

# Training and Evaluation Outline Report

Status: Approved

30 Jul 2021

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Task Number: 08-PLT-8104

Task Title: Conduct Force Health Protection Activities

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**Destruction Notice:** None

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## Supporting Reference(s):

Step Number	Reference ID	Reference Name	Required	Primary	Source Information
	ADP 3-0	Operations	Yes	No	
	ADP 5-0	The Operations Process	Yes	No	
	AR 385-10	The Army Safety Program	Yes	No	
	ATP 3-34.5	Environmental Considerations	Yes	No	
	ATP 4-02.4	Medical Platoon	Yes	Yes	
	ATP 4-02.8	Force Health Protection	Yes	No	
	ATP 4-02.82	Occupational and Environmental Health Site Assessment <a href="http://armypubs.army.mil/doctrine/DR_pubs/dr_a/pdf/atp4_02x82.pdf">http://armypubs.army.mil/doctrine/DR_pubs/dr_a/pdf/atp4_02x82.pdf</a>	Yes	No	
	FM 4-02	ARMY HEALTH SYSTEM	Yes	No	

**Conditions:** The medical platoon (PLT) receives an operation order (OPORD) from higher headquarters (HQ) alerting the platoon to conduct Force Health Protection (FHP) activities in support of operational forces in an operational environment (OE). The medical operations officer (MEDO)/platoon leader issues planning and execution guidance as required and as situations change. The PLT has primary access to main supply routes, approved external sustainment support, and is accessible to all supported and supporting customers/units in the area of operations (AO). Continuous voice, data, full motion video communications capabilities, if required and authorized in accordance with (IAW) OPORD, tactical radios, data networks, command and control information systems, and other medical network capabilities are established and operational. The required Army, joint, and host nation applicable regulations, approved internal and external standard operating procedures (SOPs), technical manuals (TMs), Army techniques publications (ATPs), field manuals (FMs), and Army Health System (AHS) policies are on-hand as reference material. The PLT has been provided guidance on rules of engagement for this mission and are continuously receiving updates as situations and mission requirements change. Three operational variables of political, military, economic, social, information, infrastructure, physical environment, time (PMESII-PT) should be present. The mission variable of mission, enemy, terrain and weather, troops and support available-time available and civil considerations (METT-TC) identified constraints must be considered. The PLT is not likely to be attacked with hostile enemy fire or chemical agents. This task will be performed under day and night in either/or a combination of OEs and in one or more of the three training environments to standard as outlined in the training evaluation matrix of this task. All authorized equipment is on hand and operational. All personnel are available to provide support during all day and night operations. Specified time constraints are identified in the OPORD. The PLT has adequate resources and time to prepare. PLT leaders are present in the AO to provide further guidance as necessary.

NOTE: The condition statement for this task is written assuming the highest training conditions reflected on the Task Proficiency matrix required for the evaluated unit to receive a trained (T/T-) rating. Not all sub-steps of this task are applicable to every situation. Therefore, the evaluating HQ commander will determine prior to evaluation which steps are designated "N/A" in advance of conducting the evaluation.

NOTE: Training begins with the execution of pre-combat checks and inspections. Training ends when designated training objectives for the particular training events or exercises are performed IAW training & evaluation outline (T&EO) and to Army standard. Unit leadership should conduct an after action review (AAR) to determine future training requirements for the unit and provide feedback to the proponent.

Task Evaluation Criteria Matrix Operational Environment (OE) Definitions:

Static: a static training environment has aspects of operational variables needed to stimulate mission variables that are fixed throughout the unit's

execution of the task.

**Dynamic:** a dynamic training environment has operational variables and threat tactics, techniques, and procedures for assigned countertasks that change in response to the execution of friendly force tasks.

**Complex:** the complex training environment requires a minimum of four-terrain, time, military (threat), and social (population) or more operational variables; brigade and higher units require all eight operational variables to be replicated in varying degrees based on the task being trained.

**Single threat:** a single threat in a training environment is a conventional force, irregular force, criminal element, or terrorist force.

**Hybrid threat:** a hybrid threat in a training environment uses diverse and dynamic combination of conventional forces, irregular forces, terrorist forces, and criminal elements unified to achieve mutually benefitting effects.

**Live Training Environment:** training executed in field conditions using tactical equipment (involves real people operating real systems).

**Virtual Training Environment:** training executed using computer-generated battlefields in simulators with the approximate characteristics of tactical weapon systems and vehicles. Units use virtual training to exercise motor control, decision-making, and communication skills.

**Constructive Training Environment:** uses computer models and simulations to exercise command and staff functions. It involves simulated operating simulated systems.

Some iterations of this task should be performed in MOPP 4.

**Standards:** The medical PLT conducts FHP activities to promote, improve, or conserve the behavioral and physical well-being of Soldiers in support of operational forces throughout the AO with the use of all available equipment and personnel within the specified time constraints in the mission OPORD and IAW the approved Army standards identified in the task evaluation criteria matrix and in the task performance steps which are included in this task, ATP 4-02.4, emerging doctrine, commander's guidance, applicable internal and external SOPs, other medical regulation(s), and specified Army regulations (ARs).

**Note:** Leaders may include but not limited to, executive officer (XO), first sergeant (1SG), MEDO/PLT leader, field surgeon, physician assistant (PA), medical platoon sergeant (PSG), emergency care sergeants (SGTs), health care SGTs, and others as determined by the commander IAW the table of organization and equipment (TOE).

**Live Fire:** No

**Objective Task Evaluation Criteria Matrix:**

Plan and Prepare		Execute					Assess		
Operational Environment	Training Environment (L/V/C)	Leaders Present at Training/Required	Present at Training/Required	External Eval	Performance Measures	Critical Performance Measures	Leader Performance Measures	Evaluator's Observed Task Proficiency Rating	Commander's Assessment
SQD & PLT									
Dynamic (Single Threat)	Night	Commander(s) or element senior/key leader(s) will determine if training will be conducted under live, virtual, or constructive training environmental conditions using corresponding event types (for example, STT, STX, FTX, etc.) in order to facilitate the Crawl, Walk, Run methodology of training progression to support unit training management (UTM) and recommended combined arms training strategy (CATS). All external evaluations (EXEVALs) must be conducted in a live environment.	>=75%	>=80%	Yes	>=80%	>=85%	T	T
							All	T-	T-
Static (Single Threat)	Day		60-74%	60-79%	No	65-79%	75-84%	P	P
						<All		P-	P-
		<=59%	<=59%		<=64%	<=74%	U	U	

**Remarks:** REPORTING ERRORS AND RECOMMENDING IMPROVEMENTS: You can help improve this collective task. Please let us know if you find any errors or if you would like to recommend any improvements to the performance steps or other information in this collective task. The preferred method is to submit a DA Form 2028 (Recommended Changes to Publications and Blank Forms) with your recommended changes via email [tousarmy.jbsa.medical-coe.mbx.collective-training@mail.mil](mailto:tousarmy.jbsa.medical-coe.mbx.collective-training@mail.mil). Your recommended changes will be reviewed, validated to ensure approved Army or joint doctrine supports your recommendation(s) and implemented, as applicable.

**Notes:** Readiness Requirement (RR) Individual Critical Task Lists (ICTLs) are tasks that have been identified by the MOS/AOC-specific proponent at the AMEDD Medical Center of Excellence (MEDCoE) as essential for preparing Soldiers for deployment. The RR tasks are a part of the complete MOS/AOC critical performance list, but special emphasis must be put on these tasks to ensure the Soldiers are obtaining the skills crucial to missions that contribute to lethality and readiness.

RR tasks are identified in each MOS/AOC. The task title, the appropriate skill level, frequency of training and training location are also provided. The tasks can be tracked for individual or unit accountability. The RR tasks can be used as an individual or collective training assessment tool for preparing and sustaining Soldier's skills. The RR tasks can be accessed by using the Central Army Registry (located on the Army Training Network website).

**Safety Risk:** Low

**Task Statements**

**Cue:** Upon notification of a mission from higher HQ, the MEDO/PLT leader directs the medical PLT to conduct FHP activities in support of the OE.

## **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
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#### Plan

- +\* 1. MEDO/PLT leader and section leaders conduct troop leading procedures (TLP) to plan, prepare, execute, and assess operations for conduct FHP activities in an OE.
  - a. Drive the operations process through the activities of understand, visualize, describe, direct, lead, and assess IAW established timeline, the higher commander's intent, orders from higher HQ, and SOPs.
  - b. Practice the mission command approach to command and control (C2).
  - c. Inform and influence relevant audiences.
- +\* 2. MEDO/PLT leader and section leaders develop FHP programs, procedures, and routine/specialized operations to include patient decontamination operations.
  - a. Conduct rehearsals to ensure all team members understand the plans.
  - b. Identify any planning shortfalls.
- +\* 3. MEDO/PLT leader and section leaders plan battalion-level FHP operations in support of the commander's decision-making process.
  - a. Maintain running estimates and the common operational picture (COP).
  - b. Assess and control operations/activities.
  - c. Coordinate with higher, lower, and adjacent units to maintain medical situational awareness.
  - d. Conduct network operations.
  - e. Integrate medical planning and training requirements into HQ's military decision-making processes (MDMP).
- +\* 4. MEDO/PLT leader and section leaders issue an OPORD.
- +\* 5. MEDO/PLT leader and section leaders conduct briefings with subordinates immediately after issuing the OPORD to ensure subordinates understand the commander's intent.


#### Prepare

- +\* 6. MEDO/PLT leader prepares to conduct FHP activities in an OE.
  - a. Maintains C2 over platoon and attached elements.
  - b. Advises the commander on the health of the battalion, AHS support operations and the health threat.
  - c. Provides current information on the battalion AHS support plan/medical common operational picture (MEDCOP) to surgeons of the next higher and adjacent headquarters to maintain medical situational awareness.
  - d. Coordinates FHP activities, to include dental services, operational public health, combat and operational stress control (COSC), veterinary services, and medical laboratory services.
  - e. Integrates key personnel into the mission analysis process.
  - f. Coordinates patient decontamination operations support with higher HQ.
  - g. Provides operational public health support for the battalion.
  - h. Coordinates operational public health support from higher HQ for requirements beyond their (battalion surgeon) capabilities.
  - i. Implements FHP programs, procedures, and routine/specialized operations.
  - j. Implements individual and unit preventive medicine measures.
  - k. Supervises the battalion Combat and Operational Stress Control (COSC) program to include training troop leaders in the preventive aspect of stress on Soldiers.
  - l. Monitors the command operational public health program to include health risk assessment and medical surveillance.
  - m. Monitors FHP activities according to SOPs and higher HQ guidance/directives.


#### Execute

- +\* 7. Medical PLT leaders execute the operations process to conduct FHP activities in an OE.
  - a. Integrate FHP tasks and systems for each phase or transition of an operation or major activity.
  - b. Supervise unit personnel on matters of personal hygiene and field sanitation, as a member of the unit field sanitation team.
  - c. Execute plans, policies, procedures, and routine/specialized operations.
    - (1) Perform CBRN detection operations.
    - (2) Conduct patient decontamination operations.
  - d. Report medical readiness statistics to higher HQ.
  - e. Identify safety and environmental risk factors in facility selection and establishment areas in AO.
  - f. Manage courses of treatment within the PLT's scope of practice and abilities for disease non-battle injuries.


g. Request operational public health support from the brigade for requirements beyond their (battalion surgeon/medical PLT) capabilities.

h. Coordinate with the supporting veterinary element for subsistence, animal care, and animal disease surveillance.

i. Coordinate operational dental care and appropriate level of dental support.

+ 8. Medical PLT personnel conduct operational public health training for battalion personnel.

a. Medical threats.

b. Personal hygiene activities.

c. Unit field sanitation teams.

d. Prevention of negative combat and operational stress reaction (COSR) and other stress related reactions to include mild traumatic brain injuries.

e. Patient decontamination site operations.


**Assess**

+\* 9. MEDO/PLT leader and section leaders assess operations for conduct FHP activities in an OE.

a. Continue to improve FHP plan as the situation changes or results from AAR/lessons learned.

b. Submit the required reports and updates to higher HQ.

c. Improve operations by adjusting the SOPs as the situation changes.

d. Maintain communications with higher HQ.

e. Prepare for future operations.


Task Performance Summary Block										
Training Unit			ITERATION							
			1		2		3		4	
Date of Training per Iteration:										
Day or Night Training:			Day / Night		Day / Night		Day / Night		Day / Night	
			#	%	#	%	#	%	#	%
Total Leaders Authorized		% Leaders Present								
Total Soldiers Authorized		% Soldiers Present								
Total Number of Performance Measures		% Performance Measures 'GO'								
Total Number of Critical Performance Measures		% Critical Performance Measures 'GO'								
Live Fire, Total Number of Critical Performance Measures		% Critical Performance Measures 'GO'								
Total Number of Leader Performance Measures		% Leader Performance Measures 'GO'								
MOPP LEVEL										
Evaluated Rating per Iteration T, T-, P, P-, U										

**Mission(s) supported:** None

**MOPP 4:** Sometimes

**MOPP 4 Statement:** At MOPP 4, performance degradation factors may decrease management of FHP operations to minimum-essential actions.

**NVG:** Never

**NVG Statement:** None

**Prerequisite Collective Task(s):** None

**Supporting Collective Task(s):**

Step Number	Task Number	Title	Proponent	Status
1.	71-PLT-5100	Conduct Troop Leading Procedures	71 - Mission Command (Collective)	Approved
6.	08-CO-0501	Manage Combat Stress Control Support Operations (Company)	08 - Medical (Collective)	Approved
7.	08-CO-0002	Perform Field Sanitation Functions	08 - Medical (Collective)	Approved

**OPFOR Task(s):** None

**Supporting Individual Task(s):**

Step Number	Task Number	Title	Proponent	Status
1.	150-LDR-5028	Establish the Mission Command Approach to Command and Control	150 - Mission Command (Individual)	Approved
1.	150-LDR-5012	Conduct Troop Leading Procedures	150 - Mission Command (Individual)	Approved
3.	150-COM-7510	Determine Platoon and Squad Battle Tasks	150 - Mission Command (Individual)	Approved
3.	150-COM-7500	Manage Training at Platoon Level	150 - Mission Command (Individual)	Approved
3.	150-LDR-5016	Organize the Force	150 - Mission Command (Individual)	Approved
3.	150-LDR-5040	Maintain the Commander's Estimate	150 - Mission Command (Individual)	Approved
3.	150-LDR-5043	Establish the Five Integrating Processes	150 - Mission Command (Individual)	Approved
3.	081-70B-2016	Plan Medical Training	081 - Medical (Individual)	Approved
3.	081-70B-2001	Write Appendix for the Army Health Systems Plan	081 - Medical (Individual)	Approved
3.	150-LDR-5014	Lead the Rapid Decision-Making and Synchronization Processes	150 - Mission Command (Individual)	Approved
4.	150-LDR-5009	Issue Commander's Guidance	150 - Mission Command (Individual)	Approved
5.	150-LDR-5004	Communicate the Commander's Intent	150 - Mission Command (Individual)	Approved
5.	150-LDR-5006	Establish Conditions for Subordinates to Exercise Initiative	150 - Mission Command (Individual)	Approved
6.	081-70B-2011	Manage Unit Level Force Health Protection	081 - Medical (Individual)	Approved
6.	081-000-2740	Perform Health Risk Communications	081 - Medical (Individual)	Approved
6.	081-COM-3000	Implement Measures to Reduce Combat Stress	081 - Medical (Individual)	Approved
6.	081-000-2785	Perform Field Preventive Medicine Assessments	081 - Medical (Individual)	Approved
7.	150-LDR-5100	Lead the Operations Process	150 - Mission Command (Individual)	Approved
7.	081-000-0058	Establish a Casualty Decontamination Station	081 - Medical (Individual)	Approved
7.	081-COM-2001	Supervise Compliance Preventive Medicine Measures (PMM)	081 - Medical (Individual)	Approved
7.	081-000-2714	Conduct Unit Level Medical Training	081 - Medical (Individual)	Approved
9.	150-LDR-5045	Receive Feedback	150 - Mission Command (Individual)	Approved
9.	150-MC-5124	Refine the Plan	150 - Mission Command (Individual)	Approved
9.	150-COM-7230	Conduct an After Action Review for a Training Event	150 - Mission Command (Individual)	Approved

**Supporting Drill(s):** None

**Supported AUTL/UJTL Task(s):**

Task ID	Title
ART 6.7	Provide Force Health Protection
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. ATP 3-34.5

**Safety:** In a training environment, leaders must perform a risk assessment in accordance with current Risk Management Doctrine. 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 current CBRN doctrine. ATP 5-19