

**BY ORDER OF THE COMMANDER
AIR EDUCATION AND TRAINING
COMMAND**



AF INSTRUCTION 41-106

**AIR EDUCATION AND TRAINING COMMAND
Supplement 1**

19 JANUARY 1996

Medical Service

**MEDICAL READINESS PLANNING AND
TRAINING**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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“HOLDOVER”

“The basic publication has changed; impact on supplemental information is under review by the OPR. Users should follow supplemental information that remains unaffected.”

AFI 41-106, 14 February 1994, is supplemented as follows:

NOTE: This supplement adapts medical readiness planning and training policies and procedures to the Air Education and Training Command (AETC) mission.

1.3.7. The executive management team for a contingency hospital (CH) consists of a commander, chief of hospital services, chief nurse, administrator, chief dental surgeon, and first sergeant. AETC units with air transportable hospitals (ATH) will also identify the executive management team on their unit manpower document (UMD). AETC units with air transportable hospital (ATH) or CH missions will identify cadre positions on the UMD. The ATH and CH cadre should consist of a representation of key personnel with experience in the setup and operation of these assets. It should include contracting, logistics, public health, medical equipment and clinical expertise as a minimum. These individuals would be expected to perform in an advance (ADVON) team capacity.

1.5.4. The MTF commander will review monthly SORTS reports for accuracy and assign an overall C-level based on guidance in AFI 41-106, paragraph 5.4, and AFI 10-201, *Status of Resources and Training System*, chapter 8.

1.5.28. (Added) Oversee the medical readiness training quota management process and ensure effective resolution/validation of unit scheduling requirements.

1.6.2. The MRO, MRNCO, or MRM must ensure personnel are familiar with their roles as outlined in applicable annexes of unit plans.

1.6.11. Contact HQ AETC/SGX, 63 Main Circle, Suite 3, Randolph AFB TX 78150-4549 for Medical Readiness Planners Course quotas.

1.6.12. (Added) Prepare and submit MEDRED-Cs according to AFMAN 10-206, *Operational Reporting*, chapter 12, AFMAN 10-206/AETC Sup 1, and other MAJCOM guidance. Submit a MEDRED-C when any significant peacetime or wartime event changes the unit's status or ability to accomplish its mission. MEDRED-C reports are also required for operations such as deployments for training (DFT) and exercises at MAJCOM level or higher.

1.6.13. (Added) Manage Medical Red Flag (MRF) training quotas (resident and mobile courses, if applicable) under the direction of the MTF commander. The quota management process includes submitting a request for MRF quotas, endorsed by the MTF commander, annually. Submit names against quotas allocated to the unit to HQ AETC/SGX at least 7 weeks prior to each MRF course start date.

1.6.14. (Added) Manage unit Medical Readiness Planners Course and Symposium quotas. Contact HQ AETC/SGX to request quotas and submit names of individuals identified to attend at least 30 days prior to each course start date.

1.9.1. Units must review all plans and applicable checklists annually.

1.9.5. The MR-SF will meet at least quarterly. The MRO, MRNCO, or MRM will forward copies of MR-SF minutes (attachment 6 [Added]) to HQ AETC/SGX quarterly.

2.4. Units choosing to publish a MCRP must ensure compliance with content requirements for the Disaster Casualty Control Plan (DCCP) and Contingency Support Plan (CSP) described in AFI 41-106, attachments 2 and 3. MCRPs may not be published without prior coordination and approval by HQ AETC/SGX.

2.5.1. Local medical units will ensure the DCCP and CSP are reviewed by all team chiefs, contributing organizations, and the unit's MR-SF. Consider using AF Form 1768, **Staff Summary Sheet**, or similar form to document these reviews. Forward a copy of the coordinated plan to HQ AETC/SGX for review prior to final publication.

3.1.1. Identify functional manager positions to oversee facility expansion in annex C of the CSP. Ensure character two of the UMD is coded "X" and the comments field includes the position title.

3.3.2.1. NDMS federal coordinating centers will forward copies of their NDMS Operations Plan to HQ AETC/SGX immediately after revision or annually, whichever occurs first.

3.3.2.2. The MRO, MRNCO, or MRM should maintain copies of MOUs. These MOUs are used in developing unit plans; therefore, the MRO, MRNCO, or MRM must have a working knowledge of them.

3.3.2.6. HQ AETC/SGX is the MAJCOM/SG NDMS representative.

4.1. Each CSP/DCCP annex must be exercised at least annually. Discrepancies or deficiencies in plans, checklists, or programs identified during exercises must be tracked by the MR-SF until resolved and documented in MR-SF minutes. Plan deficiencies identified during exercises must be addressed during the annual review and corrected; checklist deficiencies should be corrected immediately upon identification.

4.2.1. The DCCP is written to describe how medical personnel operate and respond during peacetime and natural disasters. Exercise planners must design scenarios to test peacetime and natural disaster opera-

tions and response procedures and must test them semiannually, as a minimum, according to AFI 41-106 and AFI 32-4001, *Disaster Preparedness Planning and Operations*.

4.2.2. CSP exercise activity must include the total range of the unit's contingency/wartime activities (mobility and generation) and meet mission specific AFSC WAR-MED training goals and didactic Continuing Medical Readiness Training (CMRT) requirements. Contingency/wartime training requirements are in USAF WMP I, Annex F, AETC WMP III, Annex J, the unit DOC statement, and the unit CSP. The unit commander will determine if exercise activity must be increased during the year to adequately address all facets of the unit's contingency/wartime role.

4.4.1. Post exercise/incident involvement critique sessions should be held immediately following the exercise, when practical. Issues discussed during the critique should be included in the post exercise/incident involvement summary (attachment 7 [Added]) and briefed at the next MR-SF meeting. Actions taken to resolve discrepancies/ deficiencies must be tracked by the MR-SF and included in meeting minutes until resolved. The MR-SF is the final authority for determining corrective action and resolution or closure of all findings.

4.4.2. The use of AETC Form 102, **Self-Inspection Discrepancy**, or a locally developed equivalent form is recommended to document and track deficiencies identified during exercises. Completed forms must be attached to the post-exercise/incident involvement summary. Provide copies to the medical unit internal inspection program monitor.

4.5. Submit after-action reports after activation and (or) deployment of specialized teams in support of deployment for training (DFT) or other contingency operations.

4.5.2. AETC medical units will use the joint universal lessons learned (JULLS) format for after-action reports.

4.5.2.1. Provide an information copy of reports required by air component command headquarters to HQ AETC/SGX, if applicable.

5.2.2. All military personnel assigned to the medical unit, except interns and residents (see paragraph 5.3.9), will participate in CMRT or an authorized equivalent annually.

5.3.9. Interns and residents are recommended for participation in medical readiness training as determined by the unit commander, based on individual deployable status in USAF WMP, volume I, annex F, paragraph 3d(2)(e).

5.8.1. The unit training plan must be updated annually. Team chiefs are responsible for ensuring team members are trained annually according to the plan and training is properly documented (attachment 8 [Added])). Lateral training among teams is encouraged. Attachment 9 (Added) lists minimum annual disaster team training requirements. As a means of ensuring all annual training requirements are met, units might want to consider establishing a monthly, bimonthly, or quarterly "Readiness" training day.

5.8.2. The MRO, MRNCO, or MRM, with the assistance of unit training managers, must evaluate WAR-MED AFSC task information data and determine the tasks that apply to the unit's medical wartime mission. Applicable data should be included in the unit training plan and presented to the MR-SF for review and approval. The medical unit must also provide a copy of the proposed training plan to HQ AETC/SGX for review. WAR-MED AFSC specific training may be integrated into unit training programs as well.

5.8.3. Team chiefs will provide the MRO/MRNCO/MRM with training documentation (attachment 8 [Added]).

5.9.2. Only individuals assigned to primary or alternate mobility positions are required to complete CBWDQT. Units will define CBWDQT requirements to meet mission specific needs. Areas of training to consider include: donning and doffing chemical warfare (CW) gear; driving and fueling vehicles; carrying litters; on- and off-loading litters; operating radios, telephones, and other communications systems; completing reports and forms; applying dressings and splints; handling supplies and food; performing decontamination; assembling and operating equipment; performing NBC agent detection techniques; drinking from a canteen; reading maps; and performing site/perimeter security. CBWDQT lesson plans must be reviewed/approved by the MR-SF annually and documented in MR-SF minutes.

5.10.2. Specific UTC weapons requirements for medical mobility personnel are listed in attachment 10 (added).

ATTACHMENT 6

**SAMPLE FORMAT FOR MEDICAL READINESS-STAFF FUNCTION (MR-SF) MINUTES
(ADDED)(AETC)
(Notes 1 and 2)**

DATE:

MEMORANDUM FOR MR-SF MEMBERS

FROM: SGPR

SUBJECT: Medical Readiness-Staff Function (MR-SF) Minutes

1. Place:
2. Date and Time of Meeting:
3. Attendance:
 - a. Members Present:
 - b. Others Present:
 - c. Members Absent and Reason for Absence:
4. Review of Previous Minutes:
 - a. Comments From the Executive Staff Review Authority:
 - b. Comments From the MR-SF:
5. Standard Agenda Items:
 - a. Status of Unit Medical Readiness Training: (Note 3)
 - (1) CMRT:
 - (2) Mission-Specific Contingency Support Training:
 - (3) Small Arms (M-16 AND 9MM/.38):
 - (4) CBWD/CBWDQT:
 - (5) Medical Red Flag Training:
 - (6) Corps Specific Medical Readiness Training (MRT):
 - (a) Dental Corps (DC):
 - (b) Biomedical Sciences Corps (BSC):

(c) Medical Service Corps (MSC):

(d) Contingency Hospital Executive Management Teams:

(7) DCCP/Disaster Team Training:

(8) Reserve Personnel Training Status:

b. Readiness Training Equipment Status:

c. Medical Readiness Plans and Regulations Update:

d. Medical Unit Exercise Evaluation Team (EET) Chief Report:

e. Exercise Planning Committee Report:

f. Medical Intelligence Officer Report:

g. Mobility Officer/UTC Team Chief Report:

h. Mobility Personnel Status:

i. WRM and Mobility Equipment Status:

j. SORTS Update:

k. Post Exercise/Incident Involvement Summaries Reviewed:

l. Medical Unit Commander's Forum:

6. Old Business Not Covered Elsewhere: (Note 4)

7. New Business:

8. MR-SF Adjournment Time:

9. Tentative Date and Time of Next MR-SF meeting:

Signature Block of MR-SF Chairperson

Approved/Disapproved

Signature Block of Recorder

Signature Block of Executive

Staff Function Chairperson

Attachments:

(Note 4)

NOTES:

1. This recommended format is a guide to ensure accurate and comprehensive reporting is made to the MR-SF. Units are encouraged to use this format; however, some segments may not pertain or be practical for the unit. The key to successful minutes is to cover all medical readiness issues and provide accurate up-to-date information. Strive for accuracy, brevity, and clarity.
2. Please follow this guide to ensure the unit is meeting all training requirements. You may combine or delete some categories to meet local needs or to avoid redundancy.
3. Include "Open" findings from post exercise/incident involvement summaries, carried over business from previous meetings, and unresolved nonstandard agenda discussions as appropriate.
4. Include in the attachments post exercise/incident involvement summaries, information handouts, slides used during the MR-SF, and any other pertinent documentation.

ATTACHMENT 7

SAMPLE FORMAT FOR POST EXERCISE/INCIDENT INVOLVEMENT SUMMARY
(ADDED)(AETC)

DATE:

MEMORANDUM FOR MEDICAL READINESS-STAFF FUNCTION

FROM: SGPR

SUBJECT: Post Exercise/Incident Involvement Summary: (Note 1)

1. Summary:

- a. SCENARIO: (Provide a brief paragraph detailing the event to include ante and post happenings relevant to the exercise or incident.)
 - (1) Exercise Start Date/Time:
 - (2) Exercise Completion Date/Time:
- b. Number and Type of Casualties: (Note, if moulage or other special effects were used.)
- c. Stated Objectives: (Note 2)
- d. Level of Participation: (Note 3)
- e. Achievement of Objectives: (Note 4)

2. Exercise Planners: (Note 5)

3. Exercise Evaluators/Facilitators:

4. Medical unit on-scene disaster control group (OSDCG)/battle staff representatives: (Note 6)

5. Post Exercise/Incident Involvement Critique Date and Time:

Signature of MRO, MRNCO, or MRM

This Post Exercise/Incident Involvement Summary was reviewed by the MR-SF on: _____

Approved/Disapproved

Signature of Chairperson

Attachments: (Note 7)

NOTES:

1. Identify the exercise/incident.
2. Describe which plans and annexes were exercised and any support agreements or MOUs that were tested and the outcome. Exercises must be practical and realistic to adequately test unit plans and checklists.
3. State the agencies and disaster teams or unit personnel who participated. Give percentages of medical unit personnel either by disaster team or overall unit (example., 216 of 254 (85 percent) of unit personnel participated).
4. Identify deficiencies, shortfalls, problems with plans, checklists, MOUs, recommended corrective actions, etc.
5. Recommend establishing an exercise planner's committee made up of the unit EET representatives and other key readiness personnel.
6. List the medical battle staff and OSD CG representatives who participated in the exercise or incident. Once formally trained by disaster preparedness, these individuals are required to participate in at least one exercise/incident annually to remain current.
7. Include in your attachments all pertinent exercise/incident involvement data (example AETC Forms 102 and base EET report).

ATTACHMENT 8

SAMPLE FORMAT FOR TEAM TRAINING DOCUMENTATION (ADDED)(AETC)

DATE:

MEMORANDUM FOR SGPR (or equivalent)

FROM: _____ (Team Name)

SUBJECT: Documentation of Team Training

1. Instructor for the training:
2. Team members present:
3. Team members absent:
4. Summary of training conducted: (Include topic title from unit training plan.)
5. Comments:

Signature of Team Chief

cc: Medical Readiness Office

ATTACHMENT 9**MINIMUM ANNUAL DISASTER TEAM TRAINING REQUIREMENTS (ADDED)(AETC)**

A9.1. Annual Training. All medical unit personnel must receive, as a minimum, the following annual training.

A9.1.1. Concept of operations.

A9.1.2. Medical peacetime mission.

A9.1.3. Management of casualties in the medical facility, including peacetime NBC casualties.

A9.1.4. Awareness of the types of disasters the medical facility might expect.

A9.1.5. Protection and decontamination of medical personnel, patients, and medical facilities and equipment under peacetime NBC conditions.

A9.1.5. Familiarization with the DCCP and CSP basic plans and applicable annexes.

A9.2. Individual Disaster Teams:**A9.2.1. Medical Control Center:**

A9.2.1.1. Reviewing resources and capabilities of military and civilian agencies and medical facilities that provide support in the event of a disaster.

A9.2.1.2. Establishing communications with the base or wing command post and local civilian agencies. Training in communication with other area military medical facilities, civilian hospitals, other agencies, and other medical treatment facilities on the same installation, if applicable.

A9.2.1.3. Establishing and using alternate communications systems if telephone service is lost.

A9.2.1.4. Reading maps and plotting grid coordinates.

A9.2.1.5. Controlling and dispatching medical vehicles and obtaining transportation support from other sources.

A9.2.1.6. Using proper radio communications and discipline.

A9.2.1.7. Effecting medical reporting requirements.

A9.2.1.8. Operating under peacetime NBC conditions.

A9.2.2. Aeromedical Services Team:

A9.2.2.1. Estimating casualties.

A9.2.2.2. Providing triage, emergency treatment, patient staging, and en route care.

A9.2.2.3. Operating ambulances and other vehicles (including medical equipment on board), communications equipment (radio discipline), and special features of the vehicle itself (example, winch, four-wheel drive, etc.).

A9.2.2.4. Reading maps, plotting grid coordinates, and using a compass.

A9.2.2.5. Operating under peacetime NBC conditions.

A9.2.2.6. Becoming familiar with aircraft accident procedures, to include administrative actions.

A9.2.3. Clinical Team. Clinical team includes subteams such as radiology, laboratory, pharmacy, surgery, field treatment, and other teams designated by the chief, hospital or clinic services.

A9.2.3.1. Training in reception, routing, triage, and emergency treatment of casualties within the medical facility.

A9.2.3.2. Controlling hemorrhage, resuscitation, splinting, emergency management of burns, shock, and NBC casualties.

A9.2.3.3. Providing mass immunizations.

A9.2.3.4. Training in rapid examination and triage of casualties according to the priority of treatment for the medical field treatment subteam.

A9.2.3.5. Establishing and operating an aid station or other field medical unit, using field medical supplies and equipment including emergency medical records.

A9.2.3.6. Supervising nonmedical personnel who assist as litter bearers, or in performing emergency first aid.

A9.2.3.7. Reading maps and plotting grid coordinates.

A9.2.3.8. Radio use and discipline.

A9.2.4. Nursing Services Team:

A9.2.4.1. Assembling, organizing, and controlling the patient care work force, including volunteers and nonmedical manpower elements.

A9.2.4.2. Expanding and improvising facilities and services to accommodate casualties.

A9.2.4.3. Preparing and staging casualties for aeromedical or surface evacuation under peacetime NBC conditions.

A9.2.5. Public Health Team:

A9.2.5.1. Detecting and identifying NBC agents.

A9.2.5.2. Calculating radiation exposures and stay times.

A9.2.5.3. Outlining and marking areas contaminated with NBC agents.

A9.2.5.4. Decontaminating medical supplies, equipment, facilities, and vehicles.

A9.2.5.5. Preparing, evaluating, and periodically assisting in testing medical shelters.

A9.2.5.6. Ensuring wholesomeness of foodstuffs.

A9.2.5.7. Operating under NBC peacetime conditions.

A9.2.5.8. Providing for field sanitation.

A9.2.5.9. Providing epidemiological surveillance.

A9.2.5.10. Lateral training with the bioenvironmental engineering (BE) team.

A9.2.6. BE Team:

A9.2.6.1. Detecting and identifying NBC agents.

A9.2.6.2. Calculating radiation exposures and stay times.

- A9.2.6.3. Identifying and marking areas contaminated with NBC agents.
- A9.2.6.4. Preparing, evaluating, and periodically assisting in testing medical shelters.
- A9.2.6.5. Ensuring potability of water supplies.
- A9.2.6.6. Operating emergency vehicles on the flight line.
- A9.2.6.7. Operating communication equipment and radio discipline.
- A9.2.6.8. Reading maps and plotting grid coordinates.
- A9.2.6.9. Operating under NBC peacetime conditions.
- A9.2.6.10. Participating in the base disaster response.
- A9.2.6.11. Lateral training with the public health team.

A9.2.7. Medical Logistics Team:

- A9.2.7.1. Rapidly distributing drugs, supplies, and equipment to using activities, including the primary response force working at the disaster site.
- A9.2.7.2. Arranging for automatic resupply of common items.
- A9.2.7.3. Packing supplies to prevent damage in transit and to rapidly select and use at the destination.
- A9.2.7.4. Establishing primary and alternate sources for obtaining supplies and equipment.
- A9.2.7.5. Monitoring the status of materiel usage and advising the MCC.
- A9.2.7.6. Maintaining and repairing medical equipment.
- A9.2.7.7. Lateral training with the plant management team.

A9.2.8. Medical Manpower Team. This team is encouraged to laterally train with other medical disaster teams.

- A9.2.8.1. Rapid assembling at designated locations.
- A9.2.8.2. Identifying key areas within the medical facility.
- A9.2.8.3. Maintaining internal and external security.
- A9.2.8.4. Preparing and having knowledge of nonmedical vehicles which can be adapted for casualty movement.
- A9.2.8.5. Litter handling and proper movement of casualties.
- A9.2.8.6. Being familiar with and operating medical vehicles.
- A9.2.8.7. Operating communication equipment and radio discipline.
- A9.2.8.8. Reading maps and plotting grid coordinates.
- A9.2.8.9. Managing patient movement within the facility.

A9.2.9. Patient Administration Team:

- A9.2.9.1. Admitting and discharging patients during contingency operations.
- A9.2.9.2. Reporting and distributing information.

A9.2.9.3. Creating temporary medical records and later converting them to permanent records.

A9.2.9.4. Obtaining and using air transportation for moving medical teams, supplies, and patients, in coordination with the MCC.

A9.2.9.5. Accounting for casualties in a mass casualty situation.

A9.2.9.6. Reporting hospitalized or injured VIPs to higher headquarters.

A9.2.9.7. Operating communication equipment and radio discipline.

A9.2.9.8. Reading maps and plotting grid coordinates.

A9.2.10. Plant Management Team:

A9.2.10.1. Restoring the medical facility, including emergency power, water, and sewage systems.

A9.2.10.2. Repairing nonmedical equipment.

A9.2.10.3. Activating alternate medical facilities, to include communications, medical equipment, and supplies; managing utilities, patient, and medical personnel billeting.

A9.2.10.4. Maintaining security and controlling traffic within the facility.

A9.2.10.5. Using an in-house auxiliary firefighting team.

A9.2.10.6. Assisting the public health team with decontamination of the medical facility.

A9.2.10.7. Lateral training with the medical logistics team.

A9.2.11. Food Service Team:

A9.2.11.1. Planning disaster dietary considerations resulting from limited resources.

A9.2.11.2. Providing field food service, if required.

A9.2.11.3. Preplanning disaster menus.

A9.2.11.4. Obtaining emergency food supplies.

A9.2.11.5. Handling food in a toxic environment.

ATTACHMENT 10

MEDICAL MOBILITY WEAPONS REQUIREMENTS (ADDED)

UTC	M-16	9 mm
FFEB1	80	20
FFEC1	96	24
FFGK1	9	2
FFGK2	14	3
FFGK3	18	4
FFGK4	12	3
FFGK5	18	4
FFGK6	3	1
FFGK7	4	1
FFGKH	32	8
FFGLB	19	0
FFGLC	19	5
FFGLD	41	10
FFGLE	12	1
FFLBD	12	3
FFLGD	3	0
FFQC1	0	2
FFQC2	0	4

NOTE:

UTCs not listed above do not have weapons requirements. This list only contains UTCs currently assigned to AETC.

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