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).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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