



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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IN REPLY REFER TO
BUMEDINST 3400.3
BUMED-M5
1 Dec 2021

BUMED INSTRUCTION 3400.3

From: Chief, Bureau of Medicine and Surgery

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

Ref: (a) JP 4-02
(b) NTTP 4-02.7
(c) DoD Instruction 1322.24 of 16 March 2018
(d) BUMEDINST 3440.10B
(e) DoD Instruction 3020.52 of 18 May 2012
(f) DoD Directive 6200.04 of 9 October 2004
(g) OPNAVINST 3400.10H
(h) BUMEDINST 1200.1
(i) BUMEDINST 6470.10C
(j) DoD Instruction 3150.09 of 8 April 2015
(k) BUMEDINST 3440.13

Encl: (1) Core Operational Chemical, Biological, Radiological, and Nuclear Capabilities
Required for Navy Medicine Platforms

1. Purpose. To establish chemical, biological, radiological, and nuclear (CBRN) competency guidance, for the development of proficiency and readiness for all Navy Medicine (NAVMED) medical personnel assigned to platforms which provide direct support to operational forces, per references (a) through (k).

2. Scope and Applicability. This instruction applies to all budget submitting office (BSO) 18 activities. This instruction does not apply to the CBRN response operations conducted by shore installation medical treatment facility (MTF)-based NAVMED patient decontamination teams, which are manned, trained and equipped per references (a) through (k).

3. Background

a. The 2018 National Defense Strategy, reference (a), specifies the spread of nuclear weapons technology, advanced technological manufacturing capabilities, and advances in bioengineering will remain a persistent problem. State and non-state actors continue to seek or develop weapons of mass destruction and long-range delivery capabilities. There is increasing variety and ease of access to CBRN weapons resulting in the increased probability of their

employment during conflict. Per reference (b), under the joint functions of sustainment and protection, the Services must provide health service support across the full range of military operations, including mission execution in CBRN environments. It is critical for NAVMED personnel to be able to identify CBRN agents, and their possible medical interventions, to mitigate subsequent warfighter effects with precision to ensure mission success during multi-domain operations. Given the increased likelihood of adversary use of CBRN tactics, NAVMED must train and be prepared to support combat operations within unconventional operating environments.

b. It is the policy of Chief, Bureau of Medicine and Surgery (BUMED), in alignment with reference (c), to provide Joint Forces with Navy medical personnel with a demonstrated level of readiness and proficiency against current and future CBRN agents. This instruction provides guidance on the development of readiness and proficiency of NAVMED personnel for CBRN operating environments.

4. Roles and Responsibilities

a. Director, CBRN Medical Defense (BUMED-M53) must:

(1) Direct, monitor, and ensure NAVMED personnel are trained for their assigned medical support mission in CBRN operational environments.

(2) Provide input to higher authority, as requested, regarding the readiness of NAVMED forces to support the full range of missions in CBRN environments upon adversary use of CBRN tactics.

(3) Consult with Director, Medical Resources, Plans, and Policy; Director, Surface Warfare; Headquarters, U.S. Marine Corps; Joint Requirements office; and BUMED-M codes, to evaluate and assess existing vulnerabilities and capability gaps in CBRN readiness of BUMED deployable platforms.

(4) Coordinate with higher, adjacent, and subordinate commands to identify and develop CBRN exercise and experimentation opportunities to facilitate participation in support of readiness assessments.

(5) Coordinate and collaborate with Training and Education (BUMED-M7) to provide input to identify how to best maintain formal training pipelines.

(6) Coordinate with Manpower and Personnel (BUMED-M1) to manage Naval Officer Occupational Classification System changes to the CBRN medical defense additional qualification designator, as needed.

(7) Coordinate with Assistant Deputy Chief (ADC), Fleet Support and Logistics (BUMED-M4), as CBRN subject matter experts, to ensure deploying platforms have the right equipment.

b. ADC, BUMED-M4. Must ensure proper CBRN training set acquisition and sustainment in coordination with Naval Medical Forces Support Command.

c. ADC, BUMED-M7 must:

(1) Provide support to Naval Medical Forces Support Command to identify CBRN training gaps and develop solutions.

(2) Coordinate with BUMED-M53 during annual review of mission essential tasks (MET) and fleet response training plans to support the development of CBRN-specific core METs, supporting tasks, conditions, and standards in support of CBRN training requirements for medical personnel and ensure proper alignment in Readiness and Cost Reporting Program and Defense Readiness Reporting System-Strategic.

(3) Ensure CBRN training requirements are included in readiness training directives.

d. ADC, Financial Management (BUMED-M8) must:

(1) Secure adequate funding for training equipment sets per CBRN requirements in coordination with BUMED-M4, Naval Medical Forces Support Command, Naval Medical Forces Atlantic, and Naval Medical Forces Pacific.

(2) Acquire funding to meet CBRN training requirements in coordination with BUMED-M7, Naval Medical Forces Support Command, Naval Medical Forces Atlantic, and Naval Medical Forces Pacific.

e. Commander, Naval Medical Forces Support Command must:

(1) Integrate Naval Medical Forces Support Command CBRN training requirements in existing training requirements (e.g., tactical combat casualty care, field exercises, operational readiness evaluation) to capture readiness of individual and units in support of warfighter readiness.

(2) Coordinate with CBRN subject matter experts from BUMED-M53 and throughout the fleet to develop gap mitigation solutions.

(3) Assess and validate competencies achieved by NAVMED personnel and units.

(4) Coordinate with BUMED-M4 and BUMED-M8 to secure adequate funding for training sets per doctrinal and combatant command CBRN requirements.

(5) Coordinate with BUMED-M7 and BUMED-M8 to secure adequate funding for proper training courses and training sustainment.

f. Commander, Naval Medical Forces Atlantic and Naval Medical Forces Pacific must:

(1) Coordinate with BUMED-M8 to identify and acquire funding to meet CBRN readiness standards per doctrinal and combatant command CBRN requirements.

(2) Report CBRN competencies via the most current computerized readiness reporting system, per reference (d).

(3) Monitor, assess and ensure BSO-18 personnel and BUMED deployable platforms prioritize the completion of CBRN training and field exercises to meet combatant command and Navy requirements in support of interoperability and force development in a joint environment.

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, BUMED-M5B 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 Collection Management. The reports required in subparagraph 4f(2) of this instruction are exempt from reports control per SECNAV M-5214.1 of December 2005, part IV, subparagraph 7p.



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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 OPERATIONAL CHEMICAL, BIOLOGICAL, RADIOLOGICAL, AND NUCLEAR
CAPABILITIES REQUIRED FOR NAVY MEDICINE PLATFORMS

CBRN Medical Defense Foundational Skills	<ul style="list-style-type: none"> - Protect, shield, and sustain contaminated casualties. - Perform clinical skills in protective equipment. - Recognize CBRN agent signs and symptoms.
Casualty Care	<ul style="list-style-type: none"> - Perform basics of patient care in CBRN environments. - Perform triage and treatment of contaminated casualties across the continuum of care.
Force Health Protection	<ul style="list-style-type: none"> - Don and doff individual protective equipment and understand its impact to mission execution. - Understand isolation and cross-contamination mitigation protocols according to the threat.
Leadership and Decision Making	<ul style="list-style-type: none"> - Support and inform operational decision-making. - Prioritize casualties and resources in theatre. - Understand constraints and resupply restrictions.
Patient Decontamination	<ul style="list-style-type: none"> - Perform self, casualty, and buddy decontamination.
Medical Intelligence and Risk Communication	<ul style="list-style-type: none"> - Communicate across the continuum of care. - Receive medical intelligence briefs and respond effectively and independently in theatre.
<p><u>Note:</u> Core CBRN capabilities were identified during a review process of METs consolidated from universal Navy task list, the Marine Corps essential task list, universal joint task list, and NAVMED platform required operational capabilities and projected operational environments.</p>	