Unique identifier: \_\_\_\_\_\_\_\_\_\_\_ (see SIPR ID information for actual team ID and location)

*The purpose is to provide the theater Trauma Medical Director (TMD) with the means to communicate with, and assess a Role 2 unit’s readiness for deployment within an operational environment; identify major gaps and determine mitigation strategies with the leaders of the deploying unit. \*\*This list is not designed to be comprehensive, TMDs can modify/expand based on mission unique requirements.*

***Exercise caution with regards to classification status as this document is completed.***

1. **MISSION IAW Joint Publication 4-02, Joint Health Service Support**:

Role 2 Light Manuever performing DCS in **non split-based operations (unit’s mission is in one location)**

Role 2 Light Manuever performing DCS in **split-based operations (unit’s mission is in 2 or more locations)**

Role 2 Enhanced – includes capabilities built around primary surgery (e.g., ICU beds, dental, radiology, lab).

Austere Resuscitative Surgical Team (i.e., Special Operations Surgical Team (SOST); Ground Surgical Team (GST); Golden Hour Offset Surgical Team (GHOST)) ***\*\*Consider use of the Appendix: Austere Resuscitative and Surgical Readiness Assessment – at the end of the R2RA***

Service:  USA  USN  USAF  Coalition Military  Civilian  Contract

Component:  Active  Component  Reserve Component  National Guard)

1. **PREDEPLOYMENT PREP**:

1. Discussion/Shortfall

Team briefed on type of and location(s) for mission

Team briefed on medical capabilities (i.e. Joint, Coalition, Host Nation) in the area of responsibility (AOR)

Team attended Service-specific training pre-deployment (i.e. Army Trauma Training Center [ATTC]; Navy Trauma Training Center [NTTC]; Center for Sustainment of Trauma and Readiness Skills [C-STaRS]; Ground Surgical Team Training [GSTT])

Team attended Home-Station trauma training pre-deployment – list name(s) of the course(s) or exercise attended

Team has briefed home station chain of command (COC) on mission; unit/individual readiness

Individual and unit training for Theater entry requirements completed

Team members have current Secret Clearances

Appropriate team members have SIPRNet access during pre-deployment planning phase

Interfacility Credentials Transfer Brief (ICTB) provided to Service Component Surgeon or their designee, prior to deployment based on CCMD guidance/policy

All nurses and medics have copies of licenses and certifications

Team briefed on JTS orientation course; aware of JTS conferences for the CCMD

2. Discussion/Shortfalls

1. **COMMAND AND CONTROL (C2)**:

Team Aware of Commanders Critical Information Requirements (CCIRs)

Operational Control (OPCON) identified and briefed to team

Tactical Control (TACON) identified and briefed to team

Administrative Control (ADCON) identified and briefed to team

3. Discussion/Shortfalls

1. **MEDICAL RULES OF ENGAGEMENT (MROE):**

Unit received copy of the MROE for theater; 100% of team briefed

Supported Units Chain of Command briefed on the MROE

4. Discussion/Shortfall

1. **COMMUNICATIONS**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Communication Type** | Y | N | **Communication Type** | Y | N |
| Secret Internet Protocol Router Network (SIPRNet) |  |  | **NATO** (i.e., Combined Enterprise Regional Information Exchange System [**CENTRIXS**]; or **Coalition** (i.e. Battlefield Information Collection and Exploitation Systems Extended [**BICES**]) |  |  |
| Secret Voice over Internet Provider (SVoIP) - phone |  |  | Secure Video Teleconference |  |  |
| Document Scanner for Records |  |  | Theater Medical IT Support |  |  |
| Capability for Telehealth |  |  | Permissive Environment for Coms (i.e. WhatsAp) |  |  |
| NIPRNet |  |  | Microsoft Internet Relay Chat (mIRC) |  |  |
| VoIP/Phone |  |  | Other: |  |  |

Appropriate team members have SIPRNet tokens and access

5. Discussion/Shortfall

1. **ADJACENT / CO-LOCATED MEDICAL SUPPORT:**

| **Description** | Y | N | **Description** | Y | N |
| --- | --- | --- | --- | --- | --- |
| International resources  (i.e. NATO and/or Coalition) |  |  | Blood Support Detachment |  |  |
| MEDEVAC |  |  | International SOS (ISOS) |  |  |
| Host Nation |  |  | Non-Government Organizations (NGO) |  |  |
| Civil Affairs/State Dept |  |  | Other: |  |  |
| US Role 1 (i.e. Primary Care Support) |  |  |  |  |  |

1. **OPERATIONAL READINESS AND STANDARD OPERATING PROCEDURES**:

Team briefed and rehearsed MEDEVAC operations; includes transportation to and from LZ and a communication plan

Training Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Team has copy of CCMDs Trauma Naming Policy

Team rehearsed on:

JTS Clinical Practice Guidelines (CPGs)

Military Working Dog (MWD) procedures

Team briefed/rehearsed casualty weapons clearing process; includes location identification

Training Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Management of unexploded ordinance (UXO)

Detainee Healthcare Training IAW DoDI 2310.08, Medical Program Support for Detainee Operations

Consider the JKO Course US019 “Medical Ethics and Detainee Operations Basic Course”

Team has Narcotics Storage, Control and Accountability SOP and sustainment plan

Medical Waste and Biohazard plan

Human Remains plan

Linguists SOP (if applicable)

Transfer to and from Host Nation hospital (if applicable)

1. **CLINICAL READINESS ASSESSMENT:**

Knowledge/Skills/Attributes (KSAs)/Individual Critical Task List (ICTL) of medical team members reviewed

Individual and unit predeployment clincial training for Theater entry completed

Gen Surgeon and/ or Emergency Medicine MD is trained (i.e. Basic Endovascular Skills Course [BESC] or the Resuscitative Endovascular Balloon Occlusion of the Aorta [REBOA] placement)

Gen Surgeon has attended Emergency War Surgery Course (EWSC) in the last 3 years

Gen Surgeon regularly participates in trauma surgical care when not deployed

Ortho Surgeon (if applicable) has attended Combat Extremity Surgical Course (CESC) or equivalent in last 3 years

All physicians are current (< 3 years) in Advance Trauma Life Support (ATLS)

Team trained on MC4 computers (Medical Communications for Combat Casualty Care) for electronic patient documentation

Team members have access and training on the Theater Medical Data Store (TMDS) for clinicians and patient administrative personnel

Team members identifed for access; and completed training on the TMDS Blood Module

Team members trained on DD1380 and the En Route Care documentation from point of injury (POI)

Team members briefed on Theater specific policy regarding clinical photography

Team members briefed on trauma documentation forms; DoD Trauma Registry (DoDTR); and process for uploading trauma documentation

8. Discussion/Shortfalls

1. **CLINICAL CAPABILITIES:**

Team trained on sterilization procedures

Non-OR team members oriented/trained for surgical procedures

Cross training clinical requirements identified; planned; completed

Team briefed/rehearsed on holding expansion capability

Crash cart supplies/equipment identifed/trained on

Hypothermia management for patient care briefed/trained

9. Discussion/Shortfalls

1. **BLOOD RESOURCES:**

Team rehearsed Walking Blood Bank (WBB); and conducted screening of ancillary base personnel   
 Training Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Team briefed on the Theater Joint Blood Office Point of Contact (POC)

Blood storage and transportation procedures briefed

Preparation of blood/blood products briefed (e.g., Thawing FFP; stored vs Fresh Whole Blood (FWB);

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Stored Whole Blood (SWB) | Red Blood Cells (RBC) | FFP | Liquid Plasma | Cryo | Platelets |
| PAR |  |  |  |  |  |  |
| On Hand |  |  |  |  |  |  |

**CURRENT BLOOD LEVELS AND PAR**:

10. Discussion/Shortfall

1. **TEAM COMPOSITION:**

**MEDICAL CORPS OFFICERS**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Type | Trauma | GS | Ortho | Other Surg | Anes | EM | IM/CC | FP | GMO/FS/UMO | Other | **Total** |
| # |  |  |  |  |  |  |  |  |  |  |  |

**NURSE CORPS OFFICERS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Type | CRNA | ER | OR | ICU | Other |  | **Total** |
| # |  |  |  |  |  |  |  |

**MEDICAL SERVICE CORPS OFFICERS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Type |  |  |  |  |  |  | **Total** |
| # |  |  |  |  |  |  |  |

**ENLISTED PERSONEL**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Type | Medic | OR Tech | ICU | Other |  |  | **Total** |
| # |  |  |  |  |  |  |  |

11. Discussion/Shortfalls

1. **INVENTORY OF CRITICAL SUPPLIES** (*This List Is Not Meant To Be Comprehensive*):

| **Pediatric Emergency Supplies** | Y | N | N/A |
| --- | --- | --- | --- |
| Broselow Tape |  |  |  |
| O2 Mask |  |  |  |
| Laryngoscope blades 1-3 |  |  |  |
| ETT 4-6 Fr |  |  |  |
| Foley |  |  |  |
| Chest Tubes 16-20 Fr |  |  |  |
| BP Cuff |  |  |  |
| Interosseous device |  |  |  |
| Orthopedic Emergency Supplies | Y | N | N/A |
| External Fixator Hardware |  |  |  |
| Plaster/Fiberglass for Splinting |  |  |  |

| **Neurosurgical Emergency Supplies** | Y | N | N/A |
| --- | --- | --- | --- |
| Hypertonic Saline |  |  |  |
| Mannitol |  |  |  |
| Keppra |  |  |  |
| Codman/Hudson Drill Kit |  |  |  |
| Gigli Saw passer |  |  |  |
| Gigli Saw handles |  |  |  |
| Bipolar cautery |  |  |  |
| **Thoracic Emergency Supplies** | Y | N | N/A |
| Finochietto or equivalent retractor |  |  |  |
| Lebsche Knife w Mallet |  |  |  |
| Internal Defib pads (tested) |  |  |  |
| Chest Tubes (Adequate supply) |  |  |  |
| Pleurevac (adequate supply) |  |  |  |
| GIA stapler with white loads |  |  |  |
| 2-0 Prolene (cardiac repair) |  |  |  |
| Pledgets |  |  |  |
| **Vascular Emergency Supplies** | Y | N | N/A |
| Vascular instruments |  |  |  |
| Vascular Shunts |  |  |  |
| Thrombectomy catheters (Fogarty) |  |  |  |
| Heparin |  |  |  |
| REBOA Catheter |  |  |  |
| REBOA Access Kit |  |  |  |

1. **MEDICAL EQUIPMENT**

12. Discussion/Shortfalls

| **Equipment Item** | **Name/Brand** | **#On Hand** | **#Mission Capable** | **Inspection Current?** |
| --- | --- | --- | --- | --- |
| Anesthesia Machine |  |  |  |  |
| Defibrillator |  |  |  |  |
| Ventilators |  |  |  |  |
| Suction |  |  |  |  |
| Indirect or Video Laryngoscopy |  |  |  |  |
| Rapid Transfuser |  |  |  |  |
| Xray Machine |  |  |  |  |
| Ultrasound |  |  |  |  |
| Handheld doppler |  |  |  |  |
| Lab Device |  |  |  |  |
| Lab Cartriges |  |  |  |  |
| Patient Monitors |  |  |  |  |
| Oxygen Source |  |  |  |  |
| Additional Equip |  |  |  |  |

1. **FACILITIES:**

13. Discussion/Shortfalls

Climate control adequate/reliable for patient care

Back Up plan briefed

Electric power adequate/reliable for equipment

Back Up plan briefed

Voltage converters/adapters available (as applicable)

Light source back up plan briefed

Alternate facility/flex plan for MASCAL briefed

14. Discussion/Shortfalls

1. TMD documents concerns, deficiencies, and/or issues identified through this assessment:
2. TMD documents actions taken to resolve; and at what level they were resolved (i.e. Unit; TMD; TF MED; JTF/CTF MED; Service Component Surgeon; CCMD Surgeon):
3. TMD develops a reporting process of completed assessments in coordination with the CCMD Surgeons office (with copy sent to JTS for inclusion into the joint lessons learned process).

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**Role 2 Team Chief** **Theater Trauma Director**

**APPENDIX: Austere Resuscitative and Surgical Readiness Assessment**

Austere Resusciative Surgical Care (ARSC) Clinical Practice Guideline (CPG) reviewed by all team members

Yes  No

Comments on CPG:

Tactical considerations reviewed with Service Component Command Surgeon cell

1. **PERSONNEL**

Physical Fitness Standards for all team members

Secret clearances for leadership

Secret clearances for team members/SIPRNet Tokens

Appropriate members clinical specialties represented (i..e., no OB in GS role; “subs” for other specialties)

1. Discussion/Shortfall

1. **TRAINING** (Ideally conducted pre-deployment or pre-mission at very least)

Training conducted with split teams and variable team sizes.

Weapons Qualifications verified, primary and secondary weapons systems

Crew-served weapons familiarization (convoy or transport vehicles; if applicable)

Tactical Movement Training, mounted and dismounted

Navigation proficiency

Security considerations

React to enemy contact SOPs, mounted and dismounted

Tactical Communications:

How to pass enemy contact to higher level of command (reporting TIC)

9-line; MIST; other medical operational reports

Process to request tactical assistance (i.e., Quick Reaction Force [QRF])

Tactical Communication training, both Line of Sight (LOS) and Over the Horizon (OTH); verified once in theater

Night Vision/Low visibility training and equipment available to all team members

Trained to perform tactical duties and medical duties in LOW/NO light

Plans for low electrical power or NO electrical power

MASCAL response (individual team and integrated with base plans)

CBRN response (if applicable)

2. Discussion/Shortfalls

1. **MISSION PLANNING**

Received orientation to supported units’ organization and operational element, mission scope, etc.

Ability to be included in supported units’ mission planning/visibility of CONOPS process

Ability to access planning communication tools (SIPRNet computer access, Operational communications [radios, secure telephone, SATCOM], access to Operations Center, etc.)

Describe relationship with supported Command team(s)

Medical team mission planning:  
 Expected enemy threat level to the surgical team:

High  Medium  Low

Mission Specific Checklist Includes:

* + 1. # and types of troops at risk
    2. Expected patient holding times
    3. Expected CASEVAC/MEDEVAC times
    4. Scalable surgical team plan (i.e. what are the minimum pax required to meet mission requirements)
    5. What capabilities can be shifted in split team operations that can push care forward minimizing risk   
       (i.e. Resus team goes closer to the X; surg team stays back until needed)
    6. Plans for rapid evacuation in setting of breaking contact (in order of precedence, what sensitives do you bring, what do you leave behind if tactical scenario requires rapid departure).

3. Discussion/Shortfall

1. **EQUIPMENT**

Individual:

Navigation tools

Night vision equipment

Communication tools for LOS and OTH

CBRN equipment (if applicable)

Medical Team:

Equipment to perform care in loud environments (doing primary survey/surgery as a team in back of a loud helo nearly impossible to communicate without radios and headsets, esp with >1 pt)

Ruck, truck and house modular medical equipment loads

CASEVAC and/or en route care equipment

Familiarization with supported units’ equipment: vehicles, aircraft, TCCC and other medical equipment

4. Discussion/Shortfalls

1. TMD documents concerns, deficiencies, and/or issues identified through this assessment:
2. TMD documents actions taken to resolve; and at what level they were resolved (i.e., Unit; TMD; TF MED; JTF/CTF MED; Service Component Surgeon; CCMD Surgeon):

7. TMD develops a reporting process of completed assessments in coordination with the CCMD Surgeons office (with copy sent to JTS for inclusion into the joint lessons learned process).

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**Austere Resuscitative Surgical Team, Chief** **Theater Trauma Director**