

**DEPARTMENT OF THE ARMY  
US ARMY ROTC CADET BATTALION  
UNIVERSITY OF PUERTO RICO-MAYAGUEZ  
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ATOA-FPR-PM (145)

4 April 05

**MEMORANDUM FOR ARMY-ROTC UNIVERSITY OF PUERTO RICO MAYAGUEZ**

1. GENERAL: This annex describes the procedures to follow when evacuating casualties sustained in the tactical environment.

**2 RESPONSIBILITIES**

- a. The Professor of Military Science is responsible for ensuring a sound casualty evacuation plan is developed and implemented for all elements under his command. Plans developed will be those which best support the safe and speedy evacuation of casualties to the nearest medical installation.
- b. OICs and NCOIC are responsible for developing and implementing casualty evacuations plans for their node center sites and overseeing the development and implementation of similar plans at their subordinate sites.
- c. All soldiers are responsible for understanding basic first aid techniques, knowing who the combat lifesavers in their sections are, and understanding the content of this annex.
- d. The CP OIC is responsible for ensuring that the grid locations and the type of all medical support units in the area of operations are known, plotted and passed to subordinate elements.
- e. The CP NCOIC is responsible for overseeing operations at the casualty collection point and ensuring medical evacuation requirements are coordinated (ground and/or air). He is also responsible for ensuring that organic evacuation drivers and TC's are briefed on evacuation procedures and routes and provided with strip maps to the nearest medical facility.

**3. Evaluation of Casualties:**

- a. Immediate Action: When casualties are sustained they will be moved to an area shielded from enemy fires, assessed and administered immediate first aid. If necessary a combat lifesaver will be called and the casualty will be prepared for

evacuation. The DA Form 1155 (witness statement) and DA Form 1156 (casualty feeder report) will be removed from the casualty's helmet, completed and turned in to the Company CP for processing. The CP Center will notify the S1 accordingly.

- b. Litter Casualties: The CP will have a litter. A litter team will be called to transport litter casualties to the casualty collection point within the perimeter. This collection point will be determined by the NCOIC.
- c. Walking Wounded: Those casualties capable of making their own way to the casualty collection point will do so on their own.
- d. Casualty Collection Point: when casualties arrive at the casualty collection point the NMF/CPNCOIC will ensure that they are categorized according to priority and initiate calls for ground ambulance support or AEROMEDEVAC support.
- e. Ground Ambulance Support: Ground ambulance support will be provided by support battalion medical companies. It is the Company CP/NMF's responsibility to maintain accurate grid locations, call signs, frequencies and MSE numbers of these medical support units in the area of operations. Once casualties arrive at the casualty collection point and it is determined that they can be evacuated via ground ambulance the CP/NMF NCOIC will request required support from the supporting medical unit. Required information is the same as that listed in the nine-line MEDEVAC requested listed below.
- f. Organic Support: If ground ambulance assets are not available and AEROMEDEVAC is not required, organic evacuation must be initiated. Organic evacuations will take place using designated vehicles. One vehicle will be used to transport the casualties and one will be used as an escort vehicle. While inside the perimeter the evacuation vehicle will be unloaded and parked adjacent to the company CP/NMF to facilitate evacuation should it become necessary. The primary drivers and TCs will operate these vehicles during evacuation. If the CP/NMF NCOIC has made every effort to gain external support and has met with no success, casualties will be uploaded and evacuated to the nearest medical facility.
- g. AEROMEDEVAC: AEROMEDEVAC will only be requested for URGENT category patients unless no other means of evacuation is available. It is the Company CP's responsibility to maintain the call sign, frequency and MSE number of the AEROMEDEVAC. The CP/NMF NCOIC will request required support. AEROMEDEVAC will be requested using the standard nine-line MEDEVAC request
  - 1.) Location of pick up site (grid)
  - 2.) Radio frequency and call sign (company command net)
  - 3.) Number of patients by precedence.

**Urgent:** To save life, limb or eyesight within two hours  
**Priority:** Evacuate ASAP (within 4 hours) life, limb or eyesight not in danger.  
**Routine:** Evacuation required within 24 hours

**Tactical Immediate:** Evacuation not urgent but required so as not to interfere with the accomplishment of the unit's tactical mission.

4.) Special Equipment Required (Hoist, Jungle Penetrator, Rigid Litter, etc.)

5.) Number of patients by type (Litter/Ambulatory)

6.) Security of Site

1 = No enemy troops in area

2 = Possible enemy troops in area

3 = Enemy troops in area (use caution)

4 = Enemy troops in area (armed escort required)

7.) Method of Marking Pickup Site (Flame, Smoke, Chem Lights, etc.)

8.) Patients' Nationality (i.e. 1 US 1 British)

NBC Contamination (Nuclear, Biological, Chemical)

#### **4. CSTS Procedures**

All units performing training at CSTC will follow these procedures. Statement of Medical Examination and Duty Status (DA Form 2173) is required for any injury prior to leaving CSTC.

1. From the field or cantonment area to TMC by ground utilizing organic assets.
  - a. Notify the TMC by radio or telephone of emergency or problem.
  - b. Notify Range Control of the situation.
  - c. Evacuate patient by ambulance or other available ground vehicle to the TMC.
  - d. An Field Ambulance will be at Rapelling Tower
  - e. Frequency: 46100

#### **2. From TMC to Outside Civilian or Military Health Care Installations.**

- a. Advance coordination with the accepting medical facility is required prior to the transport action of the patient.
  - b. The Medical Officer of the Day (MOD) or Medical Coordinator will call the medical officer on duty of outside health agencies and explain the situation mode a transfer agreement must be coordinated by providing the patient's name, condition, and transportation.

##### **1. Emergencies**

Casualties will be transported to the nearest facility. Transportation will be provided by medic on site and Maj. Padilla. Medics on site: MSG Gomez, MSG Camacho,

from the UPR ROTC Battalion POC is CPT DeSantiago at tel. 787-349-6980 or 787-892-5185.

## **2. Urgencies**

Casualties will be transferred to Veteran's Administrations Hospital in San Juan with previous coordination. Report must be sent to Rodriguez Army Health Clinic, Fort Buchanan immediately or the next working day.

## **3. Routine**

Routines that cannot be resolved at the TMC will be referred to Rodriguez Army Health Clinic as per Command Policy #41, (Procedures to Support Camp Santiago and Fort Allen Soldiers/Physicians), dated 17 December 2002. MOD will be called at RAHC to direct the soldier's care.

## **5. *Health Agencies***

### **1. Rodriguez Army Health Clinic Fort Buchanan, PR**

Transportation Mode: Ground

Telephone: 787-707-4392/4393 Fire Department on base 787-707-5911

### **2. Cristo Redentor Episcopal Hospital, Guayama, PR**

The primary Hospital for Emergency Care from CSTC.

Mode of transportation: Ground

Telephone: (787) 864-4300 x 2225, x 2226

### **3. Hospital San Cristobal Ponce, PR**

Used for Service Members at Fort Allen, Juana Diaz, PR

Mode of Transportation: Ground

Telephone (787) 848-1020

#### **4. Veterans Administration Hospital**

Further emergency or follow up medical treatment

Mode of transportation: Ground

Telephone: 787- 758-7575 Ext. 3116/3111

#### **5. Roosevelt Roads Naval Hospital**

Only in the event that VAH is unable to accept the soldier

Telephone: 865-5762

#### **6. Puerto Rico Medical Center - ASEM/AEROMED**

Telephone: 787-756-3424 756-3480/3481/3482 POC Sr. Urrutia

The air evacuation will be activated by MOD or 91W, through Range Control, when there is a risk of loss of life, limb or sight.

Transportation will occur after the casualty's vital signs have been stabilized and accepted by the receiving doctor at Puerto Rico Medical Center.

**6. CONCLUSION:** Casualty evacuation plans must be understood by all soldiers in the battalion and executed to ensure required medical attention is received. Leaders must understand casualty reporting procedures and requisitioning of replacements and have an adequate number of required forms to support operations.

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