions (A-D): D - Refresher training; basic skills training

Multi-echelon Training:

Critical Training Gates:

Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS(et al))

PURPOSE: To provide refresher training to personnel with MOS 91W in recognizing and treating Nuclear, Biological, Chemical (NBC) illnesses and injuries.

OUTCOME: Personnel with MOS 91W will attain/sustain proficiency in recognizing and treating NBC illnesses and injuries.

EXECUTION GUIDANCE: This is crawl level training for the 91W, with walk level training conducted during the Lane Training Exercise (LTX). Training Circular 8-800, Semi-Annual Combat Medic Skills Validation Test and the 91W website (<http://www.cs.amedd.army.mil/91w>) with additional applicable FM's and TMs will be used for training guidance. Training will be on recognizing and treating the nuclear exposed casualty, biological agent exposure (pneumonia and encephalitis like agents), other biological agents and toxins, treatment of chemical agent exposure (nerve agents, cyanide, pulmonary, riot control). This training will be planned and executed by the unit. Training will be given IAW the NR EMT-B standards. The trainer will be a NCO/enlisted that is a Nationally Registered EMT-B (or higher) or an officer that is either medically licensed or certified (Nationally Registered EMT certification is not required). Training records should be maintained at the unit.

Resources:

Training Audience: HOSP OPERATIONS SECT (OPERATIONS SERGEANT [1]), NURSING SVC CNTL TEAM (PRACTICAL NURSE [1]), TRIAGE/PRE-OP/EMT (EMERGENCY CARE SPECIALIST [3], EMERGENCY CARE SGT [4], EMERGENCY CARE SGT [1], EMERGENCY CARE NCO [1]), LITTER BEARER SECTION (EMERGENCY CARE SPECIALIST [5], EMERGENCY CARE SPECIALIST [1]), ORTHO CAST CLINIC (ORTHOPEDIC SGT [1]), 3 INTENSIVE CARE WARD (PRACTICAL NURSE [12], WARDMASTER [3]), 7 INTERMED CARE WARDS (HEALTH CARE SPEC [21], PRACTICAL NURSE [14], HEALTH CARE SPEC [14], WARDMASTER [4]), NP WARD & CONSULT SVC (OCC THERAPY SGT [1]), 2 MINIMAL CARE WARDS (HEALTH CARE SPEC [2], HEALTH CARE SGT [2], WARDMASTER [1]), PT SERVICE (PHYSICAL THERAPY SGT [1])

ARTEP 8-705-MTP

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

Means (Event) (TADSS): SGT TIME

Title: SGT TIME for NBC MEDICAL SKILLS (08736L100)

Estimated Duration: 5 Hours

Replication of Conditions (A-D): D - Refresher training; basic skills training

Multi-echelon Training:

Critical Training Gates:

Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS/et al)

PURPOSE: To provide refresher training to personnel with MOS 91W in recognizing and treating Nuclear, Biological, Chemical (NBC) illnesses and injuries.

OUTCOME: Personnel with MOS 91W will sustain proficiency in recognizing and treating NBC illnesses and injuries.

EXECUTION GUIDANCE: This is crawl level training for the 91W, with walk level training conducted during the Lane Training Exercise (LTX). Training Circular 8-800, Semi-Annual Combat Medic Skills Validation Test and the 91W website (<http://www.cs.amedd.army.mil/91w>) with additional applicable FMs and TMs will be used for training guidance. Training will be on recognizing and treating the nuclear exposed casualty, biological agent exposure (pneumonia and encephalitis like agents), other biological agents and toxins, treatment of chemical agent exposure (nerve agents, cyanide, pulmonary, riot control). This training will be planned and executed by the unit. Training will be given IAW the NR EMT-B standards. The trainer will be a NCO/enlisted that is a Nationally Registered EMT-B (or higher) or an officer that is either medically licensed or certified (Nationally Registered EMT certification is not required). Training records should be maintained at the unit.

Resources:

Combined Arms Training Strategy
REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

<p>Task: EVACUATION (08-TS-TBL7)</p> <p>Supporting Task(s): 08-2-0314.08-705L TREAT HOSPITAL CASUALTIES</p> <p>Frequency: Semi-annually (2)</p> <p>Types of Events: CLASS, SGT TIME</p>	<p>Supported Mission(s): DEFEND HOSPITAL AREA DEPLOY HOSPITAL ESTABLISH HOSP AREA OF OPS PERFORM HOSP SPT AND SVC OPS RELOCATE HOSP TO NEW OP SITE</p>
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Training Audience: HOSP OPERATIONS SECT (OPERATIONS SERGEANT [1], NURSING SVC CNTL TEAM (PRACTICAL NURSE [1], TRIAGE/PRE-OP/EMT (EMERGENCY CARE SPECIALIST [3], EMERGENCY CARE SGT [4], EMERGENCY CARE SGT [1], EMERGENCY CARE NCO [1], LITTER BEARER SECTION (EMERGENCY CARE SPECIALIST [1], EMERGENCY CARE SPECIALIST [5], ORTHO CAST CLINIC (ORTHOPEDIC SGT [1], 3 INTENSIVE CARE WARD (PRACTICAL NURSE [12], WARDMASTER [3], 7 INTERMED CARE WARDS (HEALTH CARE SPEC [21], PRACTICAL NURSE [14], HEALTH CARE SPEC [14], WARDMASTER [4], NP WARD & CONSULT SVC (OCC THERAPY SGT [1], 2 MINIMAL CARE WARDS (HEALTH CARE SPEC [2], HEALTH CARE SGT [2], WARDMASTER [1], PT SERVICE (PHYSICAL THERAPY SGT [1])

Means (Event) (TADSS): 2 - CLASS

Title: CLASS for EVACUATION (08736L100)

Estimated Duration: 1 Hours

Replication of Conditions (A-D): D - Refresher training; basic skills training

Multi-echelon Training:

Critical Training Gates:
Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS(et al)

PURPOSE: To provide refresher training for personnel with MOS 91W in evacuation of casualties by air or ground.

OUTCOME: Personnel with MOS of 91W will attain/sustain proficiency in evacuation of casualties by air or ground.
EXECUTION GUIDANCE: This is crawl level training for the 91W, with walk level training conducted during the Lane Training Exercise (LTX). Training Circular 8-800, Semi-Annual Combat Medic Skills Validation Test and the 91W website (<http://www.cs.amedd.army.mil/91w>) will be used for training guidance. Training will focus on casualty evacuation by air or ground. This training will be planned and executed by the unit. Training will be given IAW the NR EMT-B standards. The trainer will be a NCO/enlisted that is a Nationally Registered EMT-B (or higher) or an officer that is either medically licensed or certified (Nationally Registered EMT certification is not required). Training records will be maintained at the unit.

Resources:

Training Audience: HOSP OPERATIONS SECT (OPERATIONS SERGEANT [1], NURSING SVC CNTL TEAM (PRACTICAL NURSE [1], TRIAGE/PRE-OP/EMT (EMERGENCY CARE SPECIALIST [3], EMERGENCY CARE SGT [4], EMERGENCY CARE SGT [1], EMERGENCY CARE NCO [1], LITTER BEARER SECTION (EMERGENCY CARE SPECIALIST [5], EMERGENCY CARE SPECIALIST [1], ORTHO CAST CLINIC (ORTHOPEDIC SGT [1], 3 INTENSIVE CARE WARD (PRACTICAL NURSE [12], WARDMASTER [3], 7 INTERMED CARE WARDS (HEALTH CARE SPEC [21], PRACTICAL NURSE [14], HEALTH CARE SPEC [14], WARDMASTER [4], NP WARD & CONSULT SVC (OCC THERAPY SGT [1], 2 MINIMAL CARE WARDS (HEALTH CARE SPEC [2], HEALTH CARE SGT [2], WARDMASTER [1], PT SERVICE (PHYSICAL THERAPY SGT [1])

Means (Event) (TADSS): SGT TIME

Title: SGT TIME for EVACUATION (08736L100)

ARTEP 8-705-MTP

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

Estimated Duration: 5 Hours

Replication of Conditions (A-D): D - Refresher training; basic skills training

Multi-echelon Training:

Critical Training Gates:

Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS/et al)

PURPOSE: To provide refresher training for personnel with MOS 91W in evacuation of casualty skills.

OUTCOME: Personnel with MOS of 91W will sustain proficiency in evacuation of casualties by air or ground.

EXECUTION GUIDANCE: This is crawl level training for the 91W, with walk level training conducted during the Lane Training Exercise (LTX). Training Circular 8-800, Semi-Annual Combat Medic Skills Validation Test and the 91W website (<http://www.cs.amedd.army.mil/91w>) will be used for training guidance. Training will focus on casualty evacuation by air or ground. This training will be planned and executed by the unit. Training will be given IAW the NR EMT-B standards. The trainer will be a NCO/enlisted that is a Nationally Registered EMT-B (or higher) or an officer that is either medically licensed or certified (Nationally Registered EMT certification is not required). Training records will be maintained at the unit.

Resources:

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

Task: TRAMA SKILLS (08-TS-CMS1)	Supported Mission(s): DEFEND HOSPITAL AREA DEPLOY HOSPITAL ESTABLISH HOSP AREA OF OPS PERFORM HOSP SPT AND SVC OPS RELOCATE HOSP TO NEW OP SITE
Supporting Task(s): 08-2-0314.08-705L TREAT HOSPITAL CASUALTIES	
Frequency: Semi-annually (2)	
Types of Events: LTX	

Training Audience: HOSP OPERATIONS SECT (OPERATIONS SERGEANT [1]), NURSING SVC CNTL TEAM (PRACTICAL NURSE [1]), TRIAGE/PRE-OP/EMT (EMERGENCY CARE SPECIALIST [3], EMERGENCY CARE SGT [4], EMERGENCY CARE SGT [1], EMERGENCY CARE NCO [1]), LITTER BEARER SECTION (EMERGENCY CARE SPECIALIST [5], EMERGENCY CARE SPECIALIST [1]), ORTHO CAST CLINIC (ORTHOPEDIC SGT [1]), 3 INTENSIVE CARE WARD (PRACTICAL NURSE [12], WARDMASTER [3]), 7 INTERMED CARE WARDS (HEALTH CARE SPEC [21], PRACTICAL NURSE [14], HEALTH CARE SPEC [14], WARDMASTER [4]), NP WARD & CONSULT SVC (OCC THERAPY SGT [1]), 2 MINIMAL CARE WARDS (HEALTH CARE SPEC [2], HEALTH CARE SGT [2], WARDMASTER [1]), PT SERVICE (PHYSICAL THERAPY SGT [1])

Means (Event) (TADSS): 2 - LTX
Title: LTX for TRAUMA SKILLS (08736L100)
Estimated Duration: 7.5 Hours
Replication of Conditions (A-D): C - Gate quality for task or echelon
Multi-echelon Training:
Critical Training Gates:

Action Gates: SGT TIME for TRAUMA ASSESSMENT AND MANAGEMENT (08736L100); CLASS for TRAUMA ASSESSMENT AND MANAGEMENT (08736L100); SGT TIME for IMMOBILIZATION OF BONE AND JOINT INJURIES/EXTRACTION (Individual and Team) (08736L100); CLASS for IMMOBILIZATION OF BONE AND JOINT INJURIES/EXTRACTION (Individual and Team) (08736L100); SGT TIME for EVACUATION (08736L100); CLASS for EVACUATION (08736L100);

Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS/et al)

PURPOSE: To provide sustainment training for personnel with MOS 91W in skills acquired in Tables I, II, and VII, if Table VII is trained in this LTX, as prescribed in TC 8-800, Semi-Annual Combat Medic Skills Validation Test and the 91W website (<http://www.cs.amedd.army.mil/91w>).

OUTCOME: Personnel with MOS 91W will complete the 10 tasks listed in TC 8-800, Tables I, II, or 11 tasks if Table VII is trained in this LTX. Personnel must pass 70 percent of all performance measures on Table I and II applicable skill sheets without missing any critical criteria. If Table VII is used, personnel must pass 100 percent of all performance measures on Table VII skill sheet.

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE HOSPITAL UNIT, BASE (CSH) (T1)

EXECUTION GUIDANCE: This Lane Training Exercise (LTX) is a walk level training event for the 91W Health Care Specialist. This training may be designed to replicate the reaction-based scenario training that the 91W may expect to encounter during semi-annual validation testing. The Tables have been grouped so as to provide a seamless flow from one situation to the next, beginning with initial assessment of the casualty, casualty treatment, and evacuation. Any fully qualified 91W (not carrying the Y2 identifier) can perform evaluator's duties. The evaluator will provide a casualty scenario, using scenarios 1, 2, 4, or 5 in TC 8-800 (or equivalent) for training. To conserve resources and time, and to insure the skill stations use reaction-style, scenario based training, Figure 2-1 of TC 8-800 may be used as a guide to suggested skills groupings. Equipment needed for this evaluation includes a fully stocked M5 bag or Combat Medic Vest System, simulated casualty (preferred) or manikin, intravenous (IV) infusion sets and fluids, oxygen, suction and ventilation apparatus, and selected medication. Training Circular 8-800, Semi-Annual Combat Medic Skills Validation Test (SACMS-VT) practical skill sheets will be used for evaluating proficiency. Skill sheets and training records will be maintained at the unit to satisfy the National Registry of EMTs (NREMT) requirement for continuing medical education necessary for biennial re-certification. TABLE I Demonstration will consist of trauma assessment, rapid trauma assessment using DCAP-BTLS, detailed physical exam and SAMPLE history, and the ability to recognize and treat bleeding and shock, ocular injuries, head injuries, chest injuries to include sucking chest wounds, abdominal wounds/injuries, impaled objects, and wounds to the extremities, initiation and maintenance of IV therapy. The evaluator will provide a casualty scenario. Equipment for this evaluation includes a simulated casualty or manikin IV arm, IV administration sets and fluids, immobilization equipment and splints, oxygen delivery systems, suction apparatus, ventilation equipment, selected medications and documentation forms. TABLE II Demonstration will consist of the ability to use traction splinting, immobilization of a joint injury, immobilization of a long bone injury, immobilization of head/spine injuries, immobilization of a skeletal injury, extrication of a casualty from a vehicle or aircraft, immobilize and treat a casualty with a suspected spine injury while seated with a KED or short board, immobilize and treat a suspected spinal injury, prone or supine, and demonstrate proficiency in casualty evacuation by air or ground, individually or as part of a team. The evaluator will provide a casualty scenario. Equipment needed for this evaluation includes a fully stocked M5 bag or Combat Medic Vest System, simulated casualty or manikin, intravenous administration sets and fluids, immobilization equipment and splinting material, oxygen, suction apparatus, ventilation equipment, selected medications and documentation forms, a helicopter or mock up, an ambulance with equipment, cervical collars, padding, and straps. NOTE: Table VII, Evacuation may be trained in this LTX. TABLE VII Demonstration will consist of casualty evacuation by air or ground. Demonstrate proficiency on individual tasks and as part of a team. The evaluator will provide a casualty scenario. Equipment needed for this evaluation includes a fully equipped M5 bag or Combat Medic Vest System, intravenous (IV) infusion sets and fluids, oxygen, ventilation and suction apparatus, selected medication, documentation forms, a helicopter or mock up, an ambulance with equipment, cervical collars, padding, and straps.

Resources:

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

Task: MEDICAL SKILLS (08-TS-CMS2)	Supported Mission(s): DEFEND HOSPITAL AREA DEPLOY HOSPITAL ESTABLISH HOSP AREA OF OPS PERFORM HOSP SPT AND SVC OPS RELOCATE HOSP TO NEW OP SITE
Supporting Task(s): 08-2-0314.08-705L TREAT HOSPITAL CASUALTIES	
Frequency: Semi-annually (2)	
Types of Events: LTX	

Training Audience: HOSP OPERATIONS SECT (OPERATIONS SERGEANT [1]), NURSING SVC CNTL TEAM (PRACTICAL NURSE [1]), TRIAGE/PRE-OP/EMT (EMERGENCY CARE SPECIALIST [3], EMERGENCY CARE SGT [4], EMERGENCY CARE SGT [1], EMERGENCY CARE NCO [1]), LITTER BEARER SECTION (EMERGENCY CARE SPECIALIST [5], EMERGENCY CARE SPECIALIST [1]), ORTHO CAST CLINIC (ORTHOPEDIC SGT [1]), 3 INTENSIVE CARE WARD (PRACTICAL NURSE [12], WARDMASTER [3]), 7 INTERMED CARE WARDS (HEALTH CARE SPEC [21], PRACTICAL NURSE [14], HEALTH CARE SPEC [14], WARDMASTER [4]), NP WARD & CONSULT SVC (OCC THERAPY SGT [1]), 2 MINIMAL CARE WARDS (HEALTH CARE SPEC [2], HEALTH CARE SGT [2], WARDMASTER [1]), PT SERVICE (PHYSICAL THERAPY SGT [1])

Means (Event) (TADSS): 2 - LTX

Title: LTX for MEDICAL SKILLS (08736L100)

Estimated Duration: 9.25 Hours

Replication of Conditions (A-D): C - Gate quality for task or echelon

Multi-echelon Training:

Critical Training Gates:

Action Gates: CLASS for MEDICAL ASSESSMENT AND MANAGEMENT (08736L100); SGT TIME for MEDICAL ASSESSMENT AND MANAGEMENT (08736L100); CLASS for BASIC AND ADVANCE SKILLS (08736L100); SGT TIME for BASIC AND ADVANCED AIRWAY SKILLS (08736L100); SGT TIME for CPR MANAGEMENT (08736L100); CLASS for CPR MANAGEMENT (08736L100); SGT TIME for EVACUATION (08736L100); CLASS for EVACUATION (08736L100);

Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS(es))

PURPOSE: To provide sustainment training for personnel with MOS 91W in skills acquired in Tables III, IV, V, and VII, if Table VII is trained in this LTX, as prescribed in TC 8-800, Semi-Annual Combat Medic Skills Validation Test and the 91W website (<http://www.cs.amedd.army.mil/91w>).

OUTCOME: Personnel with MOS 91W will complete the 13 tasks listed in TC 8-800, Tables III, IV, and V or 16 tasks, if Table VII is trained in this LTX. Personnel must pass 70 percent of all performance measures on III, IV, and V applicable skill sheets without missing any critical criteria. If Table VII is used, personnel must pass 100 percent of all performance measures on Table VII skill sheet.

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE HOSPITAL UNIT, BASE (CSH) (T1)

EXECUTION GUIDANCE: This Lane Training Exercise (LTX) is a walk level training event for the 91W Health Care Specialist. This training may be designed to replicate the reaction-based scenario training that the 91W may expect to encounter during semi-annual validation testing. The Tables have been grouped so as to provide a seamless flow from one situation to the next, beginning with initial assessment of the casualty, casualty treatment, and evacuation. Any fully qualified 91W (not carrying the Y2 identifier) can perform evaluator's duties. The evaluator will provide a casualty scenario, using scenarios 2, or 6 through 13 in TC 8-800 (or equivalent) for trainings. To conserve resources and time, and to insure the skill stations use reaction-style, scenario based training, Figure 2-1 of TC 8-800 may be used as a guide to suggested skills groupings. Equipment needed for this evaluation includes a fully stocked M5 bag or Combat Medic Vest System, simulated casualty (preferred) or manikin, intravenous (IV) infusion sets and fluids, oxygen, suction and ventilation apparatus, and selected medication. Training Circular 8-800, Semi-Annual Combat Medic Skills Validation Test (SACMS-VT) practical skill sheets will be used for evaluating proficiency. Skill sheets and training records will be maintained at the unit to satisfy the National Registry of EMTs (NREMT) requirement for continuing medical education necessary for biennial re-certification. TABLE III Demonstration will consist of non-trauma assessment, focused history and physical exam, obtain a SAMPLE history, obtain baseline vital signs, recognize and treat casualties with bites and stings, anaphylaxis, seizure disorders, behavioral emergencies, cold and heat injuries, cardiopulmonary conditions, gastrointestinal disorders, immunological disorders, metabolic/endocrine disorders, infectious disease, diabetes and skin disorders. A simulated casualty or manikin should be used. The evaluator will provide a casualty scenario. Equipment for this evaluation includes a fully stocked M5 bag or Combat Medic Vest System, IV administration equipment and fluids, oxygen, suction and ventilation equipment, selected drugs and medications based on the scenario, and documentation forms. TABLE IV Demonstration will consist of maintaining the airway, oxygen equipment setup, oxygen administration with bag-valve-mask (BVM) and non-rebreather mask, mouth to mask with supplemental oxygen, airway adjuncts and treatment of the apneic casualty. The evaluator will provide a casualty scenario. Medical Table I may use one of the simulated casualty scenarios in Table III or Table IV. Equipment will include a fully stocked M5 Aid bag or Combat Medic Vest System, training manikin, oxygen delivery system, suction apparatus, BVM and airway adjuncts. TABLE V The evaluator will provide a casualty scenario. Equipment needed for this evaluation includes adult and infant manikins, AED training device, intravenous infusion sets and fluids, ventilation and suction apparatus, immobilization equipment and splints, oxygen, a fully stocked M5 bag or Combat Medic Vest System. NOTE: Table VII, Evacuation may be trained in this LTX. TABLE VII Demonstration will consist of casualty evacuation by air or ground. Demonstrate proficiency on individual tasks and as part of a team. The evaluator will provide a casualty scenario. Equipment needed for this evaluation includes a fully equipped M5 bag or Combat Medic Vest System, intravenous (IV) infusion sets and fluids, oxygen, ventilation and suction apparatus, selected medication, documentation forms, a helicopter or mock up, an ambulance with equipment, cervical collars, padding, and straps.

Resources:

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

Task: NBC MEDICAL SKILLS (08-TS-CMS3)	Supported Mission(s): DEFEND HOSPITAL AREA DEPLOY HOSPITAL ESTABLISH HOSP AREA OF OPS PERFORM HOSP SPT AND SVC OPS RELOCATE HOSP TO NEW OP SITE
Supporting Task(s): 08-2-0314 08-705L TREAT HOSPITAL CASUALTIES	
Frequency: Semi-annually (2)	
Types of Events: LTX	

Training Audience: HOSP OPERATIONS SECT (OPERATIONS SERGEANT [1], NURSING SVC CNTL TEAM (PRACTICAL NURSE [11], TRIAGE/PRE-OP/EMT (EMERGENCY CARE SPECIALIST [3], EMERGENCY CARE SGT [4], EMERGENCY CARE SGT [1], EMERGENCY CARE NCO [1]), LITTER BEARER SECTION (EMERGENCY CARE SPECIALIST [1], EMERGENCY CARE SPECIALIST [5]), ORTHO CAST CLINIC (ORTHOPEDIC SGT [1]), 3 INTENSIVE CARE WARD (PRACTICAL NURSE [12], WARDMASTER [3]), 7 INTERMED CARE WARDS (HEALTH CARE SPEC [21], PRACTICAL NURSE [14], HEALTH CARE SPEC [14], WARDMASTER [4]), NP WARD & CONSULT SVC (OCC THERAPY SGT [1], 2 MINIMAL CARE WARDS (HEALTH CARE SPEC [2], HEALTH CARE SGT [2], WARDMASTER [1]), PT SERVICE (PHYSICAL THERAPY SGT [1])

Means (Event) (TADSS): 2 - LTX
Title: LTX for NBC MEDICAL SKILLS (08736L100)
Estimated Duration: 1.25 Hours
Replication of Conditions (A-D): C - Gate quality for task or echelon
Multi-echelon Training:
Critical Training Gates:

Action Gates: CLASS for NBC MEDICAL SKILLS (08736L100); SGT TIME for NBC MEDICAL SKILLS (08736L100); SGT TIME for EVACUATION (08736L100); CLASS for EVACUATION (08736L100);

Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS(es))

PURPOSE: To provide sustainment training for personnel with MOS 91W in skills acquired in Table VI and VII, if Table VII is trained in this LTX, as prescribed in TC 8-800, Semi-Annual Combat Medic Skills Validation Test and the 91W website (<http://www.cs.amedd.army.mil/91w>).

OUTCOME: Personnel with MOS 91W completes the 5 tasks listed in TC 8-800 Table VI, or 8 tasks if Table VII is trained in this LTX. Personnel must pass 70 percent of all performance measures on Table VI skill sheet without missing any critical criteria. If Table VII is used, personnel must pass 100 percent of all performance measures on Table VII skill sheet.

EXECUTION GUIDANCE: This Lane Training Exercise (LTX) is a walk level training event for the 91W Health Care Specialist. This training may be designed to replicate the reaction-based scenario training that the 91W may expect to encounter during semi-annual validation testing. The Tables have been grouped so as to provide a seamless flow from one situation to the next, beginning with initial assessment of the casualty, casualty treatment, and evacuation. Any fully qualified 91W (not carrying the Y2 identifier) can perform evaluator's duties. The evaluator will provide a casualty scenario, using scenario 3 in TC 8-800 (or equivalent) for training. To conserve resources and time, and to insure the skill stations use reaction-style, scenario based training, Figure 2-1 of TC 8-800 may be used as a guide to suggested skills groupings. Equipment needed for this evaluation includes a fully stocked M5 bag or Combat Medic Vest System, simulated casualty (preferred) or manikin, intravenous (IV) infusion sets and fluids, oxygen, suction and ventilation apparatus, CPOGs, decontamination kit, and selected medication. Training Circular 8-800, Semi-Annual Combat Medic Skills Validation Test (SACMS-VT) practical skill sheets will be used for evaluating proficiency. Skill sheets and training records will be maintained at the unit to satisfy the National Registry of EMTs (NREMT) requirement for continuing medical education necessary for biennial re-certification. TABLE VI Demonstration will be on recognizing and treating the nuclear exposed casualty, biological agent exposure (pneumonia and encephalitis like agents), other biological agents and toxins, treatment of chemical agent exposure (nerve agents, cyanide, pulmonary, riot control). The evaluator will provide a casualty scenario. Equipment needed for this evaluation includes a fully stocked M5 bag or Combat Medic Vest System, simulated casualty or manikin, intravenous (IV) infusion sets and fluids, oxygen, suction and ventilation apparatus, CPOGs, decontamination kit, and selected medication. NOTE: Table VII, Evacuation may be trained in this LTX. TABLE VII Demonstration will consist of casualty evacuation by air or ground. Demonstrate proficiency on individual tasks and as part of a team. The evaluator will provide a casualty scenario. Equipment needed for this evaluation includes a fully equipped M5 bag or Combat Medic Vest System, intravenous (IV) infusion sets and fluids, oxygen, ventilation and suction apparatus, selected medication, documentation forms, a helicopter or mock up, an ambulance with equipment, cervical collars, padding, and straps.

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Resources:

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE
HOSPITAL UNIT, BASE (CSH) (T1)

Task: SEMI-ANNUAL COMBAT MEDIC SKILLS VALIDATION TEST (TABLE VIII) (08-TS-TBL8)	Supported Mission(s): DEFEND HOSPITAL AREA DEPLOY HOSPITAL ESTABLISH HOSP AREA OF OPS PERFORM HOSP SPT AND SVC OPS RELOCATE HOSP TO NEW OP SITE
Supporting Task(s): 08-2-0314.08-705L TREAT HOSPITAL CASUALTIES	
Frequency: Semi-annually (2)	
Types of Events: STX	

Training Audience: HOSP OPERATIONS SECT (OPERATIONS SERGEANT [1]), NURSING SVC CNTL TEAM (PRACTICAL NURSE [1]), TRIAGE/PRE-OP/IENT (EMERGENCY CARE SPECIALIST [3], EMERGENCY CARE SGT [4], EMERGENCY CARE SGT [1], EMERGENCY CARE NCO [1]), LITTER BEARER SECTION (EMERGENCY CARE SPECIALIST [5], EMERGENCY CARE SPECIALIST [1]), ORTHO CAST CLINIC (ORTHOPEDIC SGT [1]), 3 INTENSIVE CARE WARD (PRACTICAL NURSE [12], WARDMASTER [3]), 7 INTERMED CARE WARDS (HEALTH CARE SPEC [21], PRACTICAL NURSE [14], HEALTH CARE SPEC [14], WARDMASTER [4]), NP WARD & CONSULT SVC (OCC THERAPY SGT [1]), 2 MINIMAL CARE WARDS (HEALTH CARE SPEC [2], HEALTH CARE SGT [2], WARDMASTER [1]), PT SERVICE (PHYSICAL THERAPY SGT [1])

Means (Event) (TADSS): 2 - STX

Title: STX for SEMI-ANNUAL COMBAT MEDIC SKILLS VALIDATION TEST (TABLE VIII) (08736L100)

Estimated Duration: 16 Hours

Replication of Conditions (A-D): B - CTC quality training; realism sufficient to permit appraisal of training readiness for USR

Multi-echelon Training:

Critical Training Gates:

Action Gates: LTX for TRAUMA SKILLS (08736L100); LTX for MEDICAL SKILLS (08736L100); LTX for NBC MEDICAL SKILLS (08736L100); CLASS for TRAUMA ASSESSMENT AND MANAGEMENT (08736L100); SGT TIME for TRAUMA ASSESSMENT AND MANAGEMENT (08736L100); SGT TIME for IMMOBILIZATION OF BONE AND JOINT INJURIES/EXTRACTION (Individual and Team) (08736L100); CLASS for IMMOBILIZATION OF BONE AND JOINT INJURIES/EXTRACTION (Individual and Team) (08736L100); SGT TIME for MEDICAL ASSESSMENT AND MANAGEMENT (08736L100); CLASS for MEDICAL ASSESSMENT AND MANAGEMENT (08736L100); CLASS for BASIC AND ADVANCE SKILLS (08736L100); SGT TIME for BASIC AND ADVANCED AIRWAY SKILLS (08736L100); SGT TIME for CPR MANAGEMENT (08736L100); CLASS for CPR MANAGEMENT (08736L100); CLASS for NBC MEDICAL SKILLS (08736L100); SGT TIME for NBC MEDICAL SKILLS (08736L100); SGT TIME for EVACUATION (08736L100); CLASS for EVACUATION (08736L100);

Individual Tasks

Comments: (Includes purpose of event; outcome supported; execution guidance about execution of the event; constraints posed by TADSS/et al)

PURPOSE: To test the proficiency of personnel with MOS 91W in skills acquired in Tables I through VII as prescribed in TC 8-800, Semi-Annual Combat Medic Skills Validation Test and the 91W website (<http://www.cs.amedd.army.mil/91w>).

OUTCOME: Personnel with MOS 91W will complete the 19 tasks listed in TC 8-800 Tables I through VII within a 2-hour time limit. Personnel must pass 70 percent of all performance measures on Table I through VI applicable skill sheets without missing any critical criteria. Personnel must pass 100 percent of all performance measures on Table VII skill sheet. The commander or designated representatives will input the testing result of each personnel with MOS 91W into the Medical Occupation Data System (MODS) website (<http://mods.army.mil/>).

Combined Arms Training Strategy

REVISED CATS TASK TEMPLATE HOSPITAL UNIT, BASE (CSH) (T1)

EXECUTION GUIDANCE: The STX for Table VIII for the Semi-Annual Combat Medic Skills Validation Test (SACMS-VT) is a run level training event designed to be the capstone, or culminating event for the SACMS-VT requiring the 91W Health Care Specialist to demonstrate proficiency in SACMS-VT Tables I through VII. This STX should take the 91W approximately two hours to complete. Any fully qualified 91W (not carrying the Y2 identifier) can perform evaluator's duties. The evaluator will provide a casualty scenario, using scenarios 1 through 14 in TC 8-800 (or equivalent) for testing. To conserve resources and time, and to insure the skill stations use reaction-style, scenario based testing, figure 2-1 of TC 8-800 may be used as a guide to suggested skills groupings. Equipment needed for this evaluation includes a fully stocked M5 bag or Combat Medic Vest System, simulated casualty (preferred) or manikin, intravenous (IV) infusion sets and fluids, oxygen, suction and ventilation apparatus, CPOGs, decontamination kit, and selected medication. Training Circular 8-800 practical skill sheets will be used for evaluating proficiency and in addition for Table V the American Heart Association (AHA) guidelines will be used for evaluating proficiency in one and two person Cardiopulmonary Resuscitation (CPR). Skill sheets and training records will be maintained at the unit to satisfy the National Registry of EMTs (NREMT) requirement for continuing medical education necessary for biennial re-certification. TABLE I Demonstration will consist of trauma assessment, rapid trauma assessment using DCAP-BTLS, detailed physical exam and SAMPLE history, and the ability to recognize and treat bleeding and shock, ocular injuries, head injuries, chest injuries to include sucking chest wounds, abdominal wounds/injuries, impaled objects, and wounds to the extremities, initiation and maintenance of IV therapy. The evaluator will provide a casualty scenario. Equipment for this evaluation includes a simulated casualty or manikin IV arm, IV administration sets and fluids, immobilization equipment and splints, oxygen delivery systems, suction apparatus, ventilation equipment, selected medications and documentation forms. TABLE II Demonstration will consist of the ability to use traction splinting, immobilization of a joint injury, immobilization of a long bone injury, immobilization of head/spine injuries, immobilization of a skeletal injury, extrication of a casualty from a vehicle or aircraft, immobilize and treat a casualty with a suspected spine injury while seated with a KED or short board, immobilize and treat a suspected spinal injury, prone or supine, and demonstrate proficiency in casualty evacuation by air or ground, individually or as part of a team. The evaluator will provide a casualty scenario. Equipment needed for this evaluation includes a fully stocked M5 bag or Combat Medic Vest System, simulated casualty or manikin, intravenous administration sets and fluids, immobilization equipment and splinting material, oxygen, suction apparatus, ventilation equipment, selected medications and documentation forms, a helicopter or mock up, an ambulance with equipment, cervical collars, padding, and straps. TABLE III Demonstration will consist of non-trauma assessment, focused history and physical exam, obtain a SAMPLE history, obtain baseline vital signs, recognize and treat casualties with bites and stings, anaphylaxis, seizure disorders, behavioral emergencies, cold and heat injuries, cardiopulmonary conditions, gastrointestinal disorders, immunological disorders, metabolic/endocrine disorders, infectious disease, diabetes and skin disorders. A simulated casualty or manikin should be used. The evaluator will provide a casualty scenario. Equipment for this evaluation includes a fully stocked M5 bag or Combat Medic Vest System, IV administration equipment and fluids, oxygen, suction and ventilation equipment, selected drugs and medications based on the scenario, and documentation forms. TABLE IV Demonstration will consist of maintaining the airway, oxygen equipment setup, oxygen administration with bag-valve-mask (BVM) and non-rebreather mask, mouth to mask with supplemental oxygen, airway adjuncts and treatment of the apneic casualty. The evaluator will provide a casualty scenario. Medical Table I may use one of the simulated casualty scenarios in Table III or Table IV. Equipment will include a fully stocked M5 Aid bag or Combat Medic Vest System, training manikin, oxygen delivery system, suction apparatus, BVM and airway adjuncts. TABLE V The evaluator will provide a casualty scenario. Equipment needed for this evaluation includes adult and infant manikins, AED training device, intravenous infusion sets and fluids, ventilation and suction apparatus, immobilization equipment and splints, oxygen, a fully stocked M5 bag or Combat Medic Vest System. TABLE VI Demonstration will be on recognizing and treating the nuclear exposed casualty, biological agent exposure (pneumonia and encephalitis like agents), other biological agents and toxins, treatment of chemical agent exposure (nerve agents, cyanide, pulmonary, riot control). The evaluator will provide a casualty scenario. Equipment needed for this evaluation includes a fully stocked M5 bag or Combat Medic Vest System, simulated casualty or manikin, intravenous (IV) infusion sets and fluids, oxygen, suction and ventilation apparatus, CPOGs, decontamination kit, and selected medication. TABLE VII Demonstration will consist of casualty evacuation by air or ground. The 91W will demonstrate proficiency on individual tasks and as part of a team. The evaluator will provide a casualty scenario. Equipment needed for this evaluation includes a fully equipped M5 bag or Combat Medic Vest System, intravenous (IV) infusion sets and fluids, oxygen, ventilation and suction apparatus, selected medication, documentation forms, a helicopter or mock up, an ambulance with equipment, cervical collars, padding, and straps. This training will be planned and executed by the unit. Training records will be maintained at the unit and the skill sheets will follow the soldier for re certification.

Resources: