

Training and Evaluation Outline Report

Status: Approved

05 Mar 2015

Effective Date: 30 Sep 2016

Task Number: 71-9-4430

Task Title: Provide Health Services (Division Echelon and Above [Operational])

Distribution Restriction: Approved for public release; distribution is unlimited.

Destruction Notice: None

Foreign Disclosure: FD1 - This training product has been reviewed by the training developers in coordination with the Fort Leavenworth foreign disclosure officer. This training product can be used to instruct international military students from all approved countries without restrictions.

Supporting Reference(s):

Step Number	Reference ID	Reference Name	Required	Primary
	JP 4-0	Joint Logistics	Yes	No
	JP 4-02	Health Service Support	Yes	Yes

Conditions: The command is conducting operations as a Joint Task Force (JTF) or as a Combined Joint Task Force (CJTF) headquarters. The command's headquarters receives liaison, unit, and individual augmentees. The command receives an operations order from higher headquarters. The commander issues guidance on providing health services in the joint operations area. The command establishes communications with subordinate and adjacent units and higher headquarters. The mission command system is operational and processing information. This task should not be trained in MOPP 4.

Standards: The staff provides or arranges health services to promote, improve, conserve, and/or restore the mental or physical well-being of personnel in accordance with the commanders intent, orders from higher headquarters, and standard operating procedures.

Live Fire Required: No

Objective Task Evaluation Criteria Matrix:

Plan and Prepare		Execute						Assess	
Operational Environment	Training Environment (L/V/C)	Training/Authorized	% of Leaders Present at	% of Soldiers Present at	External Eval	% Performance Measures 'GO'	% Critical Performance Measures 'GO'	% Leader Performance Measures 'GO'	Task Assessment
BDE & Above									
Dynamic and Complex (All OE Variables and Hybrid Threat)	Night	IAW unit CATS statement.	>=85%	>=80%	Yes	>=91%	All	>=90%	T
			75-84%			80-90%		80-89%	T-
Dynamic and Complex (All OE Variables and Single Threat)	Day		65-74%	75-79%	No	65-79%	<All	<=79%	P
			60-64%	60-74%		51-64%			P-
Dynamic and Complex (<All OE Variables and Single Threat)				<=59%	<=59%	<=50%			U

Remarks: None

Notes: None

Safety Risk: Low

Task Statements

Cue: None

DANGER

Leaders have an inherent responsibility to conduct Risk Management to ensure the safety of all Soldiers and promote mission accomplishment.

WARNING

Risk Management is the Army's primary decision-making process to identify hazards, reduce risk, and prevent both accidental and tactical loss. All soldiers have the responsibility to learn and understand the risks associated with this task.

CAUTION

Identifying hazards and controlling risks across the full spectrum of Army functions, operations, and activities is the responsibility of all Soldiers.

Performance Steps and Measures

NOTE: Assess task proficiency using the task evaluation criteria matrix.

NOTE: Asterisks (*) indicate leader steps; plus signs (+) indicate critical steps.

STEP/MEASURE	GO	NO-GO	N/A
1. The staff plans the integration, prevention, protection, and treatment capabilities for military personnel that:	N/A	N/A	N/A
a. Provide immediate medical care and stabilization in preparation for evacuation to the next level of care to include:	N/A	N/A	N/A
(1) Tactical combat casualty care.	N/A	N/A	N/A
(2) Emergent care services.	N/A	N/A	N/A
(3) Primary care.	N/A	N/A	N/A
b. Provide advanced emergency medical treatment to stabilize the patient and to administer life- and limb-saving medical treatment.	N/A	N/A	N/A
c. Deliver the health support required to medically sustain forces in purposely positioned hospitals.	N/A	N/A	N/A
d. Continue care during movement or evacuation without compromising patient condition and includes:	N/A	N/A	N/A
(1) Casualty evacuation by unregulated movement of casualties aboard ships, land vehicles, or aircraft.	N/A	N/A	N/A
(2) Medical evacuation aboard designated fixed- and rotary-wing aircraft, boats, and ships equipped and staffed with medical attendants for enroute care.	N/A	N/A	N/A
(3) Aeromedical evacuation by the Air Force which provides time-sensitive enroute care to regulated patients to and between medical treatment facilities.	N/A	N/A	N/A
e. Render definitive care to manage a patient's condition and includes preventive, curative, acute, convalescent, restorative, and rehabilitative medical care.	N/A	N/A	N/A
2. The staff surgeon's office plans, controls, and assesses the medical resources required to establish an operational health care infrastructure by:	N/A	N/A	N/A
a. Coordinating health service support and force health protection initiatives.	N/A	N/A	N/A
b. Managing deployment health surveillance.	N/A	N/A	N/A
c. Collaborating with Services, DoD agencies, non-governmental and inter-governmental organizations, and host nation and multi-national partners.	N/A	N/A	N/A
d. Ensuring standardization and interoperability of medical capabilities and materiel.	N/A	N/A	N/A
e. Developing a medical plan and course of action analyses.	N/A	N/A	N/A
f. Coordinating intra-theater patient movement.	N/A	N/A	N/A
g. Advising the commander concerning:	N/A	N/A	N/A
(1) Joint force health issues such as disease and nonbattle and battle injury rates and other health factors that could affect operations to include medical threat identification and protective measures.	N/A	N/A	N/A
(2) Rest, rotation, and reconstitution policies and procedures.	N/A	N/A	N/A
(3) Prevention and protection measures and procedures, including immunization, field sanitation measures and hygiene, veterinary services, epidemiology, and prevention programs.	N/A	N/A	N/A
(4) Health surveillance, including medical and occupational and environmental health surveillance.	N/A	N/A	N/A
(5) Force health protection during reception, staging, onward movement, and integration of the joint force.	N/A	N/A	N/A
(6) The treatment and evacuation of US and multinational forces personnel.	N/A	N/A	N/A
h. Establishing medical request for forces, request for assistance, and request for support.	N/A	N/A	N/A
i. Establishing an area joint blood program office and a joint patient movement requirements center.	N/A	N/A	N/A
j. Preparing a medical estimate based on the integration of all health and safety risk assessments.	N/A	N/A	N/A
k. Establishing a health surveillance capability to monitor disease and environmental hazards, conduct epidemiological investigations, and document environmental and occupational monitoring results and exposure diagnoses.	N/A	N/A	N/A
l. Developing mass casualty plans.	N/A	N/A	N/A
m. Planning medical support to personnel recovery operations.	N/A	N/A	N/A
n. Coordinating disaster relief and foreign humanitarian assistance augmentation and providing support to civil-military operations.	N/A	N/A	N/A
o. Coordinating medical consultation services to include telemedicine.	N/A	N/A	N/A
p. Collecting and forwarding pertinent medical statistical data.	N/A	N/A	N/A
q. Providing access to clinical and environmental laboratory capabilities for the identification and confirmation of chemical, biological, or radiological hazards.	N/A	N/A	N/A
3. The staff surgeon's office manages the total medical force, health quality and safety, medical and health information, joint and interagency medical logistics, and medical research and development by:	N/A	N/A	N/A
a. Distributing medical resources and capabilities to provide casualty management that include:	N/A	N/A	N/A
(1) Casualty evacuation, medical evacuation, aeromedical evacuation from the point of injury, illness, or wounding, through roles of care within the theater, to include evacuation to definitive care.	N/A	N/A	N/A
(2) Patient movement which provides the enroute medical care and emergency medical intervention, if required, and to enhance the individual's prognosis and to reduce long-term disability.	N/A	N/A	N/A

(3) Medical regulating system to coordinate the movement of patients from site of injury or onset of disease through successive roles of medical care to an appropriate medical treatment facility.	N/A	N/A	N/A
b. Organizing and providing life-cycle management of specialized medical products and services required to operate an integrated health system anywhere in the world through:	N/A	N/A	N/A
(1) Medical materiel management.	N/A	N/A	N/A
(2) Medical equipment and technology.	N/A	N/A	N/A
(3) Medical equipment maintenance and repair.	N/A	N/A	N/A
(4) Optical fabrication and repair.	N/A	N/A	N/A
(5) Blood management and distribution.	N/A	N/A	N/A
(6) Centralized management of patient movement items.	N/A	N/A	N/A
(7) Health facilities planning and management.	N/A	N/A	N/A
(8) Medical logistics services.	N/A	N/A	N/A
(9) Medical contracting.	N/A	N/A	N/A
c. Developing a system and processes to manage medical and health information.	N/A	N/A	N/A
4. The staff surgeon's office develops measures to promote, improve, or conserve the behavioral and physical well-being of Service members to prevent injury and illness and protect the force from health hazards by:	N/A	N/A	N/A
a. Enforcing specific minimal physical and mental standards to ensure military personnel are free of diseases or medical and dental conditions that will not limit expeditionary military service.	N/A	N/A	N/A
b. Anticipating and preventing communicable diseases, illnesses, and exposure to endemic, occupational, and environmental threats.	N/A	N/A	N/A
c. Identifying populations at risk to assess potentially hazardous exposures to medical, food and water, occupational and environmental, psychological, and chemical, biological, radiological, and nuclear threats.	N/A	N/A	N/A
d. Developing combat and operational stress control programs and actions to prevent, identify, and manage adverse combat and operational stress reactions in units.	N/A	N/A	N/A
e. Incorporating primary, secondary, and tertiary preventive dentistry measures to reduce or eliminate conditions that decrease personnel fitness and could result in removal of personnel from their unit for treatment.	N/A	N/A	N/A
f. Providing preventive eye care to reduce or eliminate conditions that may decrease personnel fitness in performing their mission and which could result in removal of members from their unit for treatment.	N/A	N/A	N/A
g. Deploying environmental laboratory service capabilities to identify and confirm endemic diseases, occupational and environmental health hazards, and chemical, biological, radiological, and nuclear agents.	N/A	N/A	N/A
h. Task-organizing veterinary units to support government-owned animal health care, veterinary preventive medicine, and food safety and security programs.	N/A	N/A	N/A

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

ITERATION: 1 2 3 4 5 M

COMMANDER/LEADER ASSESSMENT: T P U

Mission(s) supported: None

MOPP 4: Never

MOPP 4 Statement: None

NVG: Never

NVG Statement: None

Prerequisite Collective Task(s):

Step Number	Task Number	Title	Proponent	Status
	71-9-5200	Assess the Operational Situation	71 - Combined Arms (Collective)	Approved
	71-9-5300	Prepare Plans (Division Echelon and Above [Operational])	71 - Combined Arms (Collective)	Approved
	71-9-5400	Control Subordinate Operational Forces (Division Echelon and Above [Operational])	71 - Combined Arms (Collective)	Approved
	71-9-6500	Provide Security for Operational Forces (Division Echelon and Above [Operational])	71 - Combined Arms (Collective)	Approved

Supporting Collective Task(s):

Step Number	Task Number	Title	Proponent	Status
	71-TA-5310	Conduct Operational Mission Analysis for Theater Army	71 - Combined Arms (Collective)	Approved

OPFOR Task(s): None

Supporting Individual Task(s):

Step Number	Task Number	Title	Proponent	Status
	150-LDR-5003	Use the Mission Order Technique	150 - Combined Arms (Individual)	Approved
	150-MC-2300	Perform Information Collection	150 - Combined Arms (Individual)	Approved
	150-MC-5111	Conduct the Military Decisionmaking Process	150 - Combined Arms (Individual)	Approved
	150-MC-5144	Develop a Running Estimate	150 - Combined Arms (Individual)	Approved
	150-MC-5145	Conduct Risk Management	150 - Combined Arms (Individual)	Approved
	150-MC-5200	Conduct Command Post Operations	150 - Combined Arms (Individual)	Approved

Supporting Drill(s): None

Supported AUTL/UJTL Task(s):

Task ID	Title
OP 4.4.3	Provide Health Services

TADSS

TADSS ID	Title	Product Type	Quantity
No TADSS specified			

Equipment (LIN)

LIN	Nomenclature	Qty
No equipment specified		

Materiel Items (NSN)

NSN	LIN	Title	Qty
No materiel items specified			

Environment: Environmental protection is not just the law but the right thing to do. It is a continual process and starts with deliberate planning. Always be alert to ways to protect our environment during training and missions. In doing so, you will contribute to the sustainment of our training resources while protecting people and the environment from harmful effects. Refer to the current Environmental Considerations manual and the current GTA Environmental-related Risk Assessment card. .

Safety: In a training environment, leaders must perform a risk assessment in accordance with ATP 5-19, Risk Management. Leaders will complete the current Deliberate Risk Assessment Worksheet in accordance with the TRADOC Safety Officer during the planning and completion of each task and sub-task by assessing mission, enemy, terrain and weather, troops and support available-time available and civil considerations, (METT-TC). Note: During MOPP training, leaders must ensure personnel are monitored for potential heat injury. Local policies and procedures must be followed during times of increased heat category in order to avoid heat related injury. Consider the MOPP work/rest cycles and water replacement guidelines IAW FM 3-11.4, Multiservice Tactics, Techniques, and Procedures for Nuclear, Biological, and Chemical (NBC) Protection, FM 3-11.5, Multiservice Tactics, Techniques, and Procedures for Chemical, Biological, Radiological, and Nuclear Decontamination.