



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

IN REPLY REFER TO  
BUMEDINST 5450.196  
BUMED-M1  
5 Aug 2020

BUMED INSTRUCTION 5450.196

From: Chief, Bureau of Medicine and Surgery

Subj: MISSION, FUNCTIONS, AND TASKS OF NAVY MEDICINE READINESS AND  
TRAINING UNIT LITTLE CREEK, VIRGINIA

Ref: (a) OPNAVINST 3120.32D  
(b) OPNAVINST 6400.1D  
(c) OPNAVINST 1000.16L  
(d) BUMEDINST 5450.165C  
(e) BUMEDINST 5430.8A  
(f) BUMEDINST 5450.174

Encl: (1) Functions and Tasks of Navy Medicine Readiness and Training Unit Little Creek,  
Virginia

1. Purpose. To publish the functions and tasks of Navy Medicine Readiness and Training Unit (NAVMEDREADTRNUNIT) Little Creek, Virginia (VA) and subordinate units under the mission established by references (a) through (e).

2. Mission. Maximize warfighter performance through optimized medical readiness tailored to operational requirements; enhance the readiness of the medical force to sustain expeditionary medical capability; train and develop the Navy Medicine (NAVMED) Forces.

3. Status and Command Relationships. NAVMEDREADTRNUNIT Little Creek is a shore (field) activity in an active operating status under an officer in charge (OIC) with delegated unit leadership.

a. Command

Officer in Charge  
Navy Medicine Readiness and Training Unit  
1035 Nider Boulevard, Suite 100  
Virginia Beach, VA 23459-3297

(SNDL: FH11) (UIC: 32529)  
(PLA: NAVMEDREADTRNUNIT LITTLE CREEK VA)  
(Activity Code: 5300-800)

Echelon

- 1 Chief of Naval Operations
- 2 Chief, Bureau of Medicine and Surgery (BUMED)
- 3 Commander, Naval Medical Forces Atlantic, Portsmouth, VA
- 4 Commander, Navy Medicine Readiness and Training Command (NAVMEDREADTRNCMD) Portsmouth, VA
- 5 OIC, NAVMEDREADTRNUNIT Little Creek, VA

b. Area Coordination. Commander, Naval Medical Forces Atlantic.

4. Action. The OIC, NAVMEDREADTRNUNIT Little Creek will ensure performance of the functions and tasks in enclosure (1) and forward recommended changes via the chain of command to Commander, Naval Medical Forces Atlantic per reference (f).

5. 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 (DON) Directorate for Administration, Logistics, and Operations, 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 DON Directorate for Administration, Logistics, and Operations, Directives and Records Management Division program office

6. Review and Effective Date. Per OPNAVINST 5215.17A, Assistant Deputy Chief, Manpower and Personnel (BUMED-M1B) will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy (SECNAV), 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 M-5215.1 of May 2016.

7. Information Management Control

a. The reports required in enclosure (1), paragraph 1 of this instruction are exempt from reports control per SECNAV Manual 5214.1 of December 2005, part IV, subparagraph 7j.

b. The reports required in enclosure (1), subparagraphs 2b(3) and 2c(4) of this instruction are exempt from reports control per SECNAV Manual 5214.1 of December 2005, part IV, subparagraph 7p.

c. The reports required in enclosure (1), subparagraph 2b(15) of this instruction are covered by report control symbol NAVMED 5350-1.

d. The reports required in enclosure (1), subparagraphs 2c and 2d of this instruction are exempt from reports control per SECNAV Manual 5214.1 of December 2005, part IV, subparagraph 7j.



B. L. GILLINGHAM

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/Pages/BUMEDInstructions.aspx>

FUNCTIONS AND TASKS OF  
NAVY MEDICINE READINESS AND TRAINING UNIT LITTLE CREEK, VIRGINIA

1. Key Functions

- a. Provide medical force assets to optimize health, performance, and resilience of operational forces.
- b. Analyze and adjust medical force structure and productivity to meet the tailored-medical readiness needs of the operational units.
- c. Serve as communication platform between commander, line medical assets, and NAVMED leadership.
- d. Utilize information technology (IT), research, and analytics to optimize decision making and readiness (e.g., virtual medical centers, etc.).
- e. Provide support for installation readiness needs and a critical link for communication and tracking of the health readiness of installation, tenant, and area command needs.
- f. Ensure medical force clinical currency and competency.
- g. Ensure operational platform medical currency and competency.
- h. Coordinate clinical currency and force sustainment support to the operational medical force, including non-clinical skills and specialties.
- i. Track and report medical force readiness status to higher echelon authorities.
- j. Manage requests for forces as directed by Chief, BUMED via chain of command.
- k. Maintain and enhance the character and competency of the medical force.
- l. Provide institutional, financial, and personnel support for medical professional activities.
- m. Negotiate memoranda of understanding with partner institutions to facilitate mission needs and commander's intent.
- n. Provide and coordinate information and contingency taskings with associated Defense Health Agency (DHA) medical treatment facilities (MTF).

## 2. Functions and Tasks

### a. Command Suite

(1) OIC. Ensures the effective and efficient performance of the functions and operations per U.S. Navy Regulations, the Manual of the Medical Department, and other directives issued by competent authority. Serves as primary medical point of contact (POC) for all units aligned to the installation. Ensures readiness of all medical personnel and provides oversight of medical readiness of the personnel within the AOR. Coordinates activities of NAVMEDREADTRN-UNIT under the management and administration of the DHA.

(2) Assistant Officer in Charge (AOIC). Responsible to the OIC and assumes command in the absence of the OIC. In the performance of these duties, the AOIC will conform to and implement the policies and orders of the OIC and will keep the OIC informed of all significant matters pertaining to the command. Primarily responsible for the day-to-day organization, good order and discipline, provision of healthcare services, graduate professional education standards, performance of duty, and readiness of the entire unit, as assigned.

(3) Senior Enlisted Leader (SEL). Enlisted advisor to the unit on the formulation and implementation of policies pertinent to the mission, morale, welfare, job satisfaction, discipline, utilization, and training of all enlisted personnel. Reports directly to the OIC and works closely with the NAVMEDREADTRNUNIT and NAVMEDREADTRNCMD leadership team to ensure Sailors are effectively led and developed. Specific duties and authorities are identified in reference (a).

b. Special Assistants. These functions and tasks are performed with direct access to and supporting the OIC. The OIC may elect to devote a full-time equivalent in performance of the tasks and responsibilities, or may designate the roles be performed as an additional or collateral duty by NAVMEDREADTRNUNIT personnel. These roles will be defined appropriately based on the needs of each command (e.g., size, location, etc.).

(1) Legal. Provides guidance, advice, and representation in matters relating to civil, criminal, military, and administrative law, ethics, litigation, claims, and legal matters directly to the OIC and for component activities. Provides legal advice to staff members regarding questions arising in the performance of their official duties and other matters of legal readiness (e.g., wills, deployment readiness-related legal issues, etc.). This is accomplished either through on-site expertise or through coordination with base and higher echelon legal services.

(2) Public Affairs. Serves as POC with direct access to OIC for matters of communication and coordination of the NAVMEDREADTRNCMD public affairs program, in consultation with the OIC's intent. Prepares and distributes news releases. Supervises

the preparation, editing, and final review of information for release. Coordinates photographic coverage of newsworthy and community-building events at NAVMEDREADTRNUNIT. This is accomplished either through onsite expertise or through coordination with base and higher echelon public affairs services.

(3) Occupational Safety. Serves as POC with higher echelon for safety program coordination. This role may be performed as a collateral duty or shared with DHA or other NAVMEDREADTRNCMD assets. Coordinates the accomplishment of the objectives of the Naval Occupational Safety and Health Program with assigned assets and NAVMEDREADTRNCMD safety personnel. Communicates required data on accident investigation, analysis, and reporting, hazard identification and control, proper use of personal protective equipment, safety instruction, and occupational safety and health surveys.

(4) Pastoral Service. Direct advisor to the OIC on all matters pertaining to religious, moral, and sensitive personal issues regarding unit personnel. Responsible for managing and facilitating the command religious program and coordination of affiliated activities as directed. This is accomplished either through on-site expertise or through coordination with base and higher echelon pastoral services.

(5) Chief Medical Officer. Principal advisor to the OIC for all aspects of clinical quality and patient safety related to non-MTF, readiness-related healthcare operations.

(6) Unit Security Representative. Manages the unit's application of the personnel security, information and industrial security program and is the OIC's direct representative in all matters pertaining to personnel security and security clearances. In conjunction with DHA, other Services, and NAVMEDREADTRNCMD assets (as assigned), oversees security management program consisting of the previously mentioned security programs. Maintains cognizance of command information and operational security, including personnel security authorizations and information access requirements. Ensures proper handling of all classified materials and coordinates clearance adjudication with DoD Central Adjudication Facility and related entities. This is accomplished either through on-site expertise or through coordination with base and higher echelon security services.

(7) Unit Career Counselor POC. Serves as principal advisor to the OIC and SEL on enlisted career development. Plans, develops, and implements career information programs and policies for the immediate superior in command, incorporating relevant guidance from Navy Personnel Command; BUMED, and NAVMED readiness and training region elements and instructions. Provides on-site analysis and evaluation of subordinate command programs, ensuring rating and staffing requirements. Oversees retention and attrition management. Supervises the preparation, editing, and final review of information for release. Coordinates photographic coverage of newsworthy and community-building events at NAVMEDREADTRNUNIT. This is accomplished either through onsite expertise or through coordination with base and higher echelon public affairs services programs. Reviews and analyzes local

application(s) of regional Career Development and Transition Assistance Management Programs. This is accomplished either through on-site expertise or through coordination with base and higher echelon career counselor services.

(8) Sexual Assault Prevention and Response POC. Serves as principal advisor to the OIC on sexual assault prevention and response initiatives. Provides statistical data on sexual assault cases to NAVMEDREADTRNCMD, immediate superior in command and other regional command elements as appropriate.

(9) Diversity and Inclusion. Serves as the principal advisor to the OIC, NAVMED-READTRNUNIT, and senior leadership on diversity training, outreach opportunities for recruiting, retention efforts, and professional requirements for future NAVMED leaders. This is accomplished either through onsite expertise or through coordination with base and higher echelon diversity and inclusion services.

(10) Equal Opportunity (EO) POC. Serves as the principal advisor to the OIC as command climate specialist on all matters pertaining to military EO.

(11) Inspector General (IG) Compliance Coordinator. Tracks compliance with Navy and NAVMED Medical IG's office inspection programs. Coordinates related external visits to the NAVMEDREADTRNCMD, handles hotline complaints and other command inquiries as directed. This is accomplished either through onsite expertise or through coordination with base and higher echelon IG services.

(12) Senior Corps Representatives (SCR). The NAVMEDREADTRNUNIT may have a primary designee assigned for each medical department corps. Each SCR will be assigned by the OIC in consultation with the NAVMEDREADTRNCMD SCR. Serves as their Corps' subject matter expert (SME) and facilitates related issues. Actively engages in regular meetings with the NAVMEDREADTRNCMD SCR to discuss Corps direction and goals. Provides counsel to the OIC and works with key stakeholders regarding practice, competency, education, training, and manpower issues, as needed. Provides advice and counsel regarding career development of Corps personnel assigned to the command to ensure readiness and skills sustainment in support of a ready medical force.

(13) Urinalysis and Alcohol Detection Device Program. Maintains cognizance and oversight of the unit's Urinalysis Alcohol Detection Testing Programs.

(14) Emergency Management and Defense Support to Civil Authorities POC. Coordinates disaster preparedness exercises (e.g., for natural and medical disasters; chemical, biological, radiological, nuclear, and high explosives response; hostile or terrorist actions) and

command participation in support of local area exercises. Represents the OIC in the planning, development, training, implementation, and executions of tools for defense support to civil authorities. This is accomplished either through onsite expertise or through coordination with base and higher echelon emergency management services.

(15) Drug and Alcohol Program Advisor. Responsible to the OIC for implementing the Navy Alcohol and Drug Program. Conducts onboard administrative screening directed by the OIC, coordinates or assists in conducting command awareness education, assists in monitoring aftercare, prepares required reports and correspondence and serves as the command's self-referral agent. This is accomplished either through onsite expertise or through coordination with base and higher echelon services Drug and Alcohol Program advisor.

c. Platform Support Directorate. Responsible to OIC for administrative matters related to human capital and total force management in support of NAVMEDREADTRNUNIT platforms and supported command stakeholders. Administers relevant Navy command programs included within command inspection areas of review by the Navy IG at the NAVMEDREADTRNUNIT level. Executes commander's intent via OIC and unit oversight and technical assistance for the effective and efficient management of military and administrative operations of the NAVMED-READTRNUNIT. Coordinates and directs policies and procedures relative to NAVMEDREADTRNUNIT administration. Manages the preparation, tasking, and response process from higher authority to subordinate commands. Responsible for liaison with medical services of the fleet. The platform support directorate consists of:

(1) Human Resources. Analyzes work processes and identifies the right number of staff to provide directorate operations and services, in coordination with DHA assets and NAVMED-READTRNCMD chain of command. Provides manpower (billets and positions) and personnel support to NAVMEDREADTRNUNIT and associated units. At the NAVMEDREADTRNUNIT level, this may be accomplished as a collateral duty or in conjunction with DHA and other Service assets, as assigned. These functional areas are broken down further in the tasking bulletized lists:

(a) Manpower. Assists in planning, analyzing, and monitoring of manpower assets for directorates within NAVMEDREADTRNUNIT. Interprets and analyzes manpower directives to ensure compliance and consistency.

1. Provides consultation and professional guidance to subordinate commands on various manpower reports and systems, such as the activity manpower document and the Total Force Manpower Management System.

2. Coordinates with NAVMEDREADTRNCMD for execution of manpower requests and human resource system resolution.



3. Prioritizes manpower requirements based on readiness and mission requirements, and personnel executability; and translates authorizations into a demand signal for personnel, training, and education processes. This includes continual activity manpower document review and consistent processing of manpower change requests to NAVMEDREADTRNCMD for submission to Total Force (BUMED-M1) via Naval Medical Forces Atlantic command office for review, as well as focused reviews contained in Navy IG and Chief of Naval Operations checklists.

(b) Personnel. Organized to efficiently provide taskings in concert with NAVMEDREADTRNCMD personnel office and guidance. Provides administrative and program support essential to the direction and operational readiness of military and civilian personnel programs.

1. Fulfills duties of Command Pay and Personnel Administrator. Administers the command's special pays program for NAVMEDREADTRNCMD personnel and serves as unit pay and personnel administrator. Ensures all aspects of pay and personnel support are accomplished through coordination with command personnel and personnel support detachment and familiarity with relevant directives and manuals. Monitors policy changes impacting pay, personnel, and transportation entitlements of command personnel.

2. Provides consultation and guidance on military and civilian personnel issues to include retention, advancement, retirement, staffing and assignments, compensation management (civilian), career management, and performance management.

3. Serves as POC for NAVMEDREADTRNCMD personnel to track and manage personnel data within information systems including the Defense Medical Human Resources System – internet (DMHRSi), the Expeditionary Medicine Platform, Augmentation, Readiness, and Training System (EMPARTS), Individual Augment Portal, Defense Civilian Personnel Data System, Personnel Security Program, and other human resource systems as required by Navy and NAVMED, as needed.

4. Coordinates with the NAVMEDREADTRNCMD for execution of manpower requests and human resource system resolution and ensures “Fit to Fill” policies are executed and reports metrics to higher authority, as required.

5. Liaises with NAVMEDREADTRNCMD, Naval Medical Forces Atlantic, DHA, and other higher authorities on civilian and military personnel requests and human resource system issue resolution, as directed.

6. Administers the Navy command awards program, to include OIC and NAVMEDREADTRNCMD awards delegates, including awards board(s), EO and command managed equal opportunity representative(s), public affairs, etc., as directed.

7. Ensures oversight and execution of decedent affairs and personnel casualty reporting responsibilities are carried out per applicable Service instructions.

(c) Reserve Component (RC) Support. Assigned RC support provides the OIC with adaptive medical capability, to include medical and dental readiness support for active component and RC personnel as directed, without additional lead-time where appropriate. Reserve personnel, Navy funding is available.

(2) Logistics. Provides logistical management support, coordination, oversight, and direction to NAVMEDREADTRNUNIT supported activities in collaboration with DHA. Provides functional guidance and assessment of military and other logistical materiel systems used. These systems include, but are not limited to, the Defense Property Accounting System; Defense Medical Logistics Standards Support; and the Standard Procurement System. Provides oversight and direction to NAVMEDREADTRNUNIT-supported activities on medical logistics support systems, contractual agreements, information architecture, and technologies necessary to perform their mission. Reviews and validates user requirements to include training system availability to reflect changing fleet requirements. Ensures any major change requirements are reflected in the appropriate contracting vehicles, and are included in budget models for out-year planning purposes. Coordinates operations and maintenance and other procurements equipment budget submissions.

(a) Procurement. Manages the procurement, storage, and shipping of collateral equipment in coordination with assigned health facility planning projects officer through NAVMEDREADTRNCMD chain of command. Tracks budget of collateral equipment in coordination with assigned health facility planning projects officers and resource management. Manages and supervises the appropriate use of government purchase card accounts for assigned personnel.

(b) Equipment Management. Coordinates the collateral equipment requirements, budget estimates, and procurement strategies for all new construction and existing facility major modernization projects within the NAVMEDREADTRNUNIT AOR. Reviews and coordinates the BUMED triennial equipment inventory with 100 percent equipment turnover and accountability at the unit leader level.

(c) Building Management. Manages NAVMEDREADTRNUNIT facility lifecycle management and modernization, sustainment, and restoration program in coordination with the NAVMEDREADTRNCMD. Conducts, analyses, and produces documentation to support military construction planning, design, programming, and funding. Provides guidance and consultation for facilities management proposals and recommends funding for special projects, including flexible space requirements and installation in coordination with DHA.

(d) Materiel Management. Plans, administers, directs, and controls all aspects of supply, contracting, and equipment management within NAVMEDREADTRNUNIT scope of mission and function.

(3) Mission Assurance

(a) Operations Management. Provides administrative management support services for effective, efficient command operations including mail distribution, transportation, and quarterdeck operations within NAVMEDREADTRNUNIT scope of mission and function.

(b) Security. Implements the command's physical security program. Provides technical support and oversight of NAVMEDREADTRNUNIT's physical security, anti-terrorism and force protection, insider threat program, and other policy, guidance, information, procedures, and responsibilities for the protection of personnel, facilities, and equipment within the NAVMEDREADTRNUNIT against terrorist and active attacker acts. Coordinates installation access and safety with related offices, to include command pass coordinator, command personnel security manager, command safety office, installation emergency response, and watchstanders (as applicable).

(4) Operational Analytics. Provides organized collection, processing, display, and rapid dissemination of pertinent NAVMEDREADTRNUNIT readiness information to aid in both strategic and tactical decision making in support of the readiness and training mission of the NAVMEDREADTRNCMD and supported commands. Oversees the NAVMEDREADTRNUNIT's coordination of the delivery of IT, readiness analytics, readiness informatics, and operational integration of virtual health, in coordination with relevant oversight organizations and commands, as required. Ensures the NAVMEDREADTRNUNIT IT Service requirements are identified and maintained according to the DoD technology and information standards and needs, in support of Navy Service requirements. Readiness analytics leverages data analytics to enhance medical readiness and to inform decision making at the unit and platform level. Monitors and interprets performance of enterprise-established NAVMEDREADTRNCMD metrics that reflect the NAVMEDREADTRNCMD's ability to enhance expeditionary medicine readiness and optimize the warfighter. Collaborates with NAVMEDREADTRNCMD counterparts to identify initiatives aimed at optimizing the readiness of the warfighter. Reviews data quality and provides recommendations to ensure capture of high quality and relevant data. Provides input on lessons learned through NAVMEDREADTRNCMD and NAVMEDREADTRNUNIT chain of command.

(5) Information Management (IM). Acts as liaison between subordinate commands, operational medical forces within AOR, Reserve forces, IM, IT, and regional representatives. Oversees the identification, development, and governance submission of NAVMED readiness IM and IT requirements within AOR. Ensures cyberspace IT and cybersecurity workforce core training, certification, education, and management requirements are identified and tracked within AOR per DON direction.

d. Warfighter Optimization Directorate. Organizes directorate operations and maintains focus on proactively monitoring and executing measures that optimize the readiness of the warfighting and operational forces. Serves as single POC for all medical activities to supported

commands throughout the AOR. Provides installation support and responsible to optimize health, performance, and resilience of operational forces via channels to include health assessment processes: periodic health assessment, mental health assessment, post deployment health assessment, and post deployment health reassessment, embedded mental health, individual medical readiness, Disability Evaluation System (DES), wellness and health promotion, human performance, human systems integration, industrial hygiene, occupational health, environmental health, food protection, Family Advocacy Program, Substance Abuse Program, emergency management and continuity of operations and planning, public health laboratories, medical examiner and forensics, indicated Naval air training and operating procedures standardization investigations, and others. Also focused on meeting the tailored-medical readiness needs of the operational units (e.g., Personnel Reliability Program, aviation medicine, dive medicine, undersea medicine, special duty training, operational training, overseas screening and training, radiation health, hearing, dental, safety, and occupational health).

(1) Mission Optimization. Primary liaison in providing operational medical support to the fleet surgeons and to the force medical officers of the Navy and Marine Corps commands aligned to the installation. Coordinates participation in contingency response and doctrine implementation; monitors medical readiness, and directs budget submitting office 18 activities actions in the health service support of operational forces. Provides medical capabilities to meet the tailored needs of operational units aligned to the installation such as aviation medicine, undersea medicine, and surface medicine. Develops, analyzes, and coordinates all non-MTF provided healthcare services and operations for Joint Expeditionary Base Little Creek and outlying associated sites. Assists BUMED, operational forces, and medical units in clarifying and supporting compliance with professional standards, guidelines, and program requirements for the delivery of healthcare to support warfighters and planning for future operational requirements.

(a) Non-MTF Engagement. Liaison with units aligned to installation. Through data-informed decision making, identifies requirements of operational forces to attain and maintain full medical readiness status. Reduces barriers to access, time away from training and operations, occurrence and recurrence, and time-in temporary limited duty status. Increases number of convening authorities to include coordination with non-Navy elements at Joint Expeditionary Base Little Creek and other facilities as required. Tracks dashboards of unit medical readiness to facilitate a more proactive approach in meeting needs of the units aligned. Facilitates programs providing care within MTFs, at work centers, in gym facilities, near barracks, etc., to increase access to care. Supports virtual health capabilities to provide means for medical asset engagement for Service members. Identifies requirements to meet unique needs of operational units aligned to the installation.

(b) Training for Non-Medical Personnel. Assists installation units in the facilitation and provision of tactical combat casualty care capability for all combatants training to enhance the ability of all active duty Service members to contribute to their unit's ability to maintain lethality. Supports development and execution of this training by reviewing and revising, as required, based on changes in operating environments and adversary capabilities.

(2) Warfighter Resilience and Wellness. Develops, analyzes, and coordinates all resilience and wellness programs for Joint Expeditionary Base Little Creek and outlying associated sites. Assists in clarifying and supporting compliance with professional standards, guidelines, and program requirements for the delivery of programs designed to improve resilience and overall wellness to support warfighters. Aligns medical resources to optimize health and resilience for every individual to prepare the total force to meet the health challenges of the full range of military operations. Provides and implements a centralized plan for caregiver occupational stress control.

(a) Mental and Psychological Health of the Warfighter. Implements policy and executes program development related to a variety of functions associated with warfighter resilience, deployment-related illness and injuries, etc. Provides specialized care management for wounded, ill, and injured Service members from point of injury through return to duty or reintegration, transition, and disability evaluation. Facilitates Post Deployment Health Reassessment Program in concert with other NAVMEDREADTRNCMD elements. Additional liaison and oversight functions and tasks include, but are not limited to: onsite support to supported mental health and operational support assets, Wounded, Ill, and Injured Program, psychological health, and traumatic brain injury liaison, as assigned.

(b) Substance Abuse Rehabilitation Program. Provides inter-disciplinary screenings, assessments, rehabilitative treatment, and educational services for active duty personnel. Provides treatment services for alcohol and other substance misuse. Substance Abuse Rehabilitation Program provides BUMED-approved continuing medical education training to healthcare providers and staff.

(c) Wellness Center and Health Promotion. Develops, manages, and supervises wellness, health promotion, command fitness, and patient education services. Designed to educate, encourage, and improve healthy lifestyle management through counseling and classes such as stress management, ship-shape, tobacco cessation, healthy eating, weight loss management, exercise, etc., with an ultimate goal of increased deployability among Service members.

(3) Operational Force Readiness. Primary consultant with oversight of administrative separation recommendations; blood banks; chemical, biological, radiological, nuclear, and high yield explosives; clinical practice guidelines; credentials oversight for the OIC; disease management, medical executive committee, nursing executive committee; emergency medical service; influenza (avian, H1N1, pandemic); DES; military vaccinations and operational medicine; women's health clinics to improve access and ultimately deployability for female Service members; physical readiness test waivers; public health advisory board; and referral management. Oversees and executes the DES, temporary limited duty, and Periodic Health Assessment Programs. Also, includes other readiness and fleet-centric specialty functions with operational medical force assets to optimize health, performance, and resilience of operational forces such as aviation medicine, undersea medicine, optometry, etc. Administratively ensures

deployment readiness. Aligns medical resources to meet the health challenges of the full range of military operations, and ensure every Service member is confident that care is available anytime, anywhere. Assists and augments medical capabilities when requested (non-request for forces).

(a) Medical Readiness Center. Provides and coordinates outpatient care related to active duty staff preparing for or returning from deployment. This function includes the tracking and reporting of individual medical readiness, pre- and post-deployment health assessments, and worldwide suitability and overseas duty screening for all Service members.

(b) Warrior Optimization Coordinator. Ensures proper and appropriate case management and facilitates tracking of patient referrals throughout the care continuum. Ensures the appropriate level of care (e.g., care coordination, discharge planning, and other coordination services) for active duty Service members requiring special assistance to restore or maintain medical readiness status. Coordinates transfer of information when Service members require care outside the direct care system. Enhances continuity of care and decreases fragmentation by providing education, developing strategies, and intervening when required to restore or maintain readiness. Assesses, analyzes, and communicates location of medical personnel, location of Service members, patient medical status, overall unit medical readiness, and trends in medical incidents to COs, designated representatives, and organic medical assets. Provides real-time data of readiness requirements to COs to proactively address potential issues. Manages medical information and health records to support Service members as outlined in The Privacy Act of 1974 and the Health Insurance Portability and Accountability Act of 1996. Facilitates care to support disassociated Navy personnel, remote personnel, and executive medicine coordination.

(4) Force Health Protection. Coordinates requirements pertaining to prevention services and related functions, in coordination with necessary DHA, Joint, and NAVMEDREADTRN-CMD assets and processes. Maintains operational readiness by preventing disease and injury to active duty and federal employees.

(a) Industrial Hygiene (IH). Provides POC for IH support for NAVMEDREADTRN-CMD's IH office, as assigned.

(b) Occupational Medicine. Provides comprehensive occupational medicine services during the pre-deployment and deployment periods, to include health surveillance, task certification, and injury prevention and management. Provides support for screening, tracking, and reporting occupational exposure to ionizing radiation.

(c) Occupational Safety. Implements safety rules, regulations, standard operating procedures, and programs per BUMED guidance, Navy safety standards, Federal safety standards, Naval occupational health and safety, occupational safety and health administration, life safety and fire safety management programs, the Naval Safety Center, and other oversight agency policy.

(d) Occupational Audiology and Hearing Conservation. Provides annual audiometric tests for the Occupational Audiology and Hearing Conservation Program including audiometric tests for physicals and platform specific surveillance.

(e) Preventive Medicine. Manages comprehensive environmental health, preventive medicine, and epidemiological programs onboard Naval Medical Center Portsmouth, and supported area units as assigned. Provides technical guidance and oversight of the command's healthcare-associated infection prevention and control program in an operational environment; ensures command adherence to BUMED and Centers for Disease Control and Prevention instructions and regulations.

(f) Dental Services. Oversees and tracks readiness of general and specialty dental care, including routine and emergency examinations, dental prophylaxis, comprehensive dentistry, endodontics, periodontics, oral and maxillofacial surgery and prosthodontics. General dentistry provides annual dental examinations, treatment planning, radiographic review, routine and emergency consultations, and referral services.

(g) Immunizations Status (Individual Medical Readiness-Specific). Administers and documents immunizations for active duty Service members. Consults on matters and plans interventions required to maintain readiness and support deployment requirements, including force health protection pre-deployment consultation and administering pre-travel medicine and personal countermeasures.

(h) Installation-Specific Needs Support. Coordinates medical support to installation-specific medical and Corpsmen needs such as firing-range coverage, auxiliary security force implementation, special events, mass casualty training and response, and other requests for medical support.

(i) Veterinary Care POC. Provides administrative support to include managing operational target for the Army Public Health Center, veterinary detachment, veterinary buildings, working animal coordination (e.g., teeth cleanings, etc.).

e. Expeditionary Medicine Directorate. Maintains focus on monitoring and maximizing the readiness of the medical force, to include proactive management of platform and individual readiness, continual oversight and coordination by the plans, operations, and medical intelligence office, and proactive integration with force development, unit leadership, and MTF placements.

(1) Currency and Readiness. Manages oversight of force knowledge, skills, and abilities (KSA) sustainment pertaining to: level of clinical competency related to workload, NAVMED-READTRNUNIT requirements and Service-specific functions (e.g., medical boards), military-required and specified training (e.g., firefighting and rifle training), and platform training for clinical and non-clinical skills to meet the requirements of operational medical platforms and expeditionary medicine demand signals. Includes individual readiness, including medical and

physical fitness, training, administrative, personal, and family readiness. Communicates requirements and deficiencies to the personnel department in platform support to address staffing assignments. Communicates the overall individual readiness of personnel to operational platform commanders.

(2) Platform Readiness POC. In coordination with BUMED and the human resources or personnel office, facilitates the operational currency and competency requirements of operational medical platforms aligned to NAVMEDREADTRNUNIT. Communicates the overall operational readiness of medical personnel to operational platform commanders.

(a) NAVMED's Augmentation Program (NMAP). Serves as the critical linkage between the NAVMEDREADTRNCMD's deployable forces and BUMED, associated MTFs, U.S. Fleet Forces Command, and supported combatant commanders across the globe via Naval Medical Forces Atlantic chain of command. This program function provides liaison function to supported commands through for the execution of the NMAP training, preparation, deployment, and support cycle. Coordinates training dates, MTF participation, message traffic, and logistical issues associated with NMAP. Conducts readiness reviews of sourcing commands to verify NMAP readiness and overall program conformity. Reviews, validates, and determines the sourcing and tasks as appropriate all for military temporary support requests within the NAVMEDREADTRNCMD.

(b) Readiness Reporting. Executes readiness reporting for all operational units assigned to the NAVMEDREADTRNUNIT by Service as POC for the NAVMEDREADTRNCMD expeditionary medicine directorate. Ensures staff serve as POC and liaison with NAVMEDREADTRNCMD counterparts trained in EMPARTS and the Medical Readiness Reporting System. Ensures all members are assigned to platforms and receive notification of readiness and training requirements via communication with NAVMEDREADTRNCMD counterparts. Continually liaises and serves as POC for NAVMEDREADTRNCMD EMPARTS staff to ensure data accuracy and platform assignments. Reports discrepancies to BUMED leadership via the NAVMEDREADTRNCMD and Naval Medical Forces Atlantic as needed.

(c) Partnership Integration. Liaison function, in coordination with the DHA, in the establishment of joint partnerships between NAVMEDREADTRNCMD, DHA, and other organizations and facilities (e.g., other MTFs, Department of Veterans Affairs, civilian hospitals, community facilities) to maximize readiness of medical personnel and maintain experience required for clinical and non-clinical KSAs. NAVMEDREADTRNCMDs have will evaluate the training readiness needs of their assets and review cooperative agreements to provide sharing and understanding in support of readiness.

(3) Force Development. Tracks compliance via Learning Management System coordinator, for all professional, operational, and other required training programs for NAVMEDREADTRNUNIT personnel, including requirements for officer, enlisted, and civil service members of NAVMEDREADTRNUNIT. Works in conjunction with the NAVMEDREADTRNCMD for support in all development endeavors. Provides direction that facilitates



ongoing growth of personnel in the delivery of competency-based patient care and is responsible for accurate documentation of all educational activities including individual training record program. Manages education services including needs analysis, development, implementation, and evaluation. Designs and develops teaching and learning aids for NAVMEDREADTRNUNIT leadership. Provides solutions to optimize learning environments. Assists and tracks competence assessment and validation process within NAVMEDREAD-TRNUNIT. Provides in-Service education, continuing education, and command orientation of all newly reporting personnel.

(a) Staff Education and Training

1. Monitors and tracks staff development.
2. Coordinates continuing health education.
3. Facilitates requirement and resource sharing across MTFs (e.g., training, equipment, simulation, instructor support).
4. Collaborates with Federal government agencies, universities, and other institutions, consistent with Service education and training missions.
5. Oversees completion of operational readiness training requirements for assigned personnel consistent with current Naval Training Systems Plans (e.g., advance trauma life support, tactical combat casualty care, trauma nurse core course; enroute care; weapons qualifications; chemical, biological, radiological, nuclear, explosives; etc.) in coordination with other NAVMEDREADTRNCMD office elements (e.g., Expeditionary medicine departments, NAVMEDREADTRNUNIT director, etc.). Where training opportunities exist but are controlled to outside entities (e.g., enroute care, medical regulation course, etc.), serves as ongoing POC and disseminates information to NAVMEDREADTRNUNIT members on how to register for courses held at distributed training sites.
6. Coordinates delivery of a full array of resuscitative medicine courses. May serve in a supporting relationship with MTF for such training requirements (e.g., basic life support, advance cardiac life support, pediatric advance life support, etc.). Must define specific resources that will support MTF training requirements and NAVMEDREADTRNUNIT operational training requirements.
7. Coordinates scheduling, monitors completion, and reports status of required military training for medical personnel (e.g., general military training). The NAVMEDREAD-TRNUNIT will be responsible for Service-specific training requirements.
8. Oversees, documents, and reports status of individual medical specialty KSA completion.

9. Leads, coordinates, and tracks NAVMEDREADTRNCMD-specific staff requirements to support partnership engagements to achieve readiness training requirements (that cannot be fulfilled by the supporting MTF) to include training affiliation agreements, etc.

10. Procures, maintains, and manages medical training supplies and equipment allocated to supporting NAVMEDREADTRNCMD readiness, education, and training requirements.

11. Maintains and sustains a training cadre to support NAVMEDREADTRNCMD operational readiness requirements in conjunction with other elements of the NAVMEDREADTRNCMD structure for tracking, coordination, etc.

12. Manages operational readiness training libraries and portfolios.

13. Tracks staff compliance with professional medical requirements and credentials specific to Navy Service-specified requirements.

14. Coordinates with other elements of the NAVMEDREADTRNCMD (e.g., expeditionary medicine, etc.) to support the command's training exercise and employment plan.

15. Monitors and supports medical readiness training utilizing available personnel, equipment, and supplies.

16. Manages NAVMED Learning Management System, assigns mandatory training for staff, and tracks and reports completion for NAVMEDREADTRNCMD personnel.

17. Coordinates mobile training teams to execute exportable training courses at NAVMEDREADTRNUNITs.

(b) Professional Military Education. Provides and implements a centralized training plan with DoD requirements for continuous professional military education. Ensures personnel develop and maintain an understanding of the expeditionary medical capability (e.g., platforms, concepts of operations, etc.). Promotes Service-specific courses such as senior enlisted academy, the advanced medical department officer course, duty under instruction, etc. Coordinates and tracks POCs, registration procedures, etc., for professional development of assigned personnel, based on Service-specific requirements, in partnership with other NAVMEDREADTRNUNIT elements and consultation to distributed training site POCs. Organizes and supports medical readiness training and interventions in support of other NAVMEDREADTRNUNIT elements. Establishes very close, integrated relationship with other directorate elements, especially expeditionary medical directorates.

(c) Independent Duty Corpsman (IDC) Program Management. Identifies and capitalizes on all competencies of IDCs in the deployed environment based on Service policies while addressing The Joint Commission constraints when these same personnel provide care within garrison MTFs and clinics. Subject to applicable NAVMEDREADTRNUNIT Service and DHA MTF policy, IDCs are authorized Navy enlisted personnel on clinical rotations who serve within the competencies of their particular Navy enlisted classification identifier. IDCs are designated non-privileged providers, working alongside primary care managers, medical doctors, nurse practitioners, and physician assistants in the care of primary or specialty care settings at the MTF. Additionally, IDCs will deliver patient care for Service members under indirect supervision, allowing for evaluation, diagnosis, and treatment of military patients without being approved by a medical officer. Consistent with Service-specific policy and requirements, IDCs will work within established IDC-specific formularies to ensure that these non-privileged providers can adequately deliver patient care within their respective competencies. Whether at the NAVMEDREADTRNUNIT or day-to-day assignments at the MTF, IDCs will only serve Service members within their scope of practice without direct supervision, and may provide care to other beneficiaries under direct supervision of the physician supervisor only with the beneficiary's consent (or in the case of a minor with the sponsor's consent). The NAVMED-READTRNUNIT lead IDC will coordinate with oversight from the NAVMEDREADTRNCMD program director to manage and document IDC clinical readiness per reference (b), as applicable.