Special Feature

International mine countermeasures exercise 2013: Role 2 Afloat

J J Matthews, R M Heames

Abstract

In May 2013 a Role 2 Afloat (R2A) team was deployed on board the Bay-class Landing Ship Dock (Auxiliary) RFA CARDIGAN BAY as part of the US-led Task Force involved in the International Mine Countermeasures Exercise 2013 (IMCMEX 13). This article introduces a series of papers from the various departments that make up the Role 2 Afloat team explaining the make-up of the team and also the overall capability of the team to deliver Role 2 care in the maritime environment.

IMCMEX 13

In May 2013 a Role 2 Afloat (R2A) team was deployed on board the Bay-class Landing Ship Dock (Auxiliary) RFA CARDIGAN BAY as part of the US-led Task Force (Figure 1) involved in the International Mine Countermeasures Exercise 2013 (IMCMEX 13). The largest exercise of its kind in the world, IMCMEX 13 brought together participants from 41 countries.

A large range of specialist military personnel, including American and Japanese Unmanned Underwater Vehicle teams and two diving units were deployed with the British Joint Role 2 Medical Team - a fully-deployable surgical unit with staff made up of Royal Navy, Army and Royal Air Force medics. RFA CARDIGAN BAY is a 16,000-tonne Bay-class incorporating a floodable well deck for boat operations, a full command and control system, a hospital and a large flight deck. She can also refuel and resupply smaller ships at sea. This makes her the perfect platform for supporting mine countermeasures in the Gulf, and CARDIGAN BAY or her sister ships have been deployed to the region since 2009 in support of the UK’s standing commitment to maritime security in the Middle East. During IMCMEX 13, CARDIGAN BAY acted as a support platform for British, French, American and Pakistani minehunters.

IMCMEX 13 was made up of warships, helicopters, diving teams and command staff from all over the world, with the aim of improving and developing the international community’s ability to maintain freedom of navigation in the Arabian Gulf. The R2A team deployed on IMCMEX 13 to validate the use of the R2A facility onboard a Bay class vessel, the first such deployment of its kind on this platform. In addition the team provided ‘real-time’ medical cover for the large number of personnel deployed on the exercise and were involved in mass casualty simulation scenarios.

The R2A team constitutes up to 18 personnel (Table 1), capable of delivering ‘consultant led’ damage control resuscitation including surgery on a number of platforms. This is supported by a range of medical and nursing interventions, utilising enhanced laboratory and imaging facilities. Importantly, there is an enhanced holding capability, usually for up to 48 hours to mitigate against the extended timelines to a Role 3 facility. They provide a level of care between Role 1 and Role 3 within the casualty evacuation chain when required. R2A teams can be deployed on a number of Royal Navy and Royal Fleet Auxiliary platforms. Teams have exercised and deployed on HMS OCEAN and HMS ILLUSTRIOUS within the Royal Navy and also on RFA FORT VICTORIA and RFA CARDIGAN BAY within the Royal Fleet Auxiliary. The standard set up is 2 resuscitation beds, 1 operating table and 2 ITU beds (2-1-2), although this can be adjusted according to operational requirements. In addition to the surgical and anaesthetic consultants, the team also includes a consultant in emergency medicine.

Recent operational experience has centred around the Role 3 care provided at Camp Bastion on Operation Herrick, but fundamental differences exist between the level of care at Role 3 and Role 2. The limitations of equipment and personnel at Role 2 must be appreciated by those involved, to ensure that the appropriate care is given. In addition the maritime environment can present unique challenges that are not encountered on terrestrial operations. Recent experience from the R2A exercise on RFA CARDIGAN BAY...
is described here, in a series of papers, from the perspective of the different departments. These highlight and reflect on the lessons learned, and will also enable those people who are appointed to R2A teams in the future to fully appreciate their individual roles. The papers include those concentrating on the clinical aspects of R2A, and also papers which reflect more on the personal experiences of the various members of the multi-disciplinary team.

<table>
<thead>
<tr>
<th>Role 2 Afloat Team Member</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency physician</td>
<td>ICU nurses x 3</td>
</tr>
<tr>
<td>General surgeon</td>
<td>ODPs x 2</td>
</tr>
<tr>
<td>Orthopaedic surgeon</td>
<td>Scrub nurse</td>
</tr>
<tr>
<td>Anaesthetists (ICU trained)</td>
<td>Radiographer</td>
</tr>
<tr>
<td>Maritime in-transit care x 2 (1 nurse + 1 MA)</td>
<td>Laboratory technician</td>
</tr>
<tr>
<td>Emergency nurses x 2</td>
<td>MDSS technician</td>
</tr>
</tbody>
</table>

Table 1. Members of the 18-man Role 2 Afloat team. ICU (Intensive Care Unit); ODPs (Operating Department Practitioners); MDSS (Medical Device Safety Service).

Figure 1: RFA CARDIGAN BAY (right) and USN PONCE (centre) lead the Task Force (Figure 1) involved in the International Mine Countermeasures Exercise 2013 (IMCMEX 13).

Authors
Surgeon Commander JJ Matthews RN, Consultant Orthopaedic Surgeon, Royal Cornwall Hospitals NHS Trust, Treliske, Cornwall.
Surgeon Commander RM Heames RN, Consultant Anaesthetist, Southampton University Hospitals NHS Trust, Clinical Director Role 2 Afloat.

Corresponding Author
Surgeon Commander JJ Matthews RN, Email: jonjmatthews@googlemail.com