

# FHOTC OPERATIONAL EXERCISE BRIEF

## Sequence of Events

1. Operational Exercise begins at approximately 0730 – OpOrder delivered on Wednesday afternoon
2. OPEX start time until the end of exercise
  - A. Security and Operational Drills
  - B. Patient flow exercise with moulaged patients and mannequins
  - C. All personnel **MUST** respond to the operational drills, whether on or off duty. Personnel in GPLs respond to alarms as well!!
  - D. Response to gas attack drills after evening colors are required for all personnel but gas masks should be worn **inside the hospital ONLY**.
3. Operational Exercise & FHFT debrief-Command Staff, Directorates meet in South Site Admin tent Friday afternoon.
4. Musters
  - A. Conduct musters whenever operational scenarios (air raids, gas attacks, fires, etc.) occur.
  - B. Positive mustering is required
    1. If members cannot make it to their own bunkers (functional area or berthing) they go to the nearest bunker and are added to that muster sheet
    2. Muster all patients (both live Marine & mannequins)
    3. Muster reports walked to Admin bunker by a runner
    4. Off duty personnel (night or day) **must** muster during the drills
    5. Leave bunkers only when "ALL CLEAR" has sounded
    6. Message Traffic - send Situational Reports in response to any operational scenarios
5. Message Traffic
  - A. Operational Exercise Day
    1. Messages sent and received via Communications functional area
    2. Use IAMPS program but fax is provided as a back-up
    3. Send out bed status, blood status, patient movement requests, road clearance & supply requests as needed per Annex Q, Appendix 1, Tab F.
6. Security
  - A. Real and/or paper drills
  - B. Security drills continue throughout the exercise.
  - C. Rules of "Engagement"
    1. No physical contact, use the law enforcement grasp to take prisoners. Resistance stops but the scenario continues.
    2. No traps or barriers
    3. No throwing of anything at the scenario players!
    4. Safety! Safety must be of the highest priority!

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5. **DO NOT THROW ANYTHING** in the yellow smoke barrels. GARBAGE BECOMES SHRAPNEL!!!
6. **Please stay clear from the pyro/artillery simulators set-up on the compound.**
7. Scenario debrief to the CO/XO by blue-hat Ops leader after each scenario.

### D. Front Gate

1. Maintain Guard (permission of the CO is not required for the guard to secure the gate if they perceive a threat)
2. Military Courtesy required to those escorted as visitors to the North Site.
3. Allow the business of the Command to continue (i.e. Commercial garbage and sewage trucks).

### 7. FHOTC Staff

- A. Staff wearing blue ball caps or white hard hats may pass anywhere.
- B. Students are not allowed to wear blue ball caps until the day of graduation to prevent confusion or sabotage of the exercise.
- C. You may send messages to ask advice, change security conditions or report command status.

### 8. Fire Drills

#### A. What Should Happen?

1. Attempt to extinguish fire simulating use of the proper fire extinguisher
2. Notify ADMIN immediately via runner or phone to sound alarm
3. Set smoke boundaries in all areas—close all liners and privacy curtains
4. Simulated securing of HVAC & C-panel (A/C and electrical power)
5. Evacuate area and remove EMPTY Oxygen cylinder (allow live Marines to WALK out of hospital; leave mannequins in hospital)
6. Immediately muster Functional Area away from fire and report to Admin
7. Fire party response/Fire Truck Operations
8. Functional Area leader should be standing by to give information to Fire Marshall
9. Two adjacent Functional Areas will evacuate and muster when fire out of control -- **decision made by Fire Marshal!**
10. Response team assessment and report to CO before drill is secured.

### 9. Air Raids, Missile Attacks, Mortar Attacks

- A. May or may not be preceded by a message
- B. Initial action is to immediately EVACUATE all staff and patients to bunkers (Live Marines WALK to bunkers; leave mannequins in hospital)
- C. Muster all personnel and patients immediately and send to ADMIN bunker by runner. **GALLEY & SEABEES IN CESE YARD MUST EVACUATE & MUSTER!**
- D. Drill NOT secure until all musters have been received in ADMIN

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- E. After all clear is sounded, two functional area members must sweep functional area low, middle and high for bombs.
- F. Personnel may reenter hospital after sweep of all functional areas complete.

10. Sniper attacks: personnel outdoors = take cover, personnel inside = stay inside.

### 11. Chemical/Biological MOPP Gear Drills

- A. Word received via message traffic and passed by ADMIN to the compound.
- B. ALL areas must respond to the drills!
- C. Initial action is to DON & CLEAR your mask in 10 seconds.
- D. If MOPP level is required, everyone will proceed to MOPP Level, as announced.
- E. SIMULATE gas mask & MOPP gear for patients after donning and clearing own masks.
- F. One person simulates securing the HVAC and then proceeds to EOD/Contamination bunker until drill secures.
- G. Muster ALL FA staff and patients and send to ADMIN immediately.
- H. If unable to see or work with mask on, the individual must sit out of play for the duration until MOPP level relaxes.
- I. Drink water!! Hydration, Hydration, Hydration!
- J. If these drills occur after evening colors, ALL personnel should respond but only those INSIDE the FH will don their gas masks. This is to avoid any tripping of personnel outside in the dark.

### 12. Casualties

- A. ~80 casualties
- B. Casualties are both live Marine patient actors & mannequins
- C. Casualties need to be cared for appropriately. NO evaluation of medical care is completed by FHOTC staff.
- D. All patients received from forward echelons will have a brown chart with them detailing the medical care provided at the forward echelons.
- E. Mass casualty patients will NOT have a record from forward echelons.
- F. ALL patients will have dog tags that contain: name, SSN, gas mask size, religion and blood type.
- G. Appropriate transportation of all casualties is expected via litter-bearers and wheeled carts.
- H. MMT&E algorithms utilized by Observer Controllers (patient trackers)
- I. CHCS utilized for all admissions, including Mass Casualty module for Peak Flow.
- J. Lab data & x-ray data available for specific algorithms.
- K. "REAL TIME" scenarios for procedures and assessments in FA's (i.e. Surgical Suite, OR, Casualty Receiving, laboratory & radiology)
- L. Morgue controlled by the Laboratory. Notify the lab if you have a body to admit to the morgue.

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### 13. Patient Tracking

- A. Registration Number -- Number designated in CHCS.
- B. All paperwork/lab chits/X-ray chits should list the patient's name, Registration # and MMT&E Algorithm # (last 3 of SSN).
- C. Use Registration # on all patient information items in the hospital

### 14. MEDEVACS

- A. Patient evacuation occurs from FH to the MASF as directed by the AELT
- B. Patient Movement Request (PMR) sent via fax to AELT requesting patient movement by patient precedence and type (see Annex G)
- C. MEDEVAC coordinator within Pt. Admin must ensure that correct MEDEVAC paperwork is filled out by the functional area requesting the MEDEVAC. This includes the AF 3899 form.
- D. **MEDEVAC paperwork is filled out and submitted to Admin but the patient is NOT physically prepared until the MEDEVAC has been approved and a departure time is announced.**
- E. Keep patient on Ward/ICU until transportation time has been designated. Do not send them to wait in ADMIN or Specialty Treatment!
- F. Upon receipt of a MEDEVAC confirmation, transportation from FH to MASF must be arranged within the FH. Medical attendants and medical equipment must be provided, if needed, for transport. Utilize organic transportation assets to move patients to the MASF.
- G. The MEDEVAC staging area is in the rear of Specialty Treatment. The MEDEVAC coordinator needs to be present to manifest the patients and attendants and should ensure that all paperwork is complete and each patient has their AF 3899 form and gray chart, if they arrived with one.
- H. Patients are transported from FH to MASF (mouflage SEAHUT) and turnover with MASF staff is complete. Patients must have an AF 3899 form and also a brown chart, if they were sent to the FH with one.
- I. After turnover, the medical attendants and equipment will be returned to the FH.

### 15. Receiving Patients

- A. FH will be notified by message via Communications that patients are arriving. Mode of transportation will be given to FH.
- B. If patients arrive by helo, they are staged at the "LZ" (Mouflage SEAHUT by CESE yard).
- C. A designated FH staff member should simulate landing a helicopter utilizing current hand signals.
- D. YOUR fire truck should be pre-staged near the designated LZ.
- E. **YOUR ambulance should be staged by Casualty Receiving** (check out ambulance from Seabee dispatch Wednesday night prior to exercise)
- F. Dispatch ambulance immediately to "LZ" in response to casualty message.
- G. Do not bring litters with you to the LZ. Patients will arrive already on litters.
- H. **Have medical attendants in the ambulance to care for and help load & unload patients.**
- I. May also receive patients via ambulance/bus without notification.

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## 16. Meals

- A. Lunch meal
  - 1. 90 minutes for all hospital staff (1100-1230)
  - 2. Feed **ALL** patients at 1200
- B. Dinner meal
  - 1. 90 minutes for all hospital staff (1700-1830)
  - 2. Feed **ALL** patients at 1700
- C. "Mid Rats"
  - 1. 2300 - 2400 for Marines ONLY
- D. **Only patients** eat in the hospital
- E. Operations will continue during the meal periods, hospital staff eat in 45-minute shifts.

## 17. Ward Feeding

- A. Only Marines eat in the hospital
- B. All areas must report to the DNS how many Marines are in their FA in order to ensure an accurate count for the MSs.
- C. Do not discharge or move a patient until after he eats.
- D. One FA staff member needs to report to ADMIN to assist the MSs with distribution of trays inside the hospital.

## 18. Common problems and Suggestions

- A. Litter Bearers
  - 1. Tough and unrewarding work
  - 2. Use good body mechanics while lifting
  - 3. Should be in no more than four hour shifts
  - 4. Should be designated and identified out of each functional area
  - 5. Have only one person in charge of litter bearers
  - 6. Four litter bearers when carrying a litter.
  - 7. Two litter bearers when using the wheeled litter carts.
- B. Outside Casualty Receiving
  - 1. Need a strong E6/7/8/9 or Officer to control:
    - a. Litter Bearers
    - b. Incoming and outgoing vehicles transporting casualties
    - c. Coordinating with the PW Yard Boss and Security.
    - d. Communications
- C. Communications
  - 1. Public Address System
    - Some areas have difficulty hearing the PA system, announcements and alarms. Need to develop an alternative system to **PASS THE WORD** in the absence of an electronic system.
    - Work on this area during the practice drill time

## **FHOTC OPERATIONAL EXERCISE BRIEF**

### **Commanding Officer**

- FHOTC Staff Operational Exercise Coordinator is available for advice
- Encouraged to ask questions about events
- The entire student body and resources of the Fleet Hospital are yours to use as needed.
- Be fluid and flexible.
- Will be out briefed regarding scenario outcomes and learning points.