

**BY THE ORDER OF THE COMMANDER,
PACIFIC AIR FORCES**



AIR FORCE INSTRUCTION 41-106

PACIFIC AIR FORCE COMMAND

Supplement 1

30 APRIL 2004

HEALTH SERVICES

**MEDICAL READINESS PLANNING AND
TRAINING**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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OPR: HQ PACAF/SGXO
(MSgt Charles E. Bateman Jr.)
Supersedes AFI 41-106/PACAFSUP1,
1 September 1999

Certified by: HQ PACAF/SGX
(Lt Col John L.P. Binder)
Pages: 49
Distribution: F

This publication does not apply to the Air National Guard (ANG) and the Air Force Reserve Command (AFRC) units and members.

SUMMARY OF REVISIONS

This publication supplements AFI 41-106, *Medical Readiness and Training* dated 12 February 2003 and adapts the Medical Readiness Planning and Training policies and procedures to that of the Pacific Air Force (PACAF) mission and medical units. The revisions within this instruction provide PACAF medical units specific guidance, as well as clarify guidance found in AFI 41-106 as it relates to PACAF. *This supplement must be reviewed in its entirety.* The use of Expeditionary Medical Operations and Medical Readiness are to be used interchangeably and reflect current thought and nomenclature. New or revised material is indicated by a (|).

| AFI 41-106, 12 February 2003, is supplemented as follows:

1.3.6.1. (Added) Medical Readiness Staff Assistance Visits (SAV) may be requested by the unit commander to the PACAF/SG indicating the specific areas of concern, desired time frame for the SAV, what specialties are requested, i.e. Training Program, Exercise Program, Reporting, UTC management, deployment management, disaster response, WRM management, etc.

1.3.6.2. (Added) If a SAV is requested “out of cycle” from the normal HQ PACAF SAV timeframe of within one year of a Health Services Inspection, the unit should plan on funding the TDY.

1.3.14.1. (Added) Responsibilities include MAJCOM POC for Homeland Defense/Weapons of Mass Destruction (WMD) issues, working in coordination with unit level NBC MDO.

1.3.14.2. (Added) Coordinate Homeland Defense/WMD matters with PACAF/SGX, SGMM and SGML function managers for a consistent and informed MAJCOM perspective and guidance to PACAF medical units.

1.3.17. (Added) Conduct bi-monthly teleconferences with all PACAF medical units on the 2nd Wednesday of the month, commencing at 1330 hours, Hawaii Time, unless otherwise notified.

1.3.17.1. (Added) PACAF/SGXO will send out an agenda to solicit topics of discussion and date, time, call-in number, etc. at least 2 weeks before the teleconference, with a follow-up confirmed agenda no later than 1-week prior.

1.3.17.2. (Added) Medical Readiness staff members are required to attend, however, it is strongly encouraged that others attend as well, for example, medical logistics/ War Reserve Materiel personnel, Squadron Commander, Education and Training representative and Unit WMD/Homeland Defense Project Officer/NCO. Despite the presence of these individuals or not, information from the teleconference should be disseminated to appropriate personnel, as well as briefed at the next MRSF meeting.

1.3.18. (Added) PACAF SGX has established a Medical Readiness webpage. The website should be visited at least monthly for updated information at:

<https://www.hqpacaf.af.mil/sg/offices/sgx/SGX%20Index.htm>

1.6.1.4. (Added) Ensure Unit Deployment Managers identify fills for vacancies within 10 days of notification of a vacancy.

1.6.1.4.1. (Added) Ensure that all personnel assigned to mobility positions have at least a SECRET security clearance which is revalidated every 10yrs of military service.

1.6.1.5. (Added) Remove personnel from UTCs within 120 days of PCS date. Osan and Kunsan are exempt from this requirement. Do not deploy personnel that are due to PCS during a deployment; only deploy personnel that able to fulfill the entire deployment length. Exceptions are humanitarian assignments, emergency leave, etc.

1.6.1.6. (Added) Ensure EMEDS Commander positions on the FFEP2 are only filled by Colonels (O-6) that (1) have had command experience or are in a command position, (2) have deployment experience, and (3) have a history of successful interaction with line counterparts. Exceptions must be approved by PACAF/SGX.

1.6.1.7. (Added) When filling mobility positions on UTCs, the following guidance must be adhered to:

1.6.1.7.1. (Added) Fill each position with an individual possessing the same AFSC, Grade and/or Skill-level as the UTC requirement. Refer to para 1.6.1.3.8 in this supplement for the sequence/priority of UTCs to fill. If an exact match is not available, then an appropriate "substitute" must be found. A substitute is any deviation from the required AFSC, grade or skill level and any other special experience identifier, i.e. SEI 496.

1.6.1.7.2. (Added) If an exact match is not available, carefully review the mission capability (MISCAP) statement for authorized substitutions or other guidance on filling mobility positions, i.e. no substitutions allowed or IAW AFI 10-403 and/or WMP, Annex F, etc.

1.6.1.7.3. (Added) Substitute grade and skill-levels IAW AFI 10-403, Para 5.3.2, i.e. one skill-level lower or two-skill levels of Control-AFSC (CAFSC) higher for enlisted positions and one grade lower (treat O-1s and O-2s as the same) or two grades of Duty-AFSSC (DAFSC) higher for officers. EXCEPTION: Chief Enlisted Manager (CEM) requirements must be filled by a CEM/E-9 resource.

1.6.1.7.4. (Added) If a position is still unable to be filled with an authorized substitute and the MISCAP allows substitution IAW the WMP, Annex F, refer to the list of authorized AFSC substitutions. Note: If an AFSC is not listed, then there are no authorized substitutions.

1.6.1.7.5. (Added) If the unit still cannot fill a mobility position using the procedures above, submit a request for an exception or waiver to PACAF/SGX. It must be fully supported and not be a “temporary – less than 12 months” situation.

1.6.1.7.6. (Added) The end result of any mobility assignment is that personnel assigned to the UTC be capable of performing duties associated with their required AFSC that enable the UTC/asset to meet its mission capability.

1.6.1.8. (Added) If there are UTC personnel shortfalls, ensure personnel are assigned to “Deployment” coded UTCs before assigning them to an “Associate” A-UTC. Fill assigned UTCs in the following order from highest to lowest priority: FFMFS, FFEP1, FFGL2, FFDAB, FFEP2, FFEP6, FFGL3, FFCCT, FFEP3, FFGL4, FFEP5, FFEP4 and then all others. Make sure to use all possible substitution authority allowed, e.g. FFGLB is very liberal and should be filled after other UTCs that have very strict or no substitution authority. Bottom line: Fill EMEDS Basic UTCs first.

1.6.1.9. (Added) Third Country National (TCN) deployment taskings will only be filled by personnel on Associate UTCs, e.g. FFEZZ, FFDZZ or FFZZZ.

1.6.3.1. (Added) Reserve Components (RC) training must be coordinated through PACAF/SGXO prior to a PACAF medical unit accepting an ANG or AFRC unit request for training and/or Overseas Annual Training (OSAT). RC units are not allowed/authorized to deal directly with any PACAF medical unit until OSAT process is complete. If inappropriate contact does occur, contact PACAF/SGX immediately to resolve the issue with HQ AFRC or ANG/SGX points of contact. Units must request at least one OSAT per fiscal year. See **Attachment 14 (Added)**.

1.6.4.1. (Added) PACAF medical units are required to conduct MRSF meetings at least every other month as outlined below:

1.6.4.1.1. (Added) Bedded medical facilities (3MDG, 35 MDG, 374 MDG and 51 MDG) and the Aero-medical Evacuation Squadron will conduct meetings every other month on the following schedule; Jan, Mar, May, Jul, Sep, and Nov.

1.6.4.1.2. (Added) Non-bedded medical facilities (354 MDG, 18 MDG, 36 MDG, 15 MDG and 8 MDG) will conduct meetings every other month on the following schedule: Feb, Apr, Jun, Aug, Oct, and Dec.

1.6.4.2. (Added) Draft MRSF meeting minutes and attachments will be sent to PACAF/SGX NLT 10 duty days post MRSF meeting date. Once approved and signed, send MRSF minutes to PACAF/SGX within 2 duty days. Submission must be via electronic package.

1.6.5.1. (Added) When a newly assigned person is identified to fill a unit-level medical readiness position and has not been to the Medical Readiness Planners Course or Comprehensive Functional Area Training (CFAT) at the HSA course, immediately notify PACAF/SGXO training point of contact to request a quota for the next class available. The PACAF goal is for newly assigned medical readiness personnel to complete formal readiness training within 6 months of arriving at the unit or in route to remote assignment locations.

1.6.5.1.1. (Added) For PACAF remote assignments, every effort will be made to accomplish training en route to new assignment. Therefore, units must identify as early as possible their replacements for readi-

ness, contact the losing unit to determine the individual's readiness background and/or readiness training completion and notify the PACAF/SGXO training point of contact as soon as possible to coordinate a course quota, en route, if at all possible.

1.6.5.1.2. (Added) Requirement for readiness personnel to remain in their position for a minimum of 24 months does not apply to PACAF remote (12 or 15 months; Korea and Guam) assignments, however, personnel are required to stay in readiness for entire tour. Exceptions must be coordinated with PACAF/SGX.

1.6.5.1.3. (Added) Personnel assigned to the medical readiness office shall not be assigned to a UTC, if there are other personnel available with the same AFSC or an authorized substitutable AFSC based on the UTC MISCAP or War Mobilization Plan, Annex F Cross Utilization List. If any person within the readiness office "must" be assigned to a UTC, it should be to the least likely deployable asset for AEF, Sustainment or crisis response events. For example, patient decon team, blood transshipment center, blood donor center, patient retrieval team, hospital expansion, etc. Avoid assigning medical readiness personnel to any EMEDS package (Basic, 10 or 25 bed) UTCs. Medical readiness personnel serve the medical unit and HQs much more effectively when they remain at home station and work pre-deployment requirements and redeployment issues.

1.6.10.2.1. (Added) Although Public Health has the primary responsibility for pre- and post- deployment processing, this program is multi-functional and requires the full cooperation and coordination of many individuals within the MTF, to include the deploying individual, supervisors, unit and squadron commanders and medical readiness staff.

1.6.10.2.2. (Added) Tasked individuals will immediately notify the readiness and public health offices of impending deployment to ensure (1) the tasking is official and (2) to allow ample time to complete all pre-deployment requirements.

1.6.11.1. (Added) The MRO, MRNCO or MRM will NOT be assigned to the Wing or MTF EET. With their responsibility for planning, coordinating and tracking all required training and exercises for the MTF this would be a conflict of interest and over tax these individuals. However, there must be a close relationship between the EET chief and medical readiness staff for effective and efficient accomplishment of all training and exercise requirements.

1.6.23. (Added) Budget for TDY funding and attendance for at least one person, preferably two from the medical readiness office to attend the annual PACAF Medical Readiness Workshop conducted on Hickam AFB, Hawaii. Workshop will be scheduled for 4 days and on-base billeting will be pursued.

1.6.24. (Added) Nominate experienced MTF personnel to augment/support the PACAF inspection team. PACAF/SGX and/or the medical inspector on the PACAF/IG team will solicit augmentees, however, nominees can be submitted at anytime to PACAF/SGX as well. Funding is provided by PACAF/IG. PACAF Operational Readiness Inspections and Unit Compliance Inspections augmentations are great opportunities to prepare for a unit inspection, especially for units with upcoming inspections.

1.6.25. (Added) Ensure all active duty military personnel assigned to PACAF medical or Aeromedical Evacuation units have a blue cover Tourist U.S. passport (not a government official passport) or the unit has an established process developed to obtain a passport within 24 hours. This is imperative as personnel who are not assigned to standard deployable UTCs, can be tasked to support real-world contingencies and operations, humanitarian missions, and Joint Exercises, which may require personnel to travel outside the United States. Flight Surgeons, EMEDS physicians/providers, IDMTs, nurses, 4N0, 4A1, 4E0, 4B0, 043H3, 043B3 assigned to associate UTCs should be given priority.

1.6.25.1. (Added) Guidance for reimbursing members can be found in Joint Federal Travel Regulation (JFTR) Volume1 Uniformed Service members in Chapter 4, under Part F paragraph U4550

1.6.26. (Added) Appoint in writing disaster team chiefs.

1.7.1.1. (Added) Ensure Readiness personnel assigned to a PACAF remote tour, shall remain in medical readiness for the duration of their tour (Kunsan, Osan and Andersen).

1.7.2.1. (Added) Review newly assigned personnel filling unit-level medical readiness positions, to determine readiness background and whether they have attended the Medical Readiness Planners Course or CFAT during the Health Services Administrative course. If training has not been completed, immediately notify PACAF/SGXO training point of contact to request a quota/class date that will accommodate the unit's schedule. PACAF's goal for newly assigned medical readiness personnel is to have required personnel complete formal readiness training within 6 months of arrival.

1.7.2.2. (Added) For PACAF remote assignments, 12 or 15 months in length, every effort will be made to accomplish formal training before arriving or en route to PACAF duty location. As such gaining units must identify replacements for readiness positions as early as possible. Establish contact with losing units to determine individual's readiness background and/or readiness training completion and coordinate with PACAF/SGXO training point of contact to secure a course quota. This is necessary to maintain continuity and readiness staff effectiveness during their remote assignment.

1.7.6.1. (Added) PACAF MTFs will ensure all medical readiness training programs, i.e. RSV, Disaster Team, UTC, and Field training are fully developed and conducted within required time frames. Readiness Skills Verification (RSV) are those tasks required to be proficient in an individual's AFSC. Disaster Team Training are skills required to be proficient in the accomplishment of tasks related to a specific disaster team, e.g. MCC, security, alternate facility team, etc. Training documentation will be accomplished utilizing the Readiness and Training (RAT) database or other electronically built databases that provide quantifiable information on each AFSC assigned to the MTF. Training databases must be complete and useable without explanation. Information that must be included are dates, training objectives, instructors, etc. Information must be available and sufficient to validate accomplishment of training.

1.7.6.2. (Added) PACAF Medical Readiness Offices will forward their approved/updated Training and Exercise event calendars to HQ PACAF/SGX on a quarterly basis, NLT the first duty day of the month as follows: Feb, May, Aug, and Nov. The calendar will include, but is not limited to, the following known or planned events:

1.7.6.2.1. (Added) MTF/AES and wing/base exercises (MARE, ARE, MASCAL, WMD, etc.)

1.7.6.2.2. (Added) MTF/AES (include MURT) and wing/base training events

1.7.6.2.3. (Added) CCATT/AE/EMEDS/Blood teams/other UTCs/Disaster Team Training/ Exercise Events (this is separate from RSV training)

1.7.6.2.4. (Added) Formal course attendance, JTF Surgeon Seminar, Joint Medical Operations Command Course, C-STARs, EMEDS, etc.

1.7.6.2.5. (Added) HSI/JCAHO/UCI/ORI or other unit/wing inspection or exercise (ORE, PEN CERE, etc.).

1.7.6.2.6. (Added) PACOM Joint Exercise taskings (RSO&I, UFL, Terminal Fury, etc.).

1.7.6.2.7. (Added) NAF sponsored Field or Command Post Exercises.

1.7.6.2.8. (Added) Scheduled Base Support Plan (BSP) Conference or Site Visit.

1.7.6.2.9. (Added) Overseas Annual Training (OSAT) events.

1.7.6.2.10. (Added) Tasking to participate in JTF-FA missions, IHS humanitarian exercises / missions and any other significant activity PACAF/SGX should be aware of—the goal is to keep PACAF/SGX informed of all unit level activities and involvement in both wing and outside events.

1.7.6.3. (Added) Requests to use/take WRM assets “off-line” for training purposes must be requested through PACAF/SGX no later than 60 days before the event. WRM will not be used without prior approval from PACAF/SGX and SG. (EXCEPTION: A real-world emergency with authorization by the medical unit Commander). However, notification must be made to the PACAF/SGX when WRM is used for a real world event. Refer to **Attachment 9 (Added)** for the WRM Request format and specific guidance regarding deployable/non-deployable WRM.

1.7.11.1. (Added) PACAF Unit Medical Readiness Offices will prepare and submit SORTS Reports IAW AFI 10-201, AFI 10-201/PACAFSUP1, and the “SORTS Checklist”. Refer to **Attachment 1**.

1.7.11.2. (Added) Guidance as to when a unit must prepare an out of cycle SORTS report can be found in AFI 10-201, para 2.4, Frequency of Reporting C-level Data Elements. This document states that the CJCS policy requires unit C-level changes to reach the National Military Command Center (NMCC) *within 24 hours* after a reportable event or upon direction of the CJCS, the Services, or CRO. GSORTS is the readiness reporting system for the NMCC. AF units will report C-level changes *within 24 hours* of the change for each SORTS DOC Statement. Report when there are changes in the Overall C-level, Overall Reason Code, measured area levels, measured area reason codes, PCTEF, D, E, F, and G reason codes (DEFG), GWD updates, forecast dates, or when directed by the measured unit commander. If a unit is committed to combat operations (i.e., located in a combat zone), report C-level data as described above or at the frequency and level of detail as directed by the CJCS.

1.7.11.3. (Added) If a SORTS report is required or submitted outside the normal monthly report time frame required by the Wing, the unit must (1) contact/coordinate with PACAF/SGX regarding the reason for the report, the GWD and actions needed to ensure GWD is successfully met, (2) contact PACAF/SGXO within 24-hours of the command post inputting the out-of-cycle report. Out-of-cycle reports can be requested/submitted for the following reasons: receipt of a new DOC statement, any change in rating due to deployment, change up/down in any sub-area, change in operational equipment status or whenever directed by PACAF/SGX or Wing/CC.

1.7.12. AFRC MRO/NCO will report medical readiness issues quarterly through the EMC. The ANG EMC function will occur IAW HQ ANG supplemental guidance.

1.7.12.1. (Added) PACAF MROs will conduct MRSF meetings every other month as indicated in para **1.6.4.1. (Added)** thru **1.6.4.2. (Added)** and in accordance with guidelines outlined in Chapter 2.

1.7.12.2. (Added) If an issue/item/discrepancy/deficiency/ remains open for three consecutive MRSF meetings, the following must be addressed in the fourth MRSF meeting minutes for PACAF/SGX review/action:

1.7.12.2.1. (Added) Detailed discussion regarding the issue.

1.7.12.2.2. (Added) Summary of situation.

1.7.12.2.3. (Added) Corrective action(s) taken to date and reasons for issue remaining open.

1.7.12.2.4. (Added) Original estimated completion date, and specific assistance required from HQ PACAF, if necessary.

1.8.2.1. (Added) Newly assigned MIO/MINCO to PACAF MTFs are required to immediately notify HQ PACAF/SGGM of the training requirement if the member has not already been to the Contingency Operations Course, course #B3OZYCONOP-000, or an approved substitute.

1.8.3.1. (Added) The PACAF Public Health Officer's office symbol is PACAF/SGGM, a function within the Aeromedical Division.

1.8.6.1. (Added) PACAF medical units will conduct MRSF meetings IAW paragraphs **1.6.4.1. (Added)** thru **1.6.4.2. (Added)** of this Supplement, therefore, the medical intelligence briefing will align accordingly, based on unit's MRSF meeting schedule.

1.9.1.1. (Added) The PACAF Command BEE Officer's office symbol is PACAF/SGGB, a function within the Aeromedical Division.

1.9.2.1. (Added) PACAF Medical Readiness offices, in conjunction with the NBC MDO and Human Resources/Education and Training, will ensure and track Medical Management of Biological and Chemical Warfare Casualties (MMBCWC) training to all providers and first responders. MMBCWC is a one-time requirement and units are expected to be at or "very near" 100% at all times.

1.9.2.2. (Added) If a newly assigned member has not already received training or it can not be verified on the member's AF 1098 within their Provider Activity Folder or Competency Training Folder, MMB-CWC will be provided during the initial orientation to the MTF.

1.9.2.3. (Added) Quarterly, NLT the 15th of the following months (Jan, Apr, July and Oct), the Medical Readiness Office will provide MMBCWC training statistics to the PACAF/SGX office as follows: actual number of providers and first responders assigned and trained, and the associated trained percentage. For personnel requiring MMBCWC training, provide the provider's Duty AFSC, date they arrived new duty location and unit/base they PCS'd from and date training will be accomplished/completed in the quarterly report to PACAF/SGX.

1.9.3.1. (Added) Request formal course attendance for NBC MDO through the PACAF BEE (PACAF/SGGB or SGC).

1.10.4.1. (Added) Request formal course attendance for NBC CMO through the PACAF BEE (PACAF/SGGB or SGC) for the Medical Management of Biological, Chemical and Radiation Warfare Course.

1.12. (Added) **Disaster Team Chiefs will:**

1.12.1. (Added) Develop MCRP annexes IAW prescribed formats.

1.12.2. (Added) Develop annex/disaster team checklists.

1.12.3. (Added) Develop annual disaster team training schedule, objectives and training plans.

1.12.4. (Added) Develop exercise objectives for inclusion in local and wing exercise events to ensure the team will be activated.

1.12.5. (Added) Maintain current team rosters.

1.12.6. (Added) Ensure team training is accomplished and documented.

1.12.7. (Added) Maintain disaster team notebook IAW prescribed formats.

- 1.12.8. (Added) Manage disaster team supplies and equipment.
- 1.12.9. (Added) Manage and inventory WMD supplies and equipment, if applicable. Monthly updates must be provided to Readiness to update MRDSS.
- 2.1.1.1. (Added) Refer to paragraphs **1.6.4.1. (Added)** thru **1.6.4.2. (Added)** in this Supplement for PACAF frequency and schedule.
- 2.2.1.1. (Added) Include brief summary of problem, name of Action Officer (AO), corrective action and results, any limiting factors influencing ability to resolve/close the item and estimated closure date of item.
- 2.2.1.2. (Added) If an issue/item/discrepancy/deficiency remains open for three consecutive MRSF meetings, a detailed discussion regarding the issue, summary of situation, corrective action(s) taken to date and reasons for issue remaining open, original estimated completion date, and specific assistance required from HQ PACAF, if necessary, must be attached to the next MRSF minutes for PACAF/SGX review/action.
- 2.2.3.1. (Added) Overseas Annual Training (OSAT) events scheduled or requested. PACAF/SGX and the respective RC MAJCOM must initially coordinate all Reserve Component (RC) training events. If a PACAF unit is contacted directly by a RC unit, immediately inform PACAF/SGX. Refer to **Attachment 14 (Added)** for OSAT process. Include these items in the Training and Exercise event calendar on a quarterly basis. Refer to paragraph **1.7.6.2. (Added)**
- 2.2.10.1. (Added) Include unit personnel deployed for AEF; PACOM Joint Exercises, (RSO&I, UFL, Terminal Fury, Tandem Thrust, etc.), Humanitarian Missions/Operations, and others deployed in “other than TDY or formal schools” status. Update MRDSS to reflect deployed personnel status. Include these items in the Training and Exercise event Calendars on a quarterly basis. Refer to paragraph **1.7.6.2. (Added)**
- 2.2.11.1. (Added) MIO briefings will be aligned with MRSF meeting schedule outlined in paragraphs **1.6.4.1. (Added)** thru **1.6.4.2. (Added)**
- 2.2.12.1. (Added) Homeland Defense/Weapons of Mass Destruction materiel status.
- 2.3.2.1. (Added) MRSF meeting minutes and attachments will be sent to PACAF/SGX NLT 10 duty days after MRSF meeting date.
- 2.4.1. (VOTING)
- 2.4.2.1. (Added) MRO – VOTING
- 2.4.2.2. (Added) MRNCO/MRM – NON VOTING
- 2.4.3.1. (Added) Deputy Commander – VOTING
- 2.4.3.2. (Added) Squadron Commanders – VOTING
- 2.4.3.3. (Added) SGH, SGN, SGD – NON VOTING
- 2.4.3.4. (Added) Group Superintendent – NON VOTING
- 2.4.4. (NON VOTING)
- 2.4.5. (NON VOTING)
- 2.4.6. (VOTING)

- 2.4.6.1. (Added) WRM Manager – NON VOTING
- 2.4.6.2. (Added) Medical Logistics Superintendent – NON VOTING
- 2.4.7. (NON VOTING)
- 2.4.8. (NON VOTING)
- 2.4.9. (NON VOTING)
- 2.4.10. (NON VOTING)
- 2.4.10.1. (Added) Education and Training – NON VOTING
- 2.4.10.2. (Added) Homeland Defense/WMD Unit Project Officer/NCO (if different from NBC MDO).-NON VOTING
- 4.1.2.1.1. (Added) PACAF/SGX staff has a deliberate medical planner, who is responsible for developing health service medical support plans for US Pacific Command (PACOM) OPLANS/CONPLANS. Medical planning ensures theater Health Services Support (HSS) is adequate, which includes the systematic examination of all factors based on the health threat, medical intelligence, anticipated number of casualties, duration of the operation, the theater patient movement policy, available lift, hospitalization, sustainment, etc. The deliberate medical planner is the single point of contact for PACAF/XP (Contingency Plans and Policies Division), PACOM, and theater components (Marine Forces Pacific, US Army Pacific, Pacific Fleet, and Special Operations Command, Pacific) deliberate planning activities.
- 4.1.3.1.1. (Added) Unit-level medical readiness personnel, in conjunction with a NAF, lead wing or MAJCOM representative, will provide input to Part I and Part II of the Base Support Plan (BSP).
- 4.1.3.1.2. (Added) Notify PACAF/SGX as soon as possible when a BSP site survey is scheduled for the Wing/Base of assignment, along with the message of announcement, if available. PACAF/SGX will make sure the medical unit associated with the “Lead” wing is in fact the appropriate unit to conduct the medical portion of the BSP. If not, PACAF/SGX will coordinate with the BSP conference POC to identify appropriate medical personnel/unit to conduct the assessment.
- 4.1.3.1.3. (Added) Upon completion of BSP, forward copies to PACAF/SGX of Part I to <mailto:pacaf.sgx@hickam.af.mil> and Part II to <mailto:pacaf.sgx@dms.hickam.af.smil.mil>
- 4.1.3.2.1. (Added) PACAF MRO/NCOs will plan and budget for the professional growth of MR staff members maximizing use of all training opportunities to ensure the currency of information and quality of information being provided to MR customers.
- 4.1.3.2.2. (Added) Opportunities include, but are not limited to:
 - 4.1.3.2.2.1. (Added) Annual PACAF Medical Readiness Workshop, Hickam AFB, Hawaii, 4 days.
 - 4.1.3.2.2.2. (Added) Medical Readiness Planner’s Symposium. PACAF/SGX will request two AETC funded quotas per medical unit, therefore, if more than two personnel can attend the symposium from a particular unit, funding for individuals above two must be funded by the unit. If additional funded quotas exist, it is possible more than two funded quotas can be given to a unit.
 - 4.1.3.2.2.3. (Added) Rookie Day is held in conjunction with the Medical Readiness Symposium for MRO/MRNCO/MRMs assigned to readiness for less than one year; cost includes per diem for only one day as the travel is covered under an AETC funded quota for the Symposium.
 - 4.1.3.2.2.4. (Added) DoD Emergency Preparedness Courses.

4.1.3.2.2.5. (Added) Air Force Inspection Agency Health Services Inspection Observer at PACAF MTF that is similar to unit of assignment, i.e. bedded MTF vs. outpatient clinic.

4.1.3.3.1. (Added) PACAF medical readiness offices will forward copies of all MOUs/MOAs developed in support of their MCRP and BSPs to PACAF/SGX.

4.2.4.1. (Added) PACAF MTFs are required to rewrite the MCRP every two years or when 35% of the document has changed.

4.2.5.1. (Added) PACAF MTFs will submit their MCRP to the PACAF SGX office in a single WORD DOC format ensuring all Chapters and Annexes are compiled into a single document. After which it will be zipped and emailed to the PACAF SGX office.

4.2.5.2. (Added) PACAF MTFs will submit MCRP/EMP rewrites and annual reviews to PACAF/SGX for review before the unit publishes the document, no matter how much or little the document has changed.

4.2.5.3. (Added) PACAF MTFs will not assume concurrence if no response is received from PACAF/SG within 60 days after receipt. The Medical Readiness staff will contact PACAF/SGX at or beyond the 60-day mark for a status of the MAJCOM review. If the 60-day MAJCOM review suspense was exceeded, PACAF/SGX will provide the MTF a written response.

5.1.1.1.1. (Added) Medical readiness training is synonymous with Medical Unit Readiness Training (MURT), formerly known as Continuing Medical Readiness Training (CMRT) and encompasses training listed in **Attachment 3**, AFI 41-106. All PACAF medical personnel, regardless of assignment to a standard UTC, (FFEP1, FFGL2, FFGKN, etc.), or an Associate (A)-UTC, (FFDZZ, FFEZZ, FFHZZ etc.), are required to complete all nine core training requirements listed in **Attachment 3**, AFI 41-106, pages 55-56. Due to the nature of overseas assignments, the requirement for timely accomplishment of training is imperative. More stringent completion requirements are listed below: Refer to **Attachment 16 (Added)** for PACAF AFWUS coded UTC information.

5.1.1.1.1.1. (Added) Personnel assigned to an Associate-UTC with an AFWUS code beginning with "A" will complete RSV training based on their duty AFSC.

5.1.1.1.1.2. (Added) Personnel assigned to a Standard UTC with an AFWUS code beginning with "D" must complete RSV training for the AFSC of the UTC position they are filling. Individuals will train to the capability of the Mission Capability Statement (MISCAP) for their assigned UTC.

5.1.1.1.1.3. (Added) Medical personnel assigned to short tour duty locations (Osan, Kunsan and Andersen) will complete training in the Core requirements as part of their in processing events, or not later than 2 months after arriving on base.

5.1.1.1.1.4. (Added) Medical personnel assigned to "other than" short-tour locations will accomplish all core training requirements within 4 months of arrival to duty station.

5.1.1.1.1.5. (Added) Frequency of core training requirement after initial training at new duty location will follow guidelines in **Attachment 3, AFI 41-106**. Units with "D" or "A" AFWUS coded UTCs assigned to an AEF Bucket, i.e. AEF01, AEF05, will align core training with AEF cycle timeline. Training must be completed NLT 60 days prior to their on-call period. For short-tour locations, (Osan, Kunsan and Andersen) only the initial training is required due to tour-length. If personnel extend beyond original assignment, repeat/refresher of core training is required.

5.1.1.1.1.6. (Added) Units with deployable UTCs postured as an Enabler (E-ROK or E-PAC) will use the A-UTC postured AEF bucket to establish training schedules.

5.1.6.2. (Added) PACAF Host Medical Treatment Facilities (HMTFs) for IDMTs assigned to geographically separated units (GSU) or collocated operating bases (COB) will establish a training program to ensure Independent Duty Medical Technicians (IDMT) accomplish all of the 4N0XX RSVs within their initial orientation/in processing program prior to arrival at their remote duty location. IDMTs are also required to accomplish core training requirements (minus MCRP/EMP) and must be completed within 1 month of arrival.

5.1.6.2.1. (Added) If an IDMT extends beyond their initial short-tour assignment, they must re-accomplish the core training requirements (minus MCRP/EMP) to meet frequency requirement in **Attachment 3, Table A3.1** AFI 41-106.

5.1.6.3. (Added) Medical personnel assigned to COBs are assigned to A-UTCs in AFWUS. PACAF Medical Units with authorized/assigned (on the unit's UMD/UMPR) personnel that live/work at GSU/COBs, for example: medical logistics personnel assigned to 51 MDG/Osan AB and 8MDG/Kunsan AB, yet live and work at Taegu and Kwang Ju respectively, will ensure completion of core training requirements (minus MCRP/EMP) within 1 month of assignment. If individuals extend beyond initial short tour assignment, they must re-accomplish core training requirements (minus MCRP/EMP) to meet frequency requirement in **Attachment 3, Table A3.1**, AFI 41-106.

5.3.5.4.1. (Added) PACAF AE unit commanders can not approve initial AECOT training waivers; only PACAF/SGX can grant.

5.9.1.2. (Added) Deployable vs. Inplace: Deployable UTCs are standard UTCs that require the personnel and/or equipment/WRM to be prepared to deploy within DOC response times. This is apart from a theater Operation Plan (OPlan), Annex Q, which outlines how specific medical assets assigned to a medical unit will support the overall operational mission. For example, if a unit has two (2) FFLGDs, Blood Transshipment Center personnel teams, both teams must be prepared to deploy. OPlan does not relieve the unit from preparing both FFLGDs personnel UTCs for deployment. Inplace assets are those that do not move, (Blood Transshipment Center equipment package, Blood Donor Centers, Air Staging Facilities, Bed Expansion projects, etc.) These are truly "in place" assets and are maintained to operate at the home station.

5.9.1.3. (Added) Equipment assemblages/UTCs that must be exercised by the unit once every other AEF training cycle will be listed under Section IIB on the DOC statement and the associated WRM allowance standard in Section IIIC along with the associated SORTS ESSA code for which the readiness percentage must be reported under. Equipment assets that must be exercised by the unit are those for which the unit has an associated personnel UTC assigned to the unit.

5.9.2.1. (Added) Units with pre-positioned WRM equipment for which the personnel UTCs are not assigned, **will not** exercise the asset. Units with these types of assets provide caretaker/oversight/

inventory duties. Some of these assets include pre-positioned EMEDS, Air Staging Facilities, TBTC, and Air Transportable Clinics (owned by SMEs or Red Horse), etc. The host medical unit must ensure plans are in place to ready equipment for augmenting forces. This includes coordinating base agency support for transportation, location to set up, and base operating support and other documentation in the Base Support Plans and MCRPs. The WRM equipment UTC will not be listed in Section IIB of the DOC statement, but rather only as an allowance standard in Section IIIC along with the associated SORTS ESSA code for which the readiness percentage must be reported under.

5.9.2.2. (Added) PACAF/SGX will request exercise funds, through WARMED/EOC, to annually support an EMEDS unit to exercise pre-positioned CP-EMEDS packages on the Korean peninsula. Two planned exercises will be coordinated with 7AF/A4 medical operations officer every year, thus taking three years to complete the exercise cycle of the six pre-positioned CP-EMEDS packages. Other pre-positioned WRM assets should be exercised

5.9.2.3. (Added) Caretaker units of prepositioned aeromedical staging facilities (ASF) and MASFs should plan to have the assets exercised once every 3 years. Units will request an ASTS or MASF unit through the OSAT process; HQ PACAF/SGX will facilitate OSAT requests. The process to request and appropriately match Reserve Forces for Overseas Annual Tours can be found in [Attachment 14 \(Added\)](#) of this instruction.

6.1.1. (Added) MRO/MRNCO will ensure the timely update and submission of Medical Readiness Decision Support Systems (MRDSS) data, including but not limited to, annotating any significant change of readiness posture within the MTF, deployment/redeployment of personnel, percentage change in WRM projects which effect critical readiness posture, contact information for Medical Readiness or Medical Logistics staff, phone numbers, e-mail addresses, STU III numbers, 24-hour contact. Monthly updates, every 30 days, are required.

6.1.1.1. (Added) AFMS must maintain visibility of all resources postured in support of operational requirements. This requires all unit type codes (UTC) listed in the Air Force Wide UTC Availability System (AFWUS), including A-UTCs be reported in the Medical Readiness Decision Support System (MRDSS). Units must reconcile AFWUS UTCs with DOC statements and MRDSS annually and when a new Doc statement is received.

6.1.1.2. (Added) PACAF Medical and Aeromedical Evacuation Units will report all AFWUS “D” coded UTCs on the UTC Readiness personnel and equipment Information Page using the MRDSS Unit Input Module.

6.1.1.3. (Added) PACAF Medical and Aeromedical Evacuation Units will report all AFWUS “D” coded Generation Missions on the Generation Missions page in the MRDSS Unit Input Module.

6.1.1.4. (Added) PACAF Medical and Aeromedical Evacuation Units will report status of AFWUS “A” coded UTCs on the Generation Missions Page using the MRDSS Unit Input Module.

6.1.2. (Added) Homeland Defense (HLD) Projects will be tracked in the Medical Readiness Decision Support System (MRDSS)

6.1.2.1. (Added) HLD/HLS data must be updated using the UIM, including medical material on hand balances.

6.1.2.2. (Added) Team Leaders are responsible for accomplishing monthly inventories of their project assets and providing the results to the Medical Readiness Flight.

6.1.2.3. (Added) Medical Readiness personnel will make the appropriate changes to the UIM material screen when they enter their regular monthly updates to the system.

6.1.3. (Added) Timely and accurate reporting ensures only “ready” forces are tasked. Inaccurate remarks and assessment data can potentially affect nomination decisions by the AEF Center. PACAF MTF Commanders should also ensure no unreported UTCs are reflected in the AEF Reporting Tool (ART) as they can be nominated by the AEF Center. As soon as the unit is notified of a new UTC being added to the AEF TPFDD library and visibility in ART, the unit must access and report status of UTCs.

6.1.3.1. (Added) PACAF MTF Commanders must review their ART UTC data for accuracy and validity. Commanders should also ensure any reported deficiencies include the number of personnel affected, AFSCs and skill level in remarks. Also, indicate any suitable substitutes for the deficient capability. Equipment deficiencies should provide the same level of detail and be consistent with SORTS remarks/GWDs.

6.8.1.1. (Added) Refer to [Attachment 17 \(Added\)](#) for Medical Report for Emergencies, Disasters and Contingencies (MEDRED-C) format and instructions for PACAF Medical and Aeromedical Evacuation Units. The more information provided to the MAJCOM, the fewer requests for information from the unit will be made. Ensure proper classification is used at all time. Many exercises and deployment dates, locations are classified and therefore, any communication regarding them must be classified as well. If there is a question, ask for classification guidance before sending out an inappropriately marked report.

6.8.1.2. (Added) PACAF Medical and Aeromedical Units will submit MEDRED-C reports, **Section-A (Status Change Section)**, to PACAF/SGX immediately, but not later than 2 hours after any of the following situations listed below: Contact PACAF/SGX when there is a question whether a MEDRED-C, Section A is required or appropriate for a particular situation. Refer to [Attachment 17 \(Added\)](#) for example of Section A.

6.8.1.2.1. (Added) Notification of AEF deployment tasking from Wing Personnel Readiness Unit (PRU), even if only one medical person is tasked. List all UTCs and all associated AFSCs if the UTC is tailored or fragmented. EXAMPLE: UTC FFEP2 minus AFSC 47G3A and 040C0A is filled by 46N3 with Commander experience approved by Supported Commander per PACAF/SGX. Include all pertinent information regarding special reporting instructions, Just in Time training needing to be accomplished and estimated completion date, issues that may impact ability to meet the required delivery date (RDD) or Date Required Inplace (DRI), etc. Refer to Example 1, [Attachment 17 \(Added\)](#) .

6.8.1.2.2. (Added) Notification (Warning, Alert, Prepare to Deploy Order, etc.) of crisis action or war-time deployment tasking, i.e. SME and ATC package to support a deployed flying squadron or an EMEDS package to support a location damaged by a natural disaster or a unit/UTC sourced in a Time Phased Force Deployment Data (TPFDD) in preparation for a contingency deployment. Medical units are responsible for reporting the tasking of an ATC, but not the SME. That is the flying squadron's responsibility, unless the Flight Surgeon and/or medical technicians assigned to the medical unit instead of the flying squadron. Contact PACAF/SGX for assistance, if necessary.

6.8.1.2.3. (Added) Notification of Exercise (Terminal Fury, RSO&I, UFL, Tandem Thrust, Arctic Care, or Humanitarian Missions (International Health Service (IHS), JTF-Full Accounting, etc.). Pertinent information includes, but not limited to, method unit/individual was notified of tasking (message, PRU, email from PACAF, etc.), notification date, deployment date, duration, location, AFSC(s) tasked and the AFSC(s) of personnel identified to fill the tasking (if different than the required AFSC) and any other pertinent information available.

6.8.1.2.4. (Added) Emergency/natural disaster situations that may cause the medical facility or AE unit to terminate care/AE support or be unable to provide medical response due to natural disaster warnings, or actual natural disaster damage to medical facility. Provide all pertinent information to include the real-world disaster information, when the warnings or damage occurred, actions being planned or taken (example: all medical personnel are going home effective XXXX time/date or medical personnel are taking protective measures and will abide by wing imposed curfew, etc.) and when the situation is expected to be over and/or completed. Refer to Example 2, [Attachment 17 \(Added\)](#) .

6.8.1.3. (Added) PACAF Medical and Aeromedical Units will submit MEDRED-C reports, **Section-B (Deployment Section)** to PACAF/SGX immediately upon the actual deployment/departure of personnel, but NLT 2 hours after personnel depart from home station. This applies to all medical personnel deploying for any of the situations listed in paragraphs **6.8.1.2.1. (Added)** thru **6.8.1.2.4. (Added)** Refer to Example 3, **Attachment 17 (Added)** .

6.8.1.4. (Added) DEPLOYED PACAF Medical and AE Units/Packages/Assets will submit MEDRED-C reports, **Section-C (Employment Status and Workload Section)**, immediately, but NLT 24 hours after arrival at deployed location. If personnel are only a portion of a UTC or augmenting another unit that is the lead EMEDS or AECC, ensure that the MEDRED-C, Section C sent by the deployed medical/AE unit includes the PACAF deployed personnel's arrival status and that it is sent to PACAF/SGX by any secure means (SIPRNET email, DMS, secure fax). Any location where PACAF medical and AE personnel are deployed must have PACAF/SGX included as an addressee on the MEDRED-C or added to the electronic distribution list if sent via E-mail. Ensure deploying medical personnel understand their responsibilities to communicate their status to PACAF/SGX for visibility and accountability reasons. Refer to Example 4, **Attachment 17 (Added)** .

6.9.2.4. (Added) PACAF Medical Readiness Offices will use the format found in **Attachment 12 (Added)** of this instruction to complete AAR. Submit AAR to HQ PACAF/SGX via email it to <mailto:pacaf.sgx@hickam.af.mil> (UNCLASS) or <mailto:pacaf.sgx@dms.hickam.af.smil.mil> (CLASSIFIED).

6.9.2.5. (Added) AAR must be completed and submitted to appropriate agencies NLT 60 days after redeployment or end of local exercise.

6.10. (Added) **Status of Resources and Training System (SORTS)**. SORTS data reported is based on the unit's Designed Operational Capability (DOC) Statement. The DOC Statement is prepared by HQ PACAF/SGX for each unit and describes the capability the unit assigned. It contains unit identification; mission tasking narrative, mission specifics and the resources to be measured in SORTS. Information in SORTS is CLASSIFIED and must be appropriately classified, secured and protected. SORTS is presented monthly to COMPACAF by the Command Surgeon or designated representative. A SORTS pre-brief is prepared and presented by the PACAF/SGX staff to the Command Surgeon 2-3 days prior to the COMPACAF briefing. It is imperative that the SORTS report accurately reflects the unit's readiness status and provides sufficient detail of deficiencies and corrective action. Refer to **Attachment 10 (Added)** when preparing the SORTS report. Any change report should be fully coordinated with the HQ PACAF/SGX staff before submission. Within 24 hours of a report being submitted to the command post, notify PACAF/SGX via e-mail or phone. Specific guidance relating to the overall management of SORTS can be found in AFI 10-201, *Status of Resources and Training System*.

6.10.1. (Added) MTF Commander Participation. The Medical Group commander is ultimately responsible for the quality and accuracy of the SORTS report. The Commander should be fully briefed on the report before signing.

6.10.2. (Added) Submitting Reports. If a SORTS report is required or submitted outside the normal monthly report time frame required by the Wing, the unit must (1) contact/coordinate with PACAF/SGX regarding the reason for the report, the GWD and actions needed to ensure GWD is successfully met, (2) contact PACAF/SGXO within 24-hours of the command post inputting the out-of-cycle report. Out-of-cycle reports can be requested/submitted for the following reasons: receipt of a new DOC statement, any change in rating due to deployment, change up/down in any sub-area, change in operational

equipment status or whenever directed by PACAF/SGX or Wing/CC. It is the responsibility of the Medical Readiness Officer to ensure the report is comprehensive and complete. The SORTS wide print or easy read are tools available to review SORTS accuracy and will be utilized. If these products are not available, the MRO or designated individual will oversee the input of SORTS data at command post to prevent incorrect data input.

6.10.3. (Added) **Medical Logistics Partnership.** Preparation of the SORTS report should be a partnership between Expeditionary Medical Operations and Medical Logistics. There may be times when the only status or condition to report will be that of War Reserve Materiel (WRM). This also means information and responsibility must cross squadrons. The entire chain of command expects a clear and concise understanding of these resources, and if necessary, when and how issues will be resolved. The SORTS briefing to the Medical Group Commander will be presented by both the MRO and the DML or their designated representatives.

6.10.4. (Added) **Get Well Date (GWD).** It is critical that a realistic and conservative GWD be provided for each deficient area. A realistic GWD of 6 months is far better than a hopeful one month GWD that can not be met. When GWDs are not met, detailed explanations are expected by COMPACAF.

6.10.5. (Added) The separate CBDRT report will be submitted concurrent with the units' primary SORTS report. The CBDRT includes an overall C-level rating, measured area level rating for the (1) NBC defense equipment and supplies which is broken down into six categories of equipment along with the status of individuals and unit's level NBC defense training and NBC TGT. Attachment 4, AFI 10-201 provides guidance as to how NBC Equipment and NBC Training will be reflected in the CBDRT report.

6.10.5.1. (Added) NBC Training and NBC TGT shall no longer be calculated as part of the SORTS-T level but shall be reflected within the Nuclear Chemical Biological Defense Report (CBDRT) as directed in AFI 10-201 Attachment 4, page 256.

6.10.5.2. (Added) Attachment 4, Table A4.2, AFI 10-201, identifies the chemical, biological, defense equipment categories /measured items to be reflected in the CBDRT SORTS report.

6.11. (Added) **AEF Reporting Tool (ART).** Refer to AFI 10-244 and the PACAF Supplement for PACAF guidance on ART.

6.11.1. (Added) The AEF Reporting Tool (ART) is the primary source for reporting UTC capabilities. It is used by the Air and Space Expeditionary Forces Center (AEFC) to nominate UTCs and units to fill war-time and contingency requirements based solely on the status reported by the unit in ART. The "stop light" rating is taken seriously when making this determination; green = deployable (100% of equipment/supplies, personnel and training); yellow = potentially deployable (less than 100% equipment and supplies on-hand, but can be obtained from MTF or local sources quickly); red = non-deployable; gray (not reported) = deployable.

6.11.1.1. (Added) PACAF MTFs will prepare and submit ART reports IAW 10-244, PACAF SUP 10-244. Units must review all units' UTCs in ART monthly for any additions, deletions, or changes. The same level of detailed information in SORTS is required in ART. Ensure ratings/readiness status is consistent in both reports.

6.11.1.2. (Added) ART is NOT a Commander's report card on readiness status. ART is the AEF Center's tool to nominate UTCs to deploy, therefore, assessments and remarks must accurately reflect the status of the UTC. Only UTCs that have 100% (no shortfalls) of personnel, equipment/supplies or training will be reported as GREEN. UTCs with less than 100% of personnel, equipment/supplies or training will

be reported as YELLOW or RED, which will depend on the availability to fill those shortages. It is imperative that remarks provide a detailed description of the shortfalls and a realistic get well date.

6.11.2. (Added) All tasked PACAF MTF UTCs are required to have a “Tasked to Deploy” assessment submitted in ART within 5 days of notification (a UTC is officially tasked upon receipt of a DRMD from the wing PRU, Ref AFI 10-244, para 4.1.3.1). Commanders should indicate if a UTC can (or cannot) meet the Theater Specific Line Remarks on the DRMD. If a UTC is unable to meet its Theater Specific Line Remarks, commanders should indicate the reason and provide any available/ suitable substitutes or request a waiver from the supported Commander through PACAF/SGX.

6.12. (Added) **ART vs SORTS.** ART and SORTS may seem similar, but there are significant differences. **Table 6.1.** below highlights the differences:

Table 6.1. AEF Reporting Tool (ART) vs Status of Resources and Training System (SORTS).

AEF Reporting Tool (ART) vs Status of Resources and Training System (SORTS)	
ART	SORTS
1. Air Force Only	1. Joint
2. Answers the question: Can UTC Perform MISCAP?	2. Answers the question: Can Unit Support its Wartime Mission?
3. Reports on all UTC’s in AFWUS as separate UTCs	3. Reports Against DOC Statement UTCs, combined to define mission capability
4. Based on AFWUS, but data is pulled from AEF TPFDD Library	4. Based on Oplans and unit’s wartime mission
5. 29-day Cycle within 24-hours of Change	5. Monthly report of within 24-hours of change
6. UTC Assessment Tool	6. Leadership (Management) Tool
7. Stoplight Chart—Red, Yellow, Green	7. Capability “C”-Ratings based on sub-area objective ratings
8. Reports on Personnel, Equipment and Supplies On-hand, and Training. Medical Units do not report on Equipment Condition, if it doesn’t work, it is not available.	8. Reports on Personnel, Equipment and Supplies On-hand, and Training. Medical Units do not report on Equipment Condition, if it doesn’t work, it is not available.

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****Abbreviations and Acronyms*****AB**—Air Base**AECC**—Evacuation Control Center**AES**—Aeromedical Evacuation Squadron**AEFC**—Air Expeditionary Forces Center**ALCOM**—Alaskan Command**AMOCC**—Air Mobility Operations Control Center**BTC**—Blood Transshipment Center**CFAT**—Comprehensive Functional Area Training**CFC**—Combined Forces Command**CONPLAN**—Contingency Plan**DMS**—Defense Message System**DRMD**—Detailed Resource Movement Document**EOC**—Exercise Oversight Committee**FDO**—Flexible Deterrent Option**HSA**—Health Services Administration**JMETL**—Joint Mission Essential Task List**MASF**—Mobile Aeromedical Staging Facility**MEFPAK**—Manpower and Equipment Force Packaging System**MFEL**—Manpower Force Element List**MINCO**—Medical Intelligence NCO**MMBCWC**—Medical Management of Biological, Chemical Warfare Casualties**NIPRNET**—Non-Secure Internet Protocol Router Network**NORTHCOM**—Northern Command**OSAT**—Overseas Annual Training**PACOM**—Pacific Command**POSC**—Pacific Operations Support Center**PRU**—Personnel Readiness Unit**RAT**—Readiness Assessment Tool**RC**—Reserve Component

RESTOPS—Restore Operations

RSO&I—Reception, Staging, Onward Movement, & Integration

TPMRC—Theater Patient Movement Response Center

TPFDD—Time Phase Forces Deployment Document

UCC—Unit Control Center

ULN—Unit Line Number

UIM—Unit Input Module

USFK—United States Forces Korea

USFJ—United States Forces Japan

Attachment 7

Table A7.1. Summary of Readiness Exercises.

EXERCISE REQUIREMENT	FREQUENCY	AUDIENCE	REFERENCE	REMARKS
Pre-positioned WRM	Two CP-EMEDS+ 25 per year, on a 3 year cycle	Pre-Positioned WRM assets in Korea	AFI 41-106 PACAFSUP 1	See (ADD) 5.9.2.2. (Added)
Pre-positioned ASF/MASFs	Once every 3 years	ASF/MASFs pre-positioned at PACAF bases	AFI 41-106 PACAFSUP 1	See (ADD) 5.9.2.3. (Added)
Air Transportable Clinics	IAW Attachment 7	Squadron Medical Elements (SME) assigned to flying squadrons	AFI 41-106	See (ADD) 5.9.2.1. (Added)

Attachment 9 (Added)**USE OF WAR RESERVE MATERIEL (WRM)**

A9.1. There are three distinct types of WRM in PACAF; prepositioned, deployable and in-place.

A9.1.1. Prepositioned WRM is defined as WRM managed by the host medical logistics account. Specific to this type of WRM, the host medical unit does NOT have the associated personnel UTCs assigned to set up and operate the asset. Prepositioned WRM is associated with caretaker/ inventory and management duties outlined in the mission narrative on the unit's DOC statement.

A9.1.2. Deployable WRM is defined as WRM for which a unit has both equipment and associated personnel UTC assigned. Deployable UTCs that must be exercised IAW this instruction are listed in Section IIC of the unit's DOC statement.

Examples of deployable WRM are as follows:

937B is allowance standard for UTC FFEE2, EMEDS +10 package.

940A is allowance standard for UTC FFEE4, EMEDS Resupply package.

902A is allowance standard for UTC FFGLA, Patient Decon Package.

903I is allowance standard for UTC FFQL1, Mobile Aeromedical Staging Facility, 10-bed.

A9.1.3. In-place WRM is defined as WRM (1) without an associated UTC, (2) identifiable only by an Allowance Standard, and (3) can not deploy because there is no LOGFOR detail. Examples include: Blood Transshipment Center, Frozen Blood Lab, Blood Donor Center, hospital expansion mission, etc.

A9.2. Medical and Aeromedical Units with deployable War Reserve Materiel (WRM) must request the use of these assets from PACAF/SGX NLT 60 days prior to the event. PACAF/SG is the approval authority to take WRM "off-line" for an exercise, inspection, etc. The template below in **Figure A9.1.** will be used to request the use of WRM.

A9.3. Requests/prior approval is not required for in-place WRM, but notification is required. These WRM packages are not deployable, but rather designed to operate in place. It is expected that if WRM is set up and used for a local exercise, blood drive, air show, event, etc., they could still be set up for a contingency or to meet its wartime mission. Units will notify PACAF/SGX when in-place WRM is used, to include how it will be used, what equipment will be used, the dates of the event, and the date it will be fully returned to storage and operational to meet mission requirements. The notification must be sent to PACAF/SGX not later than the first date it will be used. Preferred method of delivery: Electronically via E-mail to <mailto:pacaf/sgx@hickam.af.mil>

Figure A9.1. Request Letter Format For Utilization Of Deployable WRM Assets.

MEMORANDUM FOR HQ PACAF/SGX

FROM: XX MDG/CC

UNIT: XXXXX

APO AP XXXXX-XXXX

SUBJECT: Deployable Medical War Reserve Material (WRM) Request to take Asset off-line

1. Request use of deployable WRM assets to participate in a local Medical/Wing Readiness exercise/inspection to be conducted on XXXXXX Air Base at XXXXXXXX location from XXXXX to XXXXX. 2003. The WRM assemblage(s) requested to be taken off-line is/are listed below:

UTC	ALLOWANCE STANDARD	WRM ASSET
FFXXX	XX	Nomenclature

2. In accordance with AFMAN 23-110, Volume 5, paragraph 15.11.2.5 assets will not be loaned or off-line for over 120 days. Lost, consumed, or damaged assets will be paid for with Operating and Maintenance (O & M) funds from fund cite XXXXXXXX.XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX. All assets will be inventoried and reconstituted within 30 days of ENDEX.

3. The asset will be inventoried and returned to storage NLT XXXXXXXX date.

ELECTRONIC E-MAIL SIGNATURE

// Signed //

JOHN W. SMITH, Col, USAF, MSC

Commander, XX Medical Group

Cc:

XX MDG/SGSL

XX MDG/SGPR

Attachment 10 (Added)

SORTS CHECKLIST

SORTS CHECKLIST			
		YES	NO
1.	Does commander assessed Overall C-levels provide detailed REASN remarks explaining the rationale for why/how they disagree with the SORTS measured area(s)? This includes an up or down assessment by the Commander.		
2.	Are reasons provided for all sub-areas which fall below 1? The reason should include: why – describe the issue; what is being done to correct the problem, to include; for example, how much money was requested, the person contacted at MAJCOM, when person was contacted, and response; when will it be corrected and the rationale – An unacceptable reason is “awaiting funds”.		
3.	When the overall C-level is less than C-1, does the REASN remark reflect which specific UTC or capability the unit cannot fully support or undertake, and does it provide a programmed or estimated Get Better/Get Well date?		
4.	If required, has a PRRES remark been submitted to explain why the personnel area is less than P-1?		
5.	Regardless of P-level, has a PERTP remark been submitted identifying personnel shortages based on the UMD?		
6.	If required, has a PRRAT remark been submitted to identify UTC/UMD mismatches?		
7.	Has a CADAT remark been properly formatted and submitted?		
8.	Does the information in the CADAT agree with the “Forecast Date”		
9.	Has a DOCID remark been submitted?		
10.	Is the current DOC statement date reflected in the DOCID remark?		
11.	Have all remarks been updated in the last 30 days?		
12.	Have ESSA remarks been submitted for each category of war reserve material assigned to the unit. For example: Unit is assigned WRM projects that fall under ESSA1, 3, 6, and 9. Remarks for each WRM project within each ESSA will include a % and if less than 90% or critical supply/equipment items, will have a remark summarizing the deficiency, to include dated items, equipment calibration, deployed, etc.		
13.	Have percentages been provided for each project code listed in the ESSA remark?		
14.	Was the lowest WRM % from all ESSAs used as the overall Support Equipment and Supplies %?		
15.	Are ECDs appropriate, attainable and will not be “slipped” the following month? If not, give an ECD farther out to ensure corrective action can be accomplished.		
16.	Remove all ratings listed under “Equipment Condition”		
17.	Are reasons for deficiencies clear, concise, and detailed enough for the layperson interpreting the SORTS report, e.g. are comments and details written in plain English?		

SORTS CHECKLIST			
		YES	NO
18.	Has the unit received and verified accuracy of transmitted information via “easy read” or other similar source.		
19.	Is this a change SORTS report? Contact PACAF/SGX BEFORE submitting to discuss the reason for the change to ensure it’s warranted/appropriate. Also, contact PACAF/SGX within 24-hours of Command Post inputting data and sending report.		

Attachment 11(Added)

C-STARS ATTENDANCE REQUIREMENTS AND AVAILABILITY

Table A11.1. defines the AFSCs and frequency that each MUST attend the C-STARS program. MTF commanders MUST comply with AFI 41-106, paragraph 5.9.4, UTC Formal Training.

Table A11.1. C-STARS Atten Criteria.

AFSC	C-STARS Attendance Criteria
45S-3 - Gen Surg	Every two AEF cycles (30 mos) beginning 24 months post residency
44E-3 – Emer Med	Every two AEF cycles (30 mos) beginning 24 months post residency
44Y3 – Critical Care Medicine	Every two AEF cycles (30 mos) beginning 24 months post critical Care fellowship
48A3 – RAM/FS	Upon assignment to a UTC (FFGL2) and as a volunteer to fill training quotas. Then every two AEF cycles when RSVs not met.
45A3 – Anesthesia	Every two AEF cycles (30 mos) beginning 24 Months post residency and/or fellowship
45B3 – Ortho surgeon	Ortho consultant will consider attendance using the following priority: (See Credential Providers Process below) <ul style="list-style-type: none"> - <u>JSOC assigned</u> - annually - <u>Landstuhl assigned</u> - every two cycles (3 year) - <u>Assigned overseas</u> - other than Landstuhl – every two cycles (3 years) - <u>Assigned to deploying UTCs</u> – if they require trauma refresher - <u>Assigned CONUS</u> - on a volunteer basis
46 M3 – CRNA	Military trained – Every two AEF cycles (30 mos) beginning 24 months post graduation Civilian trained- Every two AEF cycles (30 mos) beginning with consultant’s direction (case-by case)
44M3X- Internal Med (includes sub-specs)	Upon assignment to UTC (EP1 and CCE) then every two AEF cycles (30 mos) thereafter
46N3E – Crit Care Nurse	Upon assignment to UTC and every 2 AEF cycles (30 mos) thereafter. Must train to mission capability statement of UTC assigned.
46N3 – Clinical Nurse	Upon assignment to the UTC (FFEP6) and every two AEF cycles (30 mos) thereafter
46S3 – OR Nurse	Upon assignment to UTC and every two AEF cycles (30 mos) thereafter
46F3 – Flight Nurse	As volunteers only when no other 46N3 requires training
4N1XX – OR Tech	Upon assignment to UTC and every two AEF cycles (30 mos) thereafter
4H0XX – CP Tech (includes auth subs)	Upon assignment to UTC and every two AEF cycles (30 mos) thereafter
4N0XX – Med Tech	Upon assignment to UTC and every two AEF cycles (30 mos) thereafter
41A3 - MSC	Do not recommend C-STAR attendance at this time

Allowable UTC substitutions for the AFSCs above are eligible for training (see [Table A11.2.](#)).

Table A11.2. C-STARS Training Availability by UTC.

C-STARS Training Availability by UTC	
Location	UTC
Baltimore	Primary – FFEP1, FFMFS, FFEP5, FFEP6, FFCCT, FFGL2 (RAM ONLY) FFGLE, FFQC3, FFQC4 Alternates – FFEP3, FFEP4
Cincinnati	FFCCT, FFCCE, FFQC4
St Louis	Any EMEDS UTC (Primary site for ANG personnel)

Attachment 12 (Added)**MEDICAL AFTER ACTION REPORT FORMAT**

A12.1. Purpose: To provide HQ PACAF/SG and staff with an evaluation, as well as observations and opportunities for improvement to deployment for real-world contingencies, humanitarian operations or exercises. It can and should be used to report on any incident or other significant event relating to Medical Readiness which individual medical group members or large portions of the staff. Categories can be added to the format as appropriate.

The following format is for Medical After Action Report:

MEMORANDUM FOR: (See Distribution List, AFI 41-106, paragraphs 6.9.2.1 thru 6.9.2.3. and; HQ PACAF/SGX)

FROM:

SUBJECT: Medical After Action Report

1. Reference: Include those documents having a direct bearing on the activities of the medical mission during the exercise. Also, include documents that may require modification/changes based on the recommendations of this report.
2. Concept. A statement concerning the mission of the medical units involved a general description of the exercise, where and when it was conducted, and any unique operational feature that occurred during the operation/exercise.
3. Significant Activities. Include a resume of significant activities that occurred during planning, preparing, employment, and where applicable, the deployment phase of the operation/exercise.
4. Attainment of Operational/Exercise Objectives. Make a statement about the attainment and scope of medical care at each operating site. Enter the material status of deploying medical unit on arrival at the employment site.

TIME AND DATE:

Deployment

Operationally Ready

Terminated Operations

Completed Repack

Redeployment

Arrival Home Station

5. Manpower. Include an accounting of the medical man-hours used to plan, support, and report on, the operation/exercise.

6. Patient Workload. Include an accounting of patient contacts/procedures. Do not include problems. (May be included as an attachment.)

ARMY AIR FORCE NAVY OTHER TOTAL

Number of Admissions:

Number of Outpatients:

Number of Prescriptions:

Number of x-rays:

Other Pertinent Workload.

7. Professional Information. Include data on climate, weather, environmental factors, topography, etc., that had an affect on medical support or operation procedures. Identify situations of importance, or significant evidence of unusual diseases, etc., experienced during the exercise. Include the primary reasons patients sought medical care, and remark on the significance of environmental conditions.

A. Community environment and sanitation:

(1) Health Services:

(2) Water Supply:

(3) Sewage disposal:

(4) Local restaurants:

(5) Insects and animals affecting health:

(6) Poisonous fish and plants:

(7) Food and dairy products:

(8) Veterinary service impact statement:

(9) Preventive medicine impact statement:

B. Prevalent diseases

C. Preventive medicine measures necessary on and off base.

D. Specific “dos and don’ts,” such as relations with indigenous personnel, traditions, and taboos

E. Medical facilities:

- (1) Military medical support available.
- (2) Civilian medical support available.
- (3) Aeromedical evacuation (military and civilian) need and availability.
- (4) Plant physical and design limitations, i.e., ventilation, infection control, x-ray, etc.

F. Current and past industrial activities that may affect health.

G. Environmental threat assessment.

H. Flight Medicine Program. Comments about factors that affected or could have affected aircrew safety or effectiveness.

(1) Flying Safety. Comments on the use and unusual side effects of “Go/No-Go” pills. Indicate numbers of aircrews who used stimulant or sedative drugs. Also, the quantity of drugs issued and consumed, and the quantities recovered.

(2) Personnel and protective equipment used. Problems?

(3) Aircrew combat effectiveness.

(4) Medical training.

(5) Aircrew personnel requirements (including comments regarding aircrew conditioning and transient billets).

(6) Flying activities: Hours flown by flight surgeons. Transient bases visited and evaluated.

9. Observations and Recommendations. Suggest using to record observed discrepancies with recommended corrective actions. Format will comply with Armed Forces Medical Intelligence Agency (AFMIC) and Joint Service reporting requirements. Use one for each observation. Observations and recommendations should be objective and factual with specific definitions or problem areas. Not all findings are of equal importance. List major findings first in the report, and state at what level of command the corrective action should be taken. Corrective action should include directive reference, stock numbers, and cost factors for recommended changes. Commit yourself to a line of action you judge best. All recommendations for modifying assemblages, additions, and deletions must contain a complete item description including cost and quantity. Coordinate this form with medical logistics before submitting.

A. Problem area title.

(1) Observation - Clear, brief statement

(2) Discussion - Facts and criteria

(3) Recommendation - Commit yourself to a line of action you judge best. All recommendations for modifying assemblages, additions, and deletions must contain a complete item description including cost and quantity. Coordinate this report with medical logistics before submitting.

10. Commander Summary. The medical commander must summarize the medical participation in the exercise, including areas where the capabilities of medical care may be enhanced for future exercises, or contingency operations by correcting the deficiencies noted in the above paragraphs. Attention should be given to planning, tactics, and techniques employed during the exercise that could have an effect on worldwide medical missions.

// SIGNED //

Commander or Senior Medical Officer/Technician

TABS:

A - List of Medical Personnel Deployed in Exercise or Operation

B - List of Visitors at Exercise Site

C - Staffing Report

cc to: Deployed Squadron Unit

Cmdr/Wing Cmdr

USAFSAM/PH

AFMIC/CR, Fort Detrick, MD 21710-5004

Attachment 13 (Added)

MEDICAL READINESS STAFF FUNCTION COMMITTEE MINUTES TEMPLATE

A13.1. Purpose: To provide the PACAF/SGX, MTF commanders and MRO/MRNCO with a simple but comprehensive method of monitoring, reviewing and tracking the Medical Readiness standard agenda items identified with AFI 41-106, para 2.2, Minimum Standard Agenda Items. This template in **Figure A14.1.** can be downloaded from the PACAF/SGX webpage.

Figure A13.1. Medical Readiness Staff Function Committee Minutes Template.

MEDICAL READINESS STAFF FUNCTION (MRSF)		Date
Combined Minutes & Agenda Tracker		Time
Attendees: 100 % present		
Voting Members Present	Corps	Position
		Commander, Medical Group (Chairperson)
		Deputy Commander, Medical Group
		Commander, Dental Squadron
		Commander Aerospace Medicine
		Commander, Medical Operations Squadron
		Commander, Medical Support Squadron
		Commander, Medical Surgical Squadron
		Medical Readiness Officer
		OIC Medical Logistics
Non-Voting Members Present		Position
		Chief of the Medical Staff
		Chief Nurse
		Superintendent, Medical Group
		Squadron Superintendents
		OIC/NCOIC War Reserve Materiel (as applicable)
		Medical Intelligence Officer (Public Health Flight Commander)
		NBC Medical Defense Officer (Bioenvironmental Engineer Flight Commander)
		EMEDS Commander (as applicable)
		Superintendent/NCOIC, Medical Readiness Flight

		Superintendent/NCOIC, Medical Logistics Flight
		Primary DCG Representative/Health Promotion Flight Commander (representing ASF/CC)
		Exercise and Evaluation Team Chief
		Unit Deployment Manager
		Self-aid Buddy Care Representative
		NCOIC Bioenvironmental Engineering
		Recorder (Secretary)
Voting Members Absent		
Non-Voting Members Absent		

1. Review of Previous Minutes	- Minutes from the (DATE), Medical Readiness Function Meeting (MRSF), were reviewed and approved				
2. Standard Agenda Items	Comments and Actions	Date Opened	Update /ECD	OPR	Status
	Item is open for first time				Blue
	Item is open for the second MRSF meeting and on-track for closure action or information only.				Green
	Item may be experiencing difficulties meeting Estimated Closure Date (ECD)				Yellow
	Item is not meeting closure date or otherwise experiencing problems, which are preventing its resolution, or item is open for more than 3 consecutive MRSF meetings. Potential for mission degradation.				Red
A. Staffing					
	<u>Total Personnel</u>				
	Assigned				
	Authorized				
	Percent				

	<u>Critical AFSC</u>				
	Assigned				
	Authorized				
	Percent				
	<u>UTC/AFSC Tasked and Filled</u>				
	Requirements Tasked				
	Requirements Filled				
	Percent				
B. War Reserve Material Status By Allowance Standard					
C. Medical Readiness/Training					
(1) UTC Training (By UTC)					
(2) Deployable UTC Training (IAW AFI 41-106)					
(3) Disaster Team Training (By Team)					
(4) Readiness Skills Verification (RSV) Update					
	Medical Corps RSVP Update				
	Nurse Corps RSVP Update				
	Dental Corps RSVP Update				
	MSC Corps RSVP Update				
	BSC Corps RSV Update				
	Enlisted RSV Training				
D. Force Health Protection Issues					
E. Medical Readiness Plans and Regulations Status and Current Date(s)					
	(1) MCRP				
	(2) Base Support Plan (BSP)				

	(3) Weapons of Mass Destruction (WMD) Installation Actions				
	(4) Installation Deployment Plans (IDP)				
	(5) Other Issues				
G. Medical Intelligence Briefing					
H. WMD/Homeland Defense Program					
(1) Training					
(2) Exercises					
(3) Supply/Equip Status					
(4) Other Issues					
I. EET Chief Report					
	**examples—team composition, EET training, exercise objectives				
J. Post Exercise (Issues, Findings, Deficiencies, Schedules, etc)					
K. Future Exercises and Training Events (90-day Look)					
L. Deployments (Current, Planned, and Post)					
M. Mirror Force					
(1) OSATS					
(2) IMA Issues					
(3) Other Issues					
N. Recalls					

O. Other Readiness Issues					
3. Items Referred to Executive Committee					
	1.				
	2.				
4. MRSF Adjournment Time:					
5. Next Meeting Date and Time:					
6. Recorder					
Signature		Recorder			
7. Medical Readiness					
Officer Signature		Medical Readiness Officer			
8. Reviewer					
Signature		Minutes Reviewer			
9. Approval					
(MDG/CC)		Commander, Medical Group			
Attachments					
1.					
2.					
3.					
4.					
5.					

Attachment 14 (Added)

OVERSEAS ANNUAL TRAINING (OSAT)

A14.1. HQ PACAF/SGX will facilitate OSAT requests for PACAF units in conjunction with AFRC and ANG, PACAF units and PACAF reserve liaisons.

A14.2. The process to request and appropriately match Reserve Command (RC) units for Overseas Annual Tours as follows:

A14.2.1. PACAF/SGX sends out “call” in January for units to provide ability to support OSATs for the following FY summer, i.e. Jan 04 for FY05. The bases will provide:

How many OSATs each unit can support.

Dates each unit can support OSATs.

Minimum and maximum number of people for each OSAT, to include conducting MURT.

Any limiting factors, i.e. lodging, transportation, etc.

Figure A14.1. below will be used for the unit to provide the information.

Figure A14.1. Template for Overseas Annual Training (OSAT).

PACAFUNT	#of OSATs	DATES	MIN	MAX	UNTS	UTCs	PER	Reserve Unit	UTC	DATE	Remarks
15MDG Hckam	2	May-03	10	30	Minnesota ASTS	FFLED	27				
					Timbuktu ARB	FFDAB	3				
		Jul-03			Tallahassee ANG						
					XXXXANG						
					XXXXAFB						
					XXXXASTS						

A14.3. PACAF/SGX will consolidate responses and provide to AFRC/SGX and ANGRC for use at OSAT conference to better match Reserve and Guard units for training opportunities and ensure an appropriate AFSC composition or UTC is identified to maximize training benefits for both Reserve/Guard units and PACAF unit.

A14.4. Units identified to deploy to a “region” in the Operations Plan (OPLAN), i.e. Korean Peninsula, Japan, etc. will receive higher priority to accomplish an OSAT.

A14.5. Requirement: PACAF medical units are expected to host “at least” one unit per fiscal year. OSATs generally occur during the summer months.

Attachment 15 (Added)**PACAF MEDICAL READINESS ANNUAL AWARDS PROGRAM**

A15.1. USAF Medical Expeditionary Operations/Readiness Awards.

A15.2. Reference: AFI 36-2856, Attachment 49.

A15.2.1. All PACAF Medical and Aeromedical Evacuation Units are eligible to submit nominees for the following award categories:

A15.2.1.1. Airman, NCO, SNCO, Officer and Manager Base Level Medical Readiness Awards: Nominees must be assigned to a base level medical readiness officer or function as of 31 December of the nomination period.

A15.2.1.2. Airman (rank of Airman Basic through Senior Airman)

A15.2.1.3. NCOs (rank of Staff Sergeant through Technical Sergeant)

A15.2.1.4. SNCOs (rank of Master Sergeant through Senior Master Sergeant)

A15.2.1.5. Officer (Rank of 2Lt through Major)

A15.2.1.6. Managers (civilian grade of GS 1 through 12)

A15.2.2. Award period is the calendar year (1 Jan through 31 Dec); therefore, the person must be assigned to a base level medical readiness position on 31 December of the calendar year the award is being written for, i.e. CY 2003, person must be assigned to position on 31 Dec 2003:

Packages are due to PACAF/SGX NLT the 15th of January – No exceptions!

Excerpts from AFI 36-2856 are included below for guidance and preparation.

A15.2.3. Nomination packages will include the following items and electronic versions should be submitted at all levels of review and approval. Samples of the individual award nomination packages are available in Attachment 3 and 4 AFI 36-2865.

A15.2.3.1. A nomination letter for an individual should be one page.

A15.2.3.2. Nominee's name, rank, social security number, and brief supporting rationale.

A15.2.3.3. Confirmation statement there was no unfavorable information file (UIF) on individuals or team members during the award period. Individuals or team members with UIFs are not eligible for awards.

A15.2.3.4. Signature of nominee's or team's immediate supervisor.

A15.2.3.5. Endorsement by the nominee's chain of command and approved by the Unit Commander. Individuals may be submitted for awards that are rank specific if the individual performed the majority of the award period in the rank required by the award. For example, SSGT Jones is still eligible for the Medical Resource Management Airman of the Year Award if he/she served in the rank of Amn for the majority of the award period. For the purposes of this AFI, "majority" is defined as more than six months.

A15.2.3.6. Individuals who undergo a permanent change of station (PCS) during an award period should be submitted for awards (individual and team) by the unit they were assigned to at the time of nomination. Accomplishments from a previous base are acceptable for individual awards in these cases.

Attachment 16 (Added)**AEF AND AFWUS UTC INFORMATION**

A16.1. All PACAF medical personnel are assigned to standard deployable UTCs or Associate (A)-UTCs. Additional information on AEF can be found in AFI 10-200.

A16.2. The majority of PACAF UTCs are coded DWX, meaning they are deployable “capable” UTCs for wartime, and not available for steady state requirements. See below for further explanation of AFWUS codes. For PACAF UTCs coded DWX, associated Expeditionary Air Force (EAF) Bin/Bucket codes are E-PAC and E-ROK; these represent UTCs in the Enabler Bucket “E-PAC/E-ROK” (UTCs over/above those assigned to specific Bins/Buckets), and further defined as reserved for PACAF Fenced Forces for HUMRO/NEO or crisis response (E-PAC) or Republic of Korea (E-ROK).

A16.3. All PACAF medical Associate (A)-UTCs are coded AXX. The A-UTC represents the “residual” medical unit’s personnel not assigned to standard deployable UTCs because they are required to support in-place OPLAN or homeland defense requirements.

A16.4. Other than the above AFWUS codes for PACAF UTCs, the only other AFWUS code for PACAF medical UTCs is DWS, which represents PACAF’s contribution to the AEF/steady state requirements. Elmendorf (3MDG) is the primary unit with UTCs assigned to specific AEF Bins/Buckets, with some support from Misawa to Elmendorf for an EMEDS Basic Personnel Package. The primary AEF Bins (or Buckets) are AEF 1-2 and AEF 7-8. In addition, the Aeromedical Evacuation Squadron has two (2) AE crews and (2) AE kits coded as DWS and AEF Bin E-LAA, which represents “additional” or Enabler - Limited Asset Availability (LAA) capability and can be tasked to fill steady state requirements if the AEF Center (AEFC) cannot fill with postured assets in a particular AEF Bin.

First Character of AFWUS code:

D = Deployable; A=Associate

Second Character of AFWUS code:

W=Wartime Surge Available; X=Not Wartime Surge Available

Third Character of AFWUS code:

S=Steady State Available (AEF); X=Not Steady State Available

A16.5. The majority of PACAF medical UTCs are coded either DWX as they are assigned and “forward deployed” to PACAF theater to support wartime requirements, thus not available for steady state requirements.

A16.6. Mobility Folders : Personnel assigned to the following AFWUS codes are required to have a personnel readiness folder (PRF) per AFI 10-403:

- AWS or DWS
- AWX or DWX
- AXS or DXS

A16.6.1. PRFs must be standardized to contain, at a minimum, the following mandatory items:

A16.1.1. Deployment/mission orientation briefing (Use the Unclassified Unit Mission Narrative from the Unit's Designed Operational Capability (DOC) statement)

A16.1.2. Letter of selection for deployment position, including AEF assignment and position code. For PACAF medical personnel, this should include the UTC, AFWUS code from above and AEF Bin, i.e. AEF01, E-ROK, E-PAC, etc. from the AFWUS.

A16.1.3. Locally developed individual requirements checklist, including clothing. (This should reflect things like wills, powers of attorney, passport requirement, extra pair of glasses or contacts, etc.)

A16.1.4. Applicable appointment letters and training documentation (e.g. classified courier, weapons courier, ammunition courier, UTC, RSVs, Core Training, AF Form 1098, etc.)

A16.1.5. Copy of current VRed, Record of Emergency Data (much be validated by individual prior to deployment to ensure emergency contact information is correct).

A16.1.6. Items recommended to be maintained in the folder as optional:

ID tags and chains

Powers of attorney

Shot Record

Baggage Tags

Postal Change of Address Form

Attachment 17 (Added)

MEDRED-C FORMAT AND GUIDANCE FOR SUBMISSION

A17.1. Applies to all PACAF Medical and Aeromedical Evacuation (AE) Units and deployed PACAF medical and AE personnel, whether deployed as a unit or UTC or individually. Refer to paragraphs **6.8.1.1. (Added)** thru **6.8.1.4. (Added)** for additional information on MEDRED-C reporting requirements.

A17.2. MEDRED-Cs provide an “up-channel” of information on USAF Medical Service units’ operational readiness status, availability, and or patient care activities for units alerted for contingency operations (actual, exercise, or simulation). Reports apply to medical units influenced by unusual occurrences (e.g., natural disasters or other emergencies).

A17.3. Submit MEDRED-C reports to PACAF/SGX and Home Duty Location’s Medical Readiness Office; preferred method to PACAF is via E-mail to <mailto:pacaf.sgx@hickam.af.mil> for unclassified reports or <mailto:pacaf.sgx@dsm.hickam.af.mil> for classified reports.

IMPORTANT: If deployed personnel are unable to convince the lead medical unit to include their arrival and operational status in the lead unit’s MEDRED-C, **ENSURE ALL DEPLOYED PERSONNEL UNDERSTAND THE REQUIREMENT TO NOTIFY THEIR PARENT UNIT’S MEDICAL READINESS OFFICE WITH THE PERTINENT INFORMATION OUTLINED IN EXAMPLE 4, MEDRED-C, SECTION C BELOW. THE PARENT UNIT WILL SEND ANY/ALL DEPLOYED STATUS INFORMATION TO PACAF/SGX AS IT BECOMES AVAILABLE.**

A17.3.1. EXAMPLE 1: Section A for units/facilities alerted/notified of deployment/exercise tasking:

Section A (Status Change) – For AEF Deployment (NOTE: Information much the same for any other type of deployments for Exercises, Humanitarian Missions or contingency operations.

(SECRET)/OPERATION ENDURING FREEDOM (AEF 1)

SUBJ: MEDRED-C, SECTION A REPORT

A1. DEPLOYMENT ALERT EFFECTIVE 051500Z JUN 03.

Line A1 Description: Nature and effective date and time of status change.

A2. 3MDG, ELMENDORF AFB ALASKA.

Line A2 Description: Number, name, and location of parent fixed facility and geographical location from which the alerted unit, flight, element or personnel will deploy.

A3. AFTH/EMEDS PACKAGES (TOTAL 60 PERSONNEL); UTCS FFEW1 (-), FFEP3, FFGKN, FFGKV, FFEP5 AND FFZ99

A3.1 FFEW1 CONSISTS OF FOLLOWING: 23 OF 25 PERSONNEL REQ'D (UTC IS MINUS (1) 4N051 AND (1) 46N3/O-3)

A3.2 FFEP5, FFGKV, AND FFGKN; ALL AFSCS WITH NO SUBSTITUTIONS

A3.3. FFEP3, SUBBED 48R3 WITH 44F3

A3.4. FFZ99 IS ONE 4D071 – NO SUBSTITUTIONS

Line A3 Description: Identity of Capability, i.e. EMEDS, MASF, AE crews, etc. or individual AFSCs if not part of a UTC alerted and/or unit type code (UTC) alerted for deployment.

A4. FFEW1 TO LANDSTUHL MEDICAL CENTER, GERMANY, ETA: 081200Z JUN 03.

A4.1. FFEP3, FFGKN, FFGKV, FFEP5, AND FFZ99 TO TALIL, IRAQ, ETA: 121500Z JUN 03

Line A4 Description: Planned employment (destination) location and estimated time of arrival (ETA).

A5. OPERATION ENDURING FREEDOM (OEF)/AEF 1.

Line A5 Description: Identification of applicable Operations Plan (OPLAN), disaster or Contingency Plan (CONPlan), Exercise Name (RSO&I 03, UFL03, etc.) or operation name (OEF, OIF, FDO, etc.)

A6. MISSION TO SUPPORT OEF SUSTAINED OPERATIONS AS PART OF AEF 1/BLUE (JUN-OCT 2003). EXPECTED TOUR LENGTH (ETL) IS 120 DAYS. ALL PERSONNEL ACCOMPLISHED ...XXXXXX JUST IN TIME TRAINING AND RECEIVED ANTHRAX AND SMALL POX VACCINATIONS AS DIRECTED BY CENTCOM REPORTING INSTRUCTIONS.

Line A6 Description: Narrative Remarks. Provide as complete a description of the situation and mission to be performed as possible. Be liberal and detailed with remarks... tell the story in plain language and ensure recipients of MEDRED-C will not have to call for more specifics or information.

A17.3.2. EXAMPLE 2: Section A for units/facilities undergoing natural disaster or emergency situation:

Section A (Status Change) – For Natural disasters or other real-world emergencies.

(UNCLASSIFIED)/TYPHOON XXXX ALERT

SUBJ: MEDRED-C, SECTION A REPORT

A1. TYPHOON ALERT EFFECTIVE 051500Z JUN 03.

Line A1 Description: Nature and effective date and time of status change. Types of natural disasters or emergencies include tornados/hurricanes/earthquake/flooding, etc.; terrorist bombing or bomb threat, civil disturbances or anything that causes a status change for the medical unit's ability to provide medical care.

A2. 36MDG, ANDERSEN AFB GUAM.

Line A2 Description: Number, name, and location of parent fixed facility and geographical location from which the alerted unit, flight, element or personnel will deploy.

A3. 36 MEDICAL GROUP CLOSED DOWN FOR ALL OPERATIONS; EMERGENCIES DIRECTED TO LOCAL HOSPITAL

Line A3 Description: Identity of Capability alerted and/or affected by situation

A4. 36 MEDICAL GROUP PERSONNEL TOLD TO GO HOME AND STAY UNTIL NOTIFIED TO RETURN TO WORK; EFFECTIVE 061700Z JUN 03

Line A4 Description: Planned employment (destination) location and estimated time of arrival (ETA).

A5. TYPHOON XXXXX.

Line A5 Description: Identification of applicable Operations Plan (OPLAN), disaster or Contingency Plan (CONPlan), Exercise Name (RSO&I 03, UFL03, etc.) or operation name (OEF, OIF, FDO, Typhoon XXXX, Bomb Threat at XXXX location, etc.)

A6. 36 ABW/CC DIRECTED ALL NON-ESSENTIAL PERSONNEL TO GO HOME AND REMAIN THERE UNTIL NOTIFIED TO RETURN TO WORK. XXXX NUMBER OF MEDICAL PERSONNEL WERE ACCOUNTED FOR ON 6 JUN 03. 36 ABW 24-HOUR CONTACT NUMBER IS XXXXX. LOCAL HOSPITAL HAS EMERGENCY RESPONSE/AMBULANCE RESPONSE CAPABILITY... AND ANY OTHER INFORMATION HOW OPERATIONS WILL CONTINUE DURING *DISASTER/SHUT-DOWN BASE MEDICAL FACILITY*.

Line A6 Description: Narrative Remarks. Provide as complete a description of the situation and mission to be performed as possible. Be liberal and detailed with remarks... tell the story in plain language and ensure recipients of MEDRED-C will not have to call for more specifics or information. NOTE: For natural disasters/emergencies, etc. use Section A to report damage, disrupted communications issues, estimated completion date of damaged materiel/suystems, etc., to include a final report reflecting "back to normal operations".

A17.3.3. **EXAMPLE 3: Section B for units/personnel deployments:**

Section B (Deployment) – The parent fixed facility submits the report after deployment of UTCs or individuals from their home station.

(SECRET)/OPERATION ENDURING FREEDOM/AEF 1

SUBJ: MEDRED-C, SECTION B REPORT

B1. 3MDG ELMENDORF AFB ALASKA

Line B1 Description: Number, name, and location of parent fixed facility and geographical location from which the alerted unit, flight, element or individual deployed from.

B2: 23 PERSONNEL (REFER TO MEDRED-C, SECTION A DATED 8 JUN 03 FOR AFSC BREAK-OUT) ASSIGNED TO FFEW1

B2.1: FFEP5, FFGKV, AND FFGKN, FFEP3 AND FFZ99 (REFER TO MEDRED-C, SECTION A, DATED 8 JUN 03 FOR AFSC DETAIL); 15 TOTAL PERSONNEL

Line B2 Description: Identity of UTCs, elements or personnel deployed.

B3. FFEW1 (-), LANDSTUHL MEDICAL CENTER, LANDSTUHL, GERMANY, ETA 280900Z JUN 03 VIA MIL AIR FROM BWI TO RAMSTEIN AB, GERMANY

B3.1 FFEP5, FFGKV, AND FFGKN, FFEP3 AND FFZ99, TALIL AB, IRAQ; ETA 300500Z JUN 03 VIA MIL AIR FROM BWI TO BAGHDAD INT'L AIRPORT

Line B3 Description: Planned employment (final destination) location of deploying unit/personnel and Estimated Time of Arrival (ETA).

B4. OPERATION ENDURING FREEDOM (OEF), AEF 1

Line B4 Description: Identification of OPlan, CONPlan, disaster plan, or operation name.

B5. FFEW1 (-) DEPARTED HOME STATION 151200Z JUN 03 ON COMMERCIAL AIRCRAFT WITH INITIAL DESTINATION OF BWI

B5.1 FFEP5, FFGKV, AND FFGKN, FFEP3 AND FFZ99 DEPARTED HOME STATION 251700Z JUN 03 ON COMMERCIAL AIRCRAFT WITH INITIAL DESTINATION OF BWI

Line B5 Description: Deployment/departure information for units, elements, individuals, etc. from home station

B6. FFEW1 (-) TO PROVIDE MEDICAL AUGMENTATION/SUPPORT TO LANDSTUHL MEDICAL CENTER'S STAFF IN SUPPORT OF OEF.

Line B6 Description: Narrative Remarks. Make a general assessment of the situation including any deviation from information reported in previous messages or in the normal composition or size of deployed element. Identify anticipated limiting factors.

A17.3.4. EXAMPLE 4: Section C for units/personnel augmenting a lead medical unit/facility:

Submit immediately, but not later than 24 hours after unit/personnel arrive at deployed location.

MEDRED-C, SECTION C (Employment Status and Workload Section)

(SECRET)/OPERATION ENDURING FREEDOM/AEF 1

SUBJ: MEDRED-C, SECTION C REPORT

C1. 3MDG ELMENDORF, AFB ALASKA; FFEW1 (-), 23 PERSONNEL

Line C1 Description: Identity and type of unit.

C2. LANDSTUHL MEDICAL CENTER, LANDSTUHL, GERMANY

Line C2 Description: Report the exact employment location giving the name of the town, military site/base name, state, country, etc. If not known, indicate distance and direction from nearest town or city.

C3. ATTAINED OPERATIONAL CAPABILITY 010800Z JUL 03

Line C3 Description: Report the time in Greenwich Mean Time (GMT)/ZULU and the date the unit arrived and/or attained operational capability as a functioning unit within the deployed unit/location (NOTE: When individuals are "augmenting" an established medical unit or deployed lead medical unit, i.e. EMEDS, etc. ensure arrival and operational capability status is provided in MEDRED-C and PACAF/SGX is added to distribution list.) THIS IS IMPERATIVE FOR THE PARENT MAJCOM TO KNOW THE STATUS OF DEPLOYED PACAF PERSONNEL.

C4. 1/22; FFEW1 (-)

Line C4 Description: Enter total number of physicians present for duty. Enter a slash (/) followed by the total of other medical personnel present for duty

C5. N/A for units and/or personnel augmenting a medical facility or deployed medical unit (the lead medical unit will submit a MEDRED-C, Section C report to report workload.... This example is simply to ensure communication and status of deployed PACAF medical personnel to deployed locations and their arrival and operational status.

Line C5 Description: Patient Workload Data - Since Last Report. Enter numbers and slashes, as indicated below based on the type of facility:

C6. N/A (See C5 above, but replace medical with AE)

Line C6 Description: Patient Evacuation Summary. For aeromedical staging units, medical facilities operating holding beds for aeromedical evacuation, and aeromedical evacuation control centers (AECC) only.

C7. N/A for personnel only deployments

Line C7 Description: Medical Materiel Data. Report only War Reserve Materiel (WRM) stocks (by WRM alphabetical code) that have changed in materiel capability since previous submission of RCS: HAF-SG(SA)7131, WRM Medical Stock Status Report. Use project codes authorized by AFM 300-4, Volume III, ADE ME-178-1X. Follow each line entry by a numerical index from 0 to 100 to denote the percentage of materiel operationally ready.

C8. N/A for personnel only deployments

Line C8 Description: Facilities Status. Using a numerical index from 0 to 100, enter a percentage figure which represents usability of the facility. Consider loss of utilities, as well as physical plant.

C9. ALL PERSONNEL ARRIVED WITHOUT INCIDENT; ON-BASE BILLETING PROVIDED AND THERE ARE NO ISSUES OR LIMITING FACTORS AT THIS TIME. CONTACT INFORMATION FOR ELMENDORF'S DEPLOYED PERSONNEL IS LT COL RESPONSIBLE AND CAN BE REACHED DURING THE DAY AT DSN 555-5555 OR EVENINGS AT COUNTRY CODE 011-345-567-5678.

Line C9 Description: Narrative Remarks. Include: a. Commander's assessment of significant operational constraints. b. Limiting factors which adversely affect mission accomplishment. c. Include Date Time Group of messages/requests generated to effect emergency actions such as replacement of personnel, materiel resupply, and blood resupply.

C10. N/A (Until unit/personnel plan to redeploy to home station). Provide as much information as possible, to include time and date of scheduled departure, on what means of transportation and ETA at permanent duty station.

Line C10 Description: Use only to indicate a final report.

A17.3.5. **EXAMPLE 5: Section C for Lead medical units, i.e. EMEDS packages:**

Submit MEDRED-C, Section C Reports as follows:

- (1) Once operational at employment location
- (2) Daily as of 2359 local
- (3) Upon a change of 25 percent in any element of the original report
- (4) Update status when appropriate or as required.

NOTE: If the medical unit comes under the influence of an unusual occurrence such as a natural disaster, fire, or bomb explosion. Continue reporting daily until higher headquarters directs.

MEDRED-C, SECTION C (Employment Status and Workload Section)

(SECRET)/TYPHOON HANNIBELL

SUBJ: MEDRED-C, SECTION C REPORT

C1. 374MDG YOKOTA AB JAPAN: EMEDS Basic

Line C1 Description: Identity and type of unit.

C2. ANDERSEN AB, GUAM

Line C2 Description: Report the exact employment location giving the name of the town, military site/base name, state, country, etc. If not known, indicate distance and direction from nearest town or city.

C3. ATTAINED OPERATIONAL CAPABILITY 100800Z DEC 02

Line C3 Description: Report the time in Greenwich Mean Time (GMT)/ZULU and the date the unit arrived and/or attained operational capability as a functioning unit within the deployed unit/location

C4. 7/18; FFDAB, FFEP1, FFEP2, FFEP6, FFGL2, FFGL3, FFMFS

Line C4 Description: Enter total number of physicians present for duty. Enter a slash (/) followed by the total of other medical personnel present for duty

C5. 4/0/0/2/0/0// (first day of operational capability; totals after “//” same as daily totals before the “//”)

Line C5 Description: Patient Workload Data - Since Last Report. Enter numbers and slashes, as indicated below based on the type of facility:

C5a. N/A (EMEDS workload is reflected in Line C5b)

Line C5a Description: For Second Echelon Medical Treatment Units (2E), Squadron Medical Elements with or without Air Transportable Clinics (ATC), and Clinics (including Residual Medical Clinics): Number returned to duty (RTD), transferred, or expired since last report followed by a double slash (//) and cumulative totals for each category to date. Use a single slash (/) between each category: Example: Medical unit workload was 10 patients RTD/3 patients transferred/2 expired//20 RTD total/34 total transferred/5 total expired. The entry would appear as: C5. 10/3/2//20/34/5.

C5b.

Line C5b Description: For CONUS Casualty Reception Hospitals (CRH), Expeditionary Medical Support (EMEDS), to include any size from Basic to AFTH; Convalescent Care Centers and CONUS/OCONUS Hospitals with expansion bed missions: Beds available, beds Occupied, number admitted, returned to duty, transferred, or expired since last report followed by a double slash (//) Patients Admitted, Returned to Duty, Transferred, and Expired to date. Use single slash (/) between each category. Example: Medical unit had 11 beds available/29 beds occupied/12 patients admitted/48 patients RTD/0 patients transferred/8 patients expired//35 total admissions to date/84 patients total RTD/20 total patients transfers/23total patients expired. The entry would appear as: C5. 11/ 29/12/48/0/8//35/84/20/23. Patients

transferred-in//45 total transfers-out/215 total transfers-in. The entry would appear as: C5. 250/98/20/60//45/215.

C6. N/A (Only for AE units or med facilities with holding beds for AE)

Line C6 Description: Patient Evacuation Summary. For aeromedical staging units, medical facilities operating holding beds for aeromedical evacuation, and aeromedical evacuation control centers (AECC) only. All others will indicate N/A.

Line 6a Description. Evacuated within theater and evacuated to CONUS since last report. Each category is broken down into litter and ambulatory figures using a single slash (/). Use a semi-colon (;) to separate the categories of evacuated within theater from evacuated to CONUS and follow with a double slash (//). Following the (//) provide cumulative figures for each category to date. Example: Medical unit reports 100 litter/500 ambulatory patients evacuated within theater; 98 litter/600 ambulatory patients evacuated to CONUS// 198 total litter/900 total ambulatory patients evacuated within theater; 500 total litter/1000 total ambulatory patients evacuated to CONUS. The entry would appear as: C6A. 100/500; 98/600//198/900; 500/1000.

Line 6b Description. Awaiting evacuation within theater and awaiting evacuation to CONUS since last report. Each category is broken down into litter and ambulatory figures using a single slash (/). Use a semi-colon (;) to separate awaiting evacuation within theater from awaiting evacuation to CONUS. Example: Medical unit reports 230 patients awaiting evacuation within theater, (175litter/55 ambulatory); 145 patients awaiting evacuation to CONUS (120 litter/25 ambulatory). The entry would appear as: C6B. 175/55; 120/25.

C7. VU-92; VV-90; EA-97; EB-95; IT-87; IV-91

Line C7 Description: Medical Materiel Data. Report only War Reserve Materiel (WRM) stocks (by WRM alphabetical code) that have changed in materiel capability since previous submission of RCS: HAF-SG(SA)7131, WRM Medical Stock Status Report. Use project codes authorized by AFM 300-4, Volume III, ADE ME-178-1X. Follow each line entry by a numerical index from 0 to 100 to denote the percentage of materiel operationally ready.

C8. 90 (One section of EMEDS facility that unusable due to water damage, ECD: 151200Z DEC 02)

Line C8 Description: Facilities Status. Using a numerical index from 0 to 100, enter a percentage figure which represents usability of the facility. Consider loss of utilities, as well as physical plant.

C9. ALL PERSONNEL ACCOUNTED FOR; ALL EQUIPMENT ARRIVED WITHOUT DAMAGE OR INCIDENT, SET UP AND OPERATIONAL, EXCEPT THE ONE SECTION MENTIONED IN LINE C8 ABOVE. ANTICIPATE THAT SECTION BEING OPERATIONAL NLT 15 DEC 02. PERSONNEL ARE BILLETED IN TENT CITY ON ANDERSEN AB, GUAM. EMEDS COMMANDER.... COL SMITH OR THE ADMINISTRATOR, MAJOR JONES CAN BE CONTACTED VIA E-MAIL AT

<mailto:374AEW/EMEDS@ANDERSEN.AF.MIL> OR
<mailto:374AEW/EMEDS@DMS.ANDERSEN.AF.SMIL.MIL>. 374EMEDS/CC AND ADMINISTRATOR CAN BE CONTACTED BY PHONE AT DSN 315-456-1234/5678. THE 24-HOUR CONTACT NUMBER IS 315-666-8989 IN THE COMMAND POST.

Line C9 Description: Narrative Remarks. Include:

- a. Commander's assessment of significant operational constraints.*
- b. Limiting factors which adversely affect mission accomplishment.*
- c. Include Date Time Group of messages/requests generated to effect emergency actions such as replacement of personnel, materiel resupply, and blood resupply.*

C10. N/A "Until unit/personnel plan to redeploy to home station". Provide as much information as possible, to include time and date of scheduled departure, on what means of transportation and ETA at permanent duty station.

Line C10 Description: Use only to indicate a final report.

Attachment 18 (Added)**DISASTER TEAM BINDER REQUIREMENTS**

A18.1. This annex outlines the minimum required items to be maintained within the disaster team chief's team binder.

A18.1.1. Team Chief Appointment Letter – Signed by MDG/CC.

A18.1.2. Team CONOPS or PURPOSE.

A18.1.2.1. Reporting location and alternate assembly points.

A18.1.2.2. Administrative Responsibilities.

A18.1.3. Team recall roster, which entails contact information for both on and off duty.

A18.1.4. Key Phone Numbers such as the MCC and other supporting disaster teams.

A18.1.5. MRCP.

A18.1.6. Checklists supporting the disaster team's mission.

A18.1.7. Listing of supplies and equipment required to support the team's mission.

A18.1.8. Team training documents, to include the annual training calendar, training objectives and lesson plans, exercise objectives, and training attendance.

A18.1.8.1. Provisions must be made to ensure personnel who missed the initial training session can make it up.

KAREN E. JONES, Colonel, USAF, MSC, CAAMA
Deputy Command Surgeon