#### **Training and Evaluation Outline Report**

Status: Approved 31 Mar 2022 Effective Date: 31 Mar 2022

Task Number: 08-BDE-1816

Task Title: Manage Operational Public Health

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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 2-0	Intelligence	Yes	No	
	ADP 3-0	Operations	Yes	No	
	ADP 5-0	The Operations Process	Yes	No	
	ADP 6-0	Mission Command http://armypubs.army.mil/doctrine/DR_pubs/ dr_a/pdf/adp6_0_new.pdf	Yes	No	
	ADP 7-0	Training	Yes	No	
	AR 385-10	The Army Safety Program	Yes	No	
	AR 40-5	ARMY PUBLIC HEALTH PROGRAM	Yes	No	
	ATP 3-34.5	Environmental Considerations	Yes	No	
	ATP 4-02.55	ARMY HEALTH SYSTEM SUPPORT PLANNING	Yes	No	
	ATP 4-02.7	MULTI-SERVICE TACTICS, TECHNIQUES, AND PROCEDURES FOR HEALTH SERVICE SUPPORT IN A CHEMICAL, BIOLOGICAL, RADIOLOGICAL, AND NUCLEAR ENVIRONMENT	Yes	No	
	ATP 4-02.8	Force Health Protection	Yes	No	
	ATP 5-19	Risk Management	Yes	No	
•	FM 4-02	ARMY HEALTH SYSTEM	Yes	Yes	

Conditions: The medical brigade (MEDBDE) support (SPT) receives an operation order (OPORD) from higher headquarters (HQ) to manage operational public health (PH) in support of the higher HQ OPORD, directives, and mission operations in the directed area of operations (AO). The commander issues planning, preparation, and execution guidance as required and as situations change. The element has primary access to main supply routes, approved external sustainment support, and is accessible to all supported and supporting customers/units in the 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), and field manuals (FMs) are on-hand as reference material. The element has been provided guidance on rules of engagement for this mission and are continuously receiving updates as situations and mission requirements change. All operational environments (OEs) and operational variable of political, military, economic, social, information, infrastructure, physical environment, time (PMESII-PT) should be replicated in varying degrees under day and night conditions to standard as outlined in the training evaluation matrix of this task. Mission, enemy, terrain and weather, troops and support available-time available and civil considerations (METT-TC) identified constraints must be considered. The element is not likely to be attacked with hostile enemy fire or chemical agents. 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 element has adequate resources and time to prep

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) 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 report (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 (TTP) for assigned countertasks that change in response to the execution of friendly force tasks.

Complex: a 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:** MEDBDE (SPT) staff personnel manage operational PH with the use of all available equipment and personnel within the specified time constraints in the mission OPORD and IAW FM 4-02, emerging doctrine, approved Army standards identified in the task evaluation criteria matrix and in the task performance steps which are included in this task, commander's guidance, applicable internal and external SOPs, other medical regulations, ATPs, ADPs, TMs, and specified Army regulations (ARs).

NOTE: This leader statement applies to every performance step and/or sub-step in this task or anywhere that the term element leaders is used. Element leaders may include the commander, command sergeant major (CSM), executive officer, S2, intelligence officer, intelligence sergeant (SGT), chief medical operations branch, chief medical plans branch, medical operations officer, operations SGT, plans officer, plans SGT, S9, civil affairs officer, chief of professional services, preventive medical officer, preventive medicine senior noncommissioned officer (NCO), environmental officer, intelligence medical SGT, chemical, biological, radiological, and nuclear (CBRN) officer, CBRN NCO, plans NCO, food safety officer, environmental science officer, preventive medicine NCO, section leaders, and/or any other personnel determined as a leader by the commander.

Live Fire: No

#### **Objective Task Evaluation Criteria Matrix:**

Plan	Plan and Prepare Execute				Ass	ess				
Operation Environme	al ent	Training Environment (L/V/C)	Leaders Present at Training/Required	Present at Training/Required	External Eva	Performance Measures	Critical Performance Measures	Leader Performance Measures	Evaluator's Observed Task Proficiency Rating	Commander's Assessment
BDE & Above		ig nent ))	rs t at equired	at equired	Eval	es es	ance	es ance	bserved siency	der's nent
Dynamic and Complex (All OE		Commander or electorstructive training facilitate the crimanagement (UT	>=75%	>=80%	Yes	>=80%		>=85%	Т	Т
Variables and Hybrid Threat)	Night	ment leader(s) will d ining environmental awl, walk, run metho 'M) and recommend luations (EXEVALs)	>=15%	>=00%	ß	>=00%	All	>=0370	T-	T-
Dynamic and Complex		Commander or element leader(s) will determine if training will be conducted under live, virtual, or constructive training environmental conditions using corresponding event types 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.	60-74%	60-79%		65-		75-	P	P
(All OE Variables and Single Threat)	Day	will be conducted un responding event ty rogression to suppo raining strategy (CA in a live environme	00-14-/8	00-1378	No	79%	<all< td=""><td>84%</td><td>P-</td><td>P-</td></all<>	84%	P-	P-
Dynamic and Complex ( <all oe<br="">Variables and Single Threat)</all>	¥V	nder live, virtual, or pes in order to tr unit training TS). All external nt.	<=59%	<=59%		<=64%	SAII	<=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 to usarmy.jbsa.medical-coe.mbx.collective-training@army.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 are tasks that have been identified by the military occupational specialties (MOS)/areas of concentration (AOC) specific proponent at the 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

**Cue:** MEDBDE (SPT) receives an OPORD from higher HQ and the commander directs the staff personnel to manage operational PH for assigned/attached/supported units within the AO in support of the operational mission.

# **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 preventboth 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.

NOTE: Asterisks (*) indicate leader steps; plus signs (+) indicate critical steps.			
STEP/MEASURE	GO	NO-GO	N/A
Plan			<del>-</del>
+* 1. Commander and staff/element leaders execute command and control (C2) to plan, prepare, execute, and assess operations to manage operational PH.			
a. Drive the operations process to understand, visualize, describe, direct, lead, and assess operations IAW established timelines, the higher commander's intent, orders from higher HQ, and SOPs.			
(1) Employ the operations process to integrate and synchronize the force health protection (FHP) and health service (HSS) support medical functions.			
(2) Integrate numerous processes such as intelligence preparation of the battlefield, medical intelligence, and the military decision-making process.			
(3) Ensure execution of Army Health System (AHS) support, supports the combatant commander's decisions and intent.			
b. Ensure operation plan (OPLAN) include monitoring of health threats, health surveillance, epidemiology, occupational/environmental (OEH) surveillance, and risk management.			
c. Prepare and produce OPLAN/orders for the following:			
(1) S2 section.			
(2) S3 section.			
(3) S3 operational branch.			
(4) S3 operations plans branch.			
(5) S9 section.			
(6) Clinical operations section.			
d. Communicate concept of operation and command philosophy.			
e. Inform and influence relevant audiences.			
f. Issue planning guidance to include:			
(1) Identify interagency coordination requirements.			
(2) Establish initial planning timelines and key tasks for coordination of support to manage perational PH.			
(3) Coordinate across all Services and multinational forces to leverage all of the specialized skills equired and available within the theater for accomplishment of element operations.			
(4) Supervise implementation of plans and routine/specialized operations.			
(5) Provide command guidance and instructions to unit staff and subordinate elements.			
(6) Monitor element performance and implementation of plans, policies, and procedures for ompliance with appropriate publications, SOP, and commander's guidance.			
(7) Monitor medical threats within the area of responsibility (AOR) to ensure capabilities are valiable to mitigate the threat.			
(8) Provide operational and technical guidance to element personnel.			
(9) Brief higher HQ commanders and staff concerning performance of element operations.			
* 2. Commander and staff/element leaders plan operations.			
a. Task-organize the force and prioritize efforts.			
b. Direct, coordinate, and synchronize action.			
c. Anticipate events and adapt to changing circumstances.			
d. Assess and control operation/activities.			
e. Coordinate with higher, lower, and adjacent units.			
f. Conduct network operations.			
* 3. Commander and staff/element leaders issue an OPORD.			
* 4. Commander and staff/element leaders conduct briefing with subordinates immediately after issuing the OPORD to ensure subordinates understand the commander's intent.			
Prepare			
•			
* 5. Staff/element leaders prepare to provide operational support for operational PH mission.			
a. Synchronize mission execution of the combined early entry, campaign, and expansion modules ssigned to the MEDBDE (SPT).			
b. Synchronize internal staff functions and operations.			
c. Coordinate with higher HQ for required external support.			
d. Prepare to provide medical consultation services and technical advice for operational PH.			
(1) Medical surveillance.			
(2) Environmental health.			
(3) Sanitary engineering.			
(4) Medical entomology.			
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e. Prepare to implement Army PH programs and/or activities/services.

(1) Health surveillance and epidemiology. (2) Occupational health. (3) Environmental health. (4) Occupational and environmental medicine. (5) Operational PH. (6) Health risk assessment. (7) Clinical PH. (8) Community-based prevention and health promotion. (9) PH communication. (10) PH toxicology (11) PH emergency management. +\* 6. Staff/element leaders prepare operations to manage operational PH in AO. a. Ensure all supporting units are properly trained in order to fully manage operational PH. b. Prepare to operate in an area where traditional support bases either are absent or not fully developed. c. Prepare to shift HSS/FHP resources to meet changing requirements. d. Participate in the personnel estimating process and coordinate with other staff sections. e. Provide advice and assistance in facility selections and preparation. f. Conduct rehearsals with assigned, attached, and supported units. **Execute** +\* 7. Commander and staff/element leaders execute operations to manage PH. a. Plan the management of operational PH operations according to SOPs and higher HQ guidance/directives. b. Monitor operational PH operations according to SOPs and higher HQ guidance/directives. c. Provide timely assessment of OEH risks to personnel under their command. d. Respond to the health of their Soldiers by establishing a climate in which PH measures are implemented. e. Establish mission priorities. f. Verify that scarce AHS resources are efficiently employed and available for use to support element operations. g. Provide command guidance and instructions to unit staff and subordinate elements. h. Monitor element performance and implementation of plans, policies, and procedures for compliance with appropriate publications, SOP, and commander's guidance. +\* 8. Staff/element leaders supervise operational PH operations. a. Identify pertinent information by reviewing orders, command directives, and operational PH records and reports. b. Monitor operational PH operations to determine effectiveness. c. Develop operational PH plans, the command operational PH programs, and/or activities/services. d. Provide operational PH input to include units' estimates and plans to the Deputy Chief of Staff, security, plans, operations, and intelligence officer (DCS SPO)/S2/S3 sections. e. Advise commander and DCS SPO on employment of assigned and attached PH assets. f. Coordinate the employment of the assigned and attached preventive medicine (PVNTMED) elements with the unit and other PVNTMED sections or teams. g. Brief command section on operational PH status. h. Prepare command reports on operational PH operations. i. Forward reports to higher HQ professional services and/or surgeon. j. Coordinate site visits with supported units. k. Advise the commander on the status of current medical threats, deterioration of operational PH measures, and measures to repair breakdowns. +\* 9. Staff/element leaders provide technical advice and supervision to assigned and attached medical units. a. Advise the commander on the health of the command and how best to provide AHS support for the commander's freedom of movement. b. Ensure medical standards are established, implemented, and monitored throughout the operational area. c. Advise commanders on implementation of protective action posture including chemoprophylaxis, restriction of movement, isolation, and quarantine to prevent and control the spread of diseases. d. Provide consultation and support to subordinate medical units or elements. e. Provide reach-back capability to the Defense Health Agency (DHA) continental United Statessupport base medical treatment facilities in the areas of various medical disciplines and specialties. f. Provide oversight over medical care to Soldiers, civilians, and detainees. g. Assist assigned and attached units with coordination and integration capabilities from the sustaining base to the theater AOR. h. Provide advice and assistance in facility selection and preparation.

i. Follow-up with assigned or attached unit concerning technical issues to ensure complete understanding, as required,		
j. Request technical advice and assistance from higher HQ staff, when required.		
k. Inspect operational areas for compliance with SOP, investigative protocol, and commander's guidance.		
I. Identify critical personnel, supply, and equipment shortages.		
<ul> <li>m. Provide appropriate safety and environmental protection advice to protect personnel and the environment.</li> </ul>		
n. Forward element findings and recommendations to higher HQ and theater commander IAW SOP, applicable publications, and commander's guidance.		
o. Brief commander and his staff on technical issues, when required.		
p. Provide principle medical consultation and technical advice for medical surveillance including OEH surveillance and clinical services.		
q. Monitor medical surveillance operations.		
r. Ensure compliance with medical surveillance.		
+ 10. Early Entry Module (EEM) S2 section personnel conduct operations.		
a. Perform all-source intelligence assessments and estimates for the command.		
b. Coordinate with the chemical officer/NCO in the S3 section or the CBRN unit that supports the MEDBDE (SPT).		
<ul> <li>c. Advise the commander and staff on nuclear/chemical surety and potential enemy use of CBRN weaponry and toxic industrial materials.</li> </ul>		
+ 11. EEM S-3 operations branch conduct operations.		
a. Authenticate and publish plans and orders.		
b. Exercise staff supervision over AHS activities.		
c. Advise the commander and staff on nuclear/chemical surety and CBRN operations.		
+ 12. EEM S3 plans branch personnel conduct operations.		
a. Manage current planning in the MEDBDE (SPT) AO.		
b. Manage deliberate and crisis planning.		
c. Plans for future operations in excess of 72 hours and prepares major regional contingency plans for the MEDBDE (SPT).		
<ul> <li>d. Authenticate and publish medical plans and OPLANs to include the integration of annexes and appendixes prepared by other staff sections.</li> </ul>		
+ 13. EEM S9 civil affairs (CA) section personnel conduct operations.		
a. Manage the integration of civilian-military operations planning with the MEDBDE (SPT).		
<ul> <li>b. Assess the host/foreign nation medical infrastructure in planning for and executing health care delivery.</li> </ul>		
+ 14. EEM clinical operations section personnel conduct operations.		
<ul> <li>a. Serve as the commanders' principal consultants and technical advisor for the command in operational PH.</li> </ul>		
b. Supervise medical surveillance and OEH surveillance.		
c. Provide medical consultation services for operational PH, medical surveillance, environmental health, sanitary engineering, and medical entomology.		
d. Coordinate with S2 for medical support.		
(1) Develop, recommend, and submit priority intelligence requirements and essential elements of friendly information for information impacting clinical operations.		
(2) Identify potential enemy use of CBRN weaponry and toxic industrial material releases.		
(3) Monitor health threats within the operational area, potential disease present in the multinational force, and the health status of enemy forces who may become detained personnel, to include new or exotic disease from enemy forces.		
e. Monitor the use of chemoprophylaxis, pretreatments, immunizations, and barrier creams.		
f. Ensure credentialing polices are in place and adhered to.		
g. Ensure that a quality assurance program is implemented within the command which encompasses patient safety, risk management, infection control, peer review, and quality assurance.		
h. Monitor all public health activities and requirements of the command.		
i. Establish reporting requirements and frequency of reports (such as the weekly disease and nonbattle injury (DNBI) report).		
j. Consolidate subordinate unit DNBI reports and analyze the data submitted to identify trends and compare incoming data within already established baselines, when required.		
k. Develop effective medical countermeasures and disseminate this information to all subordinate, adjacent, and higher HQ, when required.		
I. Analyze the data for indicators of the potential exposure of U.S. forces to enemy employment of biological and chemical warfare agents.		
m. Monitor, review and forward supporting laboratory analysis of CBRN samples/specimens and chain of custody documents for CBRN samples/specimens.		
n. Ensure that medical surveillance and OEH surveillance activities are developed and implemented for the health threats in the area.		

o. Monitor pest management, portable water inspection, and inspection of field feeding/dining facility sanitation activities, toxic industrial materials sources and hazards.		
p. Ensure the procedures for disposal of medical and non-medical waste are adhered.		
q. Ensure that field hygiene/sanitation training and unit field sanitation team training for subordinate units and personnel are current and adequate.		
+ 15. Expansion Module (EM) S2 section personnel conduct operations.		
a. Augment all-source intelligence assessment and estimates for the command.		
b. Analyze and evaluate intelligence which includes medical threat information and medical/OEH		
health hazards surveillance data.		
+ 16. EM S3 operations branch personnel conduct operations.		
Authenticate and publish plans and orders.		
b. Exercise staff supervision over FHP activities, advise the commander and staff on nuclear/chemical surety and CBRN operations.		
+ 17. EM S3 plans branch personnel conduct operations.		
a. Provide current planning in the MEDBDE (SPT) operational area.		
b. Plan deliberate and crisis planning.		
c. Plan for future operations in excess of 72 hours.		
d. Prepare major regional contingency plans for the MEDBDE (SPT).		
e. Prepare, authenticate, and publish medical plans and OPLANs to include the integration of annexes and appendixes prepared by other staff sections.		
+ 18. EM clinical operations section personnel conduct operation.		
a. Augment the clinical operation section EEM to increase the capability to serve as the commander's principle consultants.		
b. Provide technical advice to the MEDBDE (SPT) staff in regards to PH.		
c. Provide medical consultation services for operational PH.		
d. Coordinate unit PH programs and/or activities/services.		
e. Identify overall medical threat by reviewing the threat update from Armed Forced Medical		
Intelligence Center AFMIC).		
+ 19. Campaign Module (CM) S2 section personnel conduct operations.		
a. Enhance all-source intelligence assessments and estimates for the command.		
b. Advise the commander and staff on nuclear/chemical surety and CBRN operations.		
+ 20. CM S3 operations branch personnel conduct operations.		
a. Authenticate and publish plans and orders.		
b. Exercise staff supervision over FHP activities.		
c. Advise the commander and staff on nuclear/chemical surety and CBRN operations.		
+ 21. CM S3 plans branch personnel conduct operations.		
a. Manage current planning in the MEDBDE (SPT) AO.		
b. Manage deliberate and crisis planning.		
+ 22. CM clinical operations section conduct operations.		
<ul> <li>a. Serve as the commander's principle consultants and command's technical advisors for operational PH.</li> </ul>		
b. Provide technical advice for the command in operational PH.		
c. Supervise medical surveillance and OEH surveillance.		
d. Provide medical consultation services for operational PH, medical surveillance, environmental health, sanitary engineering, and medical entomology.		
e. Develop, plan, and implement operational PH policies and/or activities/ services for the operational area.		
(1) Manage medical surveillance and OEH surveillance.		
(2) Monitor pest management activities.		
(3) Conduct epidemiological investigation.		
(4) Conduct food service facility sanitation and hygiene.		
(5) Conduct Inspection of potable water supplies.		
(6) Monitor OEH hazards.		
(7) Monitor toxic industrial materials and hazards.		
(8) Ensure that field hygiene/sanitation training and unit field sanitation team training for subordinate units and personnel are current and adequate.		
f. Monitor unit field sanitation team operations to determine effectiveness.		
g. Monitor PH operations to determine effectiveness of PH programs.		
h. Identify actual or potential health threats and DNBI.		
i. Identify actual or potential health threats and DNB.  i. Identify conditions that influence the health of personnel assigned to subordinate units in the AO.		
j. Plan PH measures to protect personnel against food, water, and vector borne diseases as well as environmental injuries, to include heat and cold.		
k. Identify entomological threat by reviewing the threat update from the Armed Forces Medical Intelligence Center (AFMIC).		

I. Perform limited epidemiological surveys.		
m. Monitor waste disposal procedures for compliance with SOPs.		
n. Monitor water production, distribution, and storage procedures for compliance with SOPs.		
o. Perform trend analysis to identify shifts from the baseline of diseases within the operational area (a shift may indicate the use of biological warfare agents against the deployed force).		
<ul> <li>p. Analyze the data for indicators of potential exposure of U.S. forces to enemy employment of biological and chemical warfare agents.</li> </ul>		
q. Monitor, review, and forward supporting laboratory analysis of CBRN samples/specimens, and chain of custody documents for CBRN samples/specimens.		
r. Coordinate with the CA section for operations to restore essential services in the host nation during operations characterized by stability tasks.		
s. Provide advice and consultation on personnel protective measures and issues arising in theater detention facility.		
t. Advise the deputy chief of staff, security/plans/operations, and the medical command (deployment support) MEDCOM (DS) commander on the medical aspect of CBRN defensive measures.		
u. Coordinate with higher HQ professional services and/or surgeon for required specialized radiological monitoring, sampling, and analysis.		
v. Provide PH, CBRN directed energy (DE), and sanitary engineering technical advice.		
(1) Identify overall medical threat by reviewing the treat update from Armed Forces Medical Intelligence Center (AFMIC).		
(2) Monitor CBRN/DE defense operations to determine effectiveness.		
(3) Update the CBRN/DE threat and defense capability.		
(4) Coordinate unit CBRN/DE defense operations, if applicable.		
<ul><li>(5) Coordinate unit CBRN/DE defense operations, if applicable.</li><li>(6) Develop the CBRN/DE defense operating posture to include, the medical risk assessment of</li></ul>		
the integrated battlefield and the medical management of casualties.		
(7) Provide CBRN/DE defense input to unit estimates and plans.		
(8) Identify the need for specialized radiological monitoring, sampling, and analysis based on the use of CBRN/DE devices, CBRN agent location, and contamination levels from higher HQs staff elements or by on-site assessment.		
(9) Maintain CBRN contamination and DE devices data and reports.		
(10) Provide commander, staff, and HQs elements advice and consultation on CBRN/DE defense matters and medical management of CBRN/DE casualties.		
w. Develop policies, programs pertaining to immunizations, chemoprophylaxis, barrier creams, pretreatment, and the use of investigational new drugs.		
x. Monitor all PH activities and requirements of the command.		
y. Monitor programs for the inspection of food and food sources for procurement, quality assurance, food safety, food defense, and sanitation.		
z. Conduct inspection of field feeding/dinning facility sanitation activities.		
+* 23. Staff/element leaders establish Army PH programs and/or activities/services.		
a. Conduct health surveillance and epidemiology activities.		
(1) Collect, analyze, and interpret health-related data effectively on the health status of Army personnel throughout their time in service.		
(2) Identify populations at risk of disease, injury, behavioral, or social health conditions and the associated risk and protective factors.		
b. Conduct occupational health services.		
(1) Prevent injury and illness by identifying and evaluating environmental health hazards and limiting those exposures.		
(2) Optimize protection and readiness of Army personnel in all environments and protect the health of populations exposed to occupational hazards.		
(3) Provide occupational illness and injury prevention mitigation.		
c. Monitor environmental health services.		
(1) Prevent injury and illness by identifying and evaluating environmental health hazards and limiting exposures.		
(2) Optimize Soldier protection and readiness in all environments and protect the health of personnel and other relevant populations exposed to environmental hazards.		
(3) Ensure compliance with environmental health		
d. Provide occupational and environmental medicine services.		
(1) Provide consultative support, when requested, for the following:		
(a) Health surveillance and epidemiology services.		
(b) Non-clinical occupational health services.		
(c) Environmental health services.	Г	
(2) Respond to accidental, intentional, and unintentional exposures to Army personnel.		
e. Conduct operational PH program and/or activities/services.		
(1) Ensure healthy and ready forces, sustain health readiness, and provide technical consultation support on PH issues.		

(2) Identify and articulate FHP recommendations and direct, lead, and assess operational PH activities.		
(3) Establish baseline health conditions, capture data on OEH exposures, prescribe chemoprophylaxis, train field sanitation teams, and provide general PH support and consultation for unit leaders.		
f. Conduct health risk assessment program.		
(1) Enable risk management in order to optimize Soldier protection.		
(2) Estimate risks posed by identified health hazard exposure.		
g. Provide clinical PH services.		
(1) Deliver PH services to promote protect factors and mitigate risk factors for disease and		
disability.		
(2) Provide consultation to other healthcare providers and decision makers on medical and environmental conditions of PH significance.		
(3) Provide services necessary for the prevention and control of communicable diseases.		
h. Provide community-based prevention and health promotion programs.		
(1) Improve health readiness across the forces.		
(2) Empower health readiness across the forces.		
(3) Empower individuals and communities to engage in health behaviors.		
(4) Provide health promotion initiative focused on the Performance Triad.		
i. Perform PH toxicology program.		
(1) Support Army medicine and acquisition, research, and development programs.		
(2) Provide toxicological assessments of all new and potential hazardous materials.		
j. Perform PH communication services.		
(1) Enable the overall Army PH Program network systems.		
(2) Provide support services to inform, educate, and empower concerning health issues.		
k. Provide PH emergency management services.		
(1) Provide synchronization ensuring seamless coordination between the installation and the local PH community during PH emergency.		
(2) Ascertain the existence of cases suggesting a PH emergency and recommend implementation of control measures, to include declaration of PH emergency to the senior commander.		
+ 24. Staff/element personnel provide administrative assistance to assigned and attached medical units.		
<ul> <li>a. Monitor assigned/attached medical units performance for compliance with applicable publications, SOP, and commander's guidance.</li> </ul>		
b. Maintain reports and logbooks documenting incidents IAW SOP.		
c. Provide status updates to element leaders.		
d. Maintain communication links with appropriate command and technical agencies.		
e. Monitor implementation of unit plans and routine/specialized operations.		
f. Conduct training, as required.		
g. Provide personnel status reports to higher HQ personnel element.		
h. Provide equipment status reports to higher HQ logistic element.		
i. Monitor risk management, safety, and environmental protection for compliance with appropriate publications, Army PH policies and directives.		
j. Coordinate personnel and administrative support with other staff elements.		
k. Advise the commander and other senior level commander and staff, as required.		
I. Provide administrative assistance to commander and staff, as required.		
m. Brief commander and element leaders on the medical aspects of unit operations.		
+* 25. Element leaders evaluate operations.		
a. Request external evaluation.		
b. Monitor the current situation to collect relevant information.		
c. Evaluate progress toward attaining end state conditions, achieving objectives, and performing		
tasks.		
d. Conduct an after action report (AAR) to recommend or direct action for improvement.		
e. Improve coordination and synchronization of support plan as situations change or as a result of an AAR.		
f. Maintain communications with higher HQ.		
g. Modify internal and external SOPs.		
h. Submit the required reports and updates to higher HQ.		
Assess		
+* 26. Commander assesses training and renders proficiency assessment (Trained, Practiced, and		
Untrained) based on observed task performance and other feedback.		
a. Takes a holistic view of various forms of feedback when assessing training.		
b. Records assessment results for future reference.		
	 I	

Task Performance Summary Block									
Training U	nit				ITER	ATION			
			1		2	;	3		4
Date of Training pe	er Iteration:								
Day or Night Ti	aining:	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 LEV	EL								
Evaluated Rating p T, T-, P, P-	er Iteration , U								

Mission(s) supported: None

**MOPP 4:** Sometimes

**MOPP 4 Statement:** At MOPP 4, performance will be limited to minimal 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-BDE-5100	Conduct the Operations Process for Command and Control (C2)	71 - Mission Command (Collective)	Approved

OPFOR Task(s): None

**Supporting Individual Task(s):** 

Step Number	Task Number	Title	Proponent	Status
1.	150-C2-5119	Prepare an Operation Order	150 - Mission Command (Individual)	Approved
1.	150-C2-5200	Conduct Command Post Operations	150 - Mission Command (Individual)	Approved
1.	150-LDR-5321	Establish Planning Guidance	150 - Mission Command (Individual)	Approved
1.	150-MC-5111	Conduct the Military Decision Making Process	150 - Mission Command (Individual)	Approved
2.	150-C2-5132	Coordinate Multinational Interoperability Measures	150 - Mission Command (Individual)	Approved
2.	150-C2-5313	Establish the Two Communications Channels (Staff and Techincal)	150 - Mission Command (Individual)	Approved
3.	150-LDR-5009	Issue Commander's Guidance	150 - Mission Command (Individual)	Approved
4.	150-LDR-5006	Establish Conditions for Subordinates to Exercise Initiative	150 - Mission Command (Individual)	Approved
4.	150-LDR-5007	Establish a Shared Understanding	150 - Mission Command (Individual)	Approved
5.	150-MC-0000	Organize the Command and Control System as the Staff Officer	150 - Mission Command (Individual)	Approved
5.	081-66B-2007	Coordinate Force Health Protection Planning	081 - Medical (Individual)	Approved
5.	150-LDR-5013	Organize the Staff for Operations	150 - Mission Command (Individual)	Approved
6.	150-MC-5122	Perform a Rehearsal	150 - Mission Command (Individual)	Approved
6.	150-C2-5144	Develop a Running Estimate	150 - Mission Command (Individual)	Approved
7.	150-LDR-5100	Lead the Operations Process	150 - Mission Command (Individual)	Approved
7.	081-70H-2004	Analyze Force Health Protection Requirements	081 - Medical (Individual)	Approved
7.	081-70H-2009	Conduct Medical Intelligence Assessment	081 - Medical (Individual)	Approved
7.	081-70H-2008	Implement the Army Health System (AHS) Support Plan	081 - Medical (Individual)	Approved
7.	150-C2-2300	Conduct Information Collection	150 - Mission Command (Individual)	Approved
9.	081-000-2818	Assess the Health Effects of Deployment Occupational/Environmental Health Exposures	081 - Medical (Individual)	Approved
9.	081-64B-2004	Counsel on Veterinary Public Health Risk	081 - Medical (Individual)	Approved
9.	081-000-2763	Counsel on Global Health Engagement Activities	081 - Medical (Individual)	Approved
9.	081-000-2853	Develop Public Health Policy	081 - Medical (Individual)	Approved
25.	150-MC-5124	Refine the Plan	150 - Mission Command (Individual)	Approved
25.	150-MC-5133	Conduct a Formal After Action Review	150 - Mission Command (Individual)	Approved
26.	150-COM-7175	Assess Mission-Essential Task Proficiency	150 - Mission Command (Individual)	Approved
26.	150-LDR-5045	Receive Feedback	150 - Mission Command (Individual)	Approved

Supporting Drill(s): None

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

Task ID	Title
ART 6.7.1	Provide Preventive Medicine Support
OP 6.2	Provide Protection

#### **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