



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
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IN REPLY REFER TO

BUMEDINST 6440.10

BUMED-N3

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BUMED INSTRUCTION 6440.10

From: Chief, Bureau of Medicine and Surgery

Subj: GUIDANCE FOR IN GARRISON ACTIVE COMPONENT ECHELON 5
EXPEDITIONARY MEDICAL FACILITIES

Ref: (a) OPNAVINST 3501.176D
(b) BUPERSINST 1610.10F
(c) NTTP 4-02.4
(d) BUMEDINST 3501.1B
(e) Manual for Courts-Martial, United States (2019 edition)
(f) Navy Regulations, 1990
(g) BUMEDNOTE 6440 of 21 June 22 (Canc: May 23)
(h) NTSP 150-Bed Expeditionary Medical Facility
(i) NAVMED P-117
(j) BUMED ltr Ser N8/22UN80027 of 25 Mar 22 (NOTAL)

1. Purpose. To provide guidance regarding the command and control, readiness, administration, and resources available to active duty component echelon 5 expeditionary medical facility (EMF) triads to meet in garrison administrative, training, operational readiness, and clinical requirements.

2. Scope and Applicability. This instruction is limited to in garrison requirements for active component echelon 5 EMFs. The guidance applies to Commander, Naval Medical Forces Pacific; Commander, Naval Medical Forces Atlantic; Commander, Naval Medical Forces Support Command; Commanding Officer (CO), Navy Medicine Readiness and Training Command (NAVMEDREADTRNCMD) San Diego, CO, NAVMEDREADTRNCMD Camp Pendleton; CO, NAVMEDREADTRNCMD Portsmouth, Virginia; CO, NAVMEDREADTRNCMD Camp Lejeune; CO, NAVMEDREADTRNCMD Jacksonville; CO, NAVMEDREADTRNCMD Bremerton; CO, NAVMEDREADTRNCMD Twentynine Palms; CO, NAVMEDREADTRNCMD Bethesda; CO, NAVMEDREADTRNCMD Lemoore; CO, EMF-150 Alpha; CO, EMF-150 Bravo; CO, EMF-150 Juliet; CO, EMF-150 Kilo; and CO, EMF-150 Mike.

3. Background

a. Per reference (a), the primary purpose of an EMF is to establish, to operate, and to maintain a deployable medical facility capable of providing role 3 care during ground-based, air,

or maritime operations. Prior to a CO assuming command of the EMF, command and control of the EMF defaulted to the immediate superior in command (ISIC), NAVMEDREADTRNCMD CO.

b. In October 2019 and January 2020, Chief of Naval Operations established CO positions for active component echelon 5 EMFs to assume command in fiscal year 2022 with their respective NAVMEDREADTRNCMDs as their ISIC.

c. Resources for EMF documents referenced in this instruction are accessible via a common access card-enabled, EMF SharePoint site at:

<https://esportal.med.navy.mil/bumed/rh/m3/DocLib/Forms/Grouping.aspx?RootFolder=%2Fbumed%2Frh%2Fm3%2FDocLib%2FDeployable%20Medical%20Platforms&FolderCTID=0x012000EA68677C9374A84B8BCC321BD907B0EE&View=%7B201B0288%2D527C%2D4440%2DBAFE%2D592729322117%7D>

4. Action

a. Resources. Operation and Maintenance, Navy and Other Procurement, Navy funds will be used to fund requirements specific to each active component echelon 5 EMF. Echelon 3 comptrollers will manage EMF budgets in coordination with, and as Bureau of Medicine and Surgery (BUMED) directed by Director, Resources & Requirements (BUMED-N8).

(1) Annual Budget Call. EMFs will follow the process directed by BUMED-N8 for each echelon 3 comptroller regarding status of funds updates, unfunded requirements, and future POM requests. In order to obtain understanding of the in-garrison requirements, BUMED-N8 will initiate a central budget call through the echelon 3 commands. Echelon 4 and 5 representatives will provide feedback listing anticipated in garrison EMF requirements. Active component echelon 5 EMF requirements were not included in previous program objective memorandums (POM) or budget calls; therefore, current requests for funds in the year of execution are subject to the availability of funding.

(2) Process for EMF Requirements Needing Immediate Funding. When requirements arise, EMFs will communicate the need for funds to the echelon 3 comptroller and inform their ISIC. The echelon 3 comptroller will raise the request to BUMED-N8 for review and approval. If the request is approved, then funds will be executed by the echelon 3 commands on behalf of the EMF.

(3) Travel. Travel related to EMF requirements will be requested of BUMED via the echelon 3, with a courtesy copy to the NAVMEDREADTRNCMD commander or CO. A cross-organizational request will be completed, and the echelon 3 will execute travel funds on behalf of the EMF.

b. Administrative. EMF COs hold U.S. Code Title 10 authority and report to their assigned echelon 4 NAVMEDREADTRNCMD as their ISIC. The organizational structure that illustrates the budget submitting office (BSO) 18 chain of command is accessible via the EMF SharePoint site per subparagraph 3c of this instruction; EMFs Alpha, Juliet, and Kilo are sole sourced from their assigned geographic location. EMFs Bravo and Mike have geographically separated detachments. Per reference (b), the EMF CO is a reporting senior by virtue of command authority.

(1) EMF Chain of Command. To prepare for an operational mission and support communication, the recommended in garrison EMF organizational structure for authority, direction and control of EMF personnel is outlined in the Expeditionary Medical Facility In Garrison Organizational Structure which is accessible via the EMF SharePoint site per subparagraph 3c of this instruction and is based on the EMF structure detailed in reference (c), Navy Tactics, Techniques, and Procedures Expeditionary Medical Facilities, appendix A, sections A6 and A7. The recommended EMF structure is not intended to replace the organizational structure within the NAVMEDREADTRNCMD. The purpose of the EMF structure is to support operational requirements, driving readiness, and expedite deployability in support of operating forces. EMF personnel will be considered for competitive leadership opportunities at the NAVMEDREADTRNCMD and the Defense Health Agency (DHA) medical treatment facility (MTF).

(2) Detachment Memorandum of Agreement (MOA). A template for the MOA to document local support for geographically separated detachments is accessible via the EMF SharePoint site, per subparagraph 3c of this instruction.

(3) Officer Fitness Reports and Enlisted Performance Evaluations

(a) As the reporting senior for all EMF personnel, EMF COs submit authorized fitness reports and enlisted performance evaluations for all personnel. Per reference (b), concurrent reports may not be signed by anyone who is senior or subordinate to the regular CO in the same immediate chain of command.

(b) The chart outlines the recommended delegation for enlisted performance evaluations, when possible:

	E1-E4	E5-E6	E7	E8	E9
Rater	Department Lead Chief Petty Officer (E7 or E8)	Department Lead Chief Petty Officer (E7 or E8)	N/A	N/A	N/A
Senior Rater	Department Head	Department Head	N/A	N/A	N/A
Reporting Senior	Department Head	Executive Officer (XO)	CO	CO	CO

(c) EMF COs with permanent components greater than 50 miles away (Bethesda, Bremerton, Lemoore, and Twentynine Palms) may, per reference (b):

1. Complete a regular report within the EMF command summary group via local leadership input or performance information memorandum.

2. Countersign EMF detachment summary group concurrent reports.

3. Delegate reporting senior authority without prior approval from Director, Performance Evaluation Division, Navy Personnel Command (PERS-32). Delegated reporting senior authority must be within the EMF detachment and in the grade of commander (O-5) or above. Soft rankings for detachment personnel under the NAVMEDREADTRNCMD afford the opportunity for Sailors to be ranked in larger summary groups (i.e., My #1 of 3 EMF detachment CPOs and #2 of 24 within the NAVMEDREADTRNCMD Bethesda). Delegation of reports on enlisted personnel (E1-E9) should be at the level of the command that can best observe their performance with the limitations in subparagraphs 4b(3)(c)3a and 4b(3)(c)3b:

a. Reports on grades E5-E9 may not be delegated below the grade of lieutenant (O-3).

b. Reports on E4 and below may not be delegated below the grade of chief petty officer (E7).

(4) Manning

(a) A 150-bed EMF (EMF-150) consists of 454 billets, is considered a shore-based assignment, and does not require a suitability screening. Once personnel check onboard, the EMF CO may request a general deployability assessment. Personnel assigned to the EMF who fail a deployability assessment and are rendered non-deployable must either be placed on limited duty or referred into the Disability Evaluation System.

(b) Since the categorization of EMFs as shore commands provides limited options for transitioning personnel who are “temporarily not deployable” or “permanently not deployable”, it is imperative that EMFs provide accurate and timely reporting of readiness to allow Commanders to develop an informed risk assessment. If the personnel rendered non-deployable will significantly affect EMF readiness, EMF COs must work closely with their chain of command and Navy Personnel Command to communicate the risk.

(5) Readiness Reporting. Per reference (d), the readiness of the EMF platform must be reported in the Defense Readiness Reporting System - Strategic (DRRS-S) by the 15th of each month regardless of the platform tier status. Reporting will be submitted directly to Chief, BUMED, carbon copying the ISIC, Commander, NAVMEDREADTRNCMD, and associated echelon 3 command via Secure Internet Protocol Router Network (SIPR) modality.

(6) Command Inspection Program and Climate Survey

(a) Command inspections for EMFs are designed to ensure commands are properly organized, trained, equipped, and supported to achieve required capabilities and execute assigned missions. Medical Inspector General (MEDIG) will focus on education and training and not duplicate inspections conducted at the NAVMEDREADTRNCMDs in which EMF personnel are supported.

(b) For geographically co-located commands, NAVMEDREADTRNCMDs will provide program support for EMF personnel while in garrison, eliminating the requirement for duplicate MEDIG programs. Commands may identify representatives from both the NAVMEDREADTRNCMDs and the EMF to serve as program leads, to ensure sufficient trained personnel are in place in the event of full deployment of the EMF. A support agreement will be used to outline the plan for programmatic support which can be accessible from the EMF SharePoint site, per subparagraph 3c of this instruction

(c) Geographically separated detachments will use a MOA which can be accessible from the EMF SharePoint Site per subparagraph 3b of this instruction, to outline MEDIG program support provided by a NAVMEDREADTRNCMD within the immediate geographic area.

(d) As an echelon 5 command, the EMF CO must complete a baseline defense organizational climate survey (DEOCS) and annually thereafter. If the NAVMEDREADTRNCMD ISIC conducted a DEOCS within 3 months of the EMF CO, reporting to the EMF and EMF personnel can be identified as a sub-group within the DEOCS, the EMF CO may request a waiver to use the recently performed NAVMEDREADTRNCMD DEOCS as the initial DEOCS for the EMF. Personnel at detachments will participate in the geographically located NAVMEDREAD-TRNCMD DEOCS and may also participate as a sub-group in an EMF CO DEOCS.

(7) Uniform Code of Military Justice and Non-Judicial Punishment Authority

(a) The EMF CO will hold Title 10 legal authority over all personnel, regardless of rank, including the authority to convene special courts-martial and impose nonjudicial punishment, per reference (e). EMF personnel will have the right to request mast with the EMF CO or, seek redress from the EMF CO for a wrong committed by a superior, per reference (f).

(b) The EMF CO with geographically separated detachments may enter into agreements with local NAVMEDREADTRNCMD COs, that are not their ISIC, to enable the local NAVMEDREADTRNCMD CO to exercise command authority over the EMF detachment's members in matters of good order and discipline and other personnel matters.

c. Training

(1) EMF COs will ensure requirements related to training, education and equipment are included in the POM budget call.

(2) EMF COs will appoint readiness training officers (RTO) in writing to support coordinating and tracking training requirements. The contact information of EMF RTOs will be the Fleet Training Management and Planning System (FLTMPS), Expeditionary Medicine Platform Augmentation, Readiness and Training System (EMPARTS), Readiness and Cost Reporting Program (RCRP), and DRRS-S, per references (d) and (g).

(3) The Navy Training System Plan, 150-Bed Expeditionary Medical Facility (EMF-150), reference (h), identifies training requirements by billet necessary to support the EMF-150. EMF training requirements are divided into individual, classroom, or field training; team or Unit-level training on-site at Naval Expeditionary Medical Training Institute; and deployment specific training. This instruction will focus on the first two as the deployment specific is at the direction of the combatant commander. The Navy Training System Plan is accessible via a common access card-enabled SharePoint site at

https://esportal.med.navy.mil/bumed/directives/_layouts/15/WopiFrame.aspx?sourcedoc={8B8CE8F5-1E1F-435D-99D1-9FF4A1997952}&file=N093-NTSP-X-80-1701.docx&action=default.

(a) Individual Training. Individual training consists of introduction, orientation, and role-specific skills development. The EMF-150 navy training system plan billet training matrix outlines training requirements by billet and is accessible via the EMF SharePoint site via subparagraph 3c of this instruction. FLTMPS is the system of record for reporting compliance with all individual operational and medical readiness training requirements. Completion of training contributes to the personnel pillar in EMPARTS, RCRP, and in DRRS-S. Training completion is recorded by the EMF as part of the fleet response training plan (F RTP) in RCRP.

(b) Team or Unit-Level Training. Team or Unit-level training is performed on-site at the Camp Pendleton Naval Expeditionary Medical Training Institute and consists of three parts: an EMF construction orientation, familiarization with functional area equipment, and standard

operating procedures. As part of the mission essential task list, the EMF Triad exercises command and control culminating in an operational readiness evaluation. Scores of the Operational Readiness Evaluation are recorded as part of the FRTP in RCRP. EMF COs will be notified by their respective echelon 3 command, in coordination with Naval Medical Forces Support Command, when they are scheduled to participate in Team level training.

d. In Garrison Responsibilities

(1) Clinical and Readiness Requirements. Personnel ordered into an EMF or one of its detachments may be assigned to work at a DHA MTF or the NAVMEDREADTRNCMD to accomplish individual readiness knowledge, skills, and abilities requirements. The Navy Medicine readiness criteria reflects the expeditionary scope of practice by specialty to develop and to sustain clinical and operational currency and competency, which may be accessed via the EMF SharePoint site, per subparagraph 3c of this instruction.

(2) Credentialing and Privileging. All licensed personnel must be credentialed, and licensed independent practitioners must be privileged. The privileging authority for EMF personnel while working within the MTF is the MTF Director. The privileging authority for EMF personnel when working independent of the MTF (deployed) is the EMF CO. EMF COs must request inter-facility credential transfer briefs from the DHA MTF to privilege EMF personnel.

(a) Clinical Knowledge, Skills, and Abilities. The DHA MTF is the primary activity for sustainment of military clinical readiness requirements. Partnerships with other treatment facilities or civilian institutions will be maintained or established for readiness requirements that cannot be accomplished at the MTF.

(b) Off-Duty Employment. Approval for off-duty employment is at the discretion of the EMF CO. Personnel seeking off-duty employment will abide by the requirements outlined in reference (i), Manual of the Medical Department, chapter 1.

(3) Clinical Availability

(a) As a starting point while in garrison, 1.0 full time equivalent (FTE) of all EMF personnel will be engaged in the delivery of health care, to include non-patient work, at the DHA-MTF to sustain skills for deployment when not engaged in official Navy operational personnel and EMF readiness, not to exceed .3 FTE per year.

(b) EMF director-level leadership positions are authorized a standard FTE deduction (0.05 for greater than or equal to 50 personnel, 0.07 for 51 to 100 personnel, and 0.1 for greater than 100 personnel) for administrative responsibilities related to the EMF. EMF personnel may serve in leadership positions within the NAVMEDREADTRNCMD or the DHA MTF; and will

qualify for DHA-approved FTE deductions. These deductions are additive with any EMF director-level authorized FTE deductions. EMF leadership will work with their respective NAVMEDREADTRNCMD business operations leaders to document and monitor FTE availability of EMF staff.

(c) EMF personnel will support graduate medical education programs within their specialty and will adhere to the same Accreditation Council for Graduation Medical Education (ACGME) requirements as other Navy BSO-18 core faculty members. EMF COs are responsible for ensuring EMF personnel are compliant with core faculty requirements. Per the ACGME, common program requirements, residency program directors designate core faculty. Failure of EMF personnel to comply with ACGME core faculty requirements is grounds for removal of EMF personnel core faculty designations by program directors.

(4) DHA Reporting. Defense Medical Human Resources System internet (DMHRSi) coding is the DHA standard for documenting and communicating availability of personnel assigned to DHA MTFs. All personnel ordered into the Navy unit identification code will have a DMHRSi organization and position aligned to the Navy unit identification code. Personnel assigned to DHA will have their 'Group' field on the DMHRSi assignment updated to reflect the DHA department where they are primarily working. Per reference (j), EMF personnel will report labor in DMHRSi, whether the personnel are working in the DHA MTF or in the associated EMF, to track operational support to the fleet and time attributed to readiness.

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 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 Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division program office.

6. Review and Effective Date. Per OPNAVINST 5215.17A, Director, Operations (BUMED-N3) 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, 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.

7. Information Management Control. The reports required in paragraph 4, and subparagraphs 4b(3)(a), and 4b(3)(c) are exempt from reports control per SECNAV M-5214.1 of December 2005, part IV, subparagraph 7k.

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