

I will be coming to conduct your program in the coming weeks, and I wanted to let you know about the expectations of the program from the ST(P) Medical point of view.

At the following link you will find the latest copy of the Readiness Training Guide Edition 1.0, RTG 1.0 and Ship Standing Orders. I'm sure by now you have already had a look as you have been through this before, but I want to ensure you have it before we start as well.

[Sea Training SharePoint](#)

Your program is specifically outlined in Chapter 1 Annex G of RTG.

Your present focus should be on making sure you have all the equipment and supplies you need to manage medical emergencies and other minor issues at sea.

My job is to increase realism where possible and to observe you following through in management procedures. These will form the baseline expectations for medical care for Sea Training Group guided education and assessment. Enhancing realism in all medical simulation training where possible is essential to developing the team psychomotor skills, and helping to understand the differences in delivering health care with a large hospital based team and the much smaller, and differently experienced small ship based team.

In the course of following through with scenarios, medical teams will understand the importance of being prepared to "do" and not recite "what I would do". Learning that you need a filter in an IV line for a specific drug should not occur after you have experienced an emergency.

The fundamental keystone of all medical care onboard vessels will be to:

- manage the emergency phase of care if it exists;
- stabilize the patient enough to consult with shore based medical experts;
- further implement recommendations received from those shore based experts;
- decide if the person can be evacuated immediately or not, in consultation with ship's Command and OPs staff;
- further stabilize and prepare to hold until evac resources are available, or prepare for immediate evacuation; and finally
- Hand over care to the receiving physician at the hospital you are evacuating the patient to, and inform the CF H Svc CoC that an evacuation has taken place and the details of the patient status on departure.

You will be expected to demonstrate the following general "all ship competencies" during the "at sea" phase of the program:

- Leading the CCT through a Damage Control problem such as a sustained fire in an engineering space, and managing the patients generated from such an event. In these events it is likely that we will have some "no Duff" heat exhaustion casualties as part of the exercise process. It is pretty normal and you will have to manage them like the other casualties, and it often adds a bit of extra realism to the scenario. You will be expected to manage the "no duff" casualties alongside any simulated casualties. In the event that the "no duff" casualty presents as an actual

emergency I will initiate “SAFEGUARD” procedures to cease training in order to properly manage the critical patient.

- Leading the CCT and providing advice to Command for a simple SAR evolution.
- All the equipment in the Sick Bay will be used during the program to confirm that it is serviceable and that you and the Med Tech are familiar with its operation. Given this, it is important that you ensure the iStat software is up to date and that you have all the blood drawing supplies, cartridges, and standards for it that are in the scale of issue (Chem 8+, CG 4+, Troponin), that you have all the water testing supplies and up to date control for fecal coliform, adequate supplies for the ZOLL defib and Propack (extra Paper, and at least 2 spare pads to train with), the ZOLL AED (Green one the CCT use with 2 sets of spare pads and ask BMETs for an extra set of batteries), and spare IV tubing for the Buddy Lite IV warming set, and also for the BBraun IV Pump. If you have any questions about any specific equipment issues please let me know so we can work to sort them out well in advance.

** I have attached a draft checklist that is being proposed for ships to use to ensure they meet minimum requirements if you would please try it out and propose amendments that would be helpful.

- You and your Med Tech will be required to be fully familiar with the current CAF Med Tech Scope of Practice and the Med Tech Protocols and Procedures located at this link: <http://cmp-cpm.mil.ca/en/health/personnel-providers/education-training.page> **see the scope of practice tab towards the bottom of the page
- You are both expected to be familiar with your positions on the Watch and Station Bill and have read your ship's SOPs WRT your participation in the following evolutions at a minimum:
 - o Person Overboard;
 - o Environmental Spill with and without a casualty;
 - o Isolated Casualties;
 - o RAS;
 - o Emergency Flying Stations (including decontamination IAW DCI 01/22 – Carbon Fiber and CFCD 132 Annex A-7);
 - o SAR response; and
 - o Sustained DC Event.
- Please ensure your Sick Bay is secured for sea before we leave on the Monday we go to sea. All items that could be dislodged and broken by explosions or sea movement need to be secured and items in Med Stores that could fall against the door and block it need to be secured properly. All supplies need to be organized so you can readily locate them when required.

The Sea Training process is not intended to be simply an evaluative process, but is intended to assist you to identify areas to improve and exploit opportunities to learn in order to ensure the ship is ready to sail; as such there are plenty of opportunities to learn. If you have specific scenarios you wish included in your program please ask well in advance and I'll see if we can accommodate them. Our schedule at sea can be modified with as little as 24hrs notice, but it is best to do it farther in advance so that we can de-conflict with other ships activities.

Generic Learning Objectives and Goals for Isolated Casualty Scenarios:

The Medical Team is expected to fully complete any intervention, or tests, within the capability and safety limits of the scenario. For example, if they would normally start an IV and need a lab test, then they can simulate the IV start and explain how they would process a blood sample and demonstrate the use of the point of care test using the control solutions provided for each of them. I will request a description of how the intervention will be performed in cases where an intervention cannot be performed at all. This whole process will help with organizing activities and developing a pattern of work that will improve the efficiency of the multidisciplinary team. Care on-board of a vessel requires a lot more skills to be performed than in a clinic, and the jobs need to be considered and practiced fully to develop the motor skills of the team.

The Medical Team will provide a written (e-mail) or occasionally oral, (often both is more realistic) concise presentation of the patient to Sea Training PA on completion of the scenario, which represents their report of the incident to their supervising physician ashore/ and transfer consultation with the receiving physician. This portion of the exercise represents a reflective learning opportunity and a confirmation of the management provided to the patient by the team.

A debrief will be facilitated at the completion of the scenario after the report to the supervising physician is given.

The following cases are appropriate to utilize as isolated casualties and should stimulate critical thinking of the entire process by the Medical Team considerations with care specifically and the CCT considerations generally. They represent potential real problems and issues to deal with at sea. They are to emphasize management that needs to occur prior to taking the time to consult with shore clinicians, and the subsequent stabilization before evacuation:

- Chest Pain – MI origin requiring thrombolytic management
- Chest Pain – Requiring AED use by CCT
- Burns – with airway compromise
- Unstable VTach – requiring pacing
- Rapid new onset Afib that becomes unstable
- Anaphylaxis
- Seizure
- Stroke
- Pulmonary Embolism
- C-Spine Injury (Low and High Risk)
- Head Injury (Low and High Risk)
- Open lower limb Fracture
- Pelvic Fractures
- Eye Injuries (penetrating/non-penetrating/burn)
- Abdominal pain of unclear origin

Casualty Cards for Casualty Clearing Teams to use to provide feedback and patient progression when having mass casualty incidents are important. STP has been developing a card that is more feedback friendly and has had great reviews from the CCT.

I have extracted information from the revised CFCD 102 and have developed a specific curriculum tailored for your program. It may be helpful to use to prepare.

BSSRT and beyond.

At-sea training programs, including BSSRT, IMSRT, AMSRT, MSRT, etc. will test the medical and CCT responses to emergencies of increasing complexity: isolated casualties, SAR response, mass-casualty incidents, DC events, environmental spills, POB, etc. Specific serials and requirements can be found in Chapter 1 Annex G appendix 2 of the RTG.

Prior to any at-sea Sea Training Program:

- a. confirm Sick Bay equipment is functional and stores are adequate for the ship's medium-term program;
- b. complete habitability inspections IAW the checklists in the class-specific chapters of this guide;
- c. confirm medical staff and CCT have begun training, Casualty Clearing Team Training must be completed and current, and medical staff should have completed all MCRP requirements;
- d. if required, complete medical DAG for all personnel;
- e. confirm with ship's CoC and medical CoC if any operation-specific equipment or medication is required and ensure they are embarked (e.g. CBRN); and
- f. schedule any operation-specific training (e.g. CBRN, R2MR).

Practical exercises at sea consisting of a minimum of:

- Reviewing the BSSRT Casualty Clearing Team specific exercises above, and adding:
 - Holding patients where unable to repatriate/evacuate immediately;
 - Medical team needs to discuss the plan with Ship CoC to deal with the following issues:
 - Sexual assault at sea or in foreign port;
 - Violent patients;
 - Alcohol related incidents;
 - Attempted suicide;
 - Death in foreign port/at sea;
 - Stabilizing patients and moving to Hangar and focsle, for evacuation; and
 - Add combat related casualties from force protection serials (use isolated casualty format).
- All ship team evolutions with single and multiple casualties as in BSSRT with the addition of Casualties as a result of battle problems.