Training and Evaluation Outline Report

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08 May 2024
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Task Number: 08-PLT-0312

Task Title: Conduct Role 2 Medical Treatment Platoon Operations

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Supporting Reference(s):

Step Number	Reference ID	Reference Name	Required	Primary	Source Information
	ATP 3-34.5	Environmental Considerations	Yes	No	
	ATP 4-02.4	Medical Platoon	Yes	No	
	ATP 4-02.55	ARMY HEALTH SYSTEM SUPPORT PLANNING	Yes	No	
	ATP 4-02.6	THE MEDICAL COMPANY (ROLE 2)	Yes	Yes	
	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 5-19	Risk Management	Yes	No	
	FM 4-02	ARMY HEALTH SYSTEM	Yes	No	
	FM 7-0	Training	Yes	No	
	JTS-CPGS	Joint Trauma System Clinical Practice Guidelines	Yes	No	
	TCCC Guidelines 2021	Tactical Combat Casualty Care (TCCC) Guidelines 2021	Yes	No	

Conditions: While conducting routine operations, the medical treatment platoon receives an operation order (OPORD) from higher headquarters (HQ) to conduct role 2 medical treatment platoon operations in support of the operational mission in an operational environment (OE). The commander issues medical planning and execution guidance as situations change. The platoon is established and operational to support the higher HQ directed mission. The platoon has primary access to main supply routes, approved external sustainment support, and is accessible to all supported and supporting units. Continuous voice, data, full motion video communications capabilities if required and authorized in accordance with (IAW) OPORD, tactical and digital radios, data networks, command and control (C2) information systems, and other medical and Army command network capabilities are established and operational. The required joint, and host nation applicable regulations, approved internal and external standard/tactical standard operating procedures (SOPs/TACSOPs), Army regulations (ARs). Army doctrine publications (ADPs), Army techniques publications (ATPs), technical manuals (TMs), field manuals (FMs), training circulars (TCs), and Army Health System (AHS) plans are on-hand as reference material. The platoon has been provided guidance on rules of engagement for this mission and are continuously receiving updates as situations and mission requirements change. Three or more operational variables of political, military, economic, social, information, infrastructure, physical environment, time (PMESII-PT) should be present. Mission, enemy, terrain and weather, troops and support available, time available, civil considerations, and informational considerations (METT-TC (I)) identified constraints must be considered. The platoon 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 platoon has adequate resources and time to prepare. Platoon leaders are present in the area of operation (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 training events or exercises are performed to Army standard. Unit leadership should conduct an after-action review (AAR) to determine future training requirements for the unit.

Task Evaluation Criteria Matrix 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 counter tasks 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.

LSCO: Elements at echelon should augment their operational training plans to combat threat forces in multi-domain operations (MDO) and to contribute to medical operations during competition, armed conflict, and to return to competition.

Unit commanders must understand the scope and scale of LSCO and the resulting implications these operations will have on forces employed throughout the operational framework at echelon in the future operating environment (FOE). The FOE will be austere, contested in all domains, and consist of extended lines of communications and complex/distributed terrain. AHS units are essential to combat forces achieving and maintaining freedom of maneuver, extending operational reach and prolonged endurance.

To win in LSCO, Army medical formations must be highly trained, capable of rapidly clearing wounded from the battlefield, returning wounded to duty as far forward as possible, optimizing ground, air, and maritime (MEDEVAC) medical evacuation capabilities, and overcoming contested logistics. Future operational training must be realistic must integrate live, virtual, constructive, and/or gaming capabilities to replicate conditions our forces are expected to endure during LSCO.

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

Standards: Treatment platoon conducts role 2 medical treatment platoon operations to medically treat and evacuate patients 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 4-02.6, emerging doctrine, the approved Army standards identified in the task evaluation criteria matrix and in the task performance steps which are included in this task, the commander's guidance, applicable internal and external TACSOPs/SOPs, appropriate medical regulation(s), TMs, FMs, ADPs, TCs, and specified ARs.

Note: Leaders may include, but are not limited to, field surgeon, physician assistant (PA), platoon sergeant (PSG), field medical assistant, senior PA, general dental officer, physical therapist, medical laboratory sergeant (SGT), radiology SGT, medical-surgical nurse, emergency physician, health care SGTs, and others as determined by the commander IAW the table of organization and equipment (TO&E).

Live Fire: No

Objective Task Evaluation Criteria Matrix:

Plan and Prepare			Execute						Evaluate	
Operational Environment		Training Environment (L/V/C)	% Leaders present at training/authorized	% Present at training/authorized	External evaluation	Performance measures	Critical performance measures	Leader performance measures	Evaluator's observed task proficiency rating	Commander's assessment
SQD & PLT										
Dynamic (Single Threat)	Night	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% GO	All	>=85% GO	T	T
Static (Single Threat)	Day		60-74%	60-79%	No	65-79% GO	<All	75-84% GO	P	P
			<=59%	<=59%		<65% GO		<=74% GO	U	U

Remarks: Readiness requirement (RR) individual critical task lists (ICTLs) are tasks that have been identified by the military occupational specialties (MOS)/areas of concentration (AOC) specific proponent at the United States (U.S.) Army 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 Army medical solutions during MDO.

The specific RR tasks directly supporting this T&EO can be found in the supporting individual task section of this report.

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: Commanders/Leaders should consider but are not limited to integrating the following LSCO conditions into collective training events for their respective formations:

• Scope and scale – casualty streams, evacuation demands, and consumption will be exponentially larger, supporting distributed forces in distributed environments will be challenging.
• Expect to operate under denied, disrupted, intermittent, and limited (DDIL) bandwidth conditions – communications will fail, C2 functions and tasks will be difficult to execute, digital signature must be concealed within the electromagnetic spectrum.
• Maximize return to duty (RTD) – forces may not have freedom of maneuver to allow evacuation and rapid replacement of evacuated Soldiers, RTDs as far forward as possible preserve combat power.
• Utilize role of medical care – support for the distribution of medical resources and capabilities, to include health information technology solutions which replicate casualty/patient encounters, employ emerging capabilities that enable remote and telemedicine – train as you will fight.
• Optimization of triage and evacuation capabilities – air, ground, and sea, participate in all Army training events to rapidly clear battlefield casualties.
• Plan for and manage disease and nonbattle injuries (DNBI) requirements, chemical, biological, radiological, and nuclear (CBRN) threats are real, and units must be prepared to operate in these environments.
• Predictive medical logistics (MEDLOG) planning, coordination, and synchronization is critical to supporting Class VIII A/B demands and replenishments.
• Remote medical care and procedures - medical personnel will still be required to provide patient care that is potentially beyond their scope of practice/training. Medics and other care providers will often be working independently and far from support.

When conducting collective training, Leaders at echelon must allocate the necessary resources and time to ensure that combat medics, paramedics, and other healthcare professionals receive comprehensive training. Training is conducted to build medical professionals' requisite skills, endurance, and knowledge of cutting-edge technology needed to enhance skills, increase effectiveness in providing medical support, and ultimately improve the overall healthcare provided to warfighters in a LSCO environment.

Safety Risk: Low

Task Statements

Cue: While conducting routine operations, the medical treatment platoon receives an OPORD from higher HQ to conduct role 2 medical treatment platoon operations in support of the operational mission in an 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 risk 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
Plan			
* 1. Medical treatment platoon HQ leaders conduct troop leading procedures (TLP) in order to conduct role 2 medical treatment platoon operations in an OE.			
a. Plan battalion-level AHS support operations.			
b. Integrate medical planning and training requirements into HQ's plan utilizing military decision making process (MDMP).			
c. Identify the need for enablers and assets, synchronize them, and request them in a timely manner.			
d. Assist the battalion staff with developing the battalion's AHS support plan.			
e. Assist G-1/S-1 in casualty operations and estimates.			
f. Identify communications methods and procedures.			
g. Issue OPORD, fragmentary orders (FRAGORD), and warning orders (WARNORD) using parallel planning techniques.			
h. Identify medical considerations and/or the need for additional medical devices and supplies based on terrain and weather conditions.			
* 2. Medical treatment platoon HQ leaders plan AHS support.			
a. Plan casualty response and evacuation for each phase of operation.			
b. Plan casualty collection point (CCP) locations and helicopter landing zone (HLZ)/ambulance exchange points (AXP) locations.			
c. Plan security of CCP and security of HLZs/AXPs.			
d. Identify ground evacuation routes.			
e. Standardize CCP markings for both day and night.			
* 3. Medical treatment platoon HQ leaders plan operations based on the commander's intent, the operations plan (OPLAN), and the sustainment support plan of the next higher HQ.			
a. Develop the medical common operational picture (MEDCOP).			
b. Plan to provide the following:			
(1) TCCC.			
(2) Sickcall operations.			
(3) Advanced trauma management.			
(4) Enroute casualty care.			
(5) Evacuation (tactical evacuation (TACEVAC)/casualty evacuation (CASEVAC)/MEDEVAC procedures).			
(6) Prolonged care operations.			
* 4. Medical platoon HQ leaders develop TACSOPs/SOPs, policies, and/or programs that include but are not limited to:			
a. Heath services support (HSS) plan.			
b. Force health protection (FHP) plan.			
c. TACEVAC/CASEVAC/MEDEVAC (ground and/or air) procedures.			
d. CBRN plan.			
e. CBRN decontamination plan.			
f. Logistics support plan.			
g. Accountability and reporting plan.			
h. Mass casualty (MASCAL).			
i. Primary, alternate, contingency, emergency (PACE) communication plan for telemedical support.			
j. Sustainment support plan.			
Prepare			
* 5. Medical treatment platoon HQ leaders prepare to execute the plan in an OE.			
a. Improve the situational understanding revising the plan, as required.			
b. Train to become proficient on critical medical tasks IAW JTS-CPGS.			
c. Manage distribution/task organization (TASKORG) of medical platoon personnel.			
d. Advise the battalion commander on the effects of the Geneva Conventions on AHS support.			
e. Advise the battalion commander and their staff on AHS support operations and the health threat.			
f. Coordinate medical resupply of Class VIII for the battalion aid station (BAS), ambulance squad, combat medic section, and combat life saver (CLS).			
g. Identify communication assets.			
h. Synchronize additional medical support and augmentation assets to execute the battalion's AHS support plan.			

i. Coordinate MEDEVAC (ground and air).

j. Direct the development and refinement of the platoon's pre-execution tasks adjusting, when required.

k. Synchronize the execution of AHS support for the command for each war-gamed course of action to ensure a fit and healthy force.

* 6. Medical treatment platoon HQ leaders prepare to conduct role 2 medical treatment platoon operations.			

a. Disseminate health threat information and coordinates medical intelligence requirements with the G-2/S-2.

b. Facilitate functional integration between AHS and military intelligence staff elements within the command.

c. Manage the battalion behavioral health (BH) program, to include training troop leaders in the preventive aspect of stress on Soldiers.

d. Implement risk management, safety, and environmental protection measures.

e. Prepare to conduct split-based operations for up to 48 hours.

f. Identify operational telemedicine best practices based upon OE.

* 7. Medical treatment platoon HQ leaders perform precombat inspections (PCI) according to the platoon TACSOPs/SOPs.			

a. Perform before-operation maintenance checks, and report or repair deficiencies, if necessary.

b. Perform communications checks of voice and digital systems.

c. Inspect and verify maps and corresponding analog and digital graphics.

d. Ensure that the platoon understands the plan and are in the correct uniform and mission-oriented protection posture (MOPP) level based upon the threat level.

e. Verify ammunition quantities and types as required by mission.

f. Review the supply status of rations, water, fuel, oil, all types of ammunition, medical, and batteries (for such items as flashlights, night vision devices, and CBRN alarms).

g. Ensure that vehicles are correctly camouflaged so they match the AO.

* 8. Medical treatment platoon HQ leaders conduct training for platoon subordinates including:			

a. Army warrior task training.

b. Continuing medical education.

c. Clinical training.

9. Medical treatment platoon conducts medical training of battalion personnel including:			

a. TCCC principles and procedures.

b. Evacuation (TACEVAC/CASEVAC/MEDEVAC procedures).

c. Patient decontamination.

d. CLS training.

e. Aid and litter teams training.

f. Field sanitation.

g. Personal hygiene.

h. Holistic health and fitness (H2F) principles.

i. Stress prevention.

* 10. Medical treatment platoon HQ leaders conduct the following rehearsals:			

a. TACEVAC.

b. CASEVAC.

c. Prolonged care.

d. Casualty response.

e. MASCAL.

f. MEDEVAC.

g. CBRN operations.

Note: Rehearsals allow leaders to identify planning shortfalls and implement measures to mitigate them.

* 11. Medical platoon HQ leaders identify one of the following BAS configurations based on mission variables:			

a. Tailgate medicine.

b. Hasty configuration.

c. Short-term configuration.

d. Long-term configuration.

Execute

+* 12. Medical treatment platoon HQ leaders synchronize operations to conduct role 2 medical treatment platoon operations in an OE.			

a. Provide C2 for the platoon.

b. Maintain MEDCOP.

c. Direct the activities of the role 2 medical treatment facility (MTF).

d. Direct the disposition of patients.

e. Advise the commander on the health of the battalion.

f. Request patient evacuation from organic MTFs to higher-level roles of medical care.

g. Supervise the health, welfare, organizational training, administration, discipline, and maintenance of equipment, supply functions, and employment of assigned or attached personnel.

h. Operate the alternate company (CO) CP, during hasty displacements.

i. Monitor Class VIII supplies, blood usage, and inventory levels.

j. Keep the commander informed on the status of the platoon.

k. Manage platoon operations, operations security, communications, medical administration, organizational training, supply transportation, patient accountability, statistical reporting functions, and blood situation reporting.

l. Oversee all medical training within the battalion.

m. Verify and update patient status for patients in the trauma bay, patient holding area, or the area support squad/sections.

n. Maintain communication with higher HQ, adjacent, and subordinate units/elements through secure and non-secure communications.

o. Coordinate with the supporting veterinary element pertaining to subsistence and animal disease surveillance.

p. Supervise the battalion combat operational stress control (COSC) program to include training troop leaders in the preventive aspect of stress on Soldiers.

q. Monitor the H2F program.

r. Manage killed in action human remains.

s. Supervise patient decontamination operations.

t. Identify and employ treatment squads, as requested or per the operation plans (OPLAN).

13. Medical treatment platoon establishes its elements according to the unit's TACSOP/SOP.			

a. Sets up patient treatment and holding areas.

b. Assists with unit security and other unit activities associated with establishing and conducting CO operations.

14. Medical treatment platoon manages all classes of patients based upon their medical condition IAW JTS-CPGS.			

Note: Patients may include but are not limited to military working dogs (MWD), detainees, and CBRN patients, and/or prisoners of war (POWs).

a. Provides professional services in the areas of minor surgery, internal medicine, general medicine, and general dentistry.

b. Provides basic diagnostic laboratory and radiological services and patient holding support.

c. Employs telemedicine best practices when additional help, guidance is needed.

Note: Consultation is a sign of strength and confidence on behalf of the health care professionals who recognize their own limitations.

d. Supports humanitarian assistance programs, when directed.

e. Provides unit level AHS support to units without organic medical support.

f. Provides outpatient consultation services for patients referred from any Role 1 BAS.

15. Medical treatment platoon conducts patient tracking, patient regulation, and patient movement items (PMI) management.			
16. Medical treatment platoon establishes temporary morgue area away from and out of sight of the triage and treatment areas.			

Note: There will be casualties who have died before reaching the BAS (dead on arrival) or who die of wounds before they can be stabilized and further evacuated.

17. Medical treatment platoon maintains the medical equipment sets (MES) to include MES, patient decontamination and chemical treatment.			
18. Medical treatment squad provides emergency and routine sick call treatment to Soldiers assigned to supported units.			

Note: In the BSMC assigned to the Stryker brigade combat team (SBCT), the medical treatment squad is called the medical treatment section.

19. Medical treatment squad (area)/area support medical treatment squad provides troop clinic-type services and TCCC within the support area.			

Note: Medical treatment squad (area) and area support medical treatment squad nomenclatures may be used synonymously.

20. Medical treatment platoon, area support squad, provides the following:			

a. Emergency dental services.

b. Laboratory services.

c. Blood support.

d. Radiological services.

e. Physical therapy (PT).

Note: Brigade support medical CO (BSMC) area support squad only, the medical CO, area support (MCAS) does not have an organic PT capability.

21. Medical treatment platoon, area support squad, provides the following services when operating with or collocated with the forward resuscitative and surgical detachment (FRSD):			

a. Laboratory services.

b. Radiology services.

c. Blood storage capabilities.

22. Medical treatment platoon, patient holding squad, provides nursing care for patients awaiting evacuation and for those patients being held for DNBI who are expected to RTD within 72 hours.

* 23. Identified leaders (certified trainers) evaluate operations (at commander's discretion) IAW FM 7-0.

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 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 TACSOPs/SOPs, as necessary.

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

Assess

* 24. Commander assesses training and renders a proficiency assessment (Trained, Practiced, and Untrained) based on observed task performance and other feedback IAW FM 7-0.

a. Takes a holistic view of various forms of feedback when assessing training.

b. Records assessment results for future reference.

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, P, U										

Mission(s) supported: None

MOPP 4: Sometimes

MOPP 4 Statement: Some iterations of this task should be performed in mission-oriented protective posture (MOPP) Level 1-4 as directed by the commander and/or leaders. At MOPP 4, performance degradation factors increases planning completion times. Ensure to comply with commanders guidance and unit TACSOP/SOP when conducting operations in MOPP gear. Chemical protective clothing ensemble and field protective mask restrict movement and activities. Wear appropriate MOPP gear only when threat forces have used CBRN weapons or as command directed. MOPP gear should be worn during CBRN training exercises. During MOPP training, leaders must ensure personnel are monitored for potential heat and cold weather

injuries. Command policies, ARs, and unit TACSOP/SOP 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 CBRN and ARs.

NVG: Sometimes

NVG Statement: Night vision goggles are not required to conduct this task. However, they may be required when conducting sustainment unit operations, during movement, or Soldier duties as assigned.

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
12.	08-PLT-0321	Conduct Medical Platoon Defense Operations	08 - Medical (Collective)	Approved
12.	08-PLT-1800	Conduct Battalion Aid Station Operations	08 - Medical (Collective)	Approved
13.	08-PLT-0221	Establish a Battalion Aid Station	08 - Medical (Collective)	Approved
13.	08-PLT-0301	Provide Detainee Medical Support	08 - Medical (Collective)	Approved
13.	08-PLT-0232	Treat Chemical, Biological, Radiological, and Nuclear Casualties	08 - Medical (Collective)	Approved
13.	08-PLT-0220	Establish Operational Areas	08 - Medical (Collective)	Approved
13.	08-PLT-0316	Provide Sick Call Services	08 - Medical (Collective)	Approved
13.	08-PLT-0311	Establish a Patient Decontamination Station	08 - Medical (Collective)	Approved
14.	08-PLT-0251	Employ Telemedicine Services	08 - Medical (Collective)	Approved
14.	08-PLT-0313	Provide Emergency Medical Treatment	08 - Medical (Collective)	Approved
18.	08-SQD-0316	Conduct Medical Treatment Squad Operations	08 - Medical (Collective)	Approved

OPFOR Task(s): None

Supporting Individual Task(s):

Step Number	Task Number	Title	Proponent	Status
1.	150-LDR-5012	Conduct Troop Leading Procedures	150 - Mission Command (Individual)	Approved
1.	150-LDR-5321	Establish Planning Guidance	150 - Mission Command (Individual)	Approved
1.	081-70B-2001	Write Appendix for the Army Health Systems Plan	081 - Medical (Individual)	Approved
1.	081-70B-2000	Develop an Army Health Systems Plan	081 - Medical (Individual)	Approved
2.	150-C2-5145	Conduct Risk Management	150 - Mission Command (Individual)	Approved
5.	081-68W-3016	Brief Mission Commander on Casualty Response Plan	081 - Medical (Individual)	Approved
5.	081-68W-3011	Develop Annex F to Appendix 3 Medical Plan	081 - Medical (Individual)	Approved
5.	081-68W-3012	Manage a Unit's Medical Supply	081 - Medical (Individual)	Approved
5.	150-LDR-5016	Organize the Force	150 - Mission Command (Individual)	Approved
5.	081-000-2738	Coordinate Medical Evacuation	081 - Medical (Individual)	Approved
6.	081-70B-2007	Store Class VIII Supplies	081 - Medical (Individual)	Approved
6.	081-68W-3011	Develop Annex F to Appendix 3 Medical Plan	081 - Medical (Individual)	Approved
6.	081-68W-3009	Interpret Running Estimates Tracking	081 - Medical (Individual)	Approved
7.	150-LDR-5022	Conduct Pre-Combat Inspections	150 - Mission Command (Individual)	Approved
9.	081-68W-2003	Manage a Combat Lifesaver Program	081 - Medical (Individual)	Approved
10.	150-LDR-5039	Lead the Rehearsal	150 - Mission Command (Individual)	Approved
12.	081-70B-2014	Synchronize Continuity of Care	081 - Medical (Individual)	Approved
12.	081-70B-2004	Maintain Readiness of Assigned Medical Equipment Set	081 - Medical (Individual)	Approved
12.	081-70B-2015	Coordinate Class VIII Resupply	081 - Medical (Individual)	Approved
14.	081-65D-2022	Direct Unexploded Ordinance Management in an Injured Patient	081 - Medical (Individual)	Approved
14.	081-000-2856	Treat Aural Blast/Acoustic Trauma	081 - Medical (Individual)	Approved
14.	081-68W-3008	Manage a Team During Prolonged Care	081 - Medical (Individual)	Approved
14.	081-000-2781	Perform Medical Transfer of Authority	081 - Medical (Individual)	Approved
14.	081-000-2755	Treat Combat Casualties Under Fire	081 - Medical (Individual)	Approved
15.	081-68G-1201	Process Patient Movement Request	081 - Medical (Individual)	Approved
15.	081-68G-1006	Maintain Patient Accountability During Mass Casualty Events	081 - Medical (Individual)	Approved
15.	081-70B-2013	Coordinate Patient Movement	081 - Medical (Individual)	Approved
22.	081-000-2684	Perform Patient Triage	081 - Medical (Individual)	Approved
22.	081-000-2846	Perform Hypothermia Rewarming Measures	081 - Medical (Individual)	Approved
22.	081-66H-2003	Administer Whole Blood	081 - Medical (Individual)	Approved
22.	081-000-2699	Prepare a Patient for Evacuation	081 - Medical (Individual)	Approved
23.	150-COM-7230	Conduct an After Action Review for a Training Event	150 - Mission Command (Individual)	Approved
23.	150-COM-7133	Identify Potential Training Issues	150 - Mission Command (Individual)	Approved
24.	150-LDR-5045	Receive Feedback	150 - Mission Command (Individual)	Approved

Supporting Drill(s): None

Supported AUTL/UJTL Task(s):

Task ID	Title
OP 4.4.3	Provide Health Services
OP 4.4.3.11	Conduct Patient Movement
OP 4.4.3.4	Mitigate Health Threats

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.