

Training and Evaluation Outline Report

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Task Number: 08-BDE-1816

Task Title: Manage Operational Public Health

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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 prepare. Unit 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) 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 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 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
	BDE & Above									
Dynamic and Complex (All OE Variables and Hybrid Threat)		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.	>=75%	>=80%	Yes	>=80%	All	>=85%	T	T
									T-	T-
Dynamic and Complex (All OE Variables and Single Threat)			60-74%	60-79%	No	65-79%	<All	75-84%	P	P
									P-	P-
Dynamic and Complex (<All OE Variables and Single Threat)			<=59%	<=59%				<=64%	<=74%	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

Task Statements

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 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.

- (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 States-support 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.

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 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 Technical)	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