DEPARTMENT OF THE ARMY
HEADQUARTERS MANEUVER CENTER OF EXCELLENCE
FORT BENNING, GEORGIA 31905-5000

MCoE Regulation
No. 40-2

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Medical Services

FIELD MEDICAL SUPPORT AND ROUTINE/EMERGENCY MEDICAL EVACUATION

History. This is a revision of the publication. The portions affected by this revision are listed in the summary of change.

Summary of Change. This regulation revision delineates responsibilities and prescribes guidance for field medical support and routine/emergency medical evacuation of sick/injured personnel at Fort Benning. This revision includes updates to standing Ambulance Exchange Points (AXPs).

Applicability. This regulation applies to all elements of this command, including tenants and satellite units and activities.

Supplementation. Supplementation of this regulation is prohibited without prior approval from Commander, United States Army Maneuver Center of Excellence, ATTN: ATZB-CG, Fort Benning, Georgia.

Suggested improvements. The proponent of this regulation is the Directorate of Training Sustainment (DOTS). Send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) through channels to the Maneuver Center of Excellence Directorate of Training Sustainment ATTN: ATZB-TS, Fort Benning, GA 31905. (Proponents of MCoE Publications are MCoE directors/staff officers).

1. Purpose. To delineate responsibilities and prescribe guidance for field medical support and routine/emergency medical evacuation of sick/injured personnel at Fort Benning.

2. References:

AR 40-3, Medical, Dental, and Veterinary Care.

AR 75-1, Malfunctions involving Ammunition and Explosives.

AR 385-40, Accident Reporting and Records.

TRADOC 350-6, Enlisted Initial Entry Training (IET) Policies and Administration

MCoE Aircraft Pre-Accident Plan.

MCoE Reg 40-3, Combat Lifesaver.

MCoE Reg 350-1, USAIC Training Directive.

MCoE Reg 350-3, Military Parachuting at the MCoE.

MCoE Reg 350-19, Range and Terrain Regulation.

3. Explanation of Abbreviations and Terms. Abbreviations and terms are explained in the Glossary.

4. Responsibilities.

a. The MCoE Commanding General and staff determine the amount of field medical support for training events and activities. Trained medical personnel under the supervision of the Commander, Martin Army Community Hospital will make medical capability recommendations based on regulatory guidance. While the Director of Training Sustainment will allocate field medical resources, the MCoE Commander is ultimately responsible for the unit readiness as well as the health of his command.

b. Subordinate Commanders are responsible for conducting the necessary Composite Risk Management (CRM) prior to conducting any training in order to assess the appropriate requirements for medical support based on High Risk Training established within appendix A-1 of this regulation. All Soldiers in the chain of command must be able to react to a medical emergency and provide first aid until Medical Evacuation (MEDEVAC) arrives.

c. The E911 System will be used to request medical assistance in all emergencies. The E911 System is a radio system that consists of a trunked radio network used for the Installation Emergency 911 system. Acutely sick or injured Soldiers will be transported via Ground Ambulance to Ambulance Exchange Points (AXP) (locations denoted in appendix C) to conduct transfer with Fort Benning Emergency Medical Services (EMS).

d. Operational Control of field medical support is under the Director of Training Sustainment (DOTS) for allocation of Medic and Field Litter Ambulance Resources. Operational Control is transferred to FT Benning Fort Benning Emergency Medical Services (EMS) upon request for medical assistance. Commanders are responsible for proper leader development, training, equipment and certification of all medical personnel and resources assigned to their units. Status of medical personnel certifications will be provided to DOTS in order to ensure proper support allocation.

5. Field Medical Support.

a. Operating Procedures: General.

(1) "Buddy aid and Self aid" are vital elements to preserving life, limb, and eyesight. Each military member must know the principles and techniques of emergency medical care procedures. Soldiers must be prepared to perform these procedures until trained medical personnel and evacuation vehicles arrive. If conditions dictate, non-medical personnel may be required to accompany the patient to assist in continuation of medical care during evacuation.

(2) Combat Life-Saver (CLS) provides the basic lifesaving skills to Soldiers and enhances the medical care in units. In the event of the deployment of all medical personnel, CLS may be used to provide continuity of training.

(3) Medics will be qualified In accordance with TC 8-800 standards and will provide on-site medical coverage to all high risk training events. On-site medical support consists of an ambulance, a driver, a medic and E911 network.

(4) Fort Benning on-site Air Medical Service (Air MEDEVAC) is based out of Lawson Army Airfield and is available Monday thru Saturday on a daily 12 hour period in accordance with the weekly published schedule. Air MEDEVAC will be used when injury involves loss of Life, Limb or Eyesight.

(5) Request Air MEDEVAC service through E911 (primary) or Range Control (alternate) when transport may exceed one hour or unavailability of Fort Benning EMS assets requires use of Air MEDEVAC. Requestors will use standard 9 line format highlighted in paragraph 10. b. and must stipulate whether Air MEDEVAC is needed for life, limb or eyesight emergency.

(6) Air MEDEVAC crews providing on site coverage at the Ranger training camps will also provide area coverage.

***This regulation supersedes USAIC Regulation 40-2, 24 March**

b. Routine sick-call and minor illness patients will not use field medical evacuation support.

6. Instructions for the OIC/NCOIC of all ranges and/or field training sites on Fort Benning, Georgia.

a. Combat Lifesavers (CLS) will be familiar with CPR, the four basic life saving steps, and how to request MEDEVAC (TRADOC 350-6 stipulates that units will maintain as a minimum, 1 CLS certified Soldier for every 60 Soldiers involved in the training unit). Schedules of these classes can be obtained by calling the Medical Simulation Training Center (MSTC) at 544-3066/3080.

b. Communications with Range Control must be maintained at all times (in accordance with MCoE Reg 350-19, Range and Terrain Regulation).

c. Medical evacuation vehicles are used only to transport patients to assigned Ambulance Exchange Point (AXP), medical personnel, and medical equipment. Ambulances will not be used for transporting non-patients, weapons, ammunition. Ambulances will not be used for administrative purposes. Medical personnel at the commitment site will not be used for non-medical duties.

d. Trained medical support or qualified CLS and communication must be available before beginning an activity required by this regulation.

e. Training units will provide rations for medical personnel.

f. Training units will spot check medical support for mission readiness. Drivers must be familiar with evacuation routes and conduct recons to include the assigned AXP prior to opening a range. Medical personnel will familiarize themselves with SOPs for each range and conduct a terrain analysis to determine best support. Medics will not be used to conduct or assist in additional unit training or participate in any activity that could degrade their ability to respond quickly and effectively to range emergencies. Field medical evacuation support does not include routine sick-call, minor illness, or injured patients.

g. Commanders and Commandants conducting high risk training will rehearse their medical support plan (casualty response, evacuation, and treatment) at least semiannually, with focus on responding to a training catastrophe.

h. Medical personnel will be released by the training unit upon completion of high risk training. Medical personnel will not be required to stand by until a “Cold Status” is given by Range Control.

7. Command Relationships.

a. The Directorate of Training Sustainment has Operational Control of the MCoE Medical assets for the purpose of scheduling those assets in support of High Risk POI Training within the MCoE.

b. The EMS section of Martin Army Community Hospital has Operational Control of these Medical assets in the event of a Medical Emergency requiring evacuation from the training site.

8. Procedures for Requesting Medical Support for MCoE Tenant Training.

a. MCoE Units will use the following procedures when initiating on-site field medical support or modifying existing coverage:

(1) Requests will be submitted to Directorate of Training Sustainment Support Operations Division, ATTN: ATZB-TS.

(2) Requests will specify the nature of the activity, justification for the type/amount of support, date(s), times(s), location, and point of contact with phone number.

(3) Requests will be submitted through the ESC a minimum of 9 weeks prior to the scheduled event to allow sufficient time for evaluation, planning, and coordination.

b. MCoE units will use the following procedures when scheduling field medical support for those activities listed in Appendix A, para 1:

(1) Activities that appear in the Enterprise Scheduling System (ESC) and meet the criteria of Appendix A, para 1, will receive on-site field medical support.

(2) Activities not appearing in the ESC, but meet the requirements in Appendix A, para 1, will be scheduled as follows:

(a) Requests will be forwarded to the Directorate of Training Sustainment Support Operations Division through the ESC to be received not later than 9 weeks prior to the scheduled activity/event.

(b) Requests will specify the nature of the activity, date, time, location, and point of contact with telephone number.

(c) Requests submitted inside 6 weeks will require an Exception to Policy (ETP) signed by the Brigade Commander and forwarded to the DOTS Support Operations Division for review. Once the ETP is approved by the DOTS Support Operations Division the request will be input into the ESC by the DOTS Resource Manager.

(d) Approvals will occur six weeks prior to the training event in the ESC by the DOTS Resource Manager.

(e) All ranges/land units requesting medical support will have approved range or land reserved in RFMSS.

(f) Non-POI medic requests will be supported based on medic availability.

(g) All units will conduct final coordination with the medic platoon at 706-544-2835 (Infantry) and 706-626-6120 (Armor) at least 72 hours prior to the start of the training event.

(h) Units firing High Explosive (HE) M203 rounds at Malone 21 must coordinate with the Area Coverage Medics at least one hour prior to execution at (706) 580-8901 to ensure medic coverage. Upon completion of firing the HE M203 rounds, medics will return to their area coverage responsibilities.

(i) Units firing High Explosive (HE) AT-4 rounds must coordinate with the Medic Platoon at (706) 544-2835 at least one hour prior to execution to ensure medic coverage. Upon completion of firing the AT-4 rounds, medics will return to their assigned responsibilities.

c. Rescheduling approved field medical support:

(1) When rescheduling an activity during duty hours within the same duty day, the OIC/NCOIC will call the DOTS Support Operations Division Resource Manager. The DOTS Resource Manger will coordinate all requirements and approved changes to the Medical Platoon.

(2) When sudden changes for coverage occur during non-duty hours, the OIC/NCOIC will notify the Medical Platoon Sergeant/Platoon Leader. The Medical Platoon Sergeant/Platoon Leader will inform the DOTS Resource Manger of the change on the next duty day.

9. Procedures for Requesting Medical Support for Non-Tenant and Non-POI Training.

a. Units will use the following procedures when initiating on-site field medical support or modifying existing coverage:

(1) Requests will be submitted to DPTMS, MCoE, ATTN: IMBE-PLT for G3 approval.

(2) Requests will specify the nature of the activity, justification for the type/amount of support, date(s), times(s), location, and point of contact with phone number.

(3) Requests will be submitted through ESC a minimum of 9 weeks prior to the scheduled event.

b. Units will use the following procedures when scheduling field medical support for those activities listed in Appendix A, para 1.

(1) Activities that appear in the ESC and meet the criteria of Appendix A, para 1, will receive on-site field medical support.

(2) Activities not appearing in the current MCoE scheduling system, but meet the requirements in appendix A, para 1, will be scheduled as follows:

(a) G3 / DPTMS, MCoE ATTN: IMBE-PLT must receive the request no later than 9 weeks prior to scheduled activity/event for approval.

(b) Requests will specify the nature of the activity, date, time, location, and point of contact with telephone number.

(c) Approvals will occur six weeks prior to training event in the ESC by the DOTS Resource Manager.

c. Scheduling field medical support for Non-POI activities.

(1) G3/DPTMS, MCoE ATTN: IMBE-PLT is the approval authority for all Non-POI field medical support. G3 must receive the request no later than 9 weeks prior to the activity/event for approval and input into the scheduling system.

(2) The Directorate of Training Sustainment Support Operations Medic Resource Manager will allocate equipment based on G3 approval and availability of equipment.

(3) Requests will specify the nature of the activity, justification for the type/amount of support, date(s), times(s), location, and point of contact with phone number.

d. Rescheduling approved field medical support:

(1) When rescheduling an activity during duty hours within the same duty day, the OIC/NCOIC will call the DOTS Support Operations Division Resource Manager. The DOTS Resource Manger will coordinate all requirements and approved changes to the Medical Platoon.

(2) When sudden changes for coverage occur during non-duty hours, the OIC/NCOIC will notify the Medical Platoon Sergeant/Platoon

Leader who will inform the Directorate of Training Sustainment Support Operations Division Resource Manger of the change on the next duty day.

10. Procedures for Emergency Evacuation and Reporting.

a. Aircraft Crash Rescue: The procedures for accomplishing aircraft crash rescue operations are specified in the MCoE Aircraft Pre-Accident Plan.

b. The primary method to obtain emergency evacuation is to alert the E911 System, and will include the following 9-Line format (**NOTE**: Lines #1, #3, #5, & #6 are the minimal information needed to initiate MEDEVAC request, all other lines of information can be given while MEDEVAC is enroute):

(1) Location using the appropriate Ambulance Exchange Point (AXP) number (or LZ in the case of Air MEDEVAC).

(2) Identification of requestor to include name and telephone number or call sign and frequency as appropriate.

(3) Number of patients.

(4) Special equipment required (such as back board, stokes litter, Thomas leg splint and so forth.).

(5) Type of patient (such as, litter or ambulatory).

(6) Description of injury.

(7) Landing site markings to be used, such as, smoke, lights, color panels, or improvised ground identification (if requesting Air MEDEVAC).

(8) Patient nationality and status.

(9) Terrain description.

c. On-site medical support has identified life, limb and eyesight emergencies in accordance Appendix B:

(1) The OIC and RSO will request emergency evacuation by contacting E911. On-site medical support will specify Air MEDEVAC or Ground MEDEVAC for emergency evacuation. Martin Army community Hospital Emergency Medical Services (MACH EMS) and Life Net Air Ambulance monitor MEDEVAC requests to E911 via radio.

(2) E911 will activate Air MEDEVAC via Life Net Air Ambulance. If Air Ambulance cannot land at the emergency evacuation site, on-site ground FLA will transport patient to the nearest AXP or "known" HLZ for Air link up.

(3) E911 will activate Ground MEDEVAC requests by notifying MACH EMS to respond to emergency evacuation. MACH EMS will coordinate with on-site medical support to meet the FLA at a designated AXP IAW Appendix C.

(4) The OIC/NCOIC of the training site will notify Range Control of emergency evacuation via radio on Range Control Net.

(5) BINGO is a reaction drill when all local EMS Emergency Response Assets are already in use or unavailable. When assets are unavailable, EMS will execute "BINGO" and dispatch FBGA Fire and Rescue and Off Post EMS. **Units must wait for EMS or FBGA Fire and Rescue during "BINGO". Units will not self transport litter or ambulatory patients to the Hospital Emergency Room.**

Appendix A
Schedule of Field Medical Support Activities

A-1. High Risk training and activities are covered by <u>on-site</u> medical support. High Risk training includes:

a. Basic Airborne Training (Jump Week), Jumpmaster, Pathfinder and Airborne Operations.

b. Ranger Training (at Darby/Dahlonega/Eglin) events.

c. All Live Demolitions Training.

d. Hand Grenade Ranges (Live).

e. High Explosive (HE) M203 (ref. subpara 5.j.)

f. Operation in and over water (i.e., Helocast, Slide for Life).

g. Infiltration Course.

h. Armor/BOLC Marine FTX (Track Maneuver Only)

i. Maneuver Live Fire Exercises and exercises where troops are exposed to direct or indirect fire.

j. Tank Tables/Gunnery Skills Qualification.

k. Large Arms Ranges (.50 Cal and above).

l. Non-Tower Rappelling.

m. AT-4 when firing High Explosive (HE) rounds

n. Demolitions Effect Simulator (DES).

o. Fast Rope Insertion/Extraction System/Special Patrol Insertion/Extraction System.

p. Water/Small Boat Operations (i.e., Small Boat, Swamp Movement, Stream Crossing, Poncho Raft.

* q. Combined Arms Live Fire Exercises (CALFEX), Infiltration Courses, Maneuver Live Fire Exercises and exercises where troops are exposed to direct or indirect fire.

r. Armor Reconnaissance Course during Bushmaster Training Phase.

s. Non-Firing training where Combat vehicles (tanks, Bradley's) are maneuvering. This does not include movement from cantonment area to the training area or range.

*Maneuver live fire exercises are those in which two or more Soldiers are required to engage targets with live ammunition from other than fixed positions – Soldiers are moving and/or one Soldier bounds while other is firing.

A-2. Lower risk activities will have Combat Life Savers and a dedicated vehicle for ground evacuation. The vehicle must be capable of carrying a litter under cover and will be provided by the training unit. These activities are as follows:

a. Road Marches/Army Physical Fitness Tests (APFT).

b. Confidence/Obstacle Courses.

c. Military Operational Protective Posture (MOPP)/Gas Chamber.

d. Combatives.

e. Tower Rappelling.

f. Small Arms Ranges (7.62 and less).

g. Non-Sapper Demolitions.

h. Situational Training Lanes.

i. Land Navigation Courses

j. Survival Evasion Resistance Escape (SERE).

k. Driver (Wheel/Track) Training.

l. Combat Water Survival Training (CWST).

m. Blank Fire.

n. Bivouac.

Appendix B
Examples of life, limb, and eyesight emergencies

Examples of life, limb, and eyesight emergencies include, but are not limited to the following:

a. Critical head, neck, and back injuries.

b. Severe burns and burns of the face and neck.

c. Respiratory/cardiac arrest or severe chest pain.

d. Traumatic amputation of an extremity, such as, leg, arm, and so forth.

e. Crushing injuries of chest, abdomen, or extremity.

f. Severe lacerations involving an artery (bright red, spurting bleeding).

g. Severe fractures, such as, compound (protruding bone) or of femur or pelvis.

h. Unconscious or seizing patient.

i. Accidents involving multiple injures/casualties, such as, auto/truck accident, explosion, and so forth.

j. Serious eye injuries.

k. Serious illnesses occurring at remote sites, such as, heat injuries, cold injuries (For heat and cold injuries, CLS and unit personnel will execute the most current "Man Down" drill Tactics, Techniques and Procedures (TTPs).

Appendix C
Emergency Medical Service Ambulance Exchange Points

Listed below is Ambulance Exchange Points (AXP) by number with corresponding grid coordinates. When requesting EMS to meet at an AXP, utilize the AXP Number.

Units will not request MEDEVAC on Secure/Encoded frequencies. Units will use the example when requesting MEDEVAC support (example: Echo Nine-One-One, this is Charlie Two-Five-Eight, request MEDEVAC, over).

Number	Name	Grid Coordinate
# 01	**INT Midwest RD/10th Armored**	**GA 038 997**
# 02	**Ware range**	**GA 095 972**
# 03	**Buena Vista @ 10th Armored Div**	**GA 026 938**
# 04	**INT Buena Vista/ Lorraine RD**	**GA 090 925**
# 05	**Malone 4A (2nd Armored Div)**	**GA 036 887**
# 06	**Buena Vista @ Cactus RD**	**GA 181 853**
# 07	**Lafeyette @ Red Diamond**	**GA 127 824**
# 08	**McKenna MOUT Site – (Helipad)**	**GA 063 835**
# 09	**Jamestown @ Yankee**	**GA 307 776**
# 10	**Entrance Int @ Fryar**	**FA 933 726**
# 11	**4 Winds Resturant (Camp Darby)**	**GA 133 775**

Glossary

Section I
Abbreviations

AXP ..... Ambulance Exchange Points.
CALFEX ..... Combined Arms Live Fire Exercise.
CLS ..... Combat Life Saver.
CPR ..... Cardiovascular Pulmonary Resuscitation.
CTTMOS ..... Common Task Testing Military Occupational Specialty.
DOT ..... Directorate of Operations and Training.
DOTS……..Directorate of Training Sustainment
DPTMS..... Directorate of Plans, Training, Mobilization, and Security.
EMS ..... Emergency Medical Services
ESC…….. .. Enterprise Scheduling System
MACH..... Martin Army Community Hospital.
MEDEVAC ..... Medical Evacuation.
MGRS ..... Military Grid Reference System.
NCOIC ..... Noncommissioned Officer-In-Charge.
OIC ..... Officer-In-Charge.
SOP ..... Standing Operating Procedure.
TOE ..... Table of Organization and Equipment.
MCoE ..... Maneuver Center of Excellence.
USAIS ..... United States Army Infantry School.
USAARMS... .. United States Army Armor School

Section II
Terms

Air Ambulance: An aircraft designed for transporting patients who are seriously ill or injured, requiring rapid transport and minimal emergency care enroute.

Ambulance Exchange Point: An AXP is a meeting point where medics transfer an injured Soldier to EMS for further evacuation.

"Buddy Aid/Self Aid": Emergency medical procedures consisting of the four lifesaving steps (1. Start the breathing; 2. Stop bleeding; 3. Cover the wound; 4. Treat for shock.) and Cardio-Pulmonary Resuscitation (CPR) carried out by any Soldier.

Combat Lifesaver: A non-medical Soldier trained to provide emergency care as a secondary mission.

Critically Ill: A patient is considered critically ill when illness or injury is of such severity that the patient is in imminent danger of losing life, limb or eye sight.

Emergency Medical Services Ambulance: A vehicle outfitted for emergency, which meets standard federal specification KKK-A-1822 and;

- Can accommodate two emergency medical technicians and two litter patients positioned so at least one patient can be given intensive life support during transport.

- Carries equipment and supplies for optional care at the emergency scene and during transport.

- Has two–way radio communication.

- Safeguards personnel and patients under hazardous conditions.

- Is designed for light rescue procedures and is constructed to afford maximum safety and comfort.

- Avoids aggravation of the patients' condition, exposure to complications and threats to survival.

E911: A radio system that consists of a trunked radio network (i.e. Motorola 7100 and 5100 radios) used for the installation Emergency 911 system. The system is operated and maintained by the Directorate of Emergency Services.

Front Line Ambulance (FLA): A vehicle designed for transporting, both emergency and non-emergency patients, litter or ambulatory, between field Ambulance exchange point (AXP)

Field Medical Support: Medical support rendered to training activities at Fort Benning to include the Infantry School, TOE units not having organic medical assets, and other post activities as required. Field medical support provides emergency evacuation and/or treatment for post activities as a supplemental medical activity to other health care. Field medical support is divided into on-site and area medical support as defined below:

- **On-site Medical Support:** Medical support provided by locating medical personnel and equipment at the actual activity or event site.

- **Area Medical Support**: Medical support normally provided in a geographical area to units that have no organic or attached medical personnel. Area medical evacuation will be provided by standby EMS ambulances of Martin Army Hospital Emergency Room, AIR MEDEVAC (see below), and when deployed in the field, FLAs of the Directorate of Training Sustainment, Ranger Training Brigade, and the 3d Brigade, 3d Infantry Division (Mech). Area medical support further includes routine and emergency medical support that may be provided by the troop medical clinics.

- **Air MEDEVAC:** Medical evacuation by air using civilian or US Army air ambulance assets.

- **Ground MEDEVAC:** Medical evacuation by ground using civilian or US Army ground ambulance assets.

Landing Zone / Pick-up Zone (LZ/PZ) List: A list that contains designated locations for landing zones and pick-up zones for the installations training areas and field sites. The list is updated every 6 months. All information for MCOE Installation LZ/PZ can be obtained by contacting the Aviation Safety Officer located at Lawson Army Airfield, 706-545-6780.

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