

COMSCINST <b>3500.9</b>	COG CODE <b>PM1</b>	DATE <b>9 JAN 97</b>
-------------------------	---------------------	----------------------



DEPARTMENT OF THE NAVY  
 COMMANDER MILITARY SEALIFT COMMAND  
 WASHINGTON NAVY YARD BLDG 210  
 901 M STREET SE  
 WASHINGTON DC 20398-5540

COMSCINST 3500.9  
 PM1  
 9 January 1997

COMSC INSTRUCTION 3500.9

Subj: HOSPITAL SHIPS (T-AH) MEDICAL TREATMENT FACILITY TRAINING STRATEGY

- Ref:
- (a) COMNAVSURFLANT/PACINST 3502.2B, Surface Force Training Manual
  - (b) COMSCINST 3501.3, MSC Force Readiness Training and Certification (*FORTC*) Program
  - (c) COMSCINST 12410.25B, Civilian Mariner (*CIVMAR*) Career Development Plan
  - (d) OPNAVINST 3501.161C, T-AH ROC and POE
  - (e) CINCLANTFLT/PACFLTINST 3501.1, Tactical Training Strategy
  - (f) COMSCINST 5400.7/COMSCINST 5400.8, T-AH Activation/Deactivation Plans
  - (g) Code of Federal Regulations (46 CFR)
  - (h) DOD(HA) Medical Readiness Strategic Plan (MRSP) 2001
  - (i) DODI 1322.24, Military Medical Readiness Skills
  - (j) CINCLANTFLT/PACFLTINST 5451.1, Afloat Training Organization
  - (k) NTP S-30-8609, Navy Training Plan, T-AH 19 Hospital Class Ship
  - (l) BUMEDINST 6440.5A, Medical Augmentation Program
  - (m) COMSC/CHBUMED MOA of April/May 1993
  - (n) OPNAVINST 5440.75, Administration of Hospital Ships

- Encl:
- (1) T-AH Training Plan Cycle
  - (2) Key Mission Area Basic Phase Training Frequency
  - (3) Minimum Required Repetitive Training Exercises
  - (4) Individual Training Requirements for All T-AH Staff
  - (5) Special Category Training for Selected T-AH Staff

1. Purpose. To define requirements, outline the process and delineate responsibilities for a comprehensive T-AH 19 Class Hospital Ships Training Strategy that focuses on both the reduced operating status (*ROS*) and full operating status (*FOS*) elements of the Medical Treatment Facility (*MEDTREFAC*) crew.

9 January 1997

2. Goals. The goals of this strategy are to:

a. Ensure T-AH MEDTREFAC crew training is, to the maximum extent practical, consistent with overall surface force concepts and process contained in reference (a).

b. Provide a comprehensive training program that integrates a sequence of individual, team and unit training evolutions.

c. Establish common training requirements and procedures for accomplishment of unit training.

d. Achieve and maintain the highest state of hospital ships' readiness at all times.

e. Ensure the T-AHs are fully ready to perform all designated missions.

3. Scope: This instruction applies **only** to those T-AH functions and areas that the MEDTREFAC staff has primary responsibility to fully man and operate, or to provide significant augmentee support to the civilian mariner (*CIVMAR*) crew. Training for overall operation of the ship (*i.e., ship handling, tactical decision-making, casualty control exercises, watchstanding, etc.*) will be in accordance with references (b) and (c), and applicable portions of reference (a).

4. Background

a. U.S. Atlantic and Pacific Fleet surface force ship training programs are executed in accordance with reference (a).

b. The T-AHs pose a unique training challenge in that there are two separate, but interdependent commands onboard: (1) the *CIVMAR* crew which is responsible for the hull, propulsion and auxiliary machinery systems, navigation and overall ship safety and well-being and (2) the MEDTREFAC staff which is responsible for all aspects of patient care as well as manning of critical MEDTREFAC support functions (*flight deck, laundry, galley, communications suite*) and augmenting the *CIVMAR* crew for critical afloat survival/casualty control activities such as abandon ship, fire fighting and damage control.

c. The hospital ships are maintained in a 5-day Reduced Operating Status (*ROS-5*), and, therefore, do not have traditional, scheduled post-deployment "down-time" which serves as an interdeployment training cycle (*IDTC*). However, because of the limited

9 January 1997

staff and medical/non-medical material routinely onboard during ROS, a systematic training process is still essential to ensure the ships' ability to: rapidly and smoothly transition to FOS within 5 days of receipt of an activation order, deploy and effectively accomplish all mission areas outlined in reference (d).

d. There are multiple systems currently in place to monitor selected aspects of the MEDTREFACs' operational and material readiness; these include: ISIC Navy Command Inspections; INSURV assessments; NAVSUP assist visits; NAVAIR flight deck reviews (*Aviation Assist Visit/Aviation Readiness Evaluation*) and ISIC afloat training team assessments. Other recurring inspections and assist visits are also carried out by the ISIC; however, none of these has as the primary purpose assessing and reviewing MEDTREFAC training and overall mission preparedness.

e. For the MEDTREFAC to be fully capable of meeting its mission requires high readiness levels for:

- (1) Personnel (*ROS and FOS manning*)
- (2) Training (*including equipment/systems and procedures*)
- (3) Equipment (*including system interfaces*)
- (4) Supply

f. The "*traditional*" Tactical Training Strategy (*TTS*), outlined in references (a) and (e), is designed to meet the training needs of full operating status ships; but, the general concept and processes establish a framework that can be applied to the MEDTREFACs to ensure their ability to transition to FOS and smoothly achieve interoperability with fleet units.

g. The T-AH Training Strategy's primary focus is to provide a roadmap to achieve maximum combat support readiness of the MEDTREFAC, its systems and its permanently assigned and augmenting personnel. This strategy is based on a 24-month work-up cycle with alternating annual sea trial (*Intermediate*) and major Fleet exercise (*Advanced*) underway training opportunities.

h. Scheduled quarterly engineering dock or sea trials provide an excellent opportunity to accomplish meaningful training that supports MEDTREFAC-unique as well as overall shipboard safety/survivability training.

9 January 1997

i. An effective training strategy is dependent upon dynamic training scenarios that are linked throughout the training cycle and support attainment of standard objectives for each phase of training. These scenarios must be developed in a building block approach to provide more complex and stimulating challenges to the MEDTREFAC as it proceeds from the Basic to Advanced Phase. In addition, scenarios must stress MEDTREFAC competencies and skills in all mission areas, but must also emphasize the myriad of tasks (*outlined in reference (f)*) required to rapidly activate the T-AHs.

j. As per reference (g), the ships are certified by the US Coast Guard (*USCG*) and, as such, the MSC must ensure that the ships comply with USCG regulations. These regularly-scheduled USCG inspections are normally conducted during engineering dock trial periods and address all aspects of ship safety; significant emphasis is placed on testing and evaluation of firefighting, damage control and abandon ship procedures and training.

k. Reference (h) recognizes and supports the importance of ongoing, viable DoD-wide medical readiness training. Further, reference (i) establishes DoD-wide requirements for medical readiness skills training for healthcare personnel, to include: realistic orientation to assigned deployment billets; an annual operational unit mission briefing; completion of at least 5 days of medical readiness training annually and formal documentation of training for healthcare personnel.

## 5. Assumptions

a. Augmenting MEDTREFAC FOS personnel possessing requisite NOBCs, NECs and Subspecialty Codes have been pre-identified by the Bureau of Medicine and Surgery (*BUMED*) and fully trained to augment the MEDTREFACs in a timely manner to accomplish the activation process and primary mission.

b. FOS personnel designated to augment the MEDTREFACs are assigned for their entire tour length to ensure stability as well as continuity of effort and effectiveness of the training strategy.

c. Adequate funding from the FOS augmentees' parent commands is available to support their participation in training opportunities.

d. Significant MEDTREFAC training opportunities will continue to be accomplished/ permitted in conjunction with the three engineering dock trials and one sea trial conducted each year.

9 January 1997

e. MEDTREFAC systems/support mechanisms (*i.e., manning, supply, prime vendor*) tested in "*isolation*" (*i.e., without large scale activation of other medical and non-medical units*) will be equally responsive during activation.

f. The Fleet CINCs, numbered fleet commanders, afloat training organizations (*ATOs*) and other Navy organizations will provide expertise, support and selected training for this strategy.

g. Successful completion of USCG inspections and steaming requirements means the ship meets basic safety/survivability standards and is also operationally (*navigational/ship-handling*) certified to sail.

h. Individuals (*ROS crew and FOS augmentees*) assigned to the MEDTREFACs maintain "*currency*" in their respective specialty (*NOBC, NEC, subspecialty*) area as well as the requirements of their assigned shipboard duties.

i. Active, ongoing support and participation of augmenting FOS MEDTREFAC staff and their parent commands will be provided to ensure effective execution of this strategy.

## 6. Constraints

a. Because the ships are maintained in ROS-5, the elements of the Navy's TTS (*CART II, TSTAs, FEP, etc.*) cannot be fully accomplished in accordance with the notional IDTC; therefore, special tailoring will be required to approximate a MEDTREFAC 2-year work-up cycle.

b. Augmenting MEDTREFAC FOS staffs are currently sourced from multiple CONUS shore-based medical treatment facilities, thereby precluding development of a high level of unit cohesion and integrity.

c. Limited funds exist each year to support ship FOS "*at sea*" periods.

d. Because of the limited staff assigned to the MEDTREFACs during ROS, the "*train the trainers*" concept of the Navy's TTS is not fully viable for the T-AHs. Therefore, periodic external training support from MSC Afloat Training Teams (*ATT*), *ATOs* and other Navy or external training and assessment organizations will continue to be required, as well as active involvement of FOS augmentees.

e. Although reference (j) assigns the *ATOs* the mission to support MSC ships, they are not resourced or staffed with necessary expertise to fully support this strategy.

9 January 1997

7. Policy

a. All ROS and augmenting FOS staff will fully comply with individual training requirements delineated in enclosures (4) and (5), and references (k) and (l).

b. To maximize ongoing effectiveness of this strategy, augmenting FOS staff will, to the extent practical, be sourced from no more than two shore-based hospitals--with **at least** the critical mass sourced from a single geographic area within 50 miles of the ship. Additionally, augmentees will be assigned to a T-AH augmentation billet for their entire tour length.

c. A 24-month schedule of training evolutions (*dock trials, sea trials, and exercises*) will be published, routinely updated and incorporated in the cognizant numbered fleet commander's (*Second Fleet or Third Fleet*) exercise plan to minimize disruption for the sourcing hospitals and to ensure maximum participation of assigned FOS augmenting personnel.

d. Augmenting health care providers will be fully privileged by their sourcing hospital in accordance with reference (m).

e. When possible and practical, this training strategy will comply with the elements/processes of the overall Navy TTS described in references (a) and (e).

f. As outlined in enclosure (1), this training strategy will be a structured progression from basic training through intermediate training to advanced training.

g. Although the unique requirements of the MEDTREFACs will require case-by-case tailoring by the ISIC, the cardinal principles of the surface force TTS will remain standard for the ships, to include integration of the exercise requirements outlined in enclosure (3) in the MEDTREFAC training schedules.

h. To the maximum extent practical, those key events of the Basic Phase (*outlined in paragraph 9a*) will be integrated as part of the quarterly ISIC scheduling process.

i. The ability of the MEDTREFAC to effectively carry out standard clinical treatment protocols associated with its patient reception, evaluation and treatment mission (*PRIMAR FSO*) will be independently verified and validated using an approved, structured and objective methodology.

8. Training Precepts/Overview

a. The key scheduled events/nuclei to support this strategy are at a minimum three quarterly in-port exercises and one "at sea" period each year that normally coincide with MSC-sponsored engineering dock and sea trials. On an every other year basis, the sea trial period will consist of participation in an Advanced Level major Fleet exercise. This minimum schedule of events does not preclude scheduling of additional MEDTREFAC training opportunities/periods as circumstances and readiness deficiencies dictate.

b. Training will focus primarily on the key mission areas (*and associated frequencies*) contained in enclosure (2) and those specific exercise requirements outlined in enclosure (3).

c. A Planning Board for Training (*PBFT*) is the preferred organization for implementation of MEDTREFAC unit training policy and coordination and scheduling of training programs. Each MEDTREFAC will establish a PBFT--comprised of key ROS and FOS staff--to coordinate all aspects of training and advise the MEDTREFAC FOS CO.

d. Where necessary, reliance will be placed on FOS staff and use of external trainers to augment the limited ROS crew. In addition to ROS staff, each MEDTREFAC will have at least one Training Officer (*from the FOS augmenting staff*) to coordinate key aspects of all training strategy events.

e. Use of cost-effective MSC Afloat Training Teams and/or COMTRALANT and COMTRAPAC programs which send instructors to the ships' layberths are viable alternatives when multiple MEDTREFAC staff require formal training.

f. Exercises will be developed by the ISIC in coordination with the Fleet CINCs to create events that follow the real-world sequence for activation, deployment and operational support.

g. Training objectives for every mission area will be defined for each phase and evolution in the training cycle; performance will be assessed against specific standards in each area.

h. Whenever possible, training will be conducted onboard the ship with organized training devices and installed equipment.

9 January 1997

i. Because the T-AHs do not deploy on a routine basis and rely heavily on large numbers of augmentees to support the MEDTREFAC mission, a fast cruise should be periodically scheduled to train the crew and determine their ability to take the ship to sea safely in a peacetime environment. The fast cruise shall, as far as practical, simulate at-sea operational conditions.

j. Calculation of the mission area resource training readiness factor will be consistent with guidance contained in reference (a).

9. Training Cycle. The overall training cycle for the T-AHs is outlined in enclosure (1) and is described in detail in the following paragraphs:

a. Basic Phase

(1) Command Assessment of Readiness and Training (CART I) - provides the MEDTREFAC Commanding Officer with the mechanism to perform a comprehensive review of readiness, define unit manning and training deficiencies and develop a corrective action plan which covers personnel turnover, individual formal school, and team training requirements. CART I is a self-assessment of formal school training, team training, inspections/assists and material/equipment status; review of authorized medical allowance lists and manpower documents should also be included. This assessment is conducted at a time agreed to by the MEDTREFAC CO and the ISIC (*not longer than 18-24 month intervals*), but normally after an overhaul period, actual deployment, sea trial or Fleet exercise. Procedures contained in reference (a) will be followed to the maximum extent possible in CART I preparation.

(2) Individual Training Plan - the primary focus is on individual formal school training and some limited team training requirements (*flight deck, liferaftmen*) outlined in enclosures (4) and (5).

(3) Basic Training - conducted primarily during quarterly scheduled in-port exercise/dock trials periods. The focus is on conducting repetitive unit-level training and emphasizing basic mastery of MEDTREFAC-specific aspects of all mission areas. The key objective is successful completion/certification of required training outlined in enclosures (2) and (3) and successful demonstration of skills for USCG certification. The goal is achievement of substantial readiness (*M2*) in all mission areas.

(4) CART II - as a follow-up to the MEDTREFAC Commanding Officer's initial internal CART assessment, the ISIC, with support from the Military Sealift Command ATT and Navy and/or external training and assessment organizations, conducts a performance-based assessment/demonstration of unit proficiency/readiness during a follow-on dock trial; primary emphasis is placed on the mission readiness areas of CCC,

9 January 1997

FSO, LOG, MOB and NCO. The results of CART II are used to construct a unit training package for execution during Tailored Ship Training Availabilities (*TSTA*). Procedures contained in reference (a) will be followed to the maximum extent possible in CART II preparation.

(5) Tailored Ship Training Availabilities (*TSTA*)- a series of customized training plans developed to address observed deficiencies documented during CART II. Because of the ROS-5 status of the ship, *TSTAs* will frequently be conducted over a number of regularly scheduled in-port training periods and other specifically-scheduled training opportunities. The limited ROS crew requires that *TSTAs* normally be augmented by external team training visits in response to CO or event driven needs.

(6) Final Evaluation Period (*FEP*) - designed to provide the MEDTREFAC with a dynamic scenario to ascertain its overall supportability and evaluate the effectiveness of its integrated training. The *FEP* is designed to be conducted both in-port and underway--covering a single three to four day period; normally the first 1 or 2 days of the biennial sea trial (*when not scheduled to participate in a major Fleet exercise*) will be dedicated to *FEP* completion. Upon successful completion of the *FEP*, the ISIC sends a message to the TYCOM and the cognizant numbered fleet commander certifying the ship's readiness for follow-on training and participation in fleet operations. The *FEP* marks the end of the basic phase, and upon its completion, the ship should be substantially ready (*M2*) in all mission areas.

b. Intermediate Training Phase - the focus in this phase is to begin looking beyond the lifelines by working on initial multi-unit operations and/or a modified concept for joint operations, while continuing to maintain unit proficiency within the lifelines. Due to the limited number of at-sea days resulting from funding constraints and the need to incorporate *FEP* requirements, this phase will normally consist of participation in a small scale fleet exercise and/or training with medical units from other services. To the extent practical, advanced inport/command post exercises and seminars conducted during scheduled dock trials/inport exercise periods might be used to maximize training effectiveness. When possible, the culmination of this phase will be T-AH participation in a numbered fleet commander-sponsored Composite Training Unit Exercise (*COMPTUEX*).

c. Advanced Training Phase - the focus of this phase is coordinated task force/battle group involvement. This phase is conducted by fleet commanders and includes shore-based "war gaming." An at-sea phase is devoted to a major Fleet exercise that is the culmination of the individual, team, and intermediate mission areas training. Conducted by the numbered fleet commander, the goal is to ensure that the MEDTREFAC (*as an integral part of the T-AH*) has the capabilities and demonstrated proficiency in at least its primary mission areas. By the end of this phase, the ship should have satisfactorily completed all key activities and exercises listed in enclosures (2) and (3) respectively and

9 January 1997

should be fully ready to deploy in a battle group/task force environment, i.e., M-1 in all mission areas. At the completion of this phase, the numbered fleet commander provides a final evaluation to the respective Fleet Commander in Chief on the combat support readiness of the MEDTREFAC/T-AH.

10. Responsibilities - References (n) and (m) respectively document overall policy direction and detailed responsibilities for the T-AHs. The following are fully consistent with those two policy documents and are intended to focus and refine those responsibilities as they apply to the T-AH Training Strategy:

a. Chief of Naval Operations (CNO)

(1) CNO/N4 - Program resources to support at least three dock trials and one "at-sea" period each fiscal year.

(2) CNO/N931

(a) Program resources to ensure MEDTREFACs' medical support systems and equipment remain state-of-the-art.

(b) In coordination with CHBUMED, program resources to support all aspects of this training strategy for FOS augmenting staff.

b. Commanders in Chief, Atlantic and Pacific Fleets

(1) Ensure T-AHs' participation in applicable intermediate and advanced level exercises is incorporated in Fleet CINC/numbered fleet commander (C2F/C3F) Exercise Plan/Schedule.

(2) Coordinate scheduling of intermediate and advanced level Fleet exercises with numbered fleets and subordinate units.

(3) Determine requirements for training exercise support staff and provide staff when requested by the TYCOM for exercise planning and execution.

(4) In coordination with CNO and the TYCOM, ensure adequate resources are programmed and budgeted for T-AH training and exercise support.

(5) Encourage cognizant naval hospitals and their Responsible Line Commanders to fully support execution of this training strategy.

9 January 1997

(6) In coordination with the TYCOM, ensure that training scenarios are realistic, challenging and support the Fleet's overall concept of employment for the ships.

(7) In coordination with the numbered fleet commander, ensure time is allotted for repetitive unit training exercises to maintain proficiency.

(8) Support T-AH ISIC requests for ATO resources to provide training beyond the capability of the TYCOM.

c. COMSC

(1) Ensure exercises and training sessions are properly coordinated and conducted.

(2) Establish requirements for Basic Training Phase.

(3) Review unit exercise objectives, monitor exercises and evaluate exercise after action reports.

(4) In conjunction with CNO/N42 and the Fleet CINCs, program and budget funds to accomplish three dock trials and a minimum of one "at-sea" period each fiscal year.

(5) Ensure that systems and methods are in place to verify and validate the effectiveness of MEDTREFAC overall operations.

(6) Assist BUMED to obtain quotas for individual training requirements outlined in enclosures (4) and (5).

(7) Certify to numbered fleet commander the completion of Basic Training Phase requirements (*including assessments and certifications*).

(8) Incorporate review of compliance with this instruction into COMSC's NCIP assessment of its subordinate commands and the T-AHs.

(9) Manage/review T-AH training program and coordinate between subordinate ISICs to ensure training standardization.

d. MSC Naval Fleet Auxiliary Force (NFAF) Area/Subordinate Commanders

(1) NFAF-East and NFAF-West

(a) Ensure the T-AHs are materially ready to commence Basic Phase training.

9 January 1997

(b) Ensure MEDTREFAC basic and intermediate level training is an integral element of dock/sea trials.

(c) Publish and annually update a 24-month dock trial and sea trial schedule and incorporate training requirements in the cognizant numbered fleet commander's overall exercise plan.

(d) Administer this training strategy consistent with the concepts outlined in reference (a) and enclosures (2) and (3), and report the ship's training accomplishments in a timely and accurate manner.

(e) Support the MEDTREFAC Commanding Officers in meeting training and material readiness responsibilities, and assist the commanding officer with CART evaluations.

(f) Work with MEDTREFAC Commanding Officer and ATT to ensure scheduling of requisite training.

(g) Participate in CART II, TSTA and FEP planning and execution.

(h) Review and approve ship training plans and monitor ship's performance during training participation.

(i) Approve the training plan as developed at the conclusion of CART II.

(j) In direct coordination with the MEDTREFAC Commanding Officer, ensure that actions are undertaken to correct deficiencies documented during CART I, CART II and the FEP.

(k) Ensure adequate re-evaluation of skills found to be unsatisfactory or incomplete following completion of TSTA.

(l) Serve as senior assessor for all assessments and certifications conducted by the ATT and/or ATO

(m) Ensure the T-AHs successfully complete required certifications and assessments and certify their readiness for the Intermediate and Advanced Phases of training.

(n) Report ship readiness and training status to TYCOM.

9 January 1997

(o) Monitor personnel and training readiness of MEDTREFACs and provide status to Fleet CINCs on at least a quarterly basis based on inport/underway exercise results.

(p) Submit post-exercise lessons learned in Navy Lessons Learned (*NLL*) format to FLTCINC/N7 for review and inclusion in the *NLL* data base.

(2) MSCLANT and MSCPAC

(a) Ensure that unit dedicated training periods are not subordinated to other scheduling requirements.

(b) Work with Fleet CINCs and numbered fleet commanders to schedule T-AH participation in advanced level exercises.

(c) Develop and implement a 24-month exercise plan that includes a schedule of quarterly engineering and MEDTREFAC dock trial exercises and intermediate level (*at sea*) exercises.

e. Responsible Line Commanders (*RLC*)

(1) Ensure sourcing hospitals' commanding officers support this training strategy and maintain augmenting staff in a high state of readiness.

(2) Monitor and oversee the personnel and training readiness status of T-AH augmenting staff.

(3) Monitor SORTS inputs and exercise after action reports, and initiate actions to correct personnel and/or training deficiencies.

(4) In coordination with CHBUMED, provide the Fleet CINCs and TYCOM with a POA&M to address personnel and training deficiencies of augmenting MEDTREFAC staff.

f. Chief, Bureau of Medicine and Surgery (*CHBUMED*)

(1) Direct and monitor T-AH personnel sourcing plan, to include minimizing the number of supporting/sourcing hospitals.

(2) Coordinate with MEDTREFACs and NFAF ISICs for provision of adequate numbers of personnel with correct NOBCs and NECs to meet requirements set forth in exercise objectives.

COMSCINST 3500.9

9 January 1997

(3) Take corrective action to resolve FOS augmenting personnel shortfalls and training deficiencies.

(4) Using the COMSC dock trial/sea trial schedule as a guide, work with the affected RLCs and sourcing hospitals to minimize the adverse impacts of active duty staff participation in T-AH training.

(5) Monitor SORTS inputs and exercise after action reports, and facilitate/take corrective actions to resolve deficiencies.

(6) Work with the Fleet CINCs and TYCOM to obtain quotas to accomplish individual training requirements outlined in enclosures (4) and (5).

(7) Allocate training quotas among subordinate FOS augmentee sourcing commands to ensure that individual training needs documented in enclosures (4) and (5) are accomplished.

(8) Provide or arrange for individual training for FOS personnel assigned to the T-AH MEDTREFACs.

(9) Ensure that all categories of providers are properly credentialled throughout their assignment to staff the T-AHs.

(10) Ensure that the medical readiness training requirements of reference (1) are consistent with this instruction.

(11) As required by the TYCOM, assist in arranging support to verify and validate the MEDTREFACs' ability to effectively evaluate and treat patients.

(12) Oversee sourcing hospitals' effectiveness in accomplishing T-AH individual training requirements outlined in enclosures (4) and (5).

(13) Direct sourcing hospitals to provide and fund medical and non-medical personnel participation in and/or support of T-AH individual, basic, intermediate and advanced level training.

(14) Ensure consolidated, monthly personnel and training readiness status inputs for each ship are provided to the TYCOM and subordinate MSC ISIC to support timely preparation and submission of SORTS reports.

g. Healthcare Support Offices (HSO)

(1) Assist sourcing hospitals in generating SORTS reports, monitoring personnel/training readiness status and taking corrective actions to resolve deficiencies and/or personnel and training shortfalls.

(2) Provide monthly a consolidated personnel and training readiness status SORTS input to the supported T-AH and BUMED.

h. MEDTREFAC FOS Commanding Officers

(1) Establish a Planning Board for Training (*PBFT*) and ensure that it develops, executes, and tracks all training required to support this instruction

(2) Evaluate and report primary and secondary mission area training readiness of the MEDTREFAC.

(3) Continuously assess the personnel, training and materiel readiness status of the MEDTREFAC.

(4) Monitor augmenting FOS personnel assignments to ensure compliance with complete tour length assignment policy and individual skills/training requirements.

(5) Conduct CART I and provide a POA&M to the ISIC for approval/support.

(6) Monitor the effectiveness of scheduled TSTAs.

(7) Develop exercise objectives for unit level and above training.

(8) Execute all required unit level and above training.

(9) Assign at least one senior (0-4/0-5) Training Officer to oversee effective accomplishment of all unit level and above training for MEDTREFAC FOS augmenting staff.

(10) Tailor MEDTREFAC training requirements as determined by the CART process and approved by the ISIC.

9 January 1997

(11) Aggressively prepare the MEDTREFAC systems and personnel for scheduled training events, including accomplishment of all prerequisite training and systems level tests required to progress from basic level training to intermediate and advanced level training.

(12) Ensure compliance with applicable portions of reference (a) regarding establishment and maintenance of unit training program.

(13) Coordinate scheduling of required training through ISIC and TYCOM.

(14) Prepare and maintain currency of training and materiel readiness pursuant to CARTs.

(15) In coordination with the ship's Master, serve as final approval authority for drills and simulations.

(16) Designate FOS staff to receive "*trainer*" training by the MSC ATTs, the ATOs or other training organizations to support this strategy.

i. MEDTREFAC ROS OIC

(1) Assist FOS MEDTREFAC Commanding Officer in providing unit level training to FOS augmenting staff.

(2) Ensure ROS staff participates in all individual and unit level training.

(3) Ensure all ROS staff comply with applicable portions of this instruction.

(4) Assist the FOS Commanding Officer in overseeing the readiness of augmenting staff and recommend actions that will improve training opportunities.

(5) Chair the PBFT.

(6) Identify ROS staff to receive "*trainer*" training by the MSC ATTs, the ATOs or other training organizations to support this strategy.

j. Sourcing Naval Hospital/Medical Center Commanding Officers

(1) Ensure that all FOS personnel designated to augment the T-AHs are assigned for their entire tour length, and are appointed in writing.

9 January 1997

(2) Maintain an updated, accurate database of personnel/training readiness status, consistent with reference (1) and this instruction.

(3) Monitor individual personnel training requirements and take corrective action to remedy shortfalls.

(4) Ensure that all quotas for hospital ship training are filled with qualified, formally designated personnel.

(5) In coordination with the RLC and HSO, provide designated training time to conduct T-AH platform training and meet operational readiness requirements.

(6) Provide a monthly report on personnel and training readiness status to the RLC and HSO.

k. Commander, Naval Supply Systems Command (NAVSUP)

(1) Support this strategy by providing specialty training and/or assist teams (*i.e., laundry, galley, disbursing, etc.*).

(2) Monitor supply/resupply systems' (*to include Prime Vendor*) tests and recommended corrective actions/process improvements.

11. Action. All activities will fully carry out their defined responsibilities and support the overall training strategy outlined herein.

Distribution:

COMSCINST 5000.19

List I (*Case A, B*)

SNDL A3 (CNO (N42,N931))  
 A6 (CMC)  
 21A (Fleet Commanders in Chief)  
 22A (Fleet Commanders)  
 24D (Surface Force Commanders)  
 26SSS (OICMEDTREFAC)  
 41B (MSC Area Commanders)  
 41C (MSC Subarea Commanders)  
 FA24 (COMNAVBASE Norfolk VA only)  
 FA47 (Hospital/Medical Center LANT)  
 FB28 (COMNAVBASE San Diego CA only)  
 FB58 (Hospital/Medical Center PAC)

COMSCINST 3500.9

9 January 1997

FF1(*COMNAVDIST WASHINGTON DC*)

FH1 (*BUMED*)

FH4 (*NAVMEDLOGCOM*)

FH24 (*NAVMEDINFOMGTCEN*)

FH36 (*Healthcare Support Office*)

FKA1F (*COMNAVSUPSYSCOM*)

T-100Y (*Hospital Ship (T-AH)*)

9 January 1997

**T-AH TRAINING PLAN CYCLE**

OVHL	NFAF OPCON					CHOP	G2F/C3F OPCON					DEPL	
	BASIC						INTERMEDIATE						ADVANCED
	C	T	T	T	F		C					F	C A R T I
	A	S	S	S	E		O					L	
	R	T	T	T	P		M					E	
	T	A	A	A			P					E	
	II	I	II	III			T					T	
							U					E	
							E					X	
							X						

**CART I (CO, ISIC)**

—

**Training Plan (Individual-oriented)**

—

**Basic/Unit Level Training (Dock Trials)**

—

**CART II (ISIC, ATT, ATO)**

—

**TSTAs (Unit/External Training Teams)**

—

**FEP (In-Port & Sea Trial)**

—

**INTERMEDIATE PHASE (Sea Trial)**

—

**ADVANCED PHASE (Fleet Exercise)**

**Legend:**

**CART = Commander's Assessment of Readiness and Training**

**TSTA = Tailored Ship Training Availabilities**

**FEP = Final Evaluation Phase**

**DEPL = Deployment**

**OVHL = Overhaul**

9 January 1997

**KEY MISSION AREA BASIC PHASE TRAINING FREQUENCY**  
*(Based on 24 month training cycle--with 6 in-port training periods)*

<b>AREA</b>	<b>FREQUENCY</b> <i>(per cycle)</i>
<b>CCC</b>	
- Communications Suite Operations .....	6
- Flight Deck Communications .....	4
- Information Flow/Message Traffic ( <i>i.e., SORTS, JPERSTAT, Joining Report, SITREP, etc.</i> ) .....	4
<b>FSO</b>	
- Mass Casualty Reception/Processing .....	6
- Patient Tracking ( <i>onboard ship</i> ) .....	6
- Medical Regulating/Patient Evacuation Requests/Procedures .....	4
- Patient Data Transmission ( <i>off ship</i> ) .....	4
- Manning/Staffing of MEDTREFAC .....	6
- Frozen Blood Processing .....	4
- Patient Treatment Protocols Compliance .....	4
- Infectious Disease Patient Handling .....	4
- Chemical/Biological Contaminated Patient Treatment .....	4
- Medical Equipment Familiarity/Testing/Readiness .....	6
<b>LOG</b>	
- Provisions and Medical Material Ordering .....	6
- Medical Material Load-Out/Resupply .....	6
- Laundry Operations .....	4
<b>MOB</b>	
- FF/DC .....	4
- Decontamination of Chemical Patients .....	4
<b>NCO</b>	
- Disbursing Operations .....	4
- Flight Deck .....	6
- Liferaftman Training .....	6
- Galley Operations .....	4
- Post Office Operations .....	4
- Seaborne Patient Reception .....	4

9 January 1997

**MINIMUM REQUIRED REPETITIVE TRAINING EXERCISES\***

<b>CCC</b>	<b>FSO</b>	<b>LOG</b>	<b>MOB</b>	<b>NCO</b>
CCC-1-SF	FSO-M-1-SF	LOG-3-SF	MOB-D-3-SF	NCO-11-SF
CCC-2-SF	FSO-M-2-SF		MOB-D-5-SF	NCO-17-SF
CCC-3-SF	FSO-M-9-SF		MOB-D-9-SF	NCO-18-SF
CCC-5-SF	FSO-M-10-SF		MOB-D-13-SF	NCO-34-SF
CCC-6-SF	FSO-M-11-SF		MOB-D-14-SF	
CCC-8-SF			MOB-D-15-SF	
CCC-10-SF			MOB-D-17-SF	
CCC-20-SF			MOB-D-18-SF	
CCC-27-SF			MOB-D-24-SF	
CCC-33-SF			MOB-D-27-SF	
			MOB-D-31-SF	
			MOB-S-6-SF	
			MOB-S-7-SF	
			MOB-S-25-SF	
			MOB-S-X3-SF	
			MOB-S-33-SF	

**\*NOTE: Details contained in Appendix A of COMNAVSURFLANT/PACINST 3502.2B**

9 January 1997

**INDIVIDUAL TRAINING REQUIREMENTS FOR ALL T-AH STAFF**

<b>Course Info</b>	<b>Comments</b>	<b>Criteria</b>
<i>(No Crs Number)</i> Hospital Ship Orientation <i>(HSO)</i>		85-100% = T1 70-84% = T2 55-69% = T3
<i>(No Crs Number)</i> MSC Shipboard F/F	Live F/F every 6 years or during recruit training. J-495-0413/14 or J-495-0412 is acceptable substitute.	85-100% = T1 70-84% = T2 55-69% = T3

9 January 1997

**SPECIAL CATEGORY TRAINING FOR SELECTED T-AH STAFF**

<b>Course Info</b>	<b>Personnel Attending</b>	<b>Comments</b>	<b>Criteria</b>
<b>COMMAND, CONTROL AND COMMUNICATIONS (CCC)</b>			
A-4C-0014 CMS Custodian	RMC/RM1	FOS augmentees	100% = T1 00-99% = T4
A-260-0037 NAVMACS V3 OP	2 RM	FOS augmentees	100% = T1 00-99% = T4
<b>FLEET SUPPORT OPERATIONS (FSO)</b>			
A-4H-0112 PXO School	MEDTREFAC CO	Being "tailored" to meet T-AH needs.	100% = T1 00-99% = T4
B-6A-1000 CATF Surg	MEDTREFAC CO	As follow-up to training, deploy as Dep CATF Surg	100% = T1 00-99% = T4
A-4H-0112 PXO School	MEDTREFAC XO	Being "tailored" to meet T-AH needs.	100% = T1 00-99% = T4
B-6I-2304 C4A III	MEDTREFAC CO, XO, DNS, DFA		100% = T1 00-99% = T4
B-6I-2311 Med Reg	3 Officers NOBC 0808	Assigned to Patient Admin Dept.	65-100% = T1 35-64% = T2
B-6I-2311 Med Reg	18 enlisted	All assigned to Pt Admin Dept	80-100% = T1 60-80% = T2 40-60% = T3
Blood Bank Training	8 HM 8506s	Must be fully qualified in frozen blood processing; FOS augmentees	75-100% = T1 50-75% = T2 00-49% = T4
Ultrasound Training	1 HM 8452	Ultrasound certified; FOS augmentee	100% = T1 00-99% = T4
CAT Scan Repair Training	2 HM 8478	Trained to repair Picker CAT Scan; one (01) from ROS crew	100% = T1 00-99% = T4
A-8B-0008 Afloat HAZMAT Coord	1 MSC Off NOBC 1918	From ROS crew	100% = T1 00-99% = T4
A-822-0012 Transportation and Storage of HAZMAT	2 SKs	Assigned to S-6 Division; one (01) from ROS crew	100% = T1 00-99% = T4
A-322-2600 HAZMAT Control and Mgmt Tech	1 HM 8432 1 SK 2820 1 SK 2814	HM and one (01) SK are from ROS crew	65-100% = T1 35-64% = T2
B-322-1075 Pest Cont. Cert	1 HM/1 MS	One (01) from ROS crew	100% = T1 00-99% = T4

9 January 1997

Course Info	Personnel Attending	Comments	Criteria
<b>FLEET SUPPORT OPERATIONS (FSO) (Cont'd)</b>			
B-322-2101/2102 Food Svc Sanit. Cert/ Recert	1 HM/1 MS	One (01) from ROS crew	100% = T1 00-99% = T4
NAVEDTRA 13116B Treatment of Chemical Agent Casualties	30 MTF Stf	Members of MTF DECON Team; one-time rqmt	80-100% = T1 60-80% = T2 40-60% = T3
B-300-0038 Medical Mgmt of Chem Pts (Advanced)	2 NOBC 0108		100% = T1 00-99% = T4
<b>LOGISTICS (LOG)</b>			
K-041-0103 Ammo Admin	1 GMG	Leading GM	100% = T1 00-99% = T4
K-690-0068 Forklift Truck Operator	15 SK 15 MS 5 SHs	In addition to 15 required from ROS crew	80-100% = T1 60-79% = T2 40-59% = T3
(No Crs Number) Crane Operator	ROS Crew 30 enlisted (FOS)	FOS personnel should come primarily from Supply divisions	80-100% = T1 60-79% = T2
<b>MOBILITY (MOB)</b>			
(No Course Nbr) CBR Decon Team Training	30 MTF Stf	MTF Decon Team SEMI-ANNUAL RQMNT	80-100% = T1 60-80% = T2 40-60% = T3
(No Course Nbr) CBR Decon Procedures	All MTF Stf (except for MTF Decon TM)	Triennial Rqmt	80-100% = T1 60-80% = T2 40-60% = T3
C-821-2012 Shipbd Aviation Fuels Refresher	All ABFs		70-100% = T1 00-69% = T4
K-821-2039/J-651-0466 JP5 Aviation Fuel System	2 ABFs		100% = T1 00-99% = T4
C-604-2027 ABH Refresher (2)	All ABH	Minimum of 50% of ABH/ABF manning	50-100% = T1 00-49% = T4
K-495-0419 Advanced F/F	ROS Crew		80-100% = T1 60-79% = T2 40-59% = T3
K-495-0045 DC Team Training	ROS Crew		80-100% = T1 60-79% = T2 40-59% = T3

9 January 1997

Course Info	Personnel Attending	Comments	Criteria
<b>MOBILITY (MOB) (Cont'd)</b>			
J-495-0414 Helo F/F Team	Helo Team (28 pers)	Repeat every 24 mon. or at 40% turnover	60-100% = T1 00-59% = T4
P-050-0500 Surface Rescue Swimmer	1 YN/1 PN	FOS augmentees	100% = T1 00-99% = T4
<b>NON-COMBATANT OPERATIONS (NCO)</b>			
B-6I-2312 Jnt Med Planner	MEDTREFAC XO		100% = T1 00-99% = T4
D-2G-0038 Helo Control Officer (HCO)	CWO4 ABFC		100% = T1 00-99% = T4
D-600-0506 LSE Landing Signal Enlisted	2 ABH		100% = T1 00-99% = T4
Liferaftman Training	165 MTF Stf	50 - ROS crew 115 - FOS augmentees	80-100% = T1 60-80% = T2 40-60% = T3
A-4J-0020 Afloat Safety Officer	1 MSC Off NOBC 0800		100% = T1 00-99% = T4
S-5F-0014 Mil. Legal Just.	OIC/XO		100% = T1 00-99% = T4
A-542-0014 DK Fiscal	2 DKs	Completion of A-542-0015 satisfies this requirement	100% = T1 00-99% = T4
A-800-0027 FS Mgmt Automated Records	2 MS	FOS augmentees	100% = T1 00-99% = T4
A-542-0013 DK Travel	2 DKs	Completion of A-542-0015 satisfies this requirement	100% = T1 00-99% = T4