

## APPENDIX I

**SPECIALTY RESPONSE TEAMS****I-1. General**

This appendix contains brief descriptions of SRTs. These teams provide a rapidly available asset to compliment the need to cover the full spectrum of military medical response locally, nationally, and internationally. These teams are organized by USAMEDCOM subordinate commands; they are not intended to supplant TOE units assigned to Forces Command or other major commands. The regional medical commands (RMCs), USACHPPM, US Army Medical Research and Materiel Command (USAMRMC), and US Army Veterinary Command (USAVETCOM) commanders organize SRTs using their tables of distribution and allowances (TDA) assets. These teams enable the commander to field standardized modules in each of the SRT areas to meet the requirements of the mission.

**I-2. Responsibilities**

*a.* As stated above, the SRTs will be standardized and formalized within the TDA assets of the USAMEDCOM subordinate commands.

(1) Each RMC will be responsible for organizing and fielding a Chemical/Biological (Chem/Bio) SRT, a Trauma/Critical Care SRT, a Stress Management SRT, and a Telemedicine SRT.

(2) The USAMRMC's US Army Institute of Surgical Research (USAISR) will organize and resource the Burn SRT.

(3) The USACHPPM will organize and field three PVNTMED Threat Assessment SRTs.

(4) The USAVETCOM will organize and field four Food Safety, Veterinary PVNTMED, and Animal Health Care SRTs.

*b.* One or more teams may be deployed on a specific mission. The senior medical person deployed (unless otherwise designated) provides the CHS C2 required. He is also responsible for coordinating the teams' effort for mission accomplishment.

**I-3. Requests for Assistance**

*a.* Requests for assistance may be generated from numerous sources. These sources may include—

- Supported military forces within the RMC or abroad.
- Local communities within the geographical boundaries of the RMCs.
- Federal agencies through the DOD.
- Foreign nations through the DOS.

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*b.* Regardless of the point of origin, all requests for assistance from USAMEDCOM assets must be coordinated through the USAMEDCOM headquarters.

*c.* For additional information on requests for assistance in domestic support operations, refer to paragraph 3-3. For additional information on interagency operations refer to Appendix B.

### **I-4. Team Composition and Specialty-Specific Equipment**

*a.* The USAMEDCOM will determine the composition of each team and will identify the specialty-specific equipment required to accomplish the mission. This information will be provided to its subordinate commands through appropriate command policy statements, directives, or SOP.

*b.* These teams may be comprised of active duty military or DOD civilians as determined by the commander.

#### **NOTE**

When civilian personnel are included on these teams, coordination with the servicing civilian personnel office is required.

*c.* Personnel identified for deployment into a TOE position through the Professional Officer Filler System program will not be selected for SRT duties.

*d.* Members of the US Army Reserve (USAR) may be relied upon to provide a variety of functions in support of the various SRT missions. Some members of the USAR may be required to augment RMCs where certain specialties are identified as integral parts of the SRTs. As personnel in those specialties deploy in support of an SRT mission, USAR personnel may fill their vacancies.

### **I-5. Deployability and Continuous Operations**

*a.* All SRTs will be capable of deploying within 18 hours of notification except for the Burn SRTs which deploys within 2 hours of notification and the Food Safety, Veterinary PVNTMED, and Animal Health Care SRT within 8 hours.

*b.* Team members must maintain their readiness status to deploy.

(1) All applicable immunizations must be current and complete, as decided by local travel medicine experts. Regardless of where these events occur, disease vectors will flourish and expose team members to possible infection.

(2) Dental care should be maintained to reduce the possibility of serious dental emergencies while deployed.

*c.* The teams will deploy in the most expeditious manner available (as deemed by the commander), either by commercial or government aircraft or vehicle. The Burn SRT is normally the only team with a dedicated medical evacuation aircraft at their disposal.

*d.* Team members should obtain an official US passport. Upon notification of deployment, coordination for appropriate country clearances should be accomplished.

*e.* The SRTs are not capable of 24-hour continuous operations. To conduct continuous operations the deployed SRTs require augmentation/reinforcement of both personnel and materiel or support from follow-on medical specialty personnel.

#### **I-6. Administrative Support and Requirements**

*a.* The administrative support requirements for these teams will vary depending upon the type of mission, geographic location, magnitude of the disaster/incident, and the anticipated duration of the operation. As discussed in Appendix K, if these teams are deployed to a major disaster area, they should be prepared to provide their administrative/clerical materials and perform those clerical duties themselves.

(1) Coordination for billeting, feeding, and transportation must be accomplished prior to departure. The team may not be able to stay in the immediate area of the disaster/incident and may have to commute from an area adjacent to the site. Teams deploying into disaster sites should bring sufficient MREs for the anticipated duration of the operation if they cannot confirm that other support is available.

(2) It is essential that the teams provide their own communications capability (commercial hand-held radios or cellular telephones may suffice). Once in the disaster/incident area, links with other communications systems (telephone, FM radios, or satellite) may be required to accomplish the mission. The SRTs may employ any of the following communications: cellular telephones, laptop notebooks with modems, local telephone services, local area networks, long-haul telephone services, Internet systems, military FM radios, and telemedicine systems (audio, video, interactive video, and satellite).

(3) Requirements for expendable supplies are dependent upon the type and duration of the operation, anticipated level of CHL and general supply support in the AO, and availability of local resources.

*b.* The uniform for the teams is scenario driven. Normally, the battle dress uniform and appropriate civilian (or military) attire for DOD civilians is required. However, in some instances assuming a low profile may be desired. Guidance on dress requirements will be provided when the SRT is mobilized. Team members should have their table of allowances-50 and NBC personal protective equipment readily available and in working order. Information on any other special clothing/equipment based on the specific mission, location, season, and climate in the AO will be provided upon notification.

#### **I-7. Equipment**

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As stated in paragraph I-4 above, equipment requirements for each team will be determined by USAMEDCOM and disseminated to its subordinate commands. General considerations for equipment requirements include the following:

*a.* All equipment to support the team must be deployed with the team, either as carry-on or checked baggage. Additional costs may be incurred if the equipment exceeds the allowable weight or number of containers.

*b.* The parent command is responsible for preparing and distributing any CHL resupply packages required for the support of the deployed teams.

*c.* All medical equipment that will be used on a USAF aircraft must have the appropriate air worthiness certification.

*d.* If the teams are deploying to an overseas area, appropriate country clearances may be required before equipment and supplies (such as pharmaceuticals and chemicals) can enter the HN. Further, the team must ensure that they have the required regulatory clearances to transport any chemicals, medical gases, or other materials with restrictions aboard the aircraft.

*e.* Teams must deploy with all individual/unit PVNTMED measures and field sanitation equipment.

### **I-8. Training**

*a.* Those personnel selected to comprise the SRTs should receive training and orientation in areas of general interest for conducting these operations. Topics may include—

- Humanitarian assistance operations.
- Media relations training.
- Interagency operations.
- Domestic support operations.
- The role of governmental and nongovernmental agencies in disaster relief.
- The role of the FEMA.
- The NDMS.
- Emergency medical treatment and/or first aid (for nonmedical personnel).
- Multinational operations.

- Social, political, economic, and religious information on the local populace in the AO.
  - Team field sanitation training and unit/individual PVNTMED measures (FMs 21-10 and 21-10-1).
- b.* Professional training requirements are discussed under each specific type of SRT.
- c.* One of the keys to teamwork is practice. To enhance the effectiveness and efficiency of the SRT, the team should conduct rehearsals at least quarterly. Assessing and evaluating the outcome of these rehearsals provides the team an opportunity to strengthen their skills and teamwork.
- d.* When possible, training opportunities with local, national, and international agencies and organizations should be pursued. This interaction is crucial to refining procedures, enhancing coordination, and facilitating the integration of the SRTs into the relief efforts.
- e.* After a deployment, the team should conduct an after-action debriefing to identify those areas requiring additional refinement.

#### **I-9. Trauma/Critical Care Specialty Response Team**

- a.* The Trauma/Critical Care SRT is capable of providing technical expertise to local first responders in the areas of triage, assessment, and advanced trauma management of mass casualties with severely injured casualties. When required, it may also assist in providing direct patient care using existing on-site resources and facilities on-site. Further, this team can assess what follow-on specialty skills are required to enhance the care of the victims, provide guidance to the management staff on trauma/critical care requirements, and provide consultation to other health professionals at the incident site.
- b.* The qualifications for this team are that the providers be ATM trained, maintain current standards for deployability, and receive continuing medical education in trauma care on a yearly bases.

#### **I-10. Burn Specialty Response Team**

- a.* The Burn SRT is capable of deploying worldwide within 2 hours following notification. This team receives, triages (multiple patients), and provides resuscitative treatment to burn patients. Further, the team can evacuate one to five burn patients to the USAISR located at Brooke Army Medical Center, Fort Sam Houston, Texas. During evacuation, the Burn SRT provides en route medical care to sustain the patient during transport.
- b.* The personnel comprising the team are all flight-qualified on fixed-wing medical evacuation aircraft. Further, equipment requirements may change depending upon the actual scenario. If the team's mission is to stay at the location of the incident/disaster and treat, additional medical supplies will be required.
- c.* The Burn SRT is deployed on a military aircraft that remains at the incident site and is used to evacuate the burn patients to the USAISR burn unit. If the mission of the team is to stay at the incident site

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and treat the patients on-site, coordination for the return aircraft is required.

*d.* The personnel comprising the Burn SRT should be trained and experienced in the treatment of burn patients. Physicians should receive training in Advanced Burn Life Support (ABLS), Advanced Trauma Life Support, Advanced Cardiac Life Support (ACLS), and Pediatric Advanced Life Support. Nonphysician members require 1 year of USAISR experience, ABLS, and ACLS. All members should attend the flight physiology course conducted at Brooks Air Force Base, Texas.

### **I-11. Preventive Medicine Threat Assessment Specialty Response Team**

*a.* The mission of this SRT is to provide initial disease and environmental health threat assessments. This is accomplished prior to or in the initial stages of a contingency operation, or during the early or continuing assistance stages of a disaster.

*b.* Although the basic SRT is standardized, the PVNTMED Threat Assessment SRT may be tailored to the requirements of the specific mission if the Commander, USAMEDCOM determines additional specialties are needed. It can—

- Perform on-site initial health threat assessments, limited and rapid hazard sampling, monitoring, and analysis, health risk characterization, and needs assessment for follow-on PVNTMED specialty or other medical treatment support in the AO.
- Prepare PVNTMED estimates.
- Perform analysis of, but not limited to—
  - Endemic and epidemic disease indicators within the AO.
  - Environmental toxins related to laboratories, production and manufacturing facilities, nuclear reactors, or other industrial operations.
  - Potential NBC hazards.
- Provide medical threat information and characterize the health risk to deployed forces or civilian populations.
- Provide guidance to local health authorities on surveying, monitoring, evaluating, and controlling health hazards relative to naturally occurring and man-made disasters.
- Assist local health authorities in surveying, monitoring, evaluating, and controlling health hazards relative to naturally occurring and man-made disasters.

*c.* The composition of the PVNTMED Threat Assessment SRT will be determined by the specific mission and guidance provided by the USAMEDCOM. The team may—

- Request information from the AFMIC, WHO, and other agencies with endemic disease and environmental effects information to prepare their database for the AO.
  - Request information from the Centers for Disease Control (in the event of a national disaster) to establish a baseline for determining the effects/impact of the disaster.
  - Determine the need for follow-on medical specialty teams or PVNTMED detachments to definitively characterize the operational force health risks associated with domestic disaster emergencies, foreign deployments, or other contingency operations.
  - Elect to use telemedicine reach back, or request assistance from appropriate domestic, foreign, or international response assets after the initial assessment is completed.
- d.* In addition to the general orientation and training discussed in paragraph I-8, the PVNTMED Threat Assessment SRT should be cross-trained in the fields of—
- Engineering.
  - Environmental science.
  - Preventive medicine.
  - Infectious and communicable diseases.
  - Industrial hygiene.
  - Nuclear medical science.
  - Entomology.
  - Animal health, food safety, and veterinary PVNTMED.
  - Database management.
  - Medical information/public health planning.

#### **I-12. Chemical/Biological Specialty Response Team**

*a.* The Chem/Bio SRTs include the following USAMEDCOM staffed assets: The National Medical Chem-Bio Advisory Team (MCBAT) at the USAMRMC and the RMC Chem/Bio SRTs. The National MCBAT is comprised of USAMRMC elements from the US Army Medical Research Institute of Infectious Diseases (USAMRIID) and the US Army Medical Research Institute of Chemical Defense. These assets are Tier 1 elements of the DOD Chemical Biological Quick Response Force (CBQRF) and are

ready to deploy worldwide within 4 hours after receiving their orders. The Chem/Bio SRTs are trained medical teams located at the RMCs that can deploy in response to a chemical, biological, or radiological incident.

*b.* Examples of incidents which may require a rapid response include—

- An accident involving the transport or storage of NBC weapons.
- The release of CW or BW agents or radiological material.
- A leak of an industrial chemical, infectious material, or radioactive material.

*c.* The National MCBAT is the principal DOD medical advisor to the Commander, CBQRF and the Interagency Response Task Force. Both the National MCBAT and regional Chem/Bio SRT can provide medical advice and consultation to commanders or local medical and political authorities for preparation of a response to a threat or actual incident. They can also provide medical advice to commanders or local authorities on protection of first responders and other health care personnel, casualty decontamination procedures, first aid (for nonmedical personnel) and initial medical treatment, and casualty handling. The initial advice includes signs, symptoms, first aid (self-aid, buddy aid, combat lifesaver aid for military personnel), and initial treatment when an incident has occurred. It also assists in facilitating the procurement of needed resources. During an incident response, all response personnel must first protect themselves from the agent/material, then provide response assistance to victims.

*d.* The Chem/Bio SRT will conduct the initial response, and upon arriving at the incident site or AO, will determine the types and number of other responders required. The RMC Chem/Bio SRT may, after initial assessment of the situation, elect to use telemedicine reach back or to call in domestic or foreign response assets organized at the national level. These response assets include the National MCBAT and the Aeromedical Isolation Team (AIT) from USAMRIID. The AIT is a highly specialized medical evacuation asset for the evacuation of limited numbers of contagious casualties with lethal infectious diseases, or for consultation on appropriate management of such casualties in place in the event of a mass casualty situation.

### **I-13. Stress Management Specialty Response Team**

*a.* The mission of this Stress Management SRT is to provide initial NP, mental health, and stress assessment prior to or in the initial stages of an incident/event. The Stress Management SRT may provide initial, limited NP triage and stabilization for a small number of clinical cases. This team may provide initial critical events stress management for the military and civilian responders and for survivors as directed.

*b.* The precedent of using stress management teams has been established. Within the past few years, numerous accidents and hostile incidents have demonstrated the value of crisis stress control for soldiers, their families, and civilians caught in the turmoil of peacetime operations. Unit leaders, aided by post and hospital mental health personnel, chaplains, and others, played a key role in providing crisis stress control for many of these tragic incidents. In the peacetime military, as in civilian police, fire, and disaster relief, stress debriefing of critical incidents has proven its value in sustaining mission performance and in

reducing disabling post-traumatic stress disorders.

- c.* Capabilities of the Stress Management SRT include—
- Providing initial assessment of stressors, stress responses, and psychological trauma issues.
  - Identifying and categorizing populations at risk.
  - Providing initial assessment of stress and mental health requirements.
  - Advising commanders or local authorities on mental health and stress issues.
  - Providing critical event stress management, to include group defusing/debriefings and individual counseling.
  - Conducting surveys and interviews, asking questions, and identifying cases for further counseling and treatment.
  - Advising or augmenting MTFs to enhance their mental health and stress management capabilities.
  - Coordinating for additional mental health/stress management resources as required.

*d.* The Stress Management SRT must be prepared to provide stress management for multiple types of contingency operations. All members should complete a critical events management course. At least two of the professional staff members should have expertise in child/adolescent development and mental health. Subject areas where training could be of value include—

- Victims' assistance.
- Psychological trauma.
- Post-traumatic stress disorders.
- Types of mental health problems following disasters.
- Special risk groups.
- "Burnout" Syndrome pertaining to human services and disaster relief workers.
- Ethics of interviewing (confidentiality and privacy).
- Effects of chemical/biological/radiation exposure and their differential diagnosis and

treatment.

**I-14. Telemedicine Specialty Response Team**

The Telemedicine SRT provides the vital communications link for the other deployed SRTs to interface with the parent MEDCEN and other activities, as required. By leveraging technology, the telemedicine SRT enables the deployed health care providers and other health professionals to consult closely with specialists at the home station or elsewhere.

*a.* The electronic bridge the Telemedicine SRT establishes between the deployed SRTs and the supporting MEDCEN and other activities allows the interchange of health information and results in an enhanced ability to—

- Rapidly and accurately diagnosis disease and injury.
- Promptly determine appropriate treatment regimes.
- Monitor the patient’s medical condition.
- Rapidly transmit and receive real-time medical threat data and facilitate its analysis into medical intelligence.
- Expedite notification of other CHS teams required to deploy in response to the disaster/ incident after initial assessment is completed and requirements are identified by the deployed SRTs.

*b.* The size and capability of the telemedicine SRT will be scenario driven and will depend upon the number of SRTs deployed, the type of mission, the anticipated duration of the operation, and the type and quantity of equipment deployed.

*c.* To maximize the interoperability between the deployed teams and the supporting facilities and agencies, the equipment used will be that which is currently available and compatible. This equipment will be updated when newer state-of-the-art medical information systems (hardware and software) become available and efforts will be made to standardize these systems throughout the AMEDD and Army tactical systems.

*d.* As the resources of the Telemedicine SRT will be constrained, prioritization of support requirements must be accomplished. The Telemedicine SRT provides a distributed voice system, a video teleconferencing system, digital imaging systems, information systems, and local area network with selective access to wide area networks. This includes integrated software to support PVNTMED, logistics, decision support, and when required, health provider input to the patient digitized clinical record and patient administration.

*e.* Services that will be essential to the accomplishment of the Telemedicine SRT mission include—

- Voice. The voice requirements of the SRT include internal, on-site communications for command, control, and coordination.
- Data. The Telemedicine SRT will depend upon the use of inexpensive, global, two-way messaging. Most consultation applications can be accomplished using *store and forward technologies* and communications systems.
- Reach-back services. As requirements change during the mission, the reach-back services required will include video teleconferencing; electronic mail; voice; imagery file transfer; wide area network; and possibly paging.
- Bandwidth requirements. Bandwidth on demand will offer the best possibility for low cost and small telecommunications support.

#### **I-15. Food Safety, Veterinary Preventive Medicine, and Animal Health Care Specialty Response Team**

*a.* The mission of the Food Safety, Veterinary PVNTMED, and Animal Health Care SRT is to assess the degree of existing destruction and/or impending risk and to determine recommended follow-on actions relative to animal health and food safety. The SRT also—

- Advises local first responders on food safety/veterinary PVNTMED issues.
- Advises local first responders on triage and treatment of injured animals.
- Provides limited triage and emergency treatment of injured animals including lifesaving emergency procedures, or when appropriate, euthanasia to prevent undue suffering of those cases encountered during the assessment process.
- Provides veterinary care for military search and rescue dogs; when authorized, it also provides care to other governmental and nongovernmental agencies' animals participating in the operation.

*b.* The Food Safety, Veterinary PVNTMED, and Animal Health Care SRT can—

- Assess food contamination and potential for foodborne illness outbreaks.
- Determine the magnitude of animal involvement in public health and zoonotic disease threat.
- Make initial assessment and recommend corrective actions.
- Provide liaison with follow-up relief organizations/agencies.
- Assist in establishing control for the AO.

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AO. • Coordinate with all known animal medicine/food safety agencies and organizations in the

c. The Food Safety, Veterinary PVNTMED, and Animal Health Care SRT must be highly trained and prepared to provide veterinary services for multiple types of contingency operations. All members should maintain proficiency in their area of concentration or MOS. All team members should have media relations training. Specific subject areas where training could be of value include—

- Survivors assistance.
- United States Department of Agriculture courses.
- American Veterinary Medical Association sponsored courses.
- Emergency medical treatment.
- Nuclear, biological, and chemical incidents (to include NBC threat information; working in a contaminated environment; and decontamination and treatment of NBC contaminated animals).