Joint Task Force Headquarters Standard Operating Procedure

413

Medical Support

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References:

A	MC 326/3, NATO Principles and Policies of Operational Medical Support dated 05 Oct 2012
B	AJP 4.10 (A), Allied Joint Medical Support Doctrine, 3 March 2006
C	AJMedP - 3, Allied Joint Medical Doctrine for Medical Intelligence, 3 November 2008
D	ACO Directive 83-1 (Edition 2), Medical Support to Operations Deployable Concept

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Related SOP:

SOP 103	Medical Advisor

1. **INTRODUCTION**

The aim of this SOP is to describe the functional areas of the JMed Division taking into account new requirements for the operational NATO HQ. The new NATO Command Structure aims at providing a real deployable, multinational, command and control capability at the operational level, offering choices and options for rapid intervention that has not previously been available to the Alliance. It is forward-looking and flexible, while also leaner and more affordable. There is a need for a considerable reliance on the deployable NATO Force Structure headquarters and, as required, national headquarters, structures and other assets to provide deployable joint command and control capabilities alongside the capabilities within the Command Structure.

Thus JMed structure reflects all those requirements and provides its medical expertise from the beginning of deployment in support of each deployable blocks. The main goal for JMed is to ensure the continuum of medical advice and guidance flowing vertically, under Medical Advisor (MEDAD) direction, from JMed members to deployed staff as well as horizontally to different branches and divisions of the JFC HQ.

2. **Structure and Relation between JMed and Deployable Elements**

JMed Division falls under DCOS support in the JFC HQ. The structure of the Division is plain without subdivision into branches. It allows more flexibility and personal development. The JMed consists of 10 branch members. The Division Head performs twin function. He is JMed Medical Director and MEDAD to COM the same time. (figure 1).

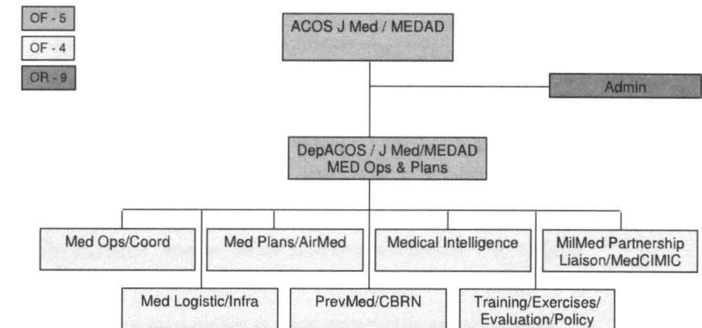
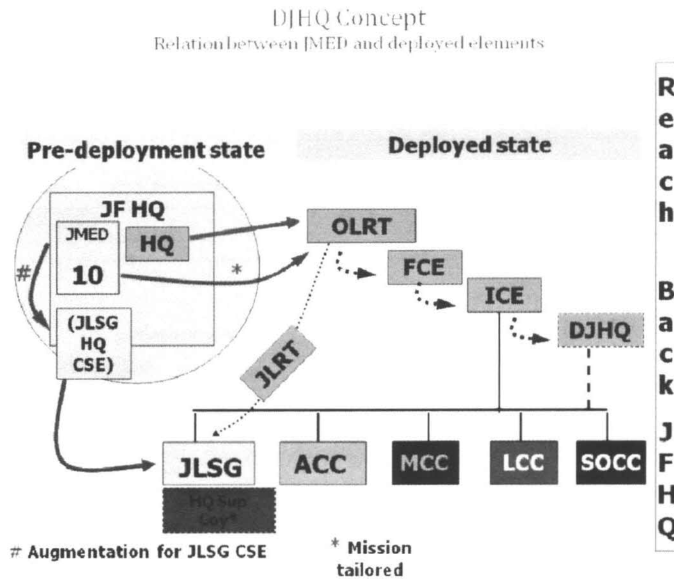


Figure 1. JMed Division Structure

All Division members need to be prepared for deployment. The mission requirements will dictate number of deployed personnel, the minimal number of deployed personnel will be 3 plus 1.

Figure 2 shows the relation between JMed and Deployable HQs.



In order to provide the continuum of medical expertise from the very beginning, JMed members are present in each deployable block. One member will be deployed as part of Operational Liaison and Reconnaissance Team (OLRT) in support of planning. During deployment of Forward Coordination Element (FCE) one medical member also will be required; it may be the same one as in OLRT if OLRT will transfer its function to FCE during the same deployment. FCE sets the condition for future C2 and also allows for more key leader engagement (KLE), but at this stage there will no forces under command of this element. Only after Activation Order, forces can enter the area and this is when Initial Command Element (ICE) is established which allows JHQ COM to command from theatre. That time 3 medical officers will form a section which provides direction and guidance for the Components Commands (CCs) medical units. Besides JMed manning support to deployable blocks, JMed will also send one of its members to JLSG to become JLSG Medical Director (Med Dir).

The involvement of JMed members in each particular block will be based on MEDAD decision and availability of medical expertise within JMed. However it is recommended to use JMed resources according a pattern given below:

Support to deployable HQs:

a. OLRT (1SO MED) – Medical Intelligence or MilMed Partnership Liaison/ MedCIMIC SO will be part of OLRT Support (SPT) Team;
b. FCE (1SO MED)- Medical Intelligence or MilMed Partnership Liaison/ MedCIMIC SO as part of Host Nation (HN) Coordination/SPT Division of FCE;
c. ICE DCOS SPT (3 SO MED) - MEDAD or DepMEDAD, MedPlans/AirMed, Medical Intelligence or MilMed Partnership Liaison/ MedCIMIC will fall under DCOS SPT;
d. JTF HQ - the same number as in ICE, additional personnel if required.

JLSG Support:

a. JLSG (1SO MED) - Medical Logistic/ Infrastructure to become JLSG MEDDIR.

3. JMed Function and Tasks

JMed main functions are reflected in the statement of functions which encompass JMed activities nevertheless if JMed works in static location or perform its tasks from deployable location.

a. General

JMed identifies requirements for medical resources for the JHQ and personnel within the JOA, plans, directs, co-ordinates and assesses the joint medical support for assigned operations and contingencies including command and control structures for integrated systems of treatment, medical evacuation and medical supplies, force health protection, reporting, planning and construction of NATO medical infrastructure as well as reconstruction and development. Furthermore, the JMed contributes in all medical related matters to the development of plans, procedures, policies and doctrine in support of assigned operations as well as all other functions of JFC HQ and higher HQ. It deconflicts and harmonizes national and alliance medical support plans and supports bi- or multinational medical support solutions and arrangements. It also supports and conducts pre-deployment training and monitors and assesses medical preparedness of assigned forces. In addition, the JMed cooperates with military and civilian partners on the development and promulgation of force health protection, joint health care system network. Moreover, it supports the MEDAD JFC in the provision of advice in all medical related matters.

b. OLRT Medical Tasks

(1) General

Medical tasks basically mirror the four main functions of the OLRT: liaison, reconnaissance, assessment and reporting. The medical representative in the OLRT has the added responsibility of gathering all available information scattered in theatre in order to support the planning process for a possible future deployment of forces. Big amount of work done by OLRT medical member will be based on Request For Information (RFI) to be sent from JMed. Medical member of OLRT is part of OLRT SPT Team.

(2) Examples of OLRT medical tasks:

a(b) Establish contacts and liaise with Host Nation's (HN)

organizations and International Organizations (IO)
b(b) Assess different types of hazards to the health in possible AOO.
c(b) Determine, within the context of the planned operation, what the best possible means are to provide medical support to coalition forces (assess and utilize HN medical support)
d(b) Analyze the possible location for MTF and evacuation assets deployment.
e(b) Assess the need of additional capabilities eg ophthalmology, neurosurgery specialist to rweinforce medical support, to be planned.
f(b) Evaluate the possibility of utilizing civilian contractors to fill medical functions which are not normally available from member nations (e.g. STRATEVAC, medical supervision during a flight, Forse Health Protection capabilities, etc.)
g(b) Identify areas which might require Humanitarian Assistance (HA) medical support, liase with IOs, NGOs,
h(b) Liaise with embassies which, based on their protocols, provide medical RLS and out of theatre evacuation.

(3) Medical RLS tasks in OLRT

It must be clearly stated that the primary function for the medical representative in the OLRT is to provide medical expertise to the operational planning process. Direct medical real life support is not foreseen

c. FCE Medical Tasks

(1) General

The Forward Coordination Element (FCE) medical tasks encompass the medical OLRT tasks. This element is focused on setting the conditions for future medical C2 by allowing increased liaison opportunities and facilitating KLE. Medical Officer is part of HN Coordination Cell within SPT Division of FCE.

(2) Tasks:

a(c) Set condition for the establishment of the Initial medical C2 structure,
b(c) Improve situational awareness,
c(c) Analyze medical information,
d(c) Support JMed Reach back planning and execution,
e(c) Establish information management flow and reporting system with JMed Reach back,
f(c) Develop co-ordination of the arrangement with HN MTFs,
g(c) Liaise with in theatre elements of the components,
h(c) Coordinate initial in theatre medical support,
i(c) Liaise and cooperate with HN and international stakeholders,
j(c) Engage identified key persons to medical support.

d. ICE Medical Tasks

(1) General
The JFC HQ MEDAD will remain part of the personal staff of the Operational Commander and will be available (as required) to move forward with the Commander. Until he comes he will be represented by his deputy and 2 medical officers. ICE medical personnel falls under DCOS SPT of ICE.

(2) Tasks

a(d) Provide medical advice directly to COM on medical matters that might affect a mission
b(d) Coordinate the medical support activities within the AOO and enhance joint medical coordination between CCs MEDDIR
c(d) Optimise medical support by providing D&G to the Medical Treatment Facilities (MTF), present in the theatre.
d(d) Identifiy health hazards and assesses risks and medical threats to the force health.
e(d) Identifiy medical local resources that could be utilized for a mission medical support.
f(d) Maintains liaison with local medical authorities and local HN local facilities.
g(d) Monitor implementation of the Force Health Protection plan, MEDEVAC plan and mass casualty (MASCAL) plan for the deployed area, prepared in the reach back.
h(d) Maintain an overview of theatre air medical evacuation assets.
i(d) Monitor, coordinate and deconflict, when required, patients' evacuation matters between CCs PECCs.
j(d) If required, provide coordination and assistance with medical re-supply of medical materiel.
k(d) Initiate the coordination of medical waste management.
l(d) Maintain the medical situational awareness by continuing the gathering of all necessary information.
m(d) Provide reach-back with required information for appropriate and adequate medical support planning

e. Medical Reach back

(1) General

Reach back is formed by the JMed members left in the JFC HQ who with their expertise support deployed elements of JMed. The main effort of the reach back JMed is to develop and to implement medical plans and directives, and to prioritize medical support in operations.
JMED Reachback supports JMED deployed elements by providing medical expertise in order to optimize medical support in the theatre.

(2) Tasks

a(e) Provides an advice to the J-MED deployed staff on all medical issues,
b(e) Based on the medical data from JOA, develops force health protection plan,

c(e) Leads the identification of requirement for Medical Resources for the JOA.
d(e) Provides medical SME to JOPGs and WGs,
e(e) Monitors, identifies, specifies and coordinates all medical support requirements in support of operational activities, including multinational solutions,
f(e) Evaluates and assesses the medical and health situation in crisis regions, with all relevant partners,
g(e) Develops Medical directives, SOPs and FRAGOS in support of the mission,
h(e) Collects and implements Lessons Identified/Lessons Learned.

4. **Medical participation Coordination Meetings, Boards and Working Groups**

a. Boards and Meetings: Medical staff will participate in meetings, boards and working groups as directed by the DCOS Support. The most relevant possible activities would be:

(1) Participate in Resources Coordination Board (RB).

(2) Participate in Assessement Board and WG

(3) Participate in required WG according HQ Battle Rythm.

(4) Participate in contingency planning.

b. Operational Planning Process. Medical functions are core within the Joint Operational Planning Group (JOPG), as deployment issues always will influence the development of a feasible timeline for medical support, deployment, redeployment and possible employment of medical units from the very first moment of an operation on.

5. **Reports and Returns**

a. MEDICAL elements will issue reports in accordance with the approved OPLAN.

b. During , ICE deployement Medical will issue the MEDASSESSREP to RB through JOC. DCOS Support / MEDICAL will provide and contribute MEDASSESSREP to other reoprts as required.

6. **MEDICAL Training**

It is recommended that staff working in the Medical Branch possess the following training:

a. Medical Battle Staff Trainings and Practice
b. Job related Courses primary in NATO School Oberammergau and Center of Excellence in Military Medicine Budapest

Joint Medical Planning Course (JMPC),

M9--86 Senior Medical Staff Officer Course,

M-9-87 NATO Medical Intelligence Course

TU13-09 Major Incident Medical Management and Support (MIMMS) Course