



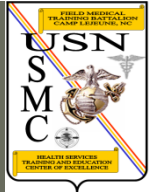
# TACTICAL EVACUATION



FMST 505



# OVERVIEW

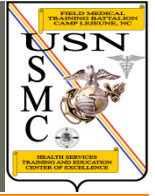


- Taxonomy of Care
- Methods of Evacuation
- Ground Evacuation
- Air Evacuation
- Casualty Receiving Treatment Ships
- TACEVAC Categories
- The 9-Line EVAC





# LEARNING OBJECTIVES

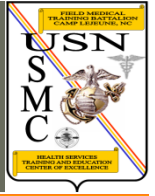


Please Read Your  
Terminal Learning Objectives  
And  
Enabling Learning Objectives





# TAXONOMY OF CARE



- Distinctive and overlapping care capabilities
- The goal is to evacuate the casualty to the level of care required to meet the needs of the individual.





# TAXONOMY OF CARE



- Commences at the scene of injury and continues until:
  - Member receives definitive care
  - Member is discharged
  - Member is returned to duty



# FIRST RESPONDER CAPABILITY

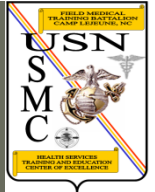


- First aid and emergency care rendered at the point of injury
- Immediate medical care and patient stabilization





# FIRST RESPONDER CAPABILITY



Examples:

- Self aid
- Buddy aid





# FORWARD RESUSCITATIVE CAPABILITY



- Builds on First Responder Capabilities
- Advanced treatment as close to point of injury as possible
- Stabilization for evacuation





# FORWARD RESUSCITATIVE CAPABILITY



- Examples include:
  - Medical Battalion
  - Casualty Receiving & Treatment Ships
  - Shock Trauma Platoon (STP)
  - Forward Resuscitative Surgical Suite (FRSS)





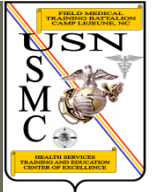
# THEATER HOSPITALIZATION CAPABILITY



- Highest level of care in combat zone
- Located away from enemy threat
  - Fleet Hospitals
  - Hospital Ships



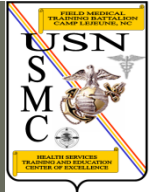
Fleet Hospital Guantanamo Bay



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# DEFINITIVE CAPABILITY



## Definitive Care

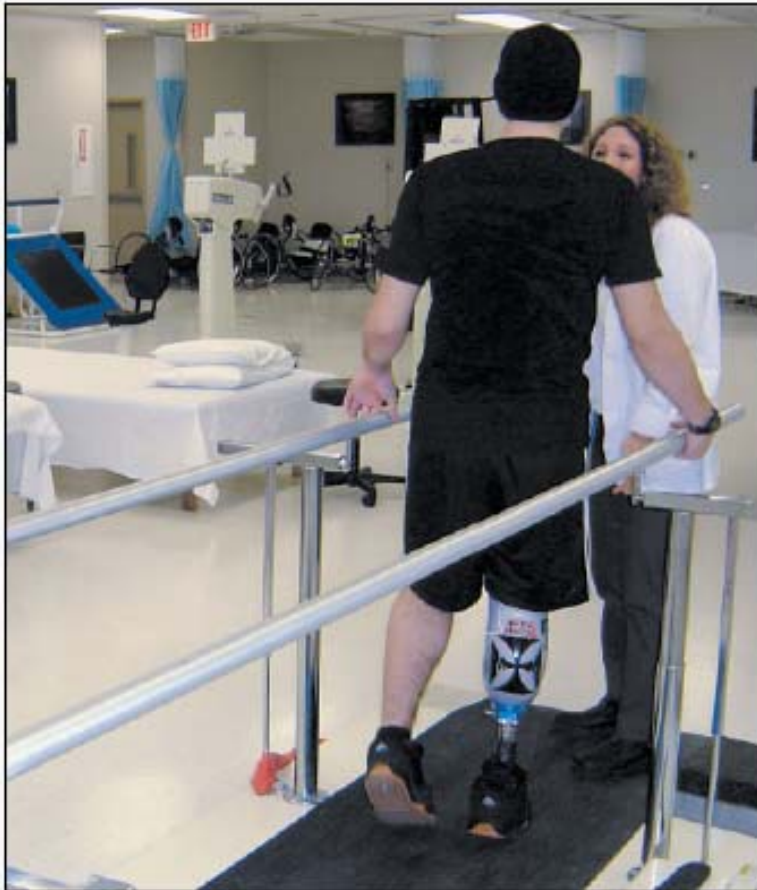
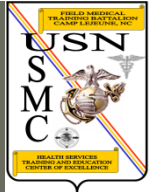
### Overseas (MTF):

- Comprehensive medical/surgical care
- Definitive care for those who may be RTD within the theater of operations
- Those who cannot RTD will be evacuated via en route care capability





# DEFINITIVE CAPABILITY

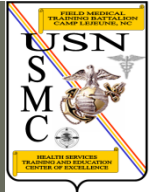


Wounded soldier receiving rehabilitation care at WRAMC.

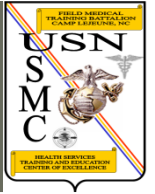
- Restorative and rehabilitative care
  - OCONUS MTF
  - In CONUS
    - Military hospitals
    - Veterans Administration Hospitals
    - Selected civilian hospitals



# EN ROUTE CARE CAPABILITY

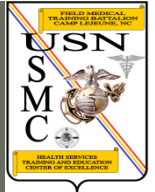


- The continuation of care during evacuation within the continuum without clinically compromising the patient's condition.
  - Casualty Evacuation
  - Medical Evacuation
  - Aeromedical Evacuation





# METHODS OF EVACUATION



(COURTESY DR. ANIL TANEJA)



# METHODS OF EVACUATION



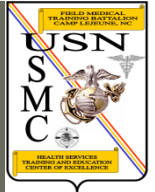
- AMBULATORY  
“Walking Wounded”



- Manual carries



# FIREMAN'S CARRY



# FIREMAN'S CARRY



1



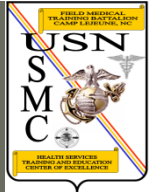
2



3

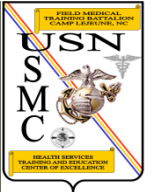


# ONE-MAN SUPPORTING CARRY



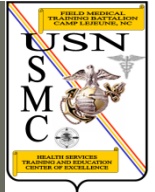


# SADDLE BACK CARRY



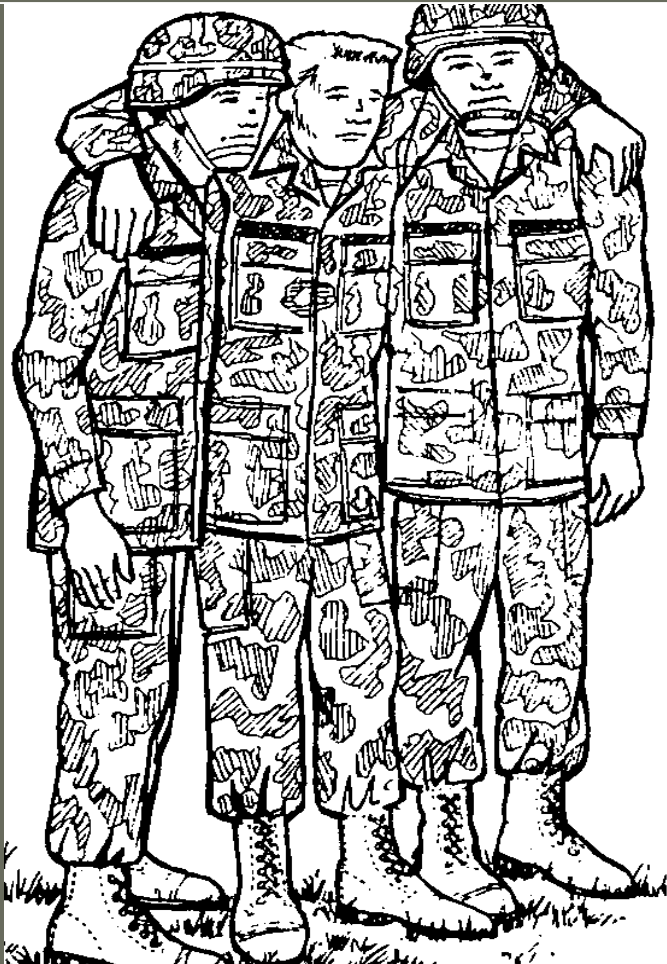
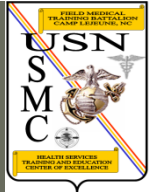


# PACK STRAP CARRY



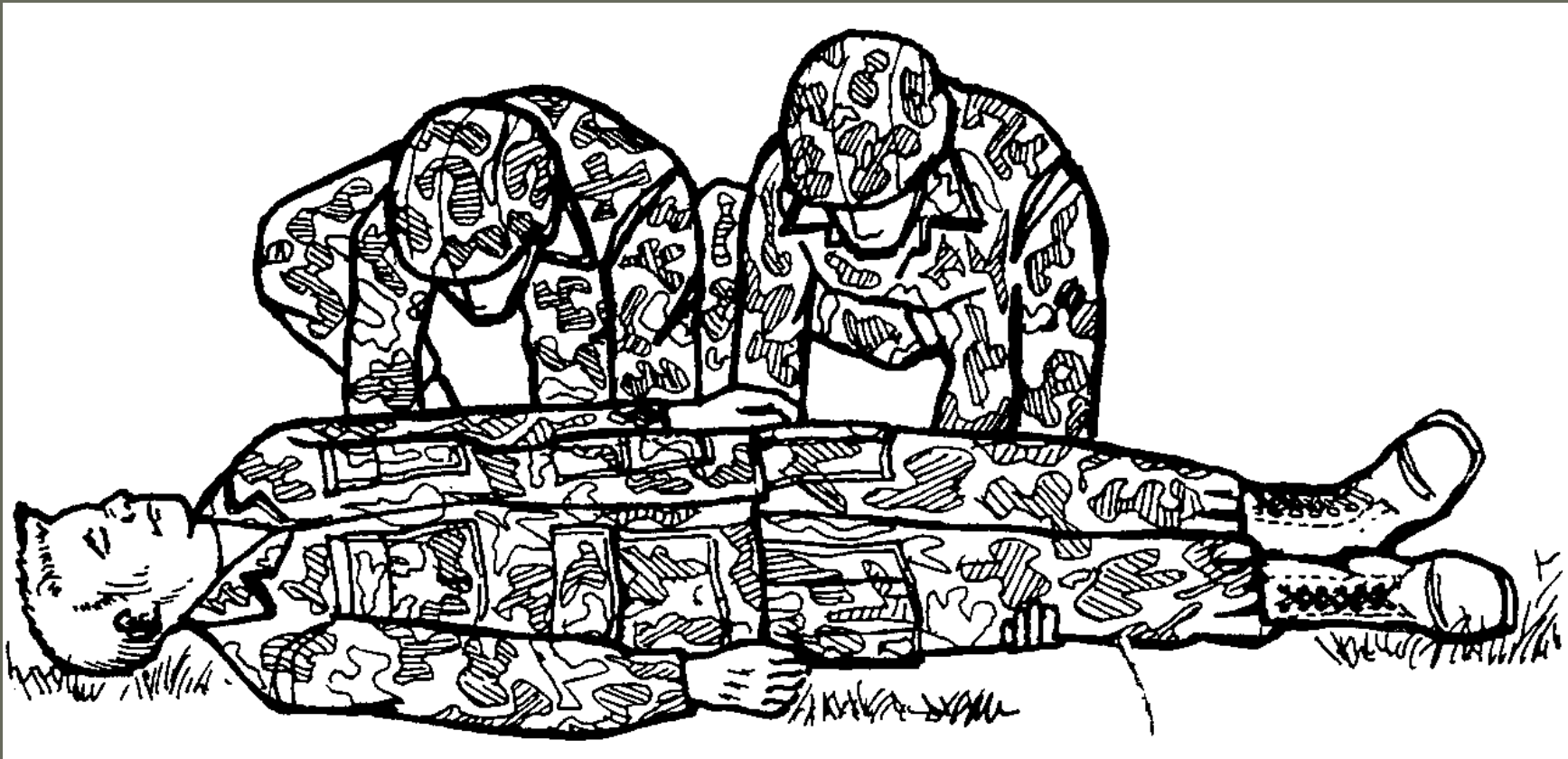
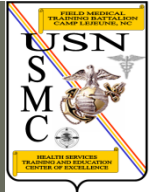


# TWO MAN SUPPORT CARRY



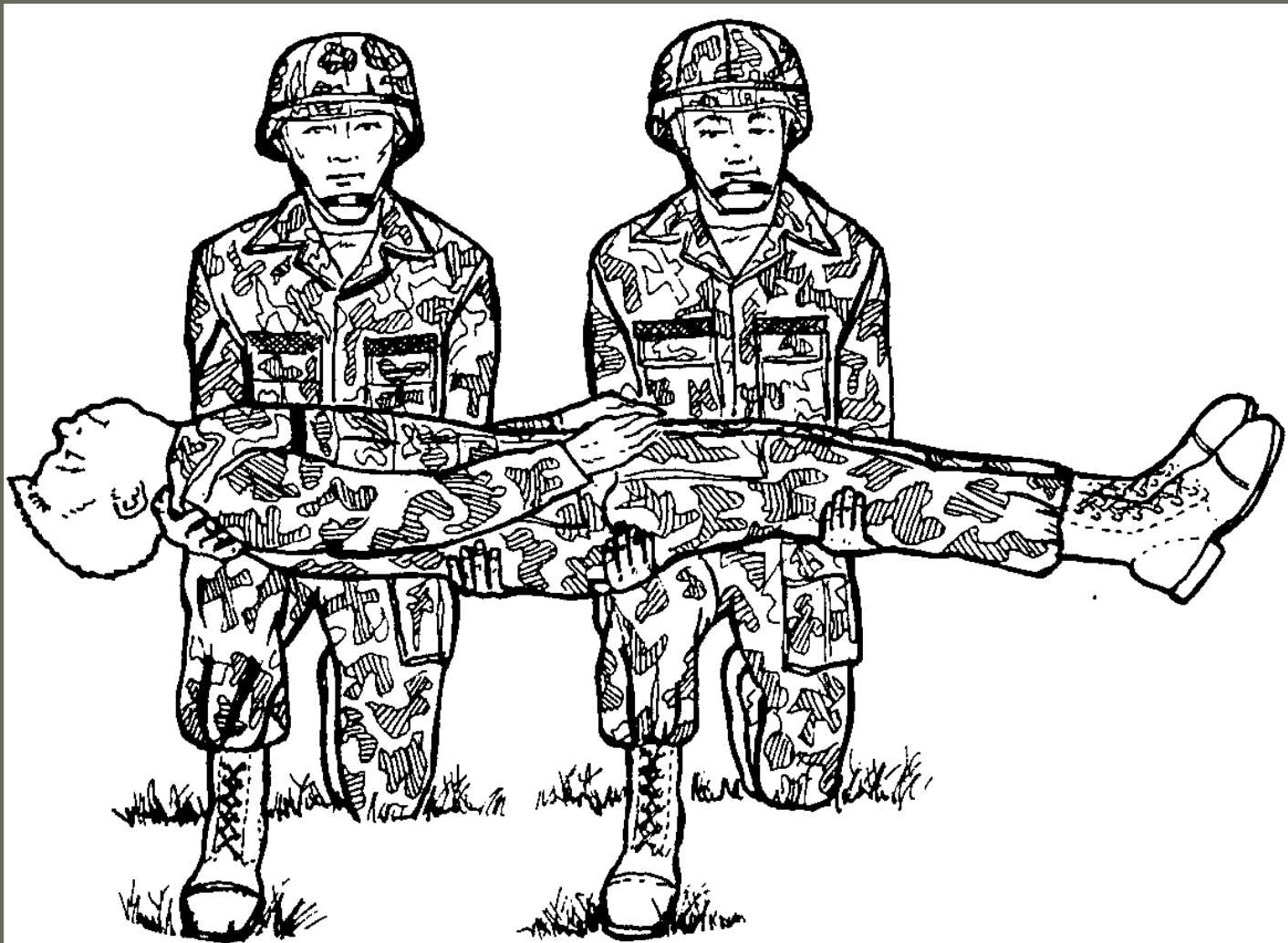
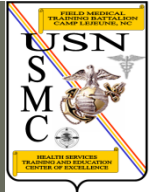


# TWO MAN CARRY STEP A



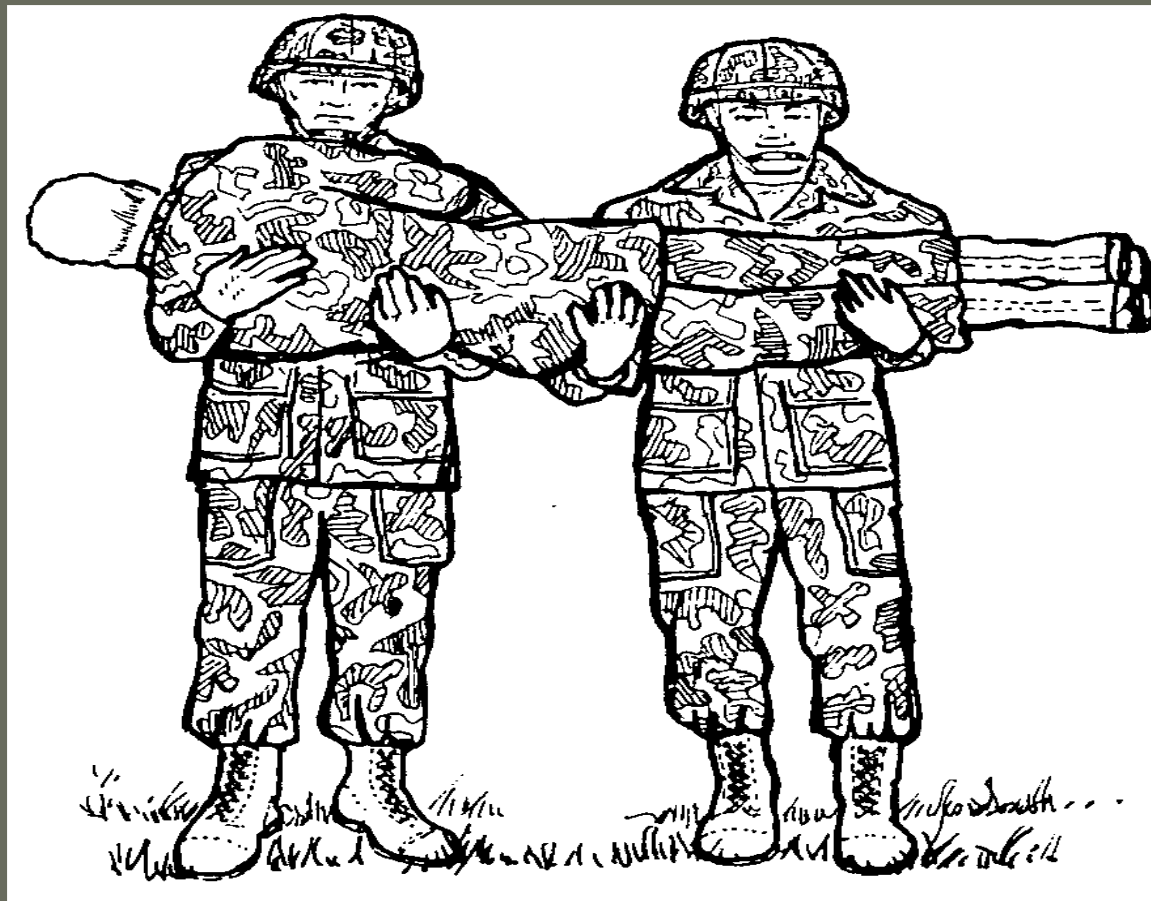
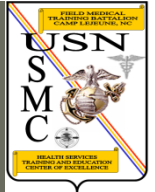


# TWO MAN CARRY STEP B



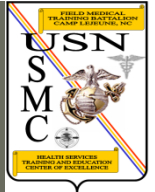


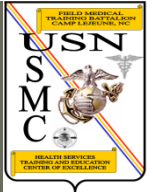
# TWO MAN CARRY STEP C



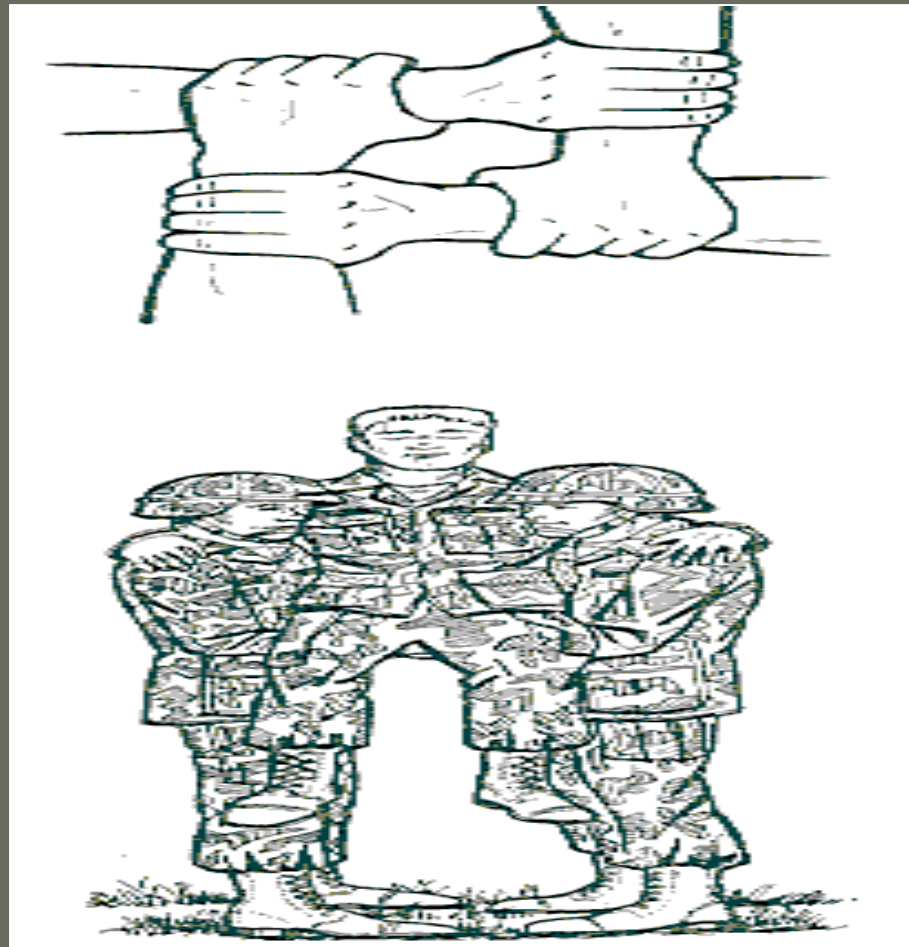


# FORE/AFT CARRY



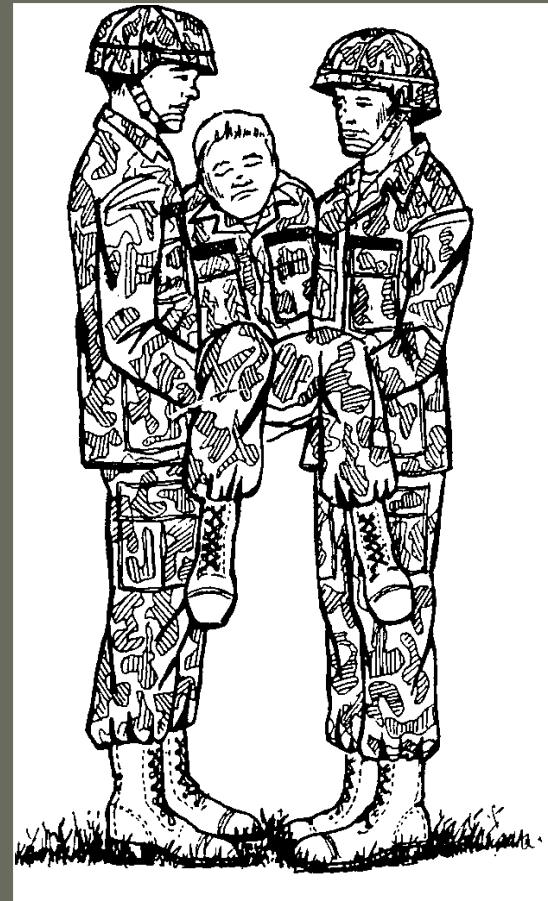
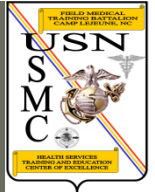


- # FOUR-HAND CARRY



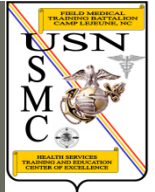


# TWO HAND SEAT CARRY



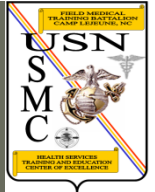


# TWO-HAND SEAT CARRY





# CLOTHES DRAG



# METHODS OF EVACUATION

- Litter transportation
  - Talon Litter
  - Army Litter
  - Stokes Litter
  - Pole-less litter
  - Miller Board
  - Improvised litters



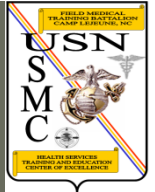
# TALON LITTER



- Most commonly used litter
- Developed to meet urgent requirement to provide casualty evacuation
- No need to transfer casualty from one litter to another



# STANDARD ARMY LITTER

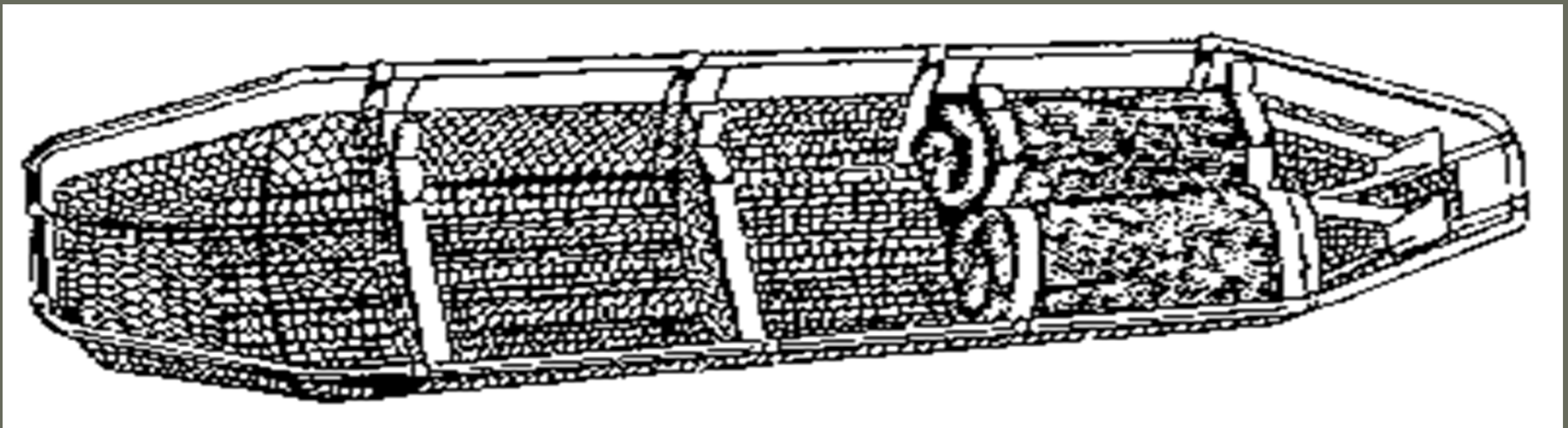


Does not fold in half, only collapsible the long way



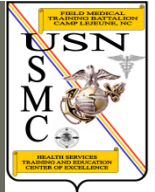
# STOKES LITTER

- Maximum protection for the patient when litter is tilted





# POLE-LESS LITTER



- Can be folded and carried by field corpsmen
- Poles can be inserted for carrying long distances



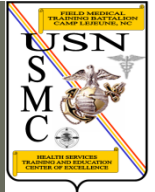
# MILLER BOARD



- Can be used for confined space and vertical extrication
- Fits in stokes stretcher
- Will float a 250-pound person

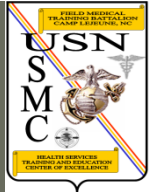


# IMPROVISED LITTERS



- Used in emergencies when
  - Standard litters are not available
  - Distance too far for manual carries
  - Injury would be aggravated by manual carry
- Must be replaced by standard litter ASAP

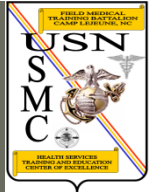




# IMPROVISED LITTERS

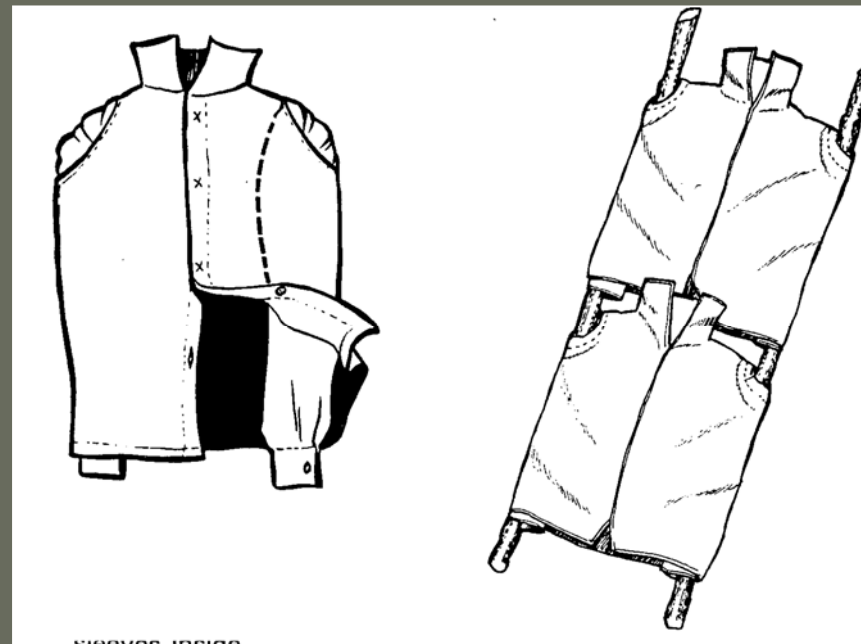
## Example: Blankets / Ponchos





# IMPROVISED LITTERS

## Example: Flak Jacket



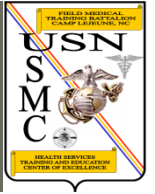


# LITTER EVAC PROCEDURES



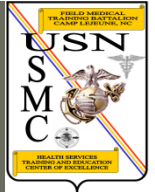
- Movement deliberate and gentle
- Keep litter level and steady
- Carry feet first
  - Except going uphill/stairs
- Load head first into vehicles
- Carry patient's equipment or place on litter







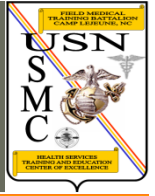
# M-997 AMBULANCE



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# M-997 AMBULANCE

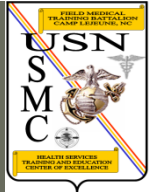


- 4 litter or 8 ambulatory
- Protects against small arms fire





# M-997 AMBULANCE



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# M-1035 AMBULANCE

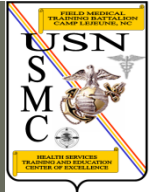


- 2 litter and 3 ambulatory
- HMMWV frame with a removable soft top





# MK23 (7-TON)



Can transport 10 litter or 20 ambulatory casualties



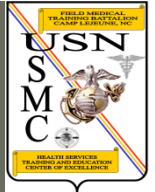




# CH-46 (SEA KNIGHT)



Can carry 15 litter patients or 22 ambulatory casualties



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# UH-1 (HUEY)



Able to carry 6 litters or 10 ambulatory casualties





# MV-22 (OSPREY)



When configured with litter racks, able to carry 12  
litters or 24 ambulatory



# CH-47 (CHINOOK)

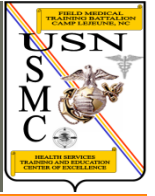


When configured, can carry 24 litter patients or 31 ambulatory casualties





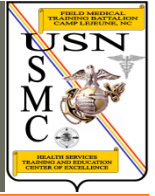
# UH-60 (BLACKHAWK)



Can carry 6 litters with modification kit or 7 without modification kit.



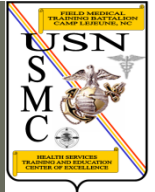
# AIR EVACUATION PLATFORMS



- USMC has NO dedicated air casevac platforms
- All aircraft are used as a “lift of opportunity”



# HELICOPTER EVACUATION



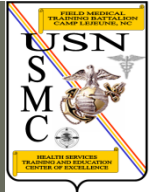
- ADVANTAGES
  - Decreased time lapse between initial treatment and definitive care
  - Increases the casualty's chance of survival



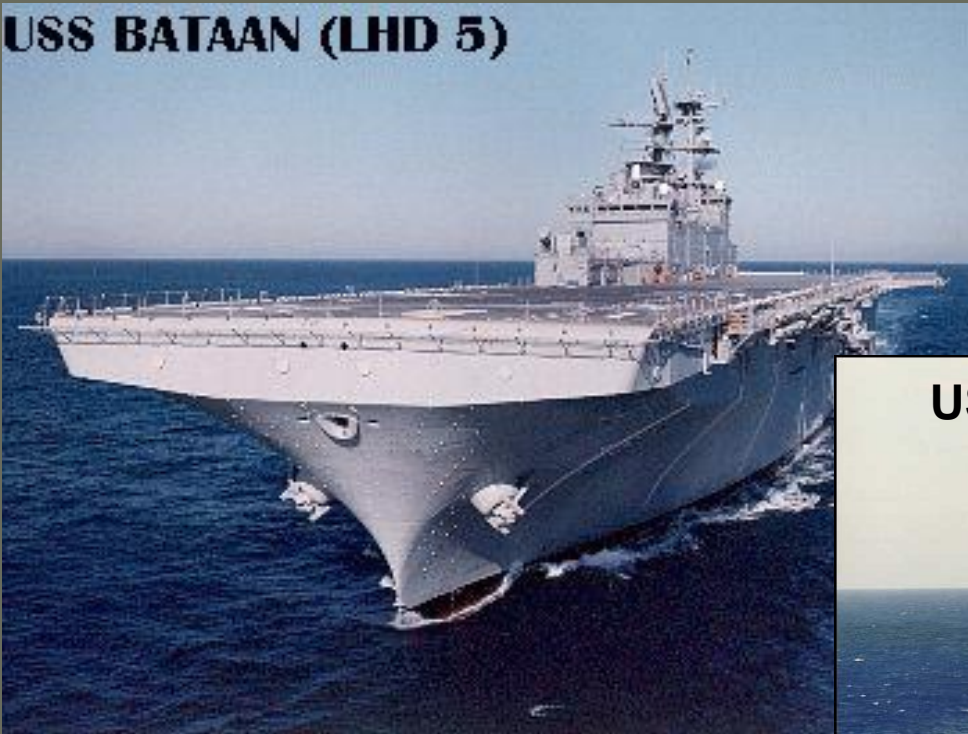




# CASUALTY RECEIVING TREATMENT SHIPS



**USS BATAAN (LHD 5)**



**USS TARAWA (LHA 1)**



U.S. NAVY PHOTO



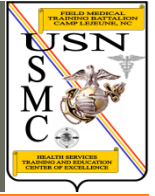
# CASUALTY RECEIVING TREATMENT SHIPS



- Mission
  - Assault via helo, landing craft and amphibious vehicle
  - Primary amphibious landing ships for MEFs, MEB's and MEU's
  - Primary CRTS



# Landing Helicopter Assault and Dock Landing Ship (LHA/LSD)

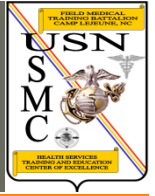


- Transport Capabilities
  - Flight deck with large hanger deck and a well deck
  - Receives casualties via helos or waterborne craft
- Medical Capabilities
  - LHD has the largest medical capability of Amphibious Ships (LHA is second)





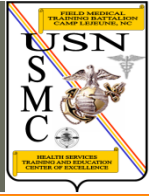
# T-AH



- COMFORT and MERCY
- Mobile, flexible, rapidly responsive afloat medical capability
- Provide full-service hospital asset for use by other government agencies in support of disaster relief and humanitarian operations



# T-AH



- Transport Capabilities
  - Flight deck capable of receiving rotary wing aircraft
- Medical Capabilities
  - 12 ORs
  - 100 ICU beds
  - 400 Immediate care beds
  - 500 Ward beds





# CASEVAC CATEGORIES



- URGENT
  - Evacuation to save life or limb
  - Life threatening injuries
  - Evac must occur within 2 hours
- URGENT SURGICAL
  - Wounds that will require surgical intervention
  - Patients must be taken to a facility that can perform the procedure needed
  - Evac must occur within 2 hours



# CASEVAC CATEGORIES



- PRIORITY
  - Serious but not currently life threatening injuries
  - Evacuation should occur within 4 hours or patient could become an URGENT



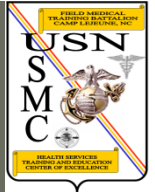
# CASEVAC CATEGORIES



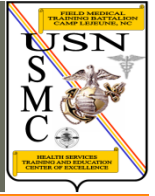
- ROUTINE
  - Evacuation is needed to complete full treatment
  - Evacuation may occur within 24 hours



# CASEVAC CATEGORIES



- CONVENIENCE
  - Patients moved for administrative purpose



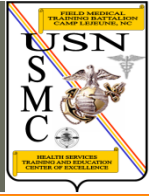
- During evacuation of patients, ensure that they are kept warm!!!!

PREVENT HYPOTHERMIA!!!!!!





# 9 LINE CASEVAC REQUEST



- Standard format used to request a CASEVAC
- Speak clearly
- Use only authorized brevity codes
- Don't need to memorize, use pocket card



## 9 LINE CASEVAC REQUEST



- Line 1. Location
- Line 2. Radio Freq and Call sign
- Line 3. Precedence (Urgent, Urgent Surgical Priority, Routine, Convenience)
- Line 4. Special Equipment
- Line 5. Number of Patients by type
- Line 6. Security of pick up site
- Line 7. Method of marking site
- Line 8. Patient's Nationality and status
- Line 9. NBC Contamination



# 9 LINE CASEVAC REQUEST



## Example:

- Pitchfork Six this is Blue Thunder over.
- Blue Thunder this is Pitchfork Six, go ahead
- Pitchfork six, standby for CASEVAC REQUEST over.
- Roger, standing by to copy CASEVAC Request



# 9 LINE CASEVAC REQUEST



1. Line 1 Delta Hotel one two tree four,  
fife six seven eight
  2. Line 2 niner niner six fife, Blue  
Thunder
  3. Line 3 Bravo One, Charlie One
  4. Line 4 Alpha
- Break



# 9 LINE CASEVAC REQUEST



5. Line 5 Lima 1, Alpha 1

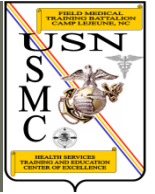
6. Line 6 November

7. Line 7 Charlie

8. Line 8 Alpha 2

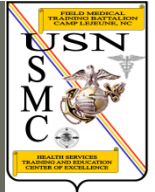
9. Line 9 none

Over





# TACTICAL EVACUATION



## DEMONSTRATION



# TACTICAL EVACUATION



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