

# Training and Evaluation Outline Report

**Status: Approved**

**10 Nov 2021**

**Effective Date: 10 Nov 2021**

**Task Number:** 08-CO-0316

**Task Title:** Provide Sick Call Services

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

**Destruction Notice:** None

**Foreign Disclosure: FD2** - This training product has been reviewed by the training developers in coordination with the Joint Base San Antonio, Fort Sam Houston/US Army Medical Center of Excellence (MEDCoE) foreign disclosure officer. This training product can be used to instruct international military students when the country meets specific criteria. Specify requirement(s) that each country must meet (select all that are appropriate): 1) Must purchase equipment through FMS N/A; 2) Must be a member of a specific group or coalition N/A; 3) Must have an accepted clearance (must be authorized under an identified general security agreement with the US); 4) May not attend FD3 modules N/A; 5) Other Army Security Cooperation Agreement for International Foreign Military Students.

**Supporting Reference(s):**

Step Number	Reference ID	Reference Name	Required	Primary	Source Information
	AR 385-10	The Army Safety Program	Yes	No	
	AR 40-400	Patient Administration (Change 002, January 10, 2014. This regulation supersedes AR 40-400, dated 27 January 2010.)	Yes	No	
	ATP 3-34.5	Environmental Considerations	Yes	No	
	ATP 4-02.10	Theater Hospitalization	Yes	No	
	ATP 4-02.2	Medical Evacuation	Yes	No	
	ATP 4-02.3	ARMY HEALTH SYSTEM SUPPORT TO MANEUVER FORCES <a href="http://armypubs.army.mil/doctrine/DR_pubs/dr_a/pdf/atp4_02x3.pdf">http://armypubs.army.mil/doctrine/DR_pubs/dr_a/pdf/atp4_02x3.pdf</a>	Yes	Yes	
	ATP 4-25.13	Casualty Evacuation	Yes	No	
	ATP 5-19	RISK MANAGEMENT, with change 1 dated 8 Sep 2014	Yes	No	

**Conditions:** On order the company (CO) provides sick call services in support of the operational mission in an operational environment (OE). The commander issues medical planning and execution guidance as situations change. The CO is established and operational to support the higher HQ directed mission. The CO has primary access to main supply routes, approved external sustainment support, and is accessible to all supported and supporting customers/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 Army, joint, and host nation applicable regulations, approved internal and external standard operating procedures (SOPs), Army techniques publications (ATP), technical manuals (TMs), field manuals (FMs), and Army Health System (AHS) plans are on-hand as reference material. The CO has been provided guidance on rules of engagement for this mission and are continuously receiving updates as situations and mission requirements change. Four 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 and civil considerations (METT-TC) identified constraints must be considered. The CO 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 CO elements are available to provide support during all day and night operations. Specified time constraints are identified in the OPORD. The CO has adequate resources and time to prepare. CO 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/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 benefiting 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.

This task should not be trained in MOPP 4.

**Standards:** CO personnel provide sick call services without causing further injuries to 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 ATP 4-02.3/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 SOPs, appropriate medical regulation(s), FMs, and specified Army regulations (ARs).

Note: Leaders may include but not limited to, the commander, first sergeant (1SG), supply noncommissioned officer (NCO), field medical assistant, field surgeon, physician's assistant (PA), health care sergeant (SGT), officers/NCOs, and others as determined by the commander IAW the table of organization and equipment (TOE).

**Live Fire:** No

**Objective Task Evaluation Criteria Matrix:**

Plan and Prepare		Execute					Assess		
Operational Environment	Training Environment (L/V/C)	Leaders Present at Training/Required	Present at Training/Required	External Eval	Performance Measures	Critical Performance Measures	Leader Performance Measures	Evaluator's Observed Task Proficiency Rating	Commander's Assessment
CO & BN									
Dynamic and Complex (4+ OE Variables and Hybrid Threat)	Night	Commander(s) or element senior/key leader(s) will determine if training will be conducted under live, virtual, or constructive training environmental conditions using corresponding event types: (for example, STT, STX, FTX, etc.) in order to facilitate the Crawl, Walk, Run methodology of training progression to support unit training management (UTM) and recommended combined arms training strategy (CATS). All external evaluations (EXEVALs) must be conducted in a live environment.	>=75%	>=80%	Yes	>=80%	>=85%	T	T
	Dynamic (Single Threat)		>=75%	>=80%	No	75-84%	T-	T-	
Day			60-74%	60-79%	<All	<=74%	P	P	
Static (Single Threat)			<=59%	<=59%	<=64%		P-	P-	
								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@mail.mil. Your recommended changes will be reviewed, validated to ensure approved Army or joint doctrine supports your recommendation(s) and implemented, as applicable.

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

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

**Safety Risk:** Low

**Task Statements**

**Cue:** On order the CO provides sick call services 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 risks associated with this task.

## **CAUTION**

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

## Performance Steps and Measures

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

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

### STEP/MEASURE

GO	NO-GO	N/A
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**Plan**

- +\* 1. Commander and staff/element leaders conduct troop leading procedures (TLP) to plan, prepare, execute, and assess operations for provide sick call services in an OE.
  - a. Drive the operations process through the activities of understand, visualize, describe, direct, lead, and assess IAW established timelines, the higher commander’s intent, orders from higher HQ, and SOPs.
  - b. Practice the mission command approach to C2.
  - c. Inform and influence relevant audiences.
- +\* 2. Commander and staff/element leaders develop programs, procedures, and routine/specialized operations for sick call services.
- +\* 3. Staff/element leaders plan operations in support of the commander’s decision making process.
  - a. Maintain running estimates and the common operational picture (COP).
  - b. Assess and control operations/activities.
  - c. Develop and disseminate orders.
  - d. Coordinate with higher, lower, and adjacent units.
  - e. Conduct network operations.
  - f. Integrate medical planning and training requirements into higher HQ military decision-making processes (MDMP).
- +\* 4. Commander and staff/element leaders issue an OPORD.
- +\* 5. Commander and staff/element leaders conduct briefings with subordinates immediately after issuing the OPORD to ensure subordinates understand the commander’s intent.


**Prepare**

- +\* 6. Staff/element leaders prepare to execute the plan in an OE.
  - a. Develop a common understanding of the plan with assigned, attached, and supported units.
  - b. Train to become proficient on critical procedures IAW Joint Trauma System Clinical Practice Guidelines (JTS-GPGS) guidelines.
  - c. Ensure forces and resources are positioned for operations.
  - d. Task-organize and integrate the force into higher HQ plans.
  - e. Conduct rehearsals with assigned, attached, and supported units.
- +\* 7. Medical treatment platoon HQ leaders prepare to provide sick call services.
  - a. Establish C2 over unit staff according to higher HQ directives.
  - b. Establish mission priorities.
  - c. Delegate roles and responsibilities prior to operations.
  - d. Verify that scarce AHS resources are efficiently employed and support the operational and strategic plan.
  - e. Monitor medical threats within the area of responsibility (AOR) to ensure capabilities are available to mitigate the threat.
  - f. Implement policies and procedures, and/or routine/specialized operations.
  - g. Coordinate with higher HQ for medical evacuation (MEDEVAC) air and/or ground support.
  - h. Prepare medical treatment squad to conduct split-based operations, when required.
  - i. Coordinate with CO and/or higher HQ for additional logistics support, as required.
  - j. Manage in-service training programs.
  - k. Monitor periodic and unscheduled maintenance of medical equipment for compliance with applicable TMs.


**Execute**

- +\* 8. Medical treatment platoon HQ leaders drive the operations process to provide sick call services in an OE.
  - a. Supervise personnel providing sick call services IAW the joint trauma system clinical practice guidelines (JTS-CPGS).
  - b. Monitor the implementation of policies and procedures, and/or routine/specialized operations to ensure compliance with current directives.
  - c. Monitor operational security, communications, administration, organizational training, supply, transportation, patient accountability, statistical reporting, and maintenance of medical records functions.
  - d. Monitor Class VIII and blood requirements.
  - e. Maintain medical communications for combat casualty care (MC4) capability for patient care, accounting, and reporting.
  - f. Direct the disposition of patients and coordinates for their further evacuation.
  - g. Monitor risk management, safety, and environmental protection for compliance with appropriate publications and directives.


- h. Direct combat proficiency training of BAS personnel.
- i. Discontinue sick call operations during MASCAL events.


+ 9. Medical treatment squad/medical treatment squad (area) personnel process patients for sick call services IAW developed policies, procedures, medical directives and/or the physician and/or PA's guidance.

Note: Appropriate medical personnel treat patients including civilians, refugees, detainees, and enemy prisoners of war (EPWs) according to the provisions of the Geneva Conventions.

- a. Record patient data on daily disposition log and/or appropriate forms available.
- b. Triage patients in order to prioritize treatment.
- c. Perform appropriate medical assessment.
- d. Order appropriate tests per physician and/or PA's orders/directives to include but not limited to laboratory and radiology tests.
- e. Provide patients with the appropriate JTS-CPGs intervention/treatment according to provider's role of care and scope of practice.
- f. Employ isolation techniques when contagious patients are identified.
- g. Prepare medications for issue IAW orders/directives.
- h. Direct patient to return to duty (RTD) with appropriate documentation/profile and instructions on self-care.
- i. Complete the appropriate medical record (DD Form 1380, tactical combat casualty care (TCCC) card, and/or electronic health record).


j. Prepare patients for MEDEVAC to the supporting MTF for treatment beyond CO's capabilities.  
(1) Prepare medical records (DD Form 1380, TCCC Card, and/or electronic health record) for transport with patient.

(2) Transport patient's individual protective equipment (body armor, helmet, and muzzles for military working dogs), if worn, and other personal equipment (sleeping bag, personnel hygiene items) for disease and nonbattle injury (DNBI) patients, if space is available or if required by theater evacuation policy.

- k. Provide appropriate personnel and/or battalion S-1 with identification and disposition of patients.

+\* 10. Staff/element leaders evaluate operations (at commander's discretion).

- 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 SOPs as necessary.
- h. Submit the required reports and updates to higher HQ.


**Assess**

+\* 11. Commander assesses training and renders a 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.


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:** Never

**MOPP 4 Statement:** This task should not be performed in MOPP 4.

**NVG:** Never

**NVG Statement:** None

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

**Supporting Collective Task(s):**

Step Number	Task Number	Title	Proponent	Status
1.	71-CO-5100	Conduct Troop Leading Procedures	71 - Mission Command (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
2.	150-LDR-5321	Establish Planning Guidance	150 - Mission Command (Individual)	Approved
3.	150-LDR-5021	Allocate Resources	150 - Mission Command (Individual)	Approved
3.	150-LDR-5040	Maintain the Commander's Estimate	150 - Mission Command (Individual)	Approved
4.	150-LDR-5009	Issue Commander's Guidance	150 - Mission Command (Individual)	Approved
5.	150-LDR-5006	Establish Conditions for Subordinates to Exercise Initiative	150 - Mission Command (Individual)	Approved
5.	150-LDR-5007	Establish a Shared Understanding	150 - Mission Command (Individual)	Approved
6.	150-COM-7200	Conduct a Training Event	150 - Mission Command (Individual)	Approved
6.	081-70B-2016	Plan Medical Training	081 - Medical (Individual)	Approved
6.	150-COM-7150	Plan Unit Individual Training	150 - Mission Command (Individual)	Approved
6.	150-LDR-5039	Lead the Rehearsal	150 - Mission Command (Individual)	Approved
7.	081-70B-2013	Coordinate Patient Movement	081 - Medical (Individual)	Approved
7.	081-70B-2005	Develop a Controlled Substance Program	081 - Medical (Individual)	Approved
7.	150-LDR-5319	Delegate Authority	150 - Mission Command (Individual)	Approved
8.	150-LDR-5100	Lead the Operations Process	150 - Mission Command (Individual)	Approved
8.	081-70B-2003	Maintain Class VIII Account	081 - Medical (Individual)	Approved
8.	150-LDR-5253	Manage Command, Control, and Communications Systems	150 - Mission Command (Individual)	Approved
9.	081-000-2568	Perform Trauma Resuscitation	081 - Medical (Individual)	Approved
9.	081-000-0049	Perform a Combat Casualty Assessment	081 - Medical (Individual)	Approved
9.	081-68W-0282	Perform Casualty Movement	081 - Medical (Individual)	Approved
9.	081-68W-0063	Treat a Soft Tissue Injury	081 - Medical (Individual)	Approved
9.	081-68W-0245	Treat Common Respiratory Disorders	081 - Medical (Individual)	Approved
9.	081-000-2684	Perform Patient Triage	081 - Medical (Individual)	Approved
9.	081-000-0105	Coordinate Casualty Treatment And Evacuation	081 - Medical (Individual)	Approved
9.	081-000-2699	Prepare a Patient for Evacuation	081 - Medical (Individual)	Approved
9.	081-000-2738	Coordinate Medical Evacuation	081 - Medical (Individual)	Approved
9.	081-68W-0167	Employ Telemedicine	081 - Medical (Individual)	Approved
10.	150-MC-5124	Refine the Plan	150 - Mission Command (Individual)	Approved
10.	150-COM-7133	Identify Potential Training Issues	150 - Mission Command (Individual)	Approved
10.	150-COM-7230	Conduct an After Action Review for a Training Event	150 - Mission Command (Individual)	Approved
11.	150-COM-7175	Assess Mission-Essential Task Proficiency	150 - Mission Command (Individual)	Approved
11.	150-LDR-5045	Receive Feedback	150 - Mission Command (Individual)	Approved

**Supporting Drill(s):** None

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

Task ID	Title
ART 4.3	Provide Health Service Support
OP 4.4.3	Provide Health Services

**TADSS**

TADSS ID	Title	Product Type	Quantity
No TADSS specified			

**Equipment (LIN)**

LIN	Nomenclature	Qty
No equipment specified		

**Materiel Items (NSN)**



NSN	LIN	Title	Qty
No materiel items specified			

**Environment:** Environmental protection is not just the law but the right thing to do. It is a continual process and starts with deliberate planning. Always be alert to ways to protect our environment during training and missions. In doing so, you will contribute to the sustainment of our training resources while protecting people and the environment from harmful effects. Refer to the current Environmental Considerations manual and the current GTA Environmental-related Risk Assessment card. ATP 3-34.5.

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