

APPENDIX C

PATIENT COLLECTING POINT OPERATIONS FOR AIRBORNE AND AIR ASSAULT UNITS

C-1. General

This appendix provides examples of techniques for operating patient collecting points in airborne and air assault operations.

a. These techniques allow for the medical evacuation of casualties without disrupting the commander's tactical plan nor his airflow.

(1) They incorporate patient backhaul by tactical and logistical aircraft, in conjunction with dedicated aeromedical evacuation assets.

(2) These techniques require thorough coordination and planning between the combat medics, BASs, FSMCs, and aeromedical evacuation crews in the air mission brief. Ultimately, medical personnel are more deeply involved in the mission support planning process, thereby enabling them to better support the tactical mission.

b. They may be modified to meet specific unit requirements and procedures.

C-2. Airborne Medical Operations

Airborne medical operations are characterized by providing HSS prior to, during, and after deployment. Each phase presents different HSS requirements. A medical unit that is deploying cannot support its own deployment. It relies on HSS from the closest medical element with area medical support responsibilities. This could be an Army Medical Department Activity (MEDDAC) or the medical brigade of the corps support command.

a. Prior to the operation, the deploying forces are controlled by the major command marshaling area commander who coordinates with supporting medical units for sick call and the medical evacuation of sick or injured soldiers. Organic combat medics do not use their supplies or equipment during this time because it is rigged for delivery and is no longer accessible to them.

b. Organic medical personnel are positioned throughout the plane load to ensure they land dispersed across the drop zone. This also ensures that

all medical personnel are not on one aircraft in the event the aircraft is lost.

c. The airdrop equipment is cross-loaded in the same fashion. Door bundles are prepared for packaged Class VIII supplies including IV solutions and bandages. These bundles are distributed among the aircraft.

d. To support the tactical commander's plan in peacetime training situations, the medical element is tasked to provide coverage at the drop zone.

NOTE

This element is part of the drop zone safety party and is pre-positioned on the drop zone prior to the drop time.

- The amount of medical coverage required is directly proportional to the number of paratroopers in the air at any given time. For approximately 250 paratroopers, a physician or a physician assistant should be present.

- Ground evacuation is used to sweep the drop zone after the last pass. Aeromedical evacuation resources are on an on-call basis. Air evacuation assets will be present at the drop zone on large jumps.

- Medical personnel spread out and fan the drop zone on foot.

- All casualties are collected at one central point which is referred to as the patient collecting point.

e. To support the tactical commander's plan in wartime, the HSS plan requires the organic HSS units and personnel deployed on the mission to establish a patient collecting point on the drop zone. The size of this collecting point is determined by the number of personnel participating in the drop. For example: A medical platoon would establish the collecting point if a battalion was jumping, while an FSMC would be present for a brigade jump.

- The patient collecting point may develop into a holding and treatment area since it is the final AO evacuation point. Evacuation does not go beyond the drop zone except for USAF C-130 aircraft providing backhaul of patients.

- After the drop is complete, the drop zone expands and develops into an airhead with follow-on elements moving to linkup. Patients transported from the BASs to the drop zone as the maneuver battalions extend the perimeter are treated and stabilized for further evacuation.

C-3. Air Assault Medical Operations

During air assault operations, a means of quickly evacuating wounded soldiers must be available to the ground task force commander. A means to accomplish this without disrupting the tactical commander's plan is by using two medical elements, one in the landing zone and one in the pickup zone (PZ), and by thoroughly coordinating and planning for the evacuation mission.

a. Task Organized Treatment Teams.

- One of the two medical elements used in this method is designated as the patient collecting point team. This team establishes a patient collecting point where casualties are stabilized and prepared for evacuation.

- The medical element which remains in the PZ is designated as the clearing station team. This team receives the casualties from the returning aircraft, completes further patient stabilization, if necessary, and evacuates the patients further back to the BSA.

b. Staffing, Functions, and Responsibilities.

(1) The recommended staffing for the patient collecting point team is (as a minimum) two EMT NCOs (91B30) and two medical aidmen (91A10). This team deploys on the last aircraft of the first lift with the following equipment in aviation kit bags or rucksacks:

- Mass casualty equipment (selected from the BAS MES).

- Aidbags.

- Poleless litters.

- PRC-77.

- VS-17 panels or chemical lights for nighttime operations.

(2) A BAS or division clearing station (minus) with ground evacuation capabilities is established at the right rear area of the PZ prior to the start of any air assault operation. This secondary MTF at the PZ is manned by BAS personnel, or if possible, by FSMC personnel.

(3) Prior to the start of the operation, coordination with the FSMC for medical personnel support at the PZ MTF and for dedicated aeromedical evacuation resources on station must be completed. Use of the FSMC personnel at this site enables the supported BAS to be ready to deploy forward to support troops in the LZ (objective area).

(4) The aeromedical evacuation support remains in the PZ and moves to the objective area only when URGENT and URGENT-SURG priority evacuation requests are received. These aircraft, once loaded with URGENT and URGENT-SURG priority patients, bypass the PZ MTF and proceed directly to the FSMC. These patients receive more definitive and timely resuscitative care at the supporting FSMC than they would at the PZ MTF. Further, this decreases the backlog of patients at the PZ MTF.

(5) Representatives from the patient collecting point team, clearing station team, FSMC, and the aeromedical evacuation team should be present at the air mission brief prior to the start of the operation. Subjects that should be covered in this planning session include, but are not limited to—

- Visual signs.

- Communications.

- Location of patients in LZ.

- Designated aircraft (last aircraft on all incoming flights).

• Destination (medical element in the PZ).

(6) Once the operation begins, the patient collecting point is established in the right trail area of the LZ (depending upon the direction of flight), and establishes FM communications with the flight lead of the arriving aircraft.

(7) The patient collecting point radio is set on the alternate PZ control net. When casualties are received, flight lead is contacted on this net and the number of casualties is given. Flight lead then directs the appropriate aircraft to land in the vicinity of the patient collecting point for evacuation.

(8) A VS-17 panel is displayed in the vicinity of the patient collecting point to facilitate the evacuation of patients on the incoming lifts. Aircraft should be briefed to land in the vicinity of the panel marker.

(9) Maneuver units will transport their casualties to the patient collecting point. If this is not possible, the patient collecting point should be contacted and the teams will evacuate the patients as the mission allows.

(10) Nonmedical personnel are used in the loading of patients at the LZ.

(11) Helicopters returning from the LZ with patients are met by medical personnel to off-load patients for further evacuation and treatment. These personnel should monitor FM communications so as to identify which lifts of returning aircraft are carrying patients. If possible, augmentation of medical resources should be coordinated to provide en route medical care when personnel are evacuated on nonmedical assets.

(12) Once the patients reach the PZ and are stabilized, they may be evacuated by BSA or FSMC ground assets. If the patient's condition warrants immediate evacuation, air ambulances may be used from the PZ to the FSMC.