Austere Planning and Evacuation
PFN: MSSTRL08
Terminal Learning Objective

- **Action:** Communicate knowledge of austere planning and evacuation

- **Condition:** Given a lecture in a classroom environment

- **Standard:** IAW topics discussed in class
References

- *Tactical Combat Casualty Care Guidelines* (Oct 2013; Committee on Tactical Combat Casualty Care)
- Casualty Care ATP 4-02.5 (May 2013)
- Casualty Evacuation ATP 4-25.13 (FEB 2013)
Reason

Familiarity with the principles of austere planning and evacuation is essential for the effective treatment of the acutely injured combat casualty. It is the intent of this block of instruction to foster confidence and increased competence in your ability to understand austere planning and evacuation in the battlefield.
Agenda

- Explain how to plan for successful evacuation from an austere location
- Explain how to gather and analyze information relevant to evacuation from your area of operations (AO)
- Discuss sources of information important to the medic who is planning for medical contingencies in austere locations
Pre-deployment Planning Considerations

- Medical readiness of the force
- Mission analysis
- Medical supply requirements
- Focused medical team training beyond TCCC IV's & TQ
- CASEVAC OPERATIONS More then a PACE PLAN
- Field Sanitation
Medical Readiness of the Force

PREVENTION!!!!!

- Immunizations
- Dental exam
- Hearing exam
- Physical exam
- HIV screening
- Periodic Health Assessment
Mission

- Mission Analysis
  - Receive and understand the mission
  - Determine medical threat assessment
  - Determine higher medical guidelines
  - Gather medical intelligence /Request for information (RFI)
  - Determine medical assets available
Mission Analysis

- Receive and understand the mission
  - What are the mission objectives?
  - Who is going?
  - When is mission execution?
  - Where will the mission take place?
  - How will the ground force/assault force execute the mission?
  - What is the mission duration?
  - Has someone been there before?
Mission Analysis

- Determine medical threat assessment
  - Understand the medical and environmental threats/risks in the AOR
  - Identify the preventive med procedures specific to the AOR
  - Identify enemy weapons, munitions and tactics
  - Determine unit medical training to be conducted prior to deployment
Mission Analysis

- Determine higher medical guidelines/requirements
  - USASOC has established guidelines for various AORs and soldier medical readiness
  - USSOCOM
  - Regiment/ Group/ Battalion guidelines
Medical Intelligence
Request for Information (RFI)

- Resources
  - SOCMSSC LMS www.socmssc.com
  - Battalion med AAR’s/trip reports
  - Unit S-2,3,4 TRANSCOM
  - Embassy medical information sources (DOS)
  - Contact medics already in the AOR
  - USASOC (SODARS) (CIMDPS) CAC
  - TSOC Medical Support
Medical Intelligence
Request for Information (RFI)

- Resources (cont)
  - World Health Organization (W.H.O.)
  - TRANSCOM (JPMRC)
  - Center for Disease Control (CDC)
  - U.S. Army Public Health Command
  - Medical Operations Data System (MODS)
  - Program for Monitoring Emerging Diseases (PROMED)
Medical Intelligence
Request for Information (RFI)

- Resources (cont)
  - CIA fact book (country studies)
  - Navy and Marine Corps Public Health Center (NMPHC)
  - Virtual Naval Hospital
  - TRAVAX ENCOMPAS (CAC CARD)
Medical Intelligence
Request for Information (RFI)

- NCMI updates (National Center for Medical Intelligence)
- Maps and Imagery
- Host nation Medical Capabilities
- Search out prior team deployment information

https://www.intelink.gov/ncmi/
Medical Intelligence
Request for Information (RFI)

- 24 hour service
- Ask for AAR, Items of significance, validation of information
- JWICS, SIPR, NIPR Access
Medical Intelligence

Request for Information (RFI)

(U) Sri Lanka: Blood Safety Index

(U) Key Judgments

- (U) Sri Lanka's decentralized blood system does not meet U.S. standards and is not considered safe for use by U.S. personnel. Sri Lanka does not conduct all of the U.S. Food and Drug Administration (FDA) required blood tests, and experiences continued shortfalls of adequate funding, trained personnel, infrastructure, and equipment. Sri Lanka's blood program is improving and the country was recognized by the World Health Organization (WHO) for having the best National Blood Transfusion Services in all developing countries for 2012. (High Confidence)

- (U) The Ministry of Health oversees blood collection, storage, and transfusion services in Sri Lanka. These activities are carried out by the National Blood Transfusion Service (NBTS), which supplies blood and blood products to the entire country through the central blood bank in Colombo, 16 Regional Blood Transfusion Centers, 76 hospital-based blood banks, and some private hospitals registered under the ministry. Since the end of the civil war in 2009, the NBTS upgraded and constructed new blood banks in the northern region. (High Confidence)

- (U) Annual blood collection is 15 units of blood per 1,000 population, which exceeds the WHO minimum recommendation of 10 per 1,000 but is much less than most industrialized nations that collect blood at an average rate of 24 units per 1,000. However, Sri Lanka currently lacks a plan for donor recruitment. There is resistance in some communities to donate blood and Sri Lanka experiences some seasonal blood shortages. The NBTS collects 96 percent of its supply from voluntary unpaid blood donors and will likely reach its target of 100 percent in the coming year. In Colombo, 90 percent of donations are voluntary. (High Confidence)

- (U) Sri Lanka's Blood Transfusion Centers (BTCs) screen blood for HIV-1 and -2, hepatitis B, syphilis, and malaria. Hepatitis C screening is not conducted throughout the country. It is currently carried out in Colombo and in some regional blood banks. BTCs do not test blood for HTLV-1 and -2 as mandated by the FDA. Donors are interviewed and are required to sign a donor declaration form prior to blood collection. (Moderate Confidence)

- (U) The safest blood is likely located in Colombo where the health system infrastructure is the most advanced and also has the highest concentration of medical personnel. National Hospital, Apollo Hospital, and Nagpokka Hospital are some of the best hospitals in Colombo and likely provide the safest blood. (Moderate Confidence)

- (U) Sentinel disease endemicity for Sri Lanka is assessed as fair. Hepatitis B surface antigen prevalence in Sri Lanka is classified as "intermediate," indicating between 2 percent and 7 percent of the population are potentially infectious carriers. The U.S. carrier rate is 0.3 percent to 0.4 percent. Malaria transmission occurs at relatively low levels. HIV endemicity is low. (High Confidence)

(U) Scope Note

This product supports the Global Health Initiative; the November 2009 U.S. National Strategy for Countering Biological Threats; DoD COCOM theater-campaign and contingency planning; and the NIPR. It assesses Sri Lanka's blood system, and associated strengths, weaknesses, and vulnerabilities.

(U) Methodology

This analysis is grounded in the Blood Safety Index (BSI), a structured analytic technique developed by NCMI in collaboration with the U.S. Armed Services Blood Program Office (ASBPO); "(U) Blood Safety Index: A Structured Intelligence Analysis Guide, Tutorial, Production Framework", DIA-16-1106-033, 30 June 2011.

(U) Source Summary Statement

(U) BSI assessments and the underlying model make extensive use of open-source material from news media, journal articles, international organizations, nongovernmental organizations, and foreign government agencies Websites. Analysis is further rounded by classified sources, where applicable.
Medical Intelligence
Request for Information (RFI)
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Request for Information (RFI)

In 2010, the Civil Information Management Data Processing System (CIMDPS) was approved as a SOCOM Program of Record. CIMDPS resides on the Special Operations Forces Information Enterprise to assist Civil Affairs collection, processing, analyzing, maintenance, data mining, and delivers civil information and analysis products in support of military operations. CIMDPS provides a structure and a common framework for CIM analysis of both classified and unclassified data.

Also visit our SIPR website at:
http://cimdps.socom.smil.mil
SIPR Email Support: cimdps@socom.smil.mil
Medical Intelligence Request for Information (RFI) Classified

SIPR Net Sites:

- NCMI SIPR (Classified)

- SOCOM Lessons Learned (Classified)

- SODARS (Classified)
Medical Assessment and Threat Summary (MATS)

- MATS:
  Consisting of 15 paragraphs:
  - 1. Introduction:
  - 2. Climate:
  - 3. Topography:
  - 4. Air contamination:
  - 5. Soil Contamination:
  - 6. Water and Food Contamination:
  - 7. Animal/Vector Diseases of Medical Importance:
  - 8. Foodborne and Waterborne Diseases:
Medical Assessment and Threat Summary (MATS)

- 9. Emerging Diseases and Disease Outbreaks:
- 10. Countermeasures:
- 11. MEDEVAC Information:
- 12. HN Med Treatment/Evacuation Facilities:
  - Blood supply
- 13. Population/Culture organization:
- 14. Health standard:
  - Infant mortality:
  - Life Expectancy:
- 15. Dangerous Plants and insects:
Mission Planning

- Evacuation platforms
  - Air
    - U.S.: C-17, C-130 vs. HN: CASA 212, AN-2 SLICK BIRD BYOE
    - Country clearance
    - Method of payment (Op fund, embassy etc)
    - Surveyed DZ/LZ find out which type aircraft can land (AMC-ZAR)
    - Range and type of aircraft and any medical personnel/supplies on board
    - Must specify whether patient is stable or unstable. This will determine type of crew on USAF aircraft.
    - Hoist and High Angle?
    - Medical personnel onboard (Flight medic?)
    - Bush pilots may be ex military
USAF AE Evacuation Categories

- Will only transport stable patients
- Three Classifications
  - Urgent
    - Life, limb, or eye sight
    - Movement ASAP (definite special mission = plane out of the fight
  - Priority
    - Movement within 24 hours. For patients who need care sooner than available flights (may be special mission = diverts line's needs)
  - Routine
    - Moved on regularly scheduled AE movement
    - Move within 7 days
Air or Ground CASEVAC/MEDEVAC Platforms

- Organic or attached?
  - How many?
  - What type?
  - Capabilities?
    - Hoist and high angle?
  - Medical personnel onboard?
    - Flight medic?
  - Establish CASEVAC Battle plan
Mission Planning

- Host nation vs. U.S. assets
  - Ground/Water
    - U.S. vs. HN
    - MEDVAC HN, TCN, CIV
    - Route recon, route security
    - Primary and alternate routes
    - Method of payment (Op fund, embassy etc.)
    - Type vehicle and capabilities
    - Medical personnel/supplies on board
Mission Planning

- Mission analysis
  - Determine medical assets available

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<td>Yes/Yes</td>
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* relies on supporting medical company

References: FM 4-02.25 Employment of Forward Surgical Teams, March 2003
Mission Planning

- Familiarize with assets available
  - ISOS (there may be delayed timeline)
  - View layout and equipment
  - TEMPUS
  - Is familiarization training possible (CASEVAC/MEDEVAC unit)
- What are their capabilities or limitations
- Face to face introductions are preferred in theatre
- Host nation capabilities and limitations
Pre deployment planning

Medical supply requirements

- Identify your medical supply shortages (SOR)
- Determine the procedure for medical supply requests
- Determine the amount of time from request to re-supply
- Determine how and where medical supplies will be delivered
- Medical Logistics
- Establish signature cards
- Narcotics re-supply and issuance procedures (OCONUS or CONUS)
- Stockpiling of necessary items due to austere conditions
Mission Planning

- Medical logistics
  - Bring supplies with you
  - Use established lines U.S. or NATO
  - Establish initial lines
  - Use host nation supplies
  - DCAM familiarization
  - HAZMAT issues
  - Prepare or plan for “PUSH” packages (on call medical supplies)
  - Investigate the status of on-hand supplies if any exist
  - Anticipate re-order items
Questions?
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