



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH VA 22042

BUMEDINST 3400.3A
BUMED-N3N5
8 Aug 2025

BUMED INSTRUCTION 3400.3A

From: Chief, Bureau of Medicine and Surgery

Subj: OPERATIONAL READINESS IN CHEMICAL, BIOLOGICAL, RADIOLOGICAL,
AND NUCLEAR ENVIRONMENTS

Ref: (a) 2022 National Defense Strategy
(b) JP 4-02 of 29 August 2023
(c) NTTP 4-02.7 of March 2016
(d) OPNAVINST 3400.10H
(e) OPNAVINST 3400.11A
(f) BUMEDHQINST 5430.9
(g) BUMEDINST 1200.1A
(h) OPNAVINST 4040.39E
(i) BUMEDINST 3440.10B

Encl: (1) Core Chemical, Biological, Radiological, and Nuclear Operational Capabilities
(2) Expeditionary Medical Facility Operational Chemical, Biological, Radiological, Nuclear Defense Capabilities
(3) Expeditionary Medical Unit Operational Chemical, Biological, Radiological, Nuclear Defense Capabilities
(4) Forward Deployable Preventive Medicine Unit Operational Chemical, Biological, Radiological, Nuclear Defense Capabilities
(5) Expeditionary Resuscitative Surgical System and En Route Care System Operational Chemical, Biological, Radiological, Nuclear Defense Capabilities

1. Purpose. To establish Bureau of Medicine and Surgery (BUMED) policy to define roles, responsibilities, and actions that must be taken to fully ensure operational readiness in chemical, biological, radiological, and nuclear (CBRN) environments. Enclosures (1) through (5) support this instruction. This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. BUMEDINST 3400.3.

3. Scope and Applicability. This instruction applies to all active, reserve, and civilian Navy Medicine (NAVMED) personnel within the Department of the Navy (DON) that will conduct or support missions in CBRN expeditionary environments.

4. Background. Per references (a) and (b), the spread of CBRN weapons technology will remain a persistent threat and the Services must develop strategies to enhance survivability in CBRN environments. Per reference (c), the Navy must provide health service support across the full range of military operations while aligning with joint interoperable standards. Per references (d) and (e), Surgeon General of the Navy, who also performs the duties of Chief, BUMED (BUMED-N00), will support development and implementation of policy, medical countermeasures, and casualty care training to support chemical, biological, radiological, and nuclear defense (CBRND) programs and operations.

5. Roles and Responsibilities

a. BUMED-N00

(1) Coordinates with DON Director, Surface Warfare (Office of the Chief of Naval Operations (OPNAV-N96), Marine Corps Systems Command (MARCORSYSCOM) and other external stakeholders to assist and secure resources for medical countermeasures, biosurveillance, and other emerging medical requirements.

(2) Provides guidance and support to medical subordinate commands for CBRND operational readiness.

(3) Coordinates with and assists the office of the Surgeon General of the Navy (Chief of Naval Operations (OPNAV-N093)) and OPNAV-N96 in the development and revisions of Naval CBRND policies.

b. Corps Chiefs' Office (BUMED-N01C)

(1) Assists with recruitment and retention of potential officers for the CBRND additional qualification designator (AQD) program.

(2) Assists and supports the identification and sustainment of personnel to support CBRND readiness and training of expeditionary medicine (EXMED) forces to ensure personnel are able to respond and conduct missions in CBRN environments.

c. Liaison Officer to Defense Health Agency (DHA) (BUMED-N02LNO). Coordinates with DHA to train and equip Navy personnel working within military medical treatment facilities (MTF) to support CBRND. Ensures personnel within MTFs have personal protective gear, are trained to utilize equipment, and are up to date on casualty treatment requirements and clinical practice guidelines to render care at the MTF level for CBRND response.

d. Director, Maritime Operations (BUMED-N04). Oversees BUMED CBRND programs and efforts.

e. Director, Medical Information and Research and Development (BUMED-N2). Informs CBRN Medical Defense (BUMED-N53) and MARCORSYSCOM on research and development programs for CBRND medical countermeasures.

f. Director, Operations, Plans, and Policy (BUMED-N3N5)

(1) Coordinates with type commands (TYCOM) to ensure EXMED platforms are equipped and supplied to conduct missions in CBRN environments.

(2) Coordinates with relevant components to include Operational Readiness and Exercise Integration (BUMED-N37) within BUMED to ensure that CBRND lessons learned are incorporated into Joint Lessons Learned Information System to enhance readiness.

(3) Provides support to NAVMED CBRND programs and strategic efforts to increase awareness, enhance capabilities, and improve operational readiness.

(4) Identifies, monitors, and validates CBRND observations for resolution within the NAVMED Lessons Learned Program.

(5) Ensures that all NAVMED CBRND efforts are coordinated with DON Director, Medical Resources, Plans, and Policy (OPNAV N0931) and OPNAV N96 as appropriate.

(6) Oversees the strategic planning and development functions conducted by BUMED-N53.

g. Deputy Director, Plans and Policy (BUMED-N5B)

(1) Assists and advises BUMED-N3N5 on CBRND policy and doctrine matters and assist with the responsibilities assigned in reference (f).

(2) Coordinates with OPNAV N0931, OPNAV N96, Naval Sea Systems Command, Naval Facilities Engineering Systems Command, and Branch Head, Expeditionary Health Programs (DCNO N4) on strategic efforts for CBRND programs and for resourcing of medical countermeasures.

(3) Coordinates with Director, Resource Management (BUMED-N8) and Director, Requirements and Capabilities (BUMED-N9) on determination of resource requirements for CBRND programs.

h. BUMED-N37

(1) Oversees CBRND training requirements for medical personnel and ensure proper alignment in Defense Readiness Reporting System-Strategic (DRRS-S).

(2) Coordinates with TYCOMs to monitor, assess, and ensure personnel and deployable platforms prioritize and complete CBRND training and field exercises.

(3) Provides reports on personnel CBRND training requirement execution to BUMED-N53.

(4) Identifies exercise opportunities to incorporate CBRND related vignettes, scenarios, and trainings to improve force readiness.

i. EXMED Policy and Doctrine (BUMED-N51). Coordinates with BUMED-N53 to ensure EXMED policies and doctrine address existing CBRND capability gaps.

j. BUMED-N53. Serves as the principal assistant and advisor to BUMED-N00 on CBRND policy and doctrine matters. Responsibilities include:

(1) BUMED medical, scientific, and subject matter expert for CBRND programs, policies, and priorities, per reference (f).

(2) Coordinates with OPNAV N0931 and OPNAV N96 to execute the functions and responsibilities delineated in references (d) and (e) for resourcing and developing CBRND medical countermeasures including:

(a) Provides input in the formulation, integration, and execution of policies, fiscal plans, and programmatic requirements related to enhancing personnel protection, equipment, and improvement of operational readiness to support warfighting sustainability.

(b) Identifies and articulates materiel requirements to ensure sustainability of operations in CBRN environments.

(3) Coordinates with BUMED-N37 to verify completion of training requirements by NAVMED personnel to support casualty care operations in CBRN environments.

(4) Ensures interoperability with naval and Joint Forces and provides analysis and input regarding the readiness of NAVMED forces to support the Fleet and United States Marine Corps (USMC) missions in CBRN environments.

(5) Participates in the development, review, and revision of BUMED policies, strategies, plans, and programs pertaining to CBRND readiness.

(6) Coordinates with stakeholders to develop strategies, identifies CBRND exercise opportunities, and facilitates participation in support of readiness assessments of BUMED deployable platforms.

(7) Coordinates with Director, Education and Training (BUMED-N7) and USMC Training and Education Command to identify and maintain formal training opportunities.

(8) Coordinates with Director, Logistics, Supply, and Support (BUMED-N4) and BUMED-N9 to ensure deploying platforms have required equipment, life cycle management, and appropriate replacement programs.

(9) Per reference (g), serves as the program manager for the NAVMED CBRND AQR program to ensure synergy of qualifications across the Fleet, USMC, and Navy Reserve medical personnel.

(a) Recruits and retains potential officers for the CBRND AQR program.

(b) Ensures that officers who apply for the CBRND AQR are qualified and meet training requirements.

(10) Establishes and chairs the NAVMED CBRND working group with both internal and external stakeholders to identify readiness gaps and develop solutions to address them.

(11) Provides recommendations to senior leadership to improve NAVMED CBRND readiness.

(12) Coordinates with Navy stakeholders to establish and monitor measures of performance and effectiveness.

(13) Coordinates with Directors of BUMED-N51, BUMED-N4, and BUMED-N9 to ensure EXMED CBRND requirements are communicated and prioritized.

k. BUMED-N7

(1) Coordinates with BUMED-N53 and Naval Medical Forces Development Command (NAVMEDFORDEVCOM) to identify training gaps, revise CBRND training requirements, and ensure that these are included in readiness training directives.

(2) Coordinates with BUMED-N53 to modify and incorporate CBRND training requirements.

(3) Collects and analyzes CBRND training data and provides information to BUMED-N53.

1. Head, Radiation Health (BUMED-N10F5), Fleet Programs Division. Serves as point of contact and primary subject matter expert for any incident involving radiation or radiological material and medical casualties, per reference (h).

m. Director, Maritime Headquarters (BUMED-N03). Oversees and directs the Maritime Headquarters organizational responsibilities and coordinates the activities of the command to support BUMED-N04 with CBRND operational readiness.

n. Director, Manpower and Personnel (BUMED-N1). Provides recommendations and coordinates with Navy Manpower Analysis Center to validate manpower requirements related to CBRND operational readiness.

o. Director, Reserve Policy and Integration (BUMED-N1R). Ensures coordination with BUMED-N53 on matters relating to CBRND readiness, trainings, and policies to support operational readiness of reserve components.

p. BUMED-N4. Coordinates for logistics, inventory, and life cycle management of equipment and supplies to ensure operational readiness in CBRN environments. Responsibilities include coordinating with BUMED-N53 and TYCOMs to:

(1) Ensure CBRND equipment, table of allowance, training set acquisition and sustainment in coordination with NAVMEDFORDEVCMD, Naval Medical Forces Atlantic, Naval Medical Forces Pacific, BUMED-N3N5, Naval Sea Systems Command, and Naval Facilities Engineering Systems Command.

(2) As required, establishes and implements logistical metrics to evaluate effectiveness of NAVMED expeditionary platform support and logistics programs to meet current and future requirements in CBRN operational environments.

(3) Per reference (h), coordinates with systems commands for modification of table of allowance and programmatic support.

(4) Director, Mission Assurance (BUMED-N45). Coordinates with DHA on matters relating to CBRND response readiness of MTF facilities on Navy installations.

q. BUMED-N8. Coordinates with BUMED-N53 to request funding through the Navy program objective memorandum process for CBRND equipment and supplies, medical countermeasures, and training requirements.

r. BUMED-N9. Coordinates with BUMED-N53 to identify requirements, mitigate capability gaps, and minimize duplication of effort to ensure that medical CBRND capabilities fully meet operational requirements to support combatant commanders.

s. Commander, Naval Medical Forces Atlantic and Commander, Naval Medical Forces Pacific

(1) Coordinates with BUMED-N8 to identify and request funding to meet CBRND readiness standards per doctrine and combatant command requirements.

(2) Monitors, assesses, and ensures personnel and deployable platforms complete required CBRND training, field exercises, and report via readiness reporting systems, per reference (i).

(3) Collects CBRND training and readiness data from EXMED commanding officers and provides it to BUMED-N53 to identify readiness and capability gaps.

(4) Ensures NAVMED Readiness and Training Command commanders execute CBRND training and reporting requirements.

(5) Generates and incorporates lessons learned to improve CBRND readiness and response capabilities.

t. Commander, NAVMEDFORDEVCOMD

(1) Reviews CBRND training requirements identified by requirement sponsors and develops solutions to address and eliminate any gaps between current training and training requirements in support of warfighter readiness.

(2) Assesses and validates competencies achieved by NAVMED units and coordinates with BUMED-N53 and CBRND subject matter experts throughout the Fleet to develop solutions to increase operational readiness.

(3) Coordinates with BUMED-N4, BUMED-N8, and BUMED-N53 for the submission of Navy program objective memorandum to secure required funding for the development and sustainment of relevant training sets and courses.

(4) Ensures integration of CBRND training elements into EXMED operational readiness evaluations and exercises.

(5) Engages other Services to identify joint CBRND related training opportunities.

u. OPNAV N96. As per reference (d), serves as the Chief of Naval Operations executive agent for CBRND programs and is responsible for the initial fielding of CBRND medical countermeasures and will coordinate with appropriate sponsors for sustainment and resourcing.

6. 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 DON Assistant for Administration, Directives and Records Management Division portal page at <https://portal.secnav.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 OPNAV Records Management Program (DNS-16).

7. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-N3N5 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.

8. Information Management Control. The reports required in subparagraph 5 of this instruction are exempt from reports control per SECNAV M-5214.1 of December 2005, part IV, subparagraph 7p.



R. FREEDMAN
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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, <https://www.med.navy.mil/Directives/>

CORE CHEMICAL, BIOLOGICAL, RADIOLOGICAL, AND NUCLEAR
OPERATIONAL CAPABILITIES

| Core Capabilities List |
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| CBRN Medical Defense Foundational Skills |
| Recognize signs, symptoms, and evidence of likely CBRN agent exposures with standard issued equipment and across the continuum of care. |
| Perform countermeasures and all required clinical skills, including prolonged field care, in appropriate protective posture. |
| Detect threat and protect, shield, and sustain the casualty. |
| For additional information regarding agent identification and countermeasure administration, refer to Joint Trauma System Clinical Practice Guideline 69 and 70, "CBRN Injury Response Part 1 and Part 2," of 25 March 2022 and 1 May 2018. |
| Casualty Care |
| Perform basics of patient care, including managing the airway, resuscitation, managing hypothermia, oxygenation, ventilation, and fluid and pain management in a CBRN environment. |
| Perform triage of potentially contaminated casualties across continuum of care. |
| Perform treatment of potentially contaminated casualties across continuum of care. |
| Apply Joint Trauma System clinical practice guidelines in distributed maritime operations and littoral operations in a contested environment. |
| For additional information regarding casualty care and management in CBRN environments, refer to Navy Techniques, Tactics, and Procedures (NTTP) 4-02.7, "Multi-Service Tactics, Techniques, and Procedures for Health Service Support in a CBRN Environment," March 2016. |
| Force Health Protection |
| Don and doff personal protective gear, scale equipment according to threat, recognize physiological limits and understand impact of protective gear on performance. |
| Mitigate contamination based on agent exposure. |
| Understand time constraints of protective gear. |
| Understand isolation and cross-contamination mitigation protocols across the continuum of care and according to threat. |
| Properly manage, store, and dispose of contaminated waste. |
| Decontamination |
| Perform self, casualty, and buddy decontamination. |
| Decontaminate patient before initiating treatment. |
| Note: Treatment for life threatening conditions (bleeding, breathing, and shock) take precedence over decontamination procedures. |
| For additional information on decontamination planning, decontamination operations, and contamination mitigation, refer to NTTP 3-11.26, "Multi-Service Tactics, Techniques, and Procedures CBRN Contamination Mitigation," January 2024. |
| For additional information for decontamination of radioactive personnel, refer to BUMEDINST 6470.10C. |

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| Medical Intelligence and Risk Communication |
| Receive medical intelligence brief and respond independently in theater. |
| Communicate effectively with team, transport, platform, and enterprise across continuum of care. |
| Leadership and Decision Making |
| Prioritize casualties in theater. |
| Understand resupply restrictions given a resource constrained environment. |
| Understand where to focus medical resources to maximize combat power. |
| Engage in operational decision-making. |
| For additional information, reference Joint Publication 3-11, "Operations in CBRN Environments," of 28 October 2020 and Joint Publication 3-41, "CBRN Response," of 4 December 2023. |

EXPEDITIONARY MEDICAL FACILITY OPERATIONAL
CHEMICAL, BIOLOGICAL, RADIOLOGICAL, NUCLEAR DEFENSE CAPABILITIES

Per OPNAVINST 3501.176E, “Required Operational Capabilities and Projected Operational Environment for the EXMED Facility,” of 8 August 2024, the EXMED Facility must ensure the listed CBRND capabilities:

| EXMED Facility Required Operational Capabilities |
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| CBRN Medical Defense Foundational Skills |
| Train designated medical supervisors and non-medical personnel to detect CBRN-contaminated casualties. |
| Counter and control CBRN contaminants and agents using personal countermeasures, patient treatment, supplies, hardened equipment, and shelter. |
| Casualty Care |
| Train assigned personnel in first aid, self, and buddy aid procedures. |
| Provide medical treatment for CBRN and high-yield explosives casualties |
| Train designated non-medical personnel to assist in triage, management, and care of contaminated casualties. |
| Force Health Protection |
| Provide individual protective equipment (i.e. mission-oriented protective posture gear) to sufficiently protect personnel in a CBRN contaminated environment. |
| Provide antidotes and medical countermeasures to personnel, patients, and casualties to counteract the effects of CBRN agents and contaminated environments. |
| Provide a CBRN collective protection system for medical and support spaces. |
| Decontamination |
| Train designated non-medical personnel in casualty decontamination procedures. |
| Train designated non-medical personnel in secondary decontamination of unit personnel and patients. |
| Identify, supply, and maintain decontamination stations for unit personnel and patients. |
| Conduct frequent decontamination procedure exercises. |
| Ensure that listed decontamination guidelines are implemented: <ul style="list-style-type: none"> • All casualties exposed to CBRN agents are treated as contaminated or infectious, even if no symptoms of exposure are observed. • Contaminated patients do not enter the EXMED Facility or transfer to another facility prior to thorough casualty decontamination. • Ambulatory casualties can be processed through casualty or personnel decontamination areas. • Litter patients require a greater degree of medical supervision. |
| Leadership and Decision Making |
| Plan and direct operations in a CBRN environment. |
| Plan decontamination operations for own unit staff. |

EXPEDITIONARY MEDICAL UNIT OPERATIONAL
CHEMICAL, BIOLOGICAL, RADIOLOGICAL, NUCLEAR DEFENSE CAPABILITIES

Per OPNAVINST 3501.411, "Required Operational Capabilities and Projected Operational Environment for the Role 2 Enhanced Expeditionary Medical Unit," of 29 March 2023, the EXMED Unit must ensure the listed CBRND capabilities:

| EXMED Unit Required Operational Capabilities |
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| Casualty Care |
| Train assigned personnel in first aid, self, and buddy aid procedures. |
| Provide treatment for CBRN and high explosives casualties. |
| Train non-medical personnel to assist with triage and management of contaminated casualties. |
| Force Health Protection |
| Train designated medical supervisors and non-medical personnel to detect CBRN contaminated casualties. |
| Ensure sufficient personal protective equipment are available to protect staff and casualties. |
| Provide antidotes and medical countermeasures to personnel, patients, and casualties to counteract the effects of CBRN agents and contaminated environments. |
| Provide collective protective system for medical treatment and support areas. |
| Decontamination |
| Identify appropriate decontamination sites and ensure that needed supplies are available. |
| Plan for contingency operations for the decontamination of EXMED Unit staff. |
| Be prepared to conduct subsequent decontamination of patients to protect the medical staff and facility. |
| Train non-medical personnel to assist with casualty decontaminations. |
| Provide for proper storage, handling, use and transfer of hazardous materials. |
| Leadership and Decision Making |
| Plan and direct operations in a CBRN environment. |
| Ensure protection of personnel and provide a safe environment. |

FORWARD DEPLOYABLE PREVENTIVE MEDICINE UNIT OPERATIONAL
CHEMICAL, BIOLOGICAL, RADIOLOGICAL, NUCLEAR DEFENSE CAPABILITIES

Per OPNAVINST 3501.347A, “Required Operational Capabilities and Projected Operational Environment for the Forward Deployable Preventive Medicine Unit,” the forward deployable preventative medicine unit (FDPMU) must ensure the listed CBRND capabilities:

| FDPMU Required Operational Capabilities |
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| Casualty Care |
| Train assigned personnel in first aid, self, and buddy aid procedures. |
| Force Health Protection |
| Provide subject matter expertise and enhanced analytical support to mitigate effects of CBRN agents. |
| Provide individual protective mission-oriented protective posture gear to sufficiently protect FDPMU personnel in a CBRN contaminated environment. |
| Provide antidotes and medical countermeasures to FDPMU personnel to counteract the effects of CBRN agents and contaminated environments. |
| Conduct field detection, identification, and analysis of potential biological warfare agents or naturally occurring military relevant public health diseases. |
| Conduct health threat assessments for chemical and biological agents, radiological and environmental hazards, and toxic industrial chemical, and detect and assess exposures during deployments. |
| Provide CBRN collective protection system for FDPMU facilities supporting essential functions. |
| Decontamination |
| Identify, supply, and maintain decontamination station for FDPMU personnel in order to maintain operations. |
| Conduct frequent decontamination procedure exercises. |
| Leadership and Decision Making |
| Plan and direct operations in a CBRN environment. |
| Provide administrative and logistical support to augment personnel and their associated equipment assigned to decontamination stations. |

EXPEDITIONARY RESUSCITATIVE SURGICAL SYSTEM AND EN ROUTE CARE
SYSTEM OPERATIONAL
CHEMICAL, BIOLOGICAL, RADIOLOGICAL, NUCLEAR DEFENSE CAPABILITIES

Per OPNAVINST 3501.409, "Projected Operational Environment and Required Operational Capability for the Navy Forward Deployable Preventative Medicine Unit," of 14 June 2021, the Emergency Resuscitative Surgical System must ensure the listed CBRND capabilities:

| Emergency Resuscitative Surgical System Required Operational Capabilities |
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| Casualty Care |
| Train assigned personnel in first aid, self, and buddy aid procedures. |
| Provide medical treatment for CBRN and high-yield explosive casualties. |
| Provide antidotes and medical countermeasures to personnel, patients, and casualties to counteract the effects of CBRN agents and contaminated environments. |

En Route Care Systems must ensure the listed capabilities:

| En Route Care Systems Required Operational Capabilities |
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| CBRN Medical Defense Foundational Skills |
| Recognize and identify the signs and symptoms of exposure to CBRN agents. |
| Casualty Care |
| Train assigned personnel in first aid, self, and buddy aid procedures. |