



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
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IN REPLY REFER TO
BUMEDINST 3301.3B
BUMED-M4
28 Jun 2021

BUMED INSTRUCTION 3301.3B

From: Chief, Bureau of Medicine and Surgery

Subj: CRISIS ACTION TEAM AND NAVY MEDICINE OPERATIONS CENTER

1. Purpose. To establish concept of operations and provide guidance that delineates the duties and responsibilities necessary for effective operation of the Bureau of Medicine and Surgery (BUMED) Crisis Action Team (CAT) and Navy Medicine Operations Center (NMOC). This instruction is a complete revision and should be reviewed in its entirety.
2. Cancellation. BUMEDINST 3301.3A.
3. Scope and Applicability. This instruction applies to BUMED Headquarters and Navy Medicine (NAVMED) budget submitting office 18 echelon 3 commands as specified by the BUMED Executive Director/Chief of Staff.
4. Background. The NMOC is an echelon 2 military operations center activated in response to a potential or actual crisis or contingency, to provide Chief, BUMED with continuous situational awareness and a common operating picture to facilitate decision-making and exercise command, control, and communications. The normal operating condition of the NMOC is unmanned; periodic readiness checks, equipment maintenance, and upgrades are conducted by Fleet Support and Logistics (BUMED-M4B) with additional technical support as needed. The CAT is an echelon 2 watch team comprised of designated representatives assigned to BUMED headquarters and select subordinate commands, assembled in response to a crisis or contingency to support Chief, BUMED and NAVMED leadership.
5. Concept of Operations
 - a. BUMED CAT. The CAT is composed of members listed in subparagraph 6(f), supplemented by additional staff as needed, and it is activated by the BUMED Executive Director/Chief of Staff, who will determine the scope of operations and manning requirements. The CAT, when activated, becomes the staffing for the NMOC. Activation of the CAT will be based on the nature of the event and level of support required to staff the NMOC. It may utilize the NMOC or meet through regularly scheduled teleconferences in a virtual environment. The CAT staffing is based on the nature and circumstances of the event and will be continuously monitored, scaling the staffing up or down as necessitated by the contingency response effort. Once activated, the CAT serves as the single point of contact for the NAVMED contingency response effort with internal and external stakeholders, fielding all requests for information (RFI) and executing the established battle rhythm. Following the deactivation of the CAT, lessons learned will be compiled to improve future CAT operations.

b. Functions of the CAT include:

(1) Inform and provide situational awareness to Chief, BUMED and key leaders on the crisis or contingency's impact and the scope and effectiveness of all NAVMED response efforts.

(2) Maintain a common operating picture to facilitate an informed, rapid decision-making cycle for BUMED leadership.

(3) Serve as the single point of contact for the NAVMED response efforts with internal and external stakeholders.

(4) Respond to all RFIs and requests for support (RFS), disseminating each one to the appropriate subject matter expert for a response, and ensuring stakeholder visibility of the process and reply.

(5) Execute the approved battle rhythm.

(6) Build, maintain, and disseminate any recurring briefings per the established battle rhythm and direction from BUMED leadership.

(7) Develop and brief recommended courses of action in response to requests from BUMED leadership.

(8) Archive all relevant information related to the NAVMED crisis or contingency response effort.

c. NMOC. The NMOC is a secure military operations center located within BUMED headquarters and able to support classified briefings. The primary function of the NMOC is to support the CAT during contingency operations; however, other teams within BUMED may utilize the NMOC depending on the contingency support requirements. The normal staffing level within the NMOC is scalable, ranging from unmanned, to partially manned by a single watch officer working remotely (outside the NMOC), to fully manned and conducting 24/7 operations.

6. Roles and Responsibilities

a. BUMED Executive Director/Chief of Staff will:

(1) Direct the activation of the NMOC and CAT.

(2) Approve the CAT staffing and designate the CAT Chief based on the nature of the contingency.

b. Deputy Chief of Staff (DCOS) will:

- (1) Oversee the overall performance of the CAT.
- (2) Make recommendations regarding the staffing level and which Assistant Deputy Chief should supply the CAT Chief based on the nature of the crisis or contingency, for approval by the BUMED Executive Director/Chief of Staff.
- (3) Approve the watch schedule, rotation, and battle rhythm (e.g., senior level briefings) for the CAT.
- (4) Assist BUMED Deputy Chief, Business Operations to ensure the optimal readiness and operation of the NMOC.

c. Deputy Chief, Business Operations will:

- (1) Recommend the activation of the NMOC and CAT to BUMED Executive Director/Chief of Staff for any crisis or contingency of sufficient magnitude that affects the Navy Medicine enterprise.
- (2) Recommend an appropriate venue for CAT operations and briefings (e.g., NMOC or other location, as required).

d. Assistant Deputy Chief, Fleet Support and Logistics (BUMED-M4B) will:

- (1) Develop the standard operating procedures for the CAT and NMOC.
- (2) Ensure the operational readiness of the NMOC through recurring systems checks and tests, engaging the DCOS, as needed, to resolve any discrepancies.
- (3) Execute recurring and annual refresher training for the CAT staff.
- (4) Ensure Navy Medicine Emergency Preparedness (BUMED-M453) provides subject matter expert support to the CAT, as needed.
- (5) Maintain a current roster of CAT members including recall information.
- (6) Regularly provide an updated CAT roster to the Security Manager (BUMED-M09B13), to facilitate access to the NMOC.
- (7) Be responsible for and update the content of this instruction, as needed.

e. CAT Chief will:

- (1) Oversee operation of the CAT and execute the approved battle rhythm.
- (2) Ensure RFI and RFS are correctly prioritized and effectively processed. Promptly alert the chain of command regarding any significant delay or problem in responding to a RFI or RFS.
- (3) Lead the CAT in developing recurring briefings and Situational Reports related to the crisis or contingency.
- (4) Ensure the CAT data archive is properly maintained.
- (5) Make recommendations to the DCOS regarding CAT staffing levels, watch rotation and schedules, and NMOC operations.
- (6) Develop course of action briefings and recommendations in response to requests from BUMED leadership.

f. BUMED Assistant Deputy Chiefs will:

- (1) Appoint primary, secondary, and tertiary CAT members from each of the areas as needed:
- (a) Staff Judge Advocate (BUMED-M00J).
 - (b) Communications/Legislative Affairs/Historian (BUMED-M00P).
 - (c) Director for Administration (BUMED-M09).
 - (d) Manpower and Personnel (BUMED-M1B).
 - (e) Research and Development (BUMED M2B).
 - (f) Medical Operations (BUMED-M3B).
 - (g) Fleet Support and Logistics (BUMED-M4B).
 - (h) Medical Plans/Chief Medical Officer (BUMED-M5B).
 - (i) Information Management and Technology (BUMED-M6B).

- (j) Training and Education (BUMED-M7B).
- (k) Financial Management (BUMED-M8B).
- (l) Capability Requirements (BUMED-M9B).
- (m) NAVMED ad-hoc subject matter experts, as needed.

(2) Semi-annually review the list of designated representatives, ensuring all designated CAT members are ready and available to fulfill their assigned duties. Ensure departing CAT representatives are replaced within 10 working days.

(3) Provide additional staff to the CAT to support contingency operations if requested by the CAT Chief.

g. NAVMED echelon 3 commands will be prepared to provide representation to the BUMED CAT, as required.

7. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division portal page at <https://portal.secnave.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division program office.

8. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-M4B will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, DoD, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim, and will be reissued by the 10-year anniversary, date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

9. Information Management Control. The reports required in paragraphs 6e(3), are exempt from reports control per SECNAV M-5214.1 of December 2005, part IV, paragraph 7k.


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Releasability and distribution:

This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site at, <http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx>