GFOR MNB S MEDICAL COMPANY (MEDCOY)
STANDING OPERATING PROCEDURE (SOP) - DRAFT

I. PURPOSE

The purpose of this SOP is to provide guidelines, policies, and procedures. The implementation of this document will enhance the effectiveness of training and provide specific procedures for routine tasks during GFOR MNB S MedCoy operations. This SOP has been prepared to standardize operations and GFOR MNB S MedCoy procedures.

A. Scope.

The scope of this SOP addresses the mission, organization, equipment, and operations of the MedCoy.

B. Applicability.

This SOP applies to all personnel assigned to the GFOR MNB S MedCoy.

C. Accountability.

All personnel assigned to the MedCoy as a part of their initial orientation are required to become familiar with and have a working knowledge of this SOP. Thereafter, all medical personnel in leadership positions will review the SOP every 90 days and update or recommend changes as required. Personnel not in leadership positions are required to review the SOP a minimum of every 6 months or as necessary when conducting operations.

II. GENERAL

A. The MedCoy provides Echelon I Combat Health Support (CHS) for MNB S. They will also provide life or limb saving medical support to the local population living in the AOO of MNB S. An additional duty for the MedCoy will be assisting in the collection of evidence related to conflict related sexual violence, this includes but is not limited to filling in a sexual assault medical certificate.

B. MedCoy personnel are under the command leadership of the company commander. The brigade surgeon/medical company leader is a member of the MNB S staff.

C. The MedCoy is dependent on the GFOR Medical Battalion for Echelon II CHS. This includes medical evacuation from the MedCoy Role 1 facility to the Role II, patient holding, Class VIII resupply, medical maintenance, x-ray, laboratory, and operational dental care. The MedCoy requests augmentation/reinforcing support from the GFOR medical battalion.

III. ORGANIZATION AND MISSION

A. *Organization*

a. The medical platoon is organized as shown in Annex A (to follow).

b. The headquarters section of the MedCoy, under the direction of the coy surgeon, commands the MedCoy and ensures resupply for the coy.

c. The field medical assistant, a medical staff corps officer, is the operations/readiness officer for the coy. He is the principal assistant to the coy surgeon for operations, administration, and logistics. The field medical assistant coordinates CHS operations with the brigade G3 and G4 and

coordinates patient evacuation with GFOR Medical Battalion. When a physician is not assigned, he performs the duties of medical platoon leader.

d. The coy senior NCO assists the coy leader and supervises the operations of the coy. He also serves as the ambulance section senior NCO. This NCO prepares reports; requests general supplies as well as medical supplies; advises on supply economy procedures; and maintains stock of expendable supplies. He supervises the activities and functions of the ambulance section, to include operator maintenance of ambulances and equipment and OPSEC.

e. Treatment squad. This squad is staffed with an operational medical officer (primary care physician/coy surgeon), a Physician Assistant (PA), two health care Sergeants (SGT), and four health care soldiers. The coy physician, PA, and health care SGT are all trained in Advanced Trauma Management (ATM) procedures, commensurate with their occupational positions/specialties.

f. Combat medic section. A total of 12 trauma specialists are assigned to the combat medic section.

B. Mission.

The mission of the MedCoy is to provide Echelon I CHS for MNB S. This includes medical treatment, medical evacuation, and clearing the battlefield. It includes preventive medical activities to counter either disease or combat and operational stress disorders. It includes ATM to save lives, limbs, or sight and to stabilize the wounded or injured patient for further evacuation. This also includes maintaining accurate field health records as well as the permanent health record in a base setting.
The MedCoy will also provide life or limb saving medical support to the local population living in the AOO of MNB S.
The MedCoy will be assisting in the collection of evidence related to conflict related sexual violence (on request of the military police), this includes but is not limited to filling in a sexual assault medical certificate.

IV. MEDICAL EVACUATION OF SICK AND WOUNDED

A. General.

a. Evacuation is based on the principle that rear higher echelon medical units are responsible for evacuating patients from supported units. Lower echelon supported and supporting units must ensure evacuation support plans are complete and current by close, direct coordination.

b. Patients are evacuated no further to the rear than that necessary to obtain the medical care that will return them to duty. Patients are evacuated by the means of transportation that most clearly meets the treatment demands of their wounds, injury, or illness.

c. The preferred method for evacuation of neuropsychiatric casualties who can be managed without medications or physical restraints is a non-ambulance ground vehicle. If physical restraints and/or medications are required during transportation, ground ambulance is preferred. An air ambulance should only be used if no other means of evacuation is available. Physical restraints are used only during transport and medications are given only if needed for reasons of

safety. Those neuropsychiatric patients with life- or limb-threatening conditions are evacuated by the most expedient means available.

B. Responsibilities for Medical Evacuation.

a. The medical platoon leader—

1. Develops an evacuation plan which will best support the operations being conducted.
2. Prepares/obtains the necessary maps of the AOO and overlays from the G3.
3. Does reconnaissance of MEDEVAC routes, either map or on the ground.
4. Provides ambulance teams with strip maps; briefs the plan; and rehearses the MEDEVAC plan with the ambulance section when time permits.
5. Identifies and coordinates with the brigade TOC on the location of primary and alternate helicopter landing sites that are established.
6. Oversees medical evacuation operations to ensure expedient evacuation from the battlefield.

b. The medical platoon SGT—

1. Ensures that evacuation wheeled assets are maintained and preventive maintenance checks and services (PMCS) are accomplished in accordance with standards.
2. Ensures that ambulances are properly stocked with requisite Class VIII supplies and equipment.
3. Ensures computers and communications equipment are functioning.
4. Keeps the MedCoy updated on road conditions and the threat levels.
5. Maintains prescribed Class VIII supplies on hand.

c. The brigade G4—

1. Is involved in developing the mass casualty plan and the use of nonstandard vehicles to evacuated casualties.
2. Is responsible for coordinating with graves registration personnel for the transport of deceased personnel.
3. Provides transportation assets for deceased personnel.

C. Control of Property and Equipment

a. Soldiers evacuated from their unit to the medical facility, as a minimum, have their protective mask and clothing.

b. Any property and equipment arriving with casualties other than the protective mask and clothing or individual weapon for ambulatory patients will be collected and turned in to the brigade G4 for return to the parent unit. The G4 coordinates the return of property and equipment to the casualty's unit.

c. Under combat conditions, protective masks are kept in the immediate proximity of each patient (this included local population if they become a patient, this means MedCoy will have to provide the mask and or other equipment) throughout their period of evacuation. In other operations, the protective mask policy for patients will be based on the CBRN threat and the policy established by higher headquarters.

D. Use of Aeromedical Evacuation.

a. Aeromedical evacuation is the preferred method of evacuation and will be used when—

1. Life, limb, or eyesight is in jeopardy (URGENT or URGENT-SURGICAL category). This is not limited to support for GFOR soldiers, but also for the civilian population.
2. Speed, distance, and time are factors in assuring prompt and adequate treatment.
3. There is a critical need for resupply of Class VIII supplies or whole blood/blood products.
4. There is a critical need for movement of medical personnel and equipment.
5. Civilian patients will be searched prior to each move in the MEDEVAC system.

V. PRISONERS OF WAR (PW)

A. All PW will be provided medical care according to the articles of the Geneva Convention for the wounded and sick, dated 12 August 1949.

B. PW patients will be segregated from GFOR personnel.

C. PW patients will be reported through normal medical reporting procedures.

D. Enemy medical personnel are considered retained personnel and shall receive the benefits provided by the Geneva Conventions. Retained enemy medical personnel will be used to the maximum extent possible to care and treat PW patients.

E. PW patients will be under armed guard at all times. Guards are the responsibility of the echelon commander. Medical personnel will not be used as guards for PW according to the Geneva Conventions.

F. PW patients will be searched prior to each move in the MEDEVAC system.

VI. CLASS VIII SUPPLY

A. The MedCoy maintains a 2-day (48-hour) stock of Class VIII supplies.

B. Medical supply items authorized for use by the MedCoy are normally those items that are identified as part of the equipment stock (Annex B, to follow). Items that are not in this stock must be approved by the brigade surgeon. This includes both expendable items and pharmaceuticals.

VII. MANAGEMENT OF MASS CASUALTIES

A. Mass casualty situations occur when the number of casualties exceeds the available medical capability to rapidly treat and evacuate them. The brigade surgeon working with the G4 and the G3 advises COM MNB S on integrating all available resources into an effective mass casualty plan.

B. All medical units must have procedures in place to respond effectively to mass casualty situations. The potential of disasters in war and other operations requires that the medical element be prepared to support mass casualty situations. They must be able to receive, triage, treat, and evacuate large numbers of casualties within a short period of time. Contingency plans

for supporting mass casualty operations must be developed by MNB S. Unit mass casualty plans, as a minimum, will address the following subject areas:
1. Planning and training requirements.
2. Medical duty positions.
3. Non-medical personnel positions and duties, including litter teams, perimeter guards crowd control, and information personnel.
4. Location of treatment areas, to include triage, immediate care, minimal care, delayed care, and expectant care areas.
5. Support requirements beyond the unit's capability.

IIX. GENEVA CONVENTIONS COMPLIANCE

A. Medical Facilities.

1. All GFOR medical facilities and units will display the distinctive flag of the Geneva Conventions. This flag consists of a red cross on a white background. It is displayed over the unit or facility and in other places as necessary to adequately identify the unit or facility. Non-display of the flag can be ordered by a brigade or higher level commander.

2. Camouflage of the medical facility (medical units, medical vehicle, and medical aircraft on the ground) is authorized when a lack of camouflage might compromise the tactical operation.

B. Defense of Medical Units.

1. Medical personnel may carry small arms for personal defense of themselves and defense of their patients. Self-defense of medical personnel or defense by medical personnel of their patients is always permitted. This does not mean that they may resist capture or otherwise fire on the advancing enemy. It means that, if civilian or enemy military personnel are attacking and ignoring the marked medical status of medical personnel, medical transportation, or the medical unit, the medical personnel may provide self-protection. If an enemy military force merely seeks to assume control of a military medical facility or a vehicle for the purpose of inspection and without firing on it, the facility or vehicle may not resist.

2. All civilian patients will be searched before entering a GFOR medical vehicle or facility.