

CCR 40-2 Deployment Force Health Protection, 27 March 2023

U.S. CENTRAL COMMAND SERVICE COMPONENT AND JOINT TASK FORCE SURGEONS

a. Develops medical concepts of support to clarify how every deployment site accesses each medical functional area pursuant to Reference (x).

b. Ensures compliance with and execution of deployment health surveillance and FHP requirements for all operations and contingencies. Develop processes to:

(1) Conduct baseline and vulnerability assessments, OEHSAs (Appendix A), ensure documentation and archival (Appendix F), POEMS (Appendix G), RME reports (Appendix H), DNBI surveillance (Appendix I), CBRN/OEH exposure IR (Appendix J), and Animal Bite Reporting (Appendix L) IAW the requirements of this regulation.

(2) Assess and manage medical threats and health risks within the AOR IAW established military risk assessment and risk management doctrine, Reference (hhh).

(3) Coordinate Food and Water Risk Assessment (FWRA) for the forces deploying or operating in an area where approved sources of food and water may not exist.

c. Institute appropriate OEH surveillance measures and provide preventive medicine support for identified hazards consistent with level of risk, mission, and available resources.

d. Establish processes to submit and monitor health surveillance reports for forces by geographic location, to include RMEs and DNBI surveillance reports through Medical Common Operating Picture (MedCOP), Disease Reporting System Internet (DRSI) and other Service-specific health surveillance activities. See appendices A-L for further details.

(1) Ensure all locations (medical units, medical treatment facilities, etc.) providing medical care complete joining and departure reports within MedCOP, Reference (ff).

(2) Establish naming conventions and filters to monitor surveillance rates by appropriate geographical location: Forward operating base, country, etc., Reference (hh).

(3) Monitor data entry quality and conduct periodic continuing medical education training to standardize clinical interpretation of the disease codes associated with the surveillance categories listed in Appendix J MedCOP at:

<https://hgsaidO1.ds.centcom.smil.mil/fms/#viewDir/base64L3B1YmxpYy9NRURDT1AgRG9jdWllbnRzL1VzZXIgdWVudWFscy9Vc2VyIE1hbnVhbHM%3D>

e. Institute appropriate CEM and OEH surveillance measures and provide preventive medicine support for health risk assessment development and recommendations to reduce residual hazards during decontamination of CBRN contaminated equipment and human remains.

f. Develop processes to:

(1) Enter all unclassified CEM and OEH surveillance data collected by Service preventive medicine/FHP assets into the Defense Occupational and Environmental Health System (DOEHRS) IAW the references and guidance listed in Appendices A-E.

(2) Report all OEH and CBRN exposure incidents pursuant to procedures in Appendix Hand Appendix J within 24 hours of incident to the Command Surgeon's Office, USCENTCOM.

(3) Prepare health risk communication plans to inform deployed personnel of known and perceived health risks. This includes medical threat briefs and other products such as fact sheets, or information cards that describe the specific USCENTCOM country, and when applicable, area or base camp-specific health threats/medical risks and associated countermeasures. Coordinate with Service-specific public health activities/centers for assistance with products.

(4) Report all infectious disease outbreaks to the Command Surgeon's Office USCENTCOM within 24 hours of incident, reference Appendix H. Complete required comprehensive exposure monitoring for all locations within the requirements outlined in current USCENTCOM sampling plans. Send completed results of all CEM and OEH sampling missions, to include completed occupational and environmental health site assessment (OEHSAs) forms, base camp assessment forms, and OEHSAs recommendations provided to the location commander within 10 days of mission completion to USCENTCOM CCSG / Strategic Force Health Protection Integrator.

g. Develop and implement geographic, area-specific malaria risk assessments and guidelines as specified in Appendix L.

h. Maintain deployed personnel immunization requirements as specified in the current USCENTCOM Individual Protection and Individual-Unit Deployment Policy.

i. Assign a Service Preventive Medicine Officer/Force Health Protection Officer to:

(1) Oversee and comply with the CEM and OEH surveillance program and reporting/record keeping requirements in this regulation. Initiate JTF and deployment site-specific policies and procedures to support the requirements of this regulation. Follow the USCENTCOM sampling plan requirements for each location within the USCENTCOM AOR on a quarterly basis.

(2) Participate in the USCENTCOM Joint Force Health Protection Enterprise Working Group (JFHPEWG). Chaired by the USCENTCOM Strategic Force Health Protection Integrator, the working group meets monthly via teleconference in support of the USCENTCOM Medical Coordination Working Group, Reference (z). The working group is comprised of representatives from the USCENTCOM, Service Components, JTFs, National

Center for Medical Intelligence, Armed Forces Health Surveillance Branch, Defense Centers for Public Health, Joint Staff, Defense Health Agency, Under Secretary of Defense - Health Affairs, USCENTCOM deployed units and other supporting organizations.

(3) Implement procedures to develop, document, and track CEM and OEH surveillance and OEHSAs completion status for all deployment sites within the respective area of operation (Appendices A-E). Coordinate with the Defense Centers of Public Health - Aberdeen (DCPH-A) for reach-back assistance and technical support.

(4) United States Air Forces Central Command and United States Naval Forces Central Command complete POEMS for their operational areas with internal resources and support from Defense Centers for Public Health - Portsmouth with final staffing and approval by the USCENTCOM Command Surgeon's Office. Defense Centers for Public Health - Aberdeen in support of USCENTCOM completes all other POEMS.

(5) Complete required CEM and OEH surveillance for all locations within the requirements outlined in current USCENTCOM sampling plans. Send completed results of all CEM and OEH sampling missions, to include completed occupational and environmental health site assessment (OEHSAs) forms, base camp assessments, and OEHSAs recommendations provided to the location commander within 10 days of mission completion to USCENTCOM CCSG / Strategic Force Health Protection Integrator.

(6) Enter all unclassified OEH Surveillance data collected by Service preventive medicine/FHP assets into the DOEHS, Appendix F, the system of record for documenting unclassified OEHSAs. Submit a monthly report of deployment sites with completed OEHSAs not accurately reflected in DOEHS to the CCSG FHP team by COB 28th of each month. Send classified information that pertains to deployment sites with sensitive operational conditions to DCPH-A USCENTCOM Desk Officer at oehs.data.army@mail.smil.mil.

(7) Complete staffing and coordination review of needed documents such as draft POEMS and related assessments where the component/JTF identified equities.

(8) Track, staff, and coordinate completion of incident reports and associated documentation required for all OEH exposures and CBRN incidents as described in Appendix J. Forward a copy of all reports to the USCENTCOM Strategic Force Health Protection Integrator within seven days of event. Provide USCENTCOM CCSG with updated status report for all public health incidents within 24 hours.

(9) Support deployment sites and Command safety offices in the development of radiation safety programs, policies, and program execution.

(10) Monitor vector control programs and provide input into deployment of site integrated pest management plans.

(11) Identify regions where cold weather injuries (55 degrees Fahrenheit and below),

heat injuries (78 degrees Fahrenheit and above), and altitude illness (over 4,000 feet) may occur and implement illness mitigation strategies.

(12) Support the process of capturing and capitalizing on lessons learned by accessing the Joint Lessons Learned Information System (JLLIS) on the Non-classified Internet Protocol Router Network (NIPRNet): <https://www.jllis.mil> and Secret Internet Protocol Router Network (SIPRNet): <https://www.jllis.smil.mil/>, clicking “Communities of Practice,” and selecting “USCENTCOM Medical Community of Practice.”

(13) Complete required CEM and OEH surveillance for all locations within the requirements outlined in current USCENTCOM sampling plans. Send completed results of all CEM and OEH sampling missions, to include completed occupational and environmental health site assessment (OEHSAs) forms, base camp assessments, and OEHSAs recommendations provided to the location commander within 10 days of mission completion to USCENTCOM CCSG / Strategic Force Health Protection Integrator.

(14) Service preventive medicine personnel (designated organization leads) deployed to USCENTCOM operational AOR complete an After-Action Report (AAR) seven days before they redeploy. Capture preventive medicine and FHP lessons learned during their deployment and include a detailed account of all OEH activities by date and location. Forward copy of all AARs to the USCENTCOM CCSG Strategic Force Health Protection Integrator within seven days of redeployment.

(15) Track all sites with active burn pits and the status of CEM and OEH sampling, sampling results (Forward all results to supported commander within 10 days of completion), OEHSAs, Commander's Risk Acceptance Acknowledgement Memorandum, health risk assessment reports, base camp assessments, and status of requested CEM and OEH sampling equipment and supplies for designated operational area. Follow the USCENTCOM burn pit sampling plan for each location. Forward all results within 10 days of mission completion to USCENTCOM CCSG / Strategic Force Health Protection Integrator.

(16) Provide a copy of completed OEHSAs, Risk Acceptance Acknowledgement for Force Health Protection Corrective Action Recommendation, Appendix D, and all supporting documents to the USCENTCOM FHPO for review within 10 days of completion of survey.

(17) Pursuant to Reference (p), use strategic FHP metrics and FHP performance management metrics to provide commanders and staffs with visibility on deployment health and Service preventive medicine requirements and capabilities in the AOR. Service Component and JTF Service preventive medicine/FHP personnel provide the following monthly updates to the USCENTCOM Strategic Force Health Protection Integrator / FHP Team: OEHSAs and POEMS status tracker; current listing of all Service preventive medicine/FHP and Veterinarian Assets; FHP Troops to Task Listing; and an updated situation report for their areas of responsibility as well as additional information as required no later than the 28th day of each month by 1700 hours Eastern Standard Time (EST).

(18) Service Component and JTF Service preventive medicine staffs ensure Service preventive medicine personnel are adequately trained and equipped to conduct these assessments. Ensure methods and processes are established and implemented to provide the required supplies, equipment and environmental samples required at designated locations in support of deployment health activities/FHP tasks IAW this regulation. Each Service's/JTF's Service preventive medicine elements maintain environmental and occupational sampling equipment and supplies needed to execute USCENTCOM CEM and OEH Sampling Plans for their areas of responsibility. Service Component and JTF assess potential OEH exposures incidents to categorize the health risk to forces.

(19) Serve as a member of the rabies advisory board for their area of operation and track all animal bites that occur. Provide feedback on the status of the animal bite reporting for their areas and provide a copy of tracking logs to the USCENTCOM Strategic Force Health Protection Integrator by the 28th day of each month by 1700 hours Eastern Standard Time (EST).

(20) Track compliance of all programs under USCENTCOM J3 Joint Security Officer Mission Assurance Assessment Program specifically; compliance with annual water vulnerability assessments for each location (where applicable); compliance with food vulnerability assessments; and compliance with public health emergency management for each location. Report the status of all Force Health Protection Benchmarks on or before 01 May and 01 October of each year to the USCENTCOM CCSG / Strategic Force Health Protection Integrator. Be prepared to provide status updates quarterly upon request.

(21) Monitor data entry quality on CEM and OEH surveillance activities ensuring OEHSAs, exposure pathways, sampling plans, base camp assessments are completed and documented in DOEHS, the DoD system of record. Send a copy of all completed OEHSAs for QA/QC to the USCENTCOM CCSG / Strategic Force Health Protection Integrator within 10 days of completion of draft OEHSAs in DOEHS.

(22) In addition to the execution of the standard sampling plans outlined in Appendix B and C ISO CEM and OEH sampling, conduct additional air sampling using the Deployed Particulate Matter Sampler (DPS) to execute a continuous "six day" sampling plan (conducting air sampling on every sixth day in succession) to increase exposure monitoring and exposure data at the following locations: North Camp, Egypt; Erbil, Iraq; BDSC, Iraq; Camp Arifjan, Kuwait; Camp Buehring, Kuwait; ASG-Jordan; NSA Bahrain; Al Udeid, Qatar; PSAB, Saudi Arabia; Al Dhafra, UAE; Ali Al Salem, Kuwait; and MSAB, Jordan. Execute this additional CEM and OEH Sampling NLT 01 April 2023 and continue until the termination date of 31 March 2027. Contact the USCENTCOM Strategic Force Health Protection Integrator for additional guidance and with any questions as needed.

j. Report the status of the following FHP performance management metrics by the 28th day of each month to the USCENTCOM CCSG, Strategic Force Health Protection Integrator:

(1) Are Service Force Health Protection personnel tracking the following: active sites with burn pits, status of CEM and OEH sampling for all locations, CEM and OEH sampling results (sampling results reported to supported Commander within 7 days of completion), OEHSAs and CEM and OEH status per location, Commander's Risk Acceptance Acknowledgment Memorandum status, and current status of CEM and OEH sampling equipment and supplies on hand and requests for support?

(2) Are required documents provided to the CCSG Strategic Force Health Protection Team by the 28th day of each month by 1000 Zulu? Documents required: Updated USCENTCOM OEHSAs and POEMS tracker, FHP and Veterinarian assets listing, FHP Troops to Tasks Listing, Quad Chart (For monthly FHPEWG Synch), and updated situation report (SITREP) for their units and area of responsibility.

(3) Are Mission Assurance Assessment Program requirements tracked and reported to the USCENTCOM CCSG Strategic Force Health Protection Team by the 28th day of each month? Mission Assurance Assessment, Force Health Protection benchmarks (17 total Benchmarks) to be tracked include, but not limited to: water vulnerability assessment compliance, food vulnerability program compliance, and public health emergency management program compliance.

(4) Are CEM and OEH sampling surveillance activities completed to standard IAW USCENTCOM Command Directives outlined in CCR 40-2 Deployment Force Health Protection? Activities to be assessed include, but not limited to completion of OEHSAs, execution of CEM and OEH Sampling Plans, Base Camp assessments, annotating Latitude and Longitude for each location and sample, and completion of exposure pathways.

(5) Are copies of completed Commander's Risk Acceptance Acknowledgment for Force Health protection Corrective Action Recommendations provided to the USCENTCOM CCSG Strategic Force Health Protection Team within 10 days of completion?

(6) Are after-action reports (AAR) completed by Service Force Health Protection personnel (designated organization leads) completed within and provided to the USCENTCOM CCSG Strategic Force Health Protection Team within 10 days of departure from theater?

(7) Are animal bite reports provided monthly to the CCSG Strategic Force Health Protection Team by the 28th of each month and are rabies advisory boards meetings being conducted monthly?

(8) Are Periodic Occupational and Environmental Monitoring Summaries (POEMS) completed for each location annually and tracked monthly?