

APPENDIX F

EVACUATION REQUEST PROCEDURES

F-1. General

Procedures for requesting medical evacuation support must be institutionalized down to the unit level. Procedural guidance and standardization of request procedures are provided in this appendix and FM 8-10-6.

F-2. Unit Evacuation Plan

Before initiating any operation, a unit must have an evacuation plan in effect. The plan may be a standard SOP or it may be designed for a particular operation. It can be published in various ways depending on the level of headquarters and the amount of detail required. For example, it may be in the form of verbal instructions at the squad or platoon level, a comment in the SOI, or a paragraph in the unit operations order. The unit evacuation plan is essential to requesting and effecting evacuation because it identifies—

- Primary and alternate channels to be used in submitting the MEDEVAC request (Table F-1).
- Primary and alternate evacuation route(s) to be used.
- Methods of evacuation to be used,
- Location of the destination medical treatment facilities to be used, if predesignated.

F-3. Determination to Request Medical Evacuation and Assignment of Medical Evacuation Procedures

The determination to request MEDEVAC and assignment of MEDEVAC precedence is made by the senior military person present, based on the advice of the senior medical person at the scene. Assignment of MEDEVAC precedence is necessary because it provides the supporting medical unit and controlling headquarters with information that is used in determining priorities for committing their evacuation assets. For this reason, correct assignment of precedence cannot be over-emphasized; overclassification remains a continuing problem. Patients will be picked up as soon as

possible, consistent with available resources and pending missions. The following are categories of precedence and the criteria used in their assignment:

- Priority I—URGENT. This precedence is assigned to emergency cases that should be evacuated as soon as possible and within a maximum of 2 hours to save life, limb, and eyesight.
- Priority IA—URGENT-SURG. This precedence is assigned to patients who must have far forward surgical intervention to save life and stabilize for further evacuation.
- Priority II—PRIORITY. This precedence is assigned to sick, injured, 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.
- Priority III—ROUTINE. This precedence is assigned to personnel requiring evacuation, but whose medical condition is not expected to deteriorate significantly. The sick, injured, or wounded in this category should be evacuated within 24 hours.
- Priority IV—CONVENIENCE. This precedence is assigned to patients for whom air evacuation is a matter of medical convenience rather than necessity.

F-4. Unit Responsibilities in Evacuation

A decision to request MEDEVAC places certain responsibilities on the requesting unit in the overall evacuation effort. To prepare for and assist during evacuation, the unit must—

- a. Ensure that the tactical situation permits successful evacuation.
- b. Ensure that a person familiar with the principles of helicopter operations is designated to—
 - Select and prepare the landing site.

- Brief his ground crew on safety measures.
- Contact the pilot and provide directions to the landing site.
- Direct the loading and unloading of the helicopter according to the pilot's instructions.
- Brief the pilot on the position of enemy troops; direct him to other units in the area if asked; and make every effort to speed the helicopter on its way.

Receive back-hauled medical supplies and report the type and quantity, where they are delivered, and provide information concerning patients evacuated.

c. Ensure that patients are ready for pickup when the request is submitted.

d. Move patients to the safest aircraft approach and departure point.

e. Mark friendly positions when armed helicopter escort is provided.

f. Have an English-speaking representative at the pickup site when evacuation is requested for non-US personnel.

g. Guide the helicopter during landing and takeoff when the tactical situation permits.

F-5. Types of Medical Evacuation Request Formats and Procedures

a. There are two established MEDEVAC formats and procedures: one for wartime use and one used in peacetime. The wartime procedures are also used during peacetime training situations to request MEDEVAC for simulated and constructive patients.

(1) Simulated patients are those individuals who do not have a real wound, injury, or illness but must be physically moved or cared for to meet training and evaluation requirements.

(2) Constructive patients are representation of patients in reports, messages, or other

written and oral communications; they do not require physical movement or care.

b. Several differences exist between wartime and peacetime MEDEVAC request formats and procedures. The wartime MEDEVAC request format is shown at Table F-1. The peacetime request form differs in two line item areas:

(1) Line 6—changed to number and type of wound, injury, or illness (two gunshot wounds and one compound fracture). If serious bleeding is reported, it should be followed by the victim's blood type.

(2) Line 9—changed to description of terrain (flat, open, sloping, wooded). If possible, include relationship of landing area to prominent terrain feature.

c. Security is another basic difference between wartime and peacetime requesting procedures. Under all nonwar conditions, the safety of US military and civilian personnel outweighs the need for security and clear text transmissions of MEDEVAC requests are authorized. During wartime, the rapid evacuation of patients must be weighed against the importance of unit survivability. Accordingly, wartime MEDEVAC requests are transmitted by secure means only.

F-6. Collection of Medical Evacuation Information

The information collected for the wartime MEDEVAC request, Line numbers 3 through 9, is subject to brevity codes. The information collected is limited to the specific remarks provided in Table F-1. (Example: the information to be collected for Line 4 pertains to special equipment to be placed on board the evacuation vehicle. The limiting remarks restrict identification to: none required hoist; Stokes litter; and forest penetrator. No other remarks are authorized for Line 4.)

F-7. Preparation of the Medical Evacuation Request

Table F-1 provides the procedures for preparation of the MEDEVAC request, to include information requirements and sources:

a. During wartime and training situations, brevity codes must be used in preparing all MEDEVAC requests. The authorized codes are provided in Table F-1; they are also provided in the standard SO I, I tern 104. Use of locally devised brevity codes is not authorized. If the unit preparing the request does not have access to secure communications, the MEDEVAC request must be prepared in encrypted form. Encrypting is required for all information on the request with the exception of—

(1) The MEDEVAC line number identifier. This information is always transmitted in clear text.

(2) The call sign and suffix (Line 2) which can be transmitted in clear text.

b. During peacetime, two MEDEVAC line number items (Lines 6 and 9) will change. Details for the collection of information and request preparation are shown in Table F-1. More detailed procedures for use in the peacetime request format must be developed by each command to meet specific requirements.

Table F-1. Procedures for Information Collection and MEDEVAC Request Preparation. (1 of 3)

LINE	ITEM	EXPLANATION	WHERE/HOW OBTAINED	WHO NORMALLY PROVIDES	REASON
1	Location of Pickup Site.	Encrypt the grid coordinates of the pickup site. When using the DRYAD Numeral Cipher, the same "SET" line will be used to encrypt the grid zone letters and the coordinates. To preclude misunderstanding, a statement is made that grid zone letters are included in the message (unless unit SOP specifies its use at all times).	From Map	Unit Leader(s)	Required so evacuation vehicle knows where to pickup patient. Also, so that the unit coordinating the evacuation mission can plan the route for the evacuation vehicle (if the evacuation vehicle must pick up from more than one location).
2	Radio Frequency, Call Sign, and Suffix	Encrypt the frequency of the radio at the pickup site, not a relay frequency. The call sign (and suffix if used) of person to be contacted at the pickup site may be transmitted in the clear.	From SOI	RTO	Required so that evacuation vehicle can contact requesting unit while en route (obtain additional information or change in situation or directions).
3	Number of Patients by Precedence	Report only applicable information and encrypt the brevity codes. A - URGENT. B - URGENT SURGICAL. C - PRIORITY. D - ROUTINE. E - CONVENIENCE. If two or more categories must be reported in the same request, insert the word "BREAK" between each category.	From Evaluation of Patient(s)	Medic or Senior Person Present	Required by unit controlling the evacuation vehicles to assist in prioritizing missions.

Table F-1. Procedures for Information Collection and MEDEVAC Request Preparation. (2 of 3)

LINE	ITEM	EXPLANATION	WHERE/HOW OBTAINED	WHO NORMALLY PROVIDES	REASON
4	Special Equipment Required	Encrypt the applicable brevity codes. A - None. B - Hoist. C - Extraction equipment. D - Ventilator.	From Evaluation of Patient/Situation	Medic or Senior Person Present	Required so that the equipment can be placed on board the evacuation vehicle prior to the start of the mission.
5	Number of Patients by Type	Report only applicable information and encrypt the brevity code. If requesting MEDEVAC for both types, insert the word "BREAK" between the litter entry and ambulatory entry L + # of Pnt - Litter A + # of Pnt - Ambulatory (sitting)	From Evaluation of Patient(s)	Medic or Senior Person Present	Required so that the appropriate number of evacuation vehicles may be dispatched to the pickup site. They should be configured to carry the patients requiring evacuation.
6	Security of Pickup Site (Wartime)	N - No enemy troops in area. P - Possibly enemy troops in area (approach with caution). E - Enemy troops in area (approach with caution). X - Enemy troops in area (armed escort required).	From Evaluation of Situation	Unit Leader	Required to assist the evacuation crew in assessing the situation and determining if assistance is required. More definitive guidance can be furnished the evacuation vehicle while it is en route (specific location of enemy to assist an aircraft in planning its approach).
6	Number and Type of Wound, Injury, or Illness (Peacetime)	Specific information regarding patient wounds by type (gunshot or shrapnel). Report serious bleeding, along with patient blood type, if known.	From Evaluation of Patient	Medic or Senior Person Present	Required to assist evacuation personnel in determining treatment and special equipment needed.
7	Method of Marking Pickup Site	Encrypt the brevity codes. A - Panels. B - Pyrotechnic signal. C - Smoke signal. D - None. E - Other.	Based on Situation and Availability of Materials	Medic or Senior Person Present	Required to assist the evacuation crew in identifying the specific location of the pick up. Note that the color of the panels or smoke should not be transmitted until the evacuation vehicle contacts the unit (just prior to its arrival). For security, the crew should identify the color and the unit verify it.

Table F-1. Procedures for Information Collection and MEDEVAC Request Preparation. (3 of 3).

LINE ITEM	EXPLANATION	WHERE/HOW OBTAINED	WHO NORMALLY PROVIDES	REASON
8	Patient Nationality and Status The number of patients in each category need not be transmitted. Encrypt only the applicable brevity codes. A - US military. B - US civilian. C - Non-US military. D - Non-US civilian. E - EPW.	From Evaluation of Patient	Medic or Senior Person Present	Required to assist in planning for destination facilities and need for guards. Unit requesting support should ensure that there is an English-speaking representative at the pickup site.
9	NBC Contamination (Wartime) Include this line only when applicable. Encrypt the applicable brevity codes. N - Nuclear. B - Biological. C - Chemical.	From Situation	Medic or Senior Person Present	Required to assist in planning for the mission. (Determine which evacuation vehicle will accomplish the mission and when it will be accomplished.)
9	Terrain Description (Peacetime) Include details of terrain features in and around proposed landing site. If possible, describe relationship of site to prominent terrain feature (lake, mountain, tower).	From Area Survey	Personnel at Site	Required to allow evacuation personnel to assess route/avenue of approach into area. Of particular importance if hoist operation is required.

F-8. Transmission of the Request

The MEDEVAC request should be made by the most direct communications means to the medical unit that controls evacuation assets. The communications means and channels used depend on the situation (organization, communication means available, location on the battlefield, distance between units). The primary and alternate channels to be used for requesting MEDEVAC are specified in the unit evacuation plan.

a. Secure Transmissions. Under all wartime conditions and for constructive and simulated patients during training, MEDEVAC requests will be transmitted by SECURE MEANS only. Therefore, the use of nonsecure communications dictates that the MEDEVAC request be transmitted in ENCRYPTED FORM. Regardless of the type (secure or nonsecure) communications equipment used in transmission, it is necessary to—

- Make contact with the intended receiver.
- Use the call sign and frequency assignments from the SOL
- Use the proper radio procedures.
- Ensure that transmission time is kept to a minimum (20 to 25 seconds maximum).
- Provide the opening statement: "I HAVE A MEDEVAC REQUEST."

b. Receiver Acknowledgement. After the appropriate opening statement is made, the transmitting operator breaks for acknowledgement. Authentication by the receiving or transmitting unit should be done in accordance with SOP.

c. Clear Text and Encrypted Transmissions.

If secure communications equipment is used in transmission, the MEDEVAC request will be transmitted in CLEAR TEXT. However, if the communications equipment used in transmission is not secure, the MEDEVAC request must be transmitted in ENCRYPTED FORM with the exception of the following:

(1) The MEDEVAC line number identifier (Line 1, Line 2, Line 3, and so forth). This information is always transmitted in clear text.

(2) The call sign and suffix (Line 2) which can be transmitted in clear text.

NOTE

When using DRYAD Numeral Cipher, the same "SET" line is used to encrypt the grid zone letters and the coordinates (Line 1 of the MEDEVAC request). To avoid misunderstanding, a statement is made that the grid zone letters are included in the message. This must be accomplished unless the unit SOP specifies that the DRYAD Numeral Cipher is to be used at all times.

d. Letter and Numeral Pronunciation. The letters and numerals that make up the request will be pronounced in accordance with radio procedures. In transmission of the request, the MEDEVAC line number identifier will be given followed by the evacuation information (example: Line One. TANGO PAPA FOUR SIX FIVE THREE SEVEN NINER).

e. MEDEVAC Line Numbers 1 through 5. MEDEVAC Line numbers 1 through 5 of the request must always be transmitted first. The information enables the evacuation unit to begin the mission and avoids unnecessary delay if the remaining information is not immediately available. The information for Lines 6 through 9 may be transmitted to the evacuation vehicle en route.

f. Monitoring Requirement. After transmission and acknowledgement are accomplished, the transmitting operator must monitor the frequency (Line 2 of the request) to wait for additional instructions or contact from the evacuation vehicle.

F-9. Relaying Requests

If the unit receiving the request does not control the evacuation means, it must relay the request to the headquarters or unit that has control or to another relaying unit. When the relaying unit does not have access to secure communications equipment, the request must be transmitted in encrypted form. The method of transmission and specific units involved depends on the situation. Regardless of the method of transmission, the unit relaying the request must ensure that it relays the exact information originally received and that it is transmitted by secure means only. The radio call sign and frequency relayed (Line 2 of the request) should be that of the requesting unit and not that of the relaying unit. If possible, intermediate headquarters or units relaying requests will monitor the frequency specified in Line 2. This is necessary in the event contact is not established by the MEDEVAC unit or vehicle with the requesting unit.

F-10. Helicopter Landing Sites

a. Responsibility. The unit requesting air ambulance service is responsible for selecting and properly marking the helicopter landing sites.

b. Criteria for Landing Sites.

(1) The helicopter landing site and its approach zones to the areas should be free of obstructions. Sufficient space must be provided for the hovering and maneuvering of the helicopter during landing and takeoff. The approach zones should permit the helicopter to land and take off into the prevailing wind whenever possible. It is desirable that landing sites afford helicopter pilots the opportunity to make shallow approaches.

(2) Definite measurements for landing sites cannot be prescribed since they vary with temperatures, altitude, terrain, loading conditions,

and individual helicopter characteristics. The minimum requirement for light helicopters is a cleared area of 30 meters in diameter with an approach and departure zone clear of obstructions. The CH-47 Chinook should not be brought into a landing site that is smaller than 40 meters in diameter.

c. Removing or Marking Obstructions. Any object likely to be blown about by the wind from the rotor should be removed from the landing area. Obstacles, such as cables, wires, or antennas at or near the landing sites, which cannot be removed and may not be readily seen by a pilot, must be clearly marked. Red lights are normally used at night to mark all obstacles that cannot be easily eliminated within a landing site. In most combat situations, it is impractical for security reasons to mark the tops of obstacles at the approach and departure ends of a landing zone. In a training situation or at a rear area landing site, red lights should be used whenever possible to mark obstructions. If obstacles or other hazards cannot be marked, pilots should be advised of existing conditions by radio.

d. Identifying the Landing Site (Figures F-1 through F-4).

(1) When the tactical situation permits, a landing site should be marked with the letter "H," "T," or "Y," using identification panels or other appropriate marking material. Special care must be taken to secure panels to the ground to prevent them from being blown about by the rotor wash. Firmly driven stakes will secure the panels tautly; rocks piled on the corners are not adequate.

(2) If the tactical situation permits, the wind direction may be indicated by a small wind sock or rag tied to the end of a stick in the vicinity of the landing site, by a man standing at the upwind edge of the site with his back to the wind and his arms extended forward, or by smoke grenades which emit colored smoke as soon as the helicopter is sighted.

(3) In night operations, the following factors should be considered:

(a) One of the many ways to mark a landing site is to place a light at each of the four corners of the usable landing area. These lights

should be colored in order to distinguish them from other lights which may appear in the vicinity. A particular color can also serve as one element in identifying the site. Flare pots or other types of open lights should not be used because they usually are blown out by the rotor downwash and often create a hazardous glare and/or reflection on aircraft windshields. The site can be further identified and distinguished from others operating in the general vicinity by a coded signal flash to the pilot from a ground operator using the directed beam of a signal lamp, flashlight, vehicle lights, or other means previously agreed upon. The coded signal is continuously flashed to the pilot until recognition is assured. After recognition, the signal operator, from his position on the upwind side of the landing site directs the beam of light downward along the ground to bisect the landing area. The pilot makes his approach for landing in line with the beam of light and towards its source, landing at the center of the marked area. All lights are displayed for only a minimum time before arrival of the helicopter and are turned off immediately after the aircraft lands.

(b) When the use of standard lighting methods is not possible, pocket-sized red and/or white strobe lights or chemical light sticks are excellent means for aiding the pilot in identifying the land zone. Open flames should be used only as a last resort. When using open flames, ground personnel should advise the pilot before he lands. Burning material must be secured in such a way that it will not blow over and start a fire in the landing zone. Precautions should be taken to ensure that open flames are not placed in a position where the pilot must hover over or be within three meters of them.

(c) During takeoff, only those lights requested by the pilot are displayed; they are turned off immediately after the aircraft's departure.

(4) When the helicopter approaches the landing site, the ground contact team can ask the pilot to turn on his rotating beacon briefly in order to identify the aircraft and confirm its position in relation to the landing zone. The rotating beacon can be turned off as soon as the ground contact team has located and identified the aircraft. The ground contact team can help the pilot by informing him of

his location in relation to the landing zone, observing the aircraft's silhouette, and guiding the aircraft toward the landing zone. While the aircraft is maneuvering toward the landing zone, two-way radio contact is maintained and the type of lighting or signal being displayed is described by the pilot and verified by the ground personnel via radio. The signal should be continued until the aircraft touches down in the landing zone.

(5) Proper use of FM homing procedures can prove to be a valuable asset. Through the use of FM homing, the pilot can more accurately locate personnel on the ground. The success of a homing operation depends upon the actions of personnel on the ground. First, they must be operating an FM radio which is capable of transmitting within the frequency range of 30 to 69.95 megahertz; then they must be able to gain maximum performance from the radio through proper tuning and operation as prescribed in the technical manual for the set. The range of FM radio communications is limited to line of sight; therefore, personnel should remain as clear as possible of obstructions and obstacles which could interfere with or totally block the radio signals. Ground personnel must have knowledge of the FM homing procedures. When the pilot asks the radio operator to "key the microphone," he is simply asking that the transmit button be depressed for a period of 10

to 15 seconds. This gives the pilot an opportunity to determine the direction to the person using the radio.

F-11. Loading Patients Aboard Rotary-Wing Aircraft.

a. Responsibility for Loading and Securing.

The pilot of the evacuation aircraft is responsible for ensuring that the litter squad follows the prescribed methods of loading and securing litters and related equipment. The final decision regarding how many patients may be safely loaded into the helicopter rests with the pilot.

b. Safety Measures. When loading and unloading a rotary-wing aircraft, certain precautionary measures must be observed. Litter bearers must present as low a silhouette as possible and must keep clear of the rotors at all times. The helicopter must not be approached until signaled to do so and then approached at a 45 degree angle from the front of the aircraft. If the helicopter is on a slope and conditions permit, loading personnel should approach the aircraft from the downhill side. Directions given by the crew must be followed, and litters must be carried parallel to the ground. Smoking is not permitted within 50 feet of the aircraft.

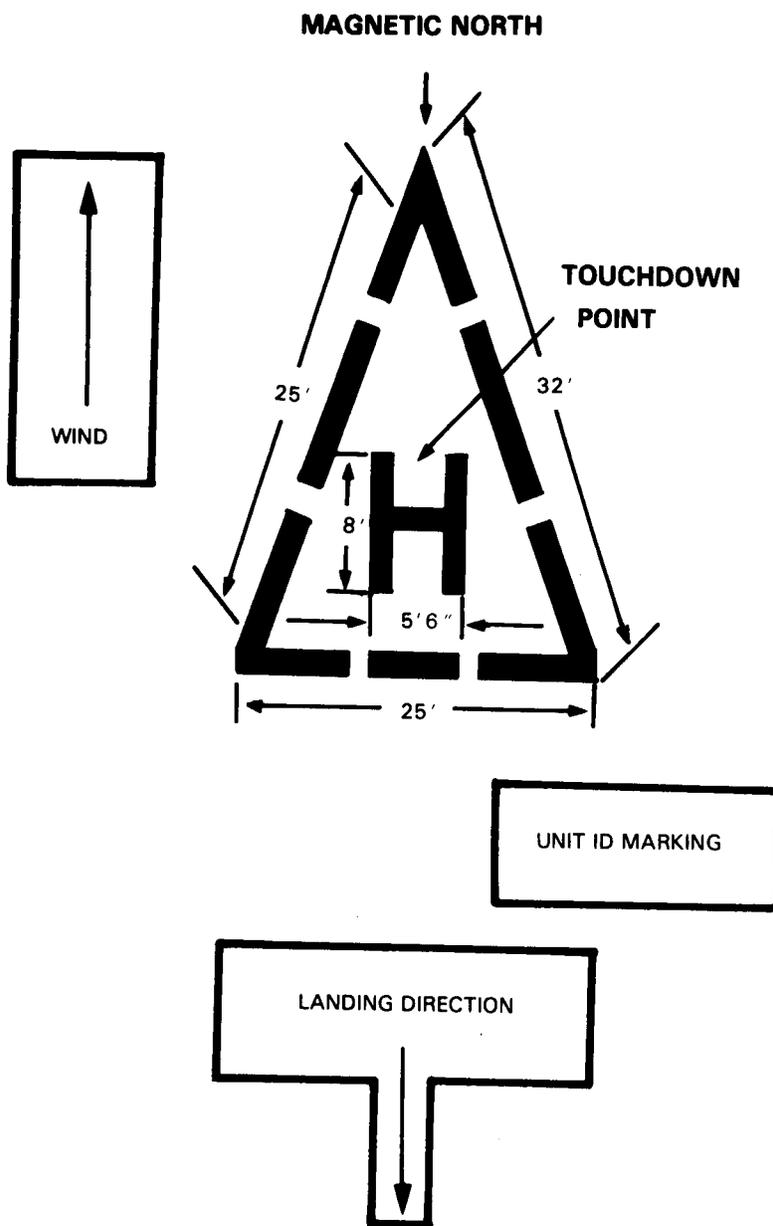


Figure F-1. Semifix base operations (daylight).

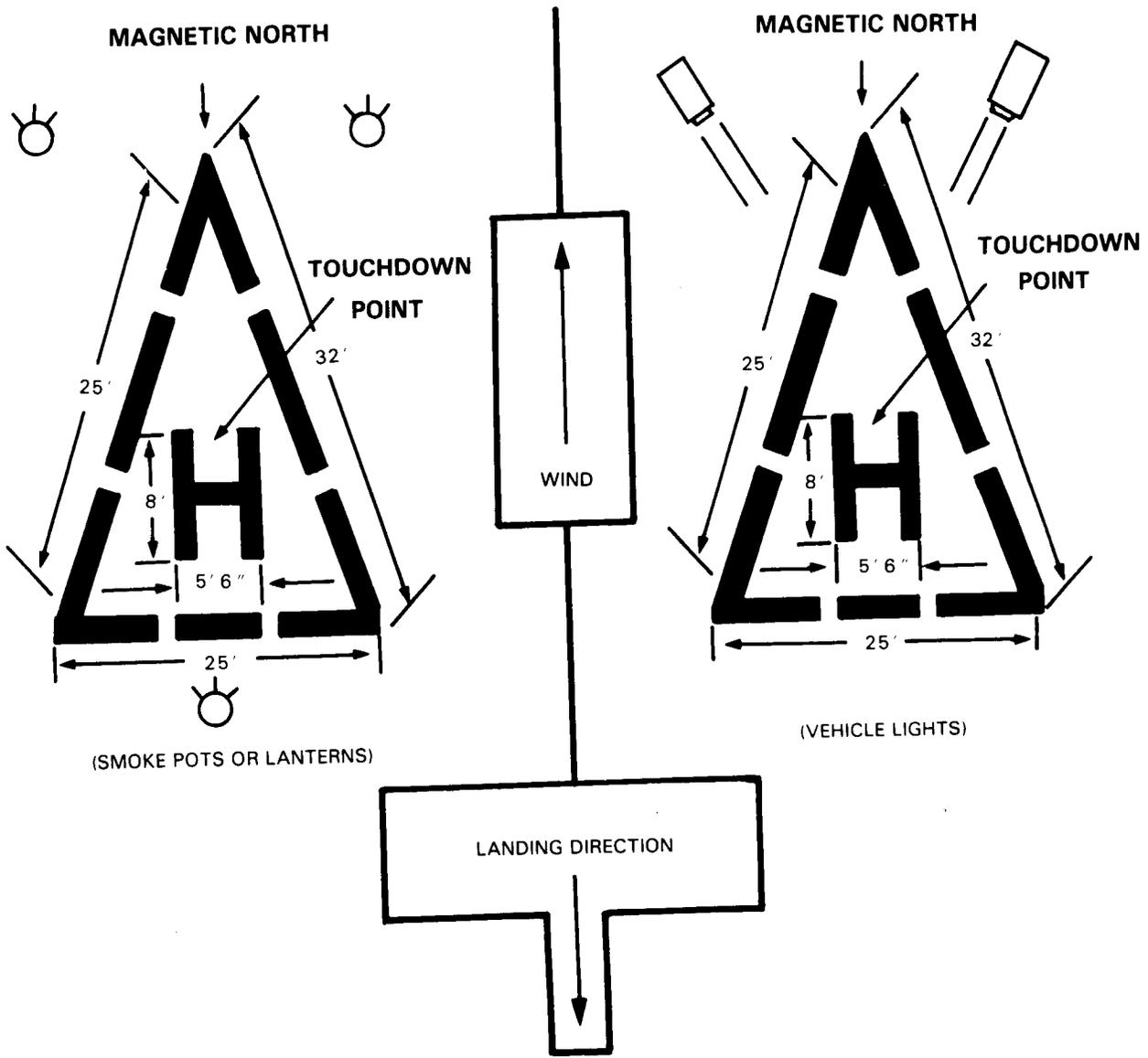


Figure F-2. Semifix base operations (night).

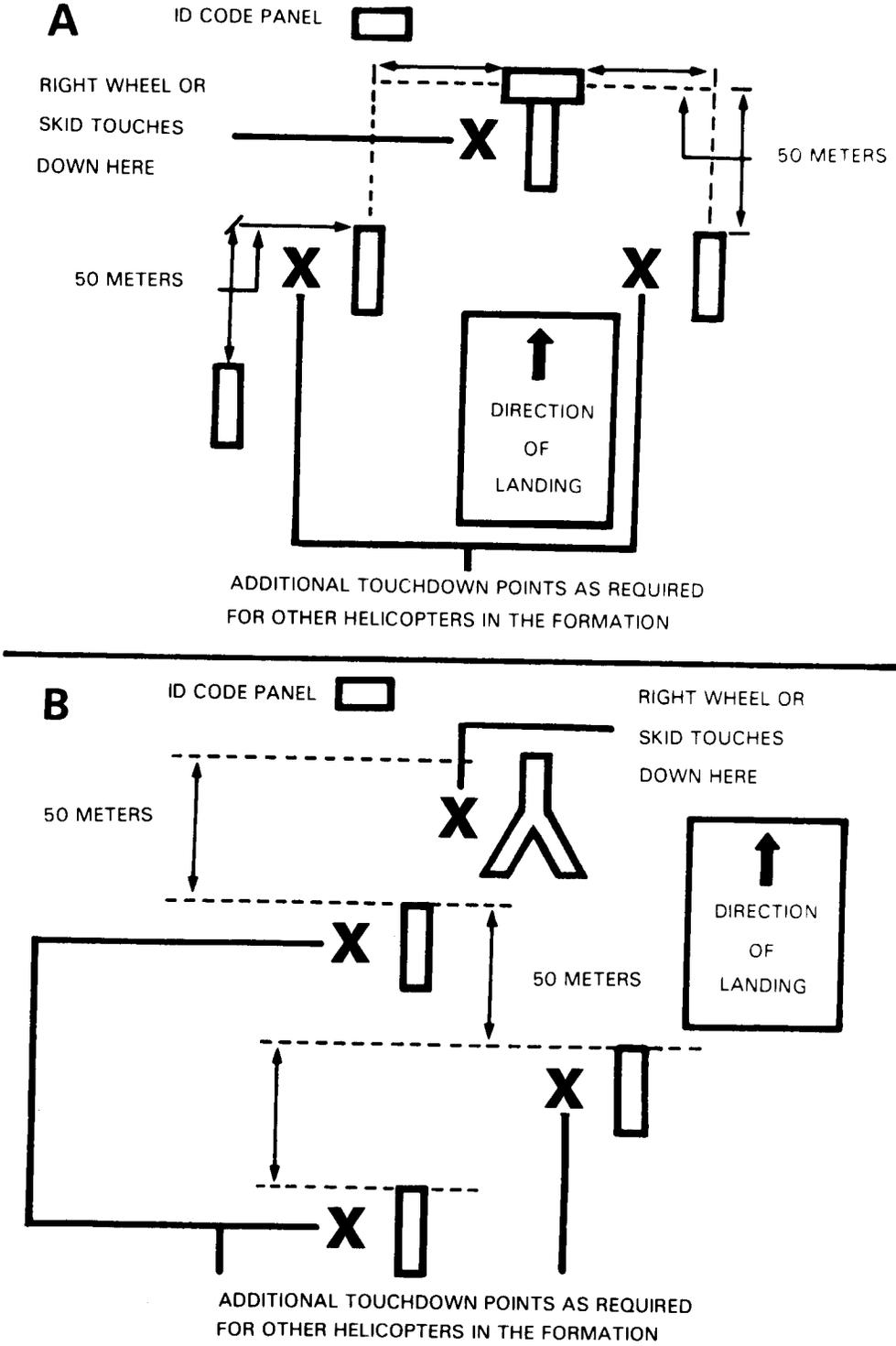


Figure F-3. Field expedient landing zone (day).

