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Air Force Instruction (AFI) 41-106, Medical Readiness Planning and Training, 12 February 2003, is supplemented as follows. This supplement clarifies medical readiness planning and training policy requirements for all Air National Guard medical and aeromedical units (where applicable).

1.3.1.1. (Added) The ANG/SG will also provide guidance to State Air Surgeons, State Joint Staffs, Regional Planners, and the senior full-time medical person; identify regional Lead State Air Surgeons and planners, and plan/program for any additional training these individuals may require.

1.3.11.1. (Added) This includes directed Federal, state, local, and regional planning, training and exercising in support of MSCA.

1.3.17. (Added) ANG/SG may grant State Air Surgeons specific authority to implement/oversee specific areas of these or other responsibilities found in this AFI.

1.6.2.2. (Added) ANG Medical will prepare an EMP in accordance with (IAW) guidance found in chapter 4.

1.6.4.1. (Added) The ANG Unit commander should designate either the EMC or the Education and Training Committee (E&TC) as the primary oversight of the medical readiness training function. This oversight is necessary to ensure medical readiness training requirements are scheduled based on the 15-month AEF cycle, comply with applicable directives, and are included in the unit's master training calendar. The oversight body will review training currency statistics and adjust training schedules as needed in order to maintain mission capable rates. If the E&TC is designated to provide this oversight, they will forward to the EMC or organization commander any issues requiring input/resolution from a higher authority. All request for training waivers must first be reviewed and approved (in writing) by the EMC or organization commander prior to ANG/SGMP final review.

1.6.5.1. (Added) ANG commanders will appoint, in writing, a MRO/MRNCO. The appointment letter should include assignment as the certification official for medical readiness training (excluding individual AFSC-specific training). To maintain program continuity, personnel will remain in their position for a

minimum of 24 months, where possible; every effort will be made to avoid placing additional duties on the MRO/MRNCO unrelated to readiness. The ANG/SG will identify initial medical readiness training requirements for MRO/MRNCOs and other unit-level leadership. Newly assigned MRO/MRNCOs should be granted every opportunity to attend the next scheduled Medical Readiness Symposium to include any MAJCOM-specific offerings.

1.6.11.1. (Added) This individual should also serve as the unit exercise planner. Forward this individual's name and contact information to the Office of the Air Surgeon, SGM.

1.6.22.1. (Added) This **is applicable** to the ANG.

1.7.1.1. (Added) ANG members **should** serve in the position for a minimum of 24 months.

1.7.2.1. (Added) ANG/SG will identify MRO/MRNCO training requirements in separately published guidance.

1.7.12.1. (Added) ANG MRO/MRNCO will ensure required material is provided to the EMC/E&TC at least quarterly.

1.8.6.1. (Added) This information will also be made available to the EMC.

1.9.14.1. (Added) This information will also be made available to the EMC. (Bioenvironmental Engineering should have this data readily available.)

1.11.4.1. (Added) METLs, Master Sequence of Events Lists (MSELs), unit training plans, RSVs, EMP, and other requirements/directives as appropriate.

2.1.2. See **1.6.4.1. (Added)**

2.2.13. (Added) ANG units will review ART data and ensure areas of discrepancy are addressed with resolution action including appropriate get-well dates (GWD) are documented in the EMC minutes.

4.1.3.1.1. (Added) ANG units will coordinate their EMP with wing and state headquarters. ANG medical unit EMPs will be annexed to the Base Support Plan. ANG units co-located with AC MTFs will coordinate their EMP with the MTF.

4.1.3.1.2. (Added) Identified ANG Regional Medical Planners will coordinate with medical unit personnel within their regions to ensure EMPs are properly accomplished and coordinated.

4.2.6. (Added) Co-located ANG units coordinating MCRP support with AC MTFs should do so mindful of the ANG dual-mission and their EMP-based requirements. (ANG units are not required to be listed as manpower resources in AC MTF MCRPs-per paragraph 4.2.)

4.2.6.1. (Added) ANG units are highly encouraged to coordinate emergency response training opportunities with local AC MTFs.

4.2.7. (Added) ANG units will develop an EMP IAW ANG/SG guidance. Units will provide a copy of the approved plan to all contributing and supported agencies, including Plans and Operations Military Support Officers (POMSO), co-located AC MTFs and the Office of the Air Surgeon Medical Readiness Plans and Operations Branch (ANGRC/SGMP).

4.2.8. (Added) All ANG medical units are expected to immediately begin EMP development. Full compliance and distribution will be accomplished no later than 30 months after the publication of this document.

4.4. (Added) **Maintenance, Distribution and Exercise of the EMP and Supporting Checklists.**

4.4.1. (Added) The EMP template can be found on the ANG/SG website

[https://airguard.ang.af.mil/sg/SGX/Strategy\\_Doctrine/Resource\\_Files/EMP-Template-1.doc](https://airguard.ang.af.mil/sg/SGX/Strategy_Doctrine/Resource_Files/EMP-Template-1.doc).

4.4.2. (Added) The EMP will be exercised at least every fourth AEF cycle. This may be accomplished in conjunction with a wing disaster response exercise, an ANG medical unit regional exercise, or may be accomplished as a tabletop type exercise. Credit can be given for any real-world Homeland Security (HLS)/disaster response during which an ANG medical unit is activated and performs its capabilities-based medical activities.

4.4.3. (Added) As the OPR for EMP development, ANG medical units co-located with Aeromedical Squadrons (AES) will ensure the AES capabilities are included within their plans.

5.1.1. ANG medical readiness training requirements are further defined in Attachment A3.1.1.

5.1.1.1.1. (Added) Personnel assigned to non-deployable UTCs are responsible for core training to include, but not limited to JIT, Readiness Skills Verification (RSV), and AFSC-specific.

5.3.2.1. (Added) The Alpena CRTC is the ANG EMEDS + 25/HLS field training site. ANG medical units are required to attend EMEDS + 25/HLS field training once every four AEF cycles.

5.3.5.3.1. (Added) ANG CCATT personnel will attend JRTC no later than four AEF cycles after the completion of formal course training or publication of this instruction (whichever is greatest), and once every four AEF cycles thereafter. Credit may be granted for real-world deployments or exercises involving a fully operational TAES where members perform UTC duties.

5.3.5.4.1. (Added) ANG CCATT teams are highly encouraged to partner with local/regional AE units, coordinate training opportunities and foster AES integration.

5.3.5.4.2. (Added) ANG/SG will identify ANG/CCATT sustainment training requirements and acceptable methods and platforms for their accomplishment.

5.4.3. (Added) Unless otherwise specified, ANG personnel who have completed UTC, AFSC, or F-MURT training requirements are considered current in those requirements until their next scheduled training iteration. However, if training requirements change in the interim, and individuals have not satisfied those new requirements, they must be reported as not trained in SORTS until they do so.

5.6.2.1. (Added) ANG medical personnel can also receive appropriate credit for participation in an ANG/SG approved Regional/MSCA exercise that satisfies ANG/SG requirements, as well as those stated above, and in section 5.3.

5.8.1.1. (Added) ANG EMP annual training may consist of a tabletop exercise, or a briefing that reviews the BSP, EMP, and applicable MOUs. This requirement and the exercise requirement identified in paragraph **6.6.2.1. (Added)** may be concurrently satisfied.

5.8.2.1. (Added) ANG regional response teams will receive training during their respective regional exercise. Regional planners and State Air Surgeon (SAS) are required to ensure regional exercise schedules and scenarios address ANG/SG identified training requirements for these teams. Each response team will maintain exercise summaries that reflect training goals and achievements. Individual training accomplishments will be documented in the unit's readiness requirements tracking system (see paragraph **5.12.2.2.1. (Added)** for further details.)

5.9.1.2. (Added) ANG units possessing non-WRM equipment identified for Homeland Security support will perform an inventory every AEF cycle, perform a set-up once every four AEF cycles, and may utilize the equipment during ANG/SG required FEMA/Regional MSCA exercises.

5.9.4.1. (Added) ANG EMEDS commanders, who have not already attended, will apply for the JOMMC immediately upon assignment to the position.

5.9.5.1. (Added) Unless otherwise directed, CCATT and AECOT-formal course attendance are one-time requirements.

5.12.2.2.1. (Added) The WIBTS program is the ANG/SG recognized readiness requirements tracking program. ANG medical and AE units are highly encouraged to utilize this program for tracking training requirements and producing associated reports that may be required by ANG/SG.

6.5.3.1. (Added) Regional/MSCA exercise summaries should be forwarded to any supporting or supported base, local, state or regional agencies, as well as the ANG/SG Medical Readiness Operations Branch. These summaries should be used to reaccomplish MOUs, redefine roles, responsibilities and expectations, drive training requirements and identify shortfalls in planning and resourcing.

6.6.1.2.2. (Added) ANG units will exercise the EMP IAW Chaps. **4.4.2. (Added)** and **5.8.1.1. (Added)** of this instruction.

6.6.2.1. (Added) ANG medical unit participation in a mass casualty exercise will be consistent with the unit's capabilities and responsibilities as specified in the EMP. This exercise requirement and the EMP annual training requirement identified in paragraph **5.8.1.1. (Added)** may be concurrently satisfied.

6.9.2.4. (Added) All ANG medical unit After Actions Reports are to be in the JULLS format, in accordance with AFI 10-204, Chapter 5.

## Attachment 1

## GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

*Abbreviations and Acronyms*

AES—Aeromedical Squadron

E&amp;TC—Education and Training Committee

GWD—get-well dates

HLS—Homeland Security

IAW—in accordance with

MSEL—Master Sequence of Events Lists

POMSO—Operations Military Support Officers

RSV—Readiness Skills Verification

SAS—State Air Surgeon

**Table A3.2. (Added) Sample ANG AEF Training Matrix**

<b>CYCLE 1</b>	(F-MURT/UTC)	EMEDS QUALIFICATION/HLS Alpena CRTC; JRTC
<b>CYCLE 2</b>	(AFSC/UTC)	TOPSTAR; CSTAR; DETROIT; VA; CCATT; CONOPS; JOMMCC
<b>CYCLE 3</b>	(EXERCISE)	MSCA REGIONAL EXERCISE/ AECOT/ JCS EXERCISE
<b>CYCLE 4</b>	(AFSC/UTC)	CSTAR; ATLS; ACLS; TNCC; ABLIS; DETROIT; AE CTR. OF EXCELLENCE; TOPSTAR; PHTLS; EMT; HCA; OSAT; IRT, SPP

A4.1. (Added) CRTC provides UTC training for EMEDS UTCs, and credit is granted for Disease Prevention.

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