

APPENDIX B

**THE FORWARD SUPPORT MEDICAL EVACUATION
TEAM LEADER'S GUIDE****B-1. General**

The FSMT of the AA company provides aeromedical evacuation to all categories of patients consistent with evacuation precedences and other operational considerations. It is designed to be a light and mobile element that is capable of relocating frequently with its supported units. The FSMTs provide medical evacuation of patients from the POI, BAS, or AXP, to brigade MTFs. The ASMS provides medical evacuation from the FSMC to a corps-level MTF.

B-2. Capabilities

- a.* The FSMT consists of three UH-60A aircraft, each with a four-man crew that provides—
- (1) Continuous 24-hour operation.
 - (2) Aeromedical evacuation and in-flight medical care of patients.
 - (3) Rapid movement of medical personnel.
 - (4) Delivery of blood products, medical supplies, and medical equipment.
 - (5) On-call support (from a laager site or by accompanying the AASLT TF) for AASLT operations.
 - (6) Combat search and rescue operations.
 - (7) Refueling of aircraft.
- b.* When tasked organized, the FSMT can be augmented with a—
- (1) Flight operations clerk.
 - (2) Forward area refueling equipment team.
 - (3) Technical inspector.

B-3. Location of the Forward Support Medical Evacuation Team

a. The location of the FSMT is METT-TC dependent; however, it is usually collocated with the headquarters and headquarters detachment, FSB, or the FSMC within the BSA when in support of a division.

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b. The FSMT is most efficiently deployed when collocated with the FSB headquarters support operations cell IF mission information is available at that location. The FSMT can augment the supporting cell with their flight operations specialist to support the increased requirements.

c. When the FSMT is operating independently of the AA company, it will require maintenance, communication, logistical, intelligence, and security support.

d. In a TF scenario for contingency operations, the FSMT should be collocated with the aviation TF to facilitate—

- (1) Army airspace command and control.
- (2) Aviation intermediate maintenance.
- (3) Class IX repair parts.
- (4) Gunship escort.
- (5) Downed aircraft recovery operations.

B-4. Command and Control Relationships

Table B-1 reflects the C2 relationships between the FSMT and the supported units. The specific C2 relationship will be addressed in the OPLAN.

Table B-1. Command and Control Relationships

	RECEIVES MISSIONS AND TASKS FROM:	UNDER THE COMMAND OF:	UNDER THE CONTROL OF:
GENERAL SUPPORT	SUPPORTED GROUND UNIT	AA CO	HQ RECEIVING GS
DIRECT SUPPORT	SUPPORTED GROUND UNIT	AA CO	HQ RECEIVING DS
OPCON	SUPPORTED GROUND UNIT	AA CO	DIRECTED BY HQ EXERCISING OPCON

**This paragraph implements STANAGs 2087 and 3204,
QSTAG 529, and AIR STDs 44/36A and 61/71.**

B-5. Medical Evacuation Support

a. Definition. Medical evacuation support is the process of moving patients from the POI or illness to an MTF or between MTFs. Each stop in the process provides medical treatment to enhance the patient's early return to duty or to stabilize him for further evacuation.

b. Principles of Evacuation.

- (1) Rapid and efficient movement to MTFs.
 - (a) Minimize fatalities.
 - (b) Speed return to duty.
 - (c) Clear the battlefield.
 - (d) Build morale.
- (2) En route care is essential for optimum success.
 - (a) Increases survival chance of critical patients.
 - (b) Lessens additional injuries during transport.
 - (c) Provides continuous care.
- (3) Higher evacuates from lower.
- (4) Evacuation assets must have equal or greater mobility.
- (5) A single, dedicated MEDCOM authority is needed for management.
- (6) Considerations for selecting the appropriate mode of evacuation.
 - (a) Patient/casualty condition.
 - (b) Availability of resources.

(c) Destination of MTF.

(d) Tactical situation.

(e) Weather.

c. *Considerations for Evacuation Planning.*

(1) Patient's condition/status.

(2) Mission, enemy, terrain, troops, time available, and civilian considerations.

(3) Risk assessment.

(4) Location and type of MTFs available.

(5) Protection under the Geneva Conventions.

(6) Army airspace command and control plan.

(7) Time and distance factors.

(8) Weather conditions.

(9) Others.

(a) Tactical commander's plan.

(b) Anticipated patient load.

(c) Expected areas of patient density.

(d) Medical evacuation resources available.

d. *Categories of Precedence for Evacuation.*

(1) Priority I—URGENT is assigned to emergency cases that should be evacuated as soon as possible (within a maximum of 2 hours) to save life, limb, or eyesight, to prevent complications of serious illness, or to avoid permanent disability.

(2) Priority IA—URGENT-SURG is assigned to patients who must have far forward surgical intervention to save life and stabilize for further evacuation.

(3) Priority II—PRIORITY is assigned to sick and wounded personnel requiring prompt medical care. This precedence is used when the individual should be evacuated within 4 hours or his

medical condition will deteriorate to such a degree that he becomes an URGENT precedence, or whose requirements for special treatment are not available locally, or who will suffer unnecessary pain or disability.

(4) Priority III—ROUTINE is assigned to sick and wounded personnel requiring evacuation but whose condition is not expected to deteriorate significantly. The sick and wounded in this category should be evacuated within 24 hours.

(5) Priority IV—CONVENIENCE is assigned to patients for whom air evacuation is a matter of medical convenience rather than necessity.

B-6. Aeromedical Evacuation Requests

a. Communication Capability.

(1) The ability to effectively communicate is essential for the successful accomplishment of the MEDEVAC mission. The FSMT does not have an organic communications capability and is dependent upon the supported unit for this vital function.

(2) A dedicated net with a secure capability (MSE, FM SINCGARS, and tactical satellite) is required in order to pass a MEDEVAC request.

b. Request Format.

(1) The format for all MEDEVAC requests is the standard nine-line format as per FM 8-10-6.

(2) A decision to request MEDEVAC places certain responsibilities on the requesting unit in the overall evacuation effort. The unit should—

(a) Ensure the tactical situation permits successful evacuation.

(b) Ensure that patients are ready for pickup when the request is submitted and provide patient information as required.

(c) Move patients to the safest aircraft approach and departure point if they are to be evacuated by air.

(d) Ensure that ground personnel are familiar with the principles of helicopter operations.

(3) Medical evacuation request can be received on one of the following nets:

(a) Administrative/logistics net.

(b) Dedicated CHS net.

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- (c) Forward support medical company net.
- (d) Designated MEDEVAC net as per the SOI/ANCD.

(4) The FSMC commander and the TF brigade surgeon will coordinate with the FSMT to designate the best net to process all MEDEVAC requests. Normally, all MEDEVAC requests are called into the FSMC. The FSMC surgeon determines the required mode of evacuation (air or ground) and, if by air, the FSMC notifies the FSMT via a secure net. The FSMT receives the latest intelligence information and executes the mission.

B-7. Nondivisional Aviation Intermediate Maintenance

Nondivisional AVIM companies, normally located in the corps area, support corps nondivisional aviation assets and reinforcing divisional AVIM companies. The nondivisional AVIM company provides the full scope of support services to nondivisional aviation units. In its reinforcing role and as the need arises, it also performs all the functions normally tasked to the divisional AVIM in support of its aviation brigades. This support includes forward team maintenance and recovery operations. All divisional AVIM units are structured to transfer 25 percent of their workload to their supporting nondivisional AVIM unit. The aviation maintenance battalion manages the cross leveling of nondivisional work.

B-8. Army Airspace Command and Control

The intent of A2C2 is to coordinate the efficient employment of airspace users to accomplish the ground commander's mission by means of deliberate planning and execution of tasks. Simply stated, the objective of A2C2 is to maximize combat effectiveness and reduce fratricide.

a. The A2C2 system involves four basic functional activities—C2, fire support coordination, air defense, and air traffic control. The A2C2 element—

- (1) Is located within the CPs at each tactical echelon.
- (2) Is manned by personnel from other staff sections.
- (3) Is responsible for determining how the commander's airspace needs can be met at each echelon.
- (4) Provides a vertical and horizontal channel through which airspace control information and requirements are coordinated/disseminated.
- (5) Involves the following:
 - (a) Identifying/resolving airspace user conflicts.

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- (b) Maintaining A2C2 overlays.
- (c) Developing A2C2 procedures, plans, SOPs, and annexes.
- (d) Coordinating/integrating airspace use requirements with other components/adjacent units.
- (e) Approving/staffing requests for airspace control measures.
- (f) Advising subordinate/higher headquarters of significant activities affecting airspace use.

b. The A2C2 elements by echelon are the—

(1) *Numbered Army*. The G3 of the field Army is staff proponent for A2C2 matters. The A2C2 focus at this level is development and implementation of joint force (theater) airspace control plans, broad policies, and procedures.

(2) *Corps/division*.

- (a) Dedicated A2C2 element.
- (b) Assistant chief of staff responsibility.
- (c) Assistant chief of staff air-supervisory responsibility.

(d) Main CP A2C2 representatives/members, G3 air, fire support element representative, Air Force Tactical Air Control Party representative, ADA element representative, air traffic services liaison element representative, aviation element representative, G2 collection management section representative (as required), Assistant Chief of Staff, G4 (Logistics) section representative (as required), air naval gunfire liaison company representative, and others as required.

(3) *Brigade/battalion*.

- (a) No dedicated A2C2 element.
- (b) Brigade may retain responsibility for battalion's A2C2 functions.
- (c) Operations and training officer staff responsibility.
- (d) Operations and training officer air-supervisory responsibility.

(e) Members may include S3 air, fire support officers, air LNO, LNOs (aviation ADA), S2, and others as required.

c. *The G3 Air/Assistant G3 Air*. The G3 air is normally located in the main CP and is under the staff supervision of the G3. The description of duties and responsibilities addresses only those associated

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with airspace management. Duties and responsibilities of the G3 air/assistant G3 air concerning airspace C2 are that he—

- (1) Serves as the management focal point within the A2C2 element for the implementation of the airspace control system.
- (2) Supervises the actual operations of the A2C2 element.
- (3) Coordinates Army airspace user requirements with maneuver fire support operations.
- (4) Consolidates and deconflicts lower unit airspace user requirements/ requests.
- (5) Develops and recommends airspace control measures concerning air support—minimum risk routes (MRR), close air support, contact points, and initial points.
- (6) Advises operations of the impact of airspace control measures/activities, to include ROZ, coordination altitudes, high density airspace control zones, ROEs, MRR, and standard-use Army aircraft flight routes.

B-9. Risk Management

a. Risk Management. Risk management is the process of making operations safer without compromising the mission. For additional discussion, see Appendix F.

b. Risk Management Rules. Three rules guide the risk management process. They are—

- (1) *Accept no unnecessary risk.* An unnecessary risk is one that, if eliminated, still allows mission accomplishment.
- (2) *Make risk decisions at the proper level.* Make risk decisions consistent with the commander's guidance and unit SOPs. The team leader responsible for the mission should make the risk decisions.
- (3) *Accept risks if benefits outweigh the costs.* Necessary risks must be taken to accomplish the mission. Risk taking requires a decision-making process that balances mission benefits with costs.

c. Risk Management Process. There are five steps to the risk management process. They are—

- (1) *Identify the risks.* Identify specific risks associated with all specified and implied tasks. Determine the hazards causing these risks. Consideration of METT-TC factors can help identify risks and is crucial to the second step of assessing risks.
- (2) *Assess the risks.* Determine the magnitude of risks. This includes an estimate of loss, cost, and probability. The METT-TC format provides an excellent guideline of factors to consider in risk assessment. Consider the following aspects:

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- (a) Mission—complexity and difficulty.
- (b) Enemy—equates to specific hazards identified.
- (c) Terrain—all aspects of the physical environment including weather and visibility.
- (d) Troops—includes supervision, experience, training, morale, endurance, and equipment.
- (e) Time—time available for execution, planning, and preparation.
- (f) Civilian considerations.

(3) *Make decisions and develop controls.* Balance risk benefits against risk assessments and eliminate unnecessary risks. Reduce the magnitude of mission-essential risks through the application of controls. Controls range from hazard awareness to the development of detailed operational procedures. Involve the chain-of-command if necessary risks or controls prevent assigned mission requirements.

(4) *Implement controls.* Integrate specific controls into plans, orders, SOPs training performance standards, and rehearsals. Knowledge of controls down to the individual soldier is essential.

(5) *Supervise.* Enforce controls and standards. This is key. Evaluate mission progress and changes to METT-TC, then begin appropriate corrective action. After mission completion, evaluate risks, decisions, and controls for inclusion in lessons learned.

d. Countermeasure Options.

(1) *Eliminate the hazard.* Eliminate the hazard totally, if possible, or substitute a less hazardous alternative.

(2) *Control the hazard.* Reduce the magnitude of the hazard or provide containment or barriers.

(3) *Change operational procedures.* Modify operational procedures to minimize risk exposure consistent with mission needs.

(4) *Educate.* Train personnel in hazard recognition and avoidance.

(5) *Motivate.* Motivate personnel to use effective hazard avoidance actions.

e. Landing Sites. The FSMT leader must coordinate with the supported unit to determine the set up and marking of PZs and LZs. If available, the safety officer should accompany the FSMT leader when establishing the PZs and LZs. The FSMT leader, with the supported units, should address selection criteria, markings, communications, and signaling procedures. Landing sites that must be addressed include the FSMC, AXPs, and BAS landing sites.

f. Review.