



A Short Course In Wilderness, Remote, & Expedition Medicine Concepts

Lesson 5: U.S. Standard Medical Evacuation Communications & Protocols

GMRS, Ltd.

Global Medical Rescue Services

Wilderness, Expedition, & Remote Medicine, Rescue, & Survival

Global Medical Rescue Services, Ltd. is an international firm based in Belize, Central America. We specialize in the provision of medical, rescue, and survival training and services for extremely remote and difficult environments.

Various aspects of wilderness, remote, expedition, operational, military, humanitarian, disaster, international, and industrial medicine all come into play. Each discipline has information, insight, and experiences that are of benefit to all.

The purpose of this short course is to serve as an introduction to a few of the common aspects and issues that are frequently encountered. Indeed, several of the 8 lessons in the program are directly derived from our teachings, as they are sources of frequent questions and problems for providers.

Our goal is to give you a resource that will be of value to you. Some of you will be familiar with some, perhaps even all of this material. If so, pass it on to others. This program is being distributed to you 'unlocked' so that you may copy, cut, and otherwise pass it around as you desire.

All we ask is that you leave the attributions and authorship statements in place, so that others may contact us if they desire.

The course consists of 7 lessons, which will be sent to you every few days:

- Lesson #1: The Remote Medicine Paradigm
- Lesson #2: Remote Leadership & Followership
- Lesson #3: Physician Medical Direction for Remote Medical Providers
- Lesson #4: Remote Medical Guidelines, & Standard Operating Procedures
- Lesson #5: United States Evacuation Protocols
- Lesson #6: United Kingdom & United Nations Evacuation Protocols
- Lesson #7: International Travel As A Medical Provider & Medical Team

Stay safe!

Copyright © GMRS, Ltd. 2008. All Rights Reserved.

US Representative: 2505 Crown Road, Norfolk, NE 68701

1-800-507-2821 www.gmrsltd.com

**A Short Course In
Wilderness, Remote, & Expedition
Medicine Concepts**

**Lesson 5:
U.S. Standard Medical Evacuation
& Communication Protocols**

US Standard Medical Evacuation & Communication Protocols

The U.S. 'standard' protocols, unfortunately, are nothing of the sort. Every state, often every city, has their own protocols set and method of doing things.

What we present here is the U.S. military standard protocol. This is nearly universal as a secondary protocol around the world, even in foreign organizations that have their own primary protocols. Thus, it is very important for you to have a laminated copy with you, and to be familiar with it. Almost any unit or organization will be able to gain the needed information from it, even if it is not their own. It is also important to recognize that it can be used for any form of evacuation, from helicopter to mule, and not just for aircraft.

The triage color code scheme of red-yellow-green-black is also nearly universally recognized, so you need not worry about memorizing the U.S. military standard triage terms.

The '9-line' protocol given here consists of:

- Line 1 – Location of pickup
- Line 2 – Radio call sign and frequency to be used
- Line 3 – Number of patients by triage code
- Line 4 – Special equipment needed to be brought in
- Line 5 – Number of patients on stretcher, number walking
- Line 6 – Security needed to be brought in
- Line 7 – How the pick up location will be marked – lights, smoke, etc.,
- Line 8 – Patient nationality if known
- Line 9 – Other hazards in area – power lines, flooded rivers, etc.

Pretty simple, but hard to remember under stress. That's why we want you to keep a laminated copy with you.

Lesson 6 will give you the standard U.K. and U.N. protocols. With these three, you will be able to work anywhere in the world and function in the available system!

LESSON 8

REQUESTING MEDICAL EVACUATION

TASK

Prepare and transmit a medical evacuation (MEDEVAC) request.

CONDITIONS

Given information on simulated casualty or casualties, MEDEVAC request guide, a pencil or other writing instrument, paper, and a simulated transmitting device.

STANDARD

Transmission includes all needed information in the proper sequence.

Correct brevity code items are used.

Correct radio-telephone procedures (pronunciation, beginning, ending, and so forth) are used.

Score a GO on the performance checklist.

REFERENCES

FM 8-10-6, Medical Evacuation in a Theater of Operations.

8-1. MEDICAL EVACUATION

Medical evacuation is the timely and efficient movement and en route care by medical personnel (combat medics) of the wounded, injured, or ill persons from the battlefield and other locations to medical treatment facilities (MTF). Medical evacuation begins when medical personnel receive the injured or ill soldier. Although the combat lifesaver is not a medical person, he may be the person who initiates the medical evacuation by requesting that a casualty be evacuated by ground ambulance or air ambulance.

NOTE: Medical evacuation (MEDEVAC) is different from casualty evacuation (CASEVAC). In CASEVAC, non-medical vehicles (trucks used to haul supplies, vehicles used to transport troops, and so forth) are used to evacuate casualties. In MEDEVAC, medical vehicles (ground ambulances) and medical helicopters (air ambulances) are used. Ground and air ambulances have medical personnel aboard to provide care to the casualties.

8-2. MEDICAL EVACUATION REQUESTS

Procedures for requesting medical evacuation support have been standardized. The same format used to request aeromedical evacuation is also used to request ground evacuation. The information contained in the evacuation request helps medical units to determine the correct priority for committing evacuation assets. This helps to control the evacuation flow so that medical resources are not overly strained.

8-3. OVERCLASSIFICATION

Overclassification is the tendency to classify a wound or injury as being more severe than it actually is. Overclassification has historically been a problem and is still a problem. Proper casualty classification is needed to ensure that those casualties in greatest need are evacuated first and receive the necessary care required to help ensure their survival. Casualties will be picked up as soon as possible, consistent with available resources and pending missions.

8-4. PREPARING A MEDICAL EVACUATION REQUEST

A special nine-line format has been developed to assist in requesting medical evacuation. Rather than stating what type of information is being transmitted, a line number is given. Brevity codes are used to identify specific information being transmitted. Brevity codes allow information to be easily and quickly transmitted. The information is transmitted in sequence (line 1, then line 2, and so forth). The information needed for wartime and peacetime evacuation requests is described in paragraphs 8-5 and 8-6. Lines 1 through 5 must be transmitted before the evacuation mission begins. The remainder should be transmitted at the same time if possible, but can be transmitted to the ground or air ambulance en route. Use Table 8-1 when making notes for transmitting a MEDEVAC request and when actually transmitting the request.

8-5. LINES 1 THROUGH 5 OF THE MEDICAL EVACUATION REQUEST

The following information is needed by ambulance personnel before they begin their mission.

a. **Line 1: Location of Pickup Site.** Using a map, determine the grid coordinates (eight digits) of the site where the air or ground ambulance will pick up the casualties. This information can often be obtained from your unit leader. This information allows the unit coordinating evacuation to plan the ambulance's route so it can pick up casualties from more than one site, if appropriate.

b. **Line 2: Radio Frequency, Call Sign, and Suffix.** Your radio frequency, call signal, and suffix of signal operation instructions can be obtained from the Signal Operating Instruction (SOI) or from the Automated Net Control Device (ANCD) or from the radio supervisor. This information is needed so the evacuation vehicle crew can contact the requesting unit while en route to obtain additional information (for example, marking devices).

c. **Line 3: Number of Casualties by Precedence.** Based upon the actual evaluation of the casualties, determine how many are urgent, how many are urgent surgical, how many are priority, how many are routine, and how many are convenient. This information is used by the unit controlling evacuation to prioritize missions when more than one request is received. Definitions of these categories are given below.

(1) Urgent. Emergency case that should be evacuated as soon as possible and within a maximum of 2 hours in order to save live, limb, or eyesight.

(2) Urgent Surgical. Emergency case that should be evacuated within 2 hours to the nearest surgical unit.

(3) Priority. Sick or wounded person requiring prompt medical care and who should be evacuated within 4 hours or the casualty's medical condition could deteriorate to such a degree that he could become an urgent precedence.

(4) Routine. Sick or wounded person requiring evacuation, but whose condition is not expected to deteriorate significantly. The casualty should be evacuated within 24 hours.

(5) Convenient. Person who is being medically evacuated for medical convenience rather than necessity.

d. **Line 4: Special Equipment Required.** Based upon actual evaluation of the casualties, determine what special equipment, if any, will need to be placed aboard the ambulance before it begins the mission. The most common items for an air ambulance are hoist, Stokes litter, and forest penetrator. Another common special equipment requirement is a ventilator. This information is required so the equipment can be placed on board the evacuation vehicle before it leaves the medical treatment facility.

e. **Line 5: Number of Casualties by Type.** Based upon actual evaluation of the casualties, determine the number of casualties that will be evacuated on a litter and the number of casualties that are able to sit (ambulatory). This information is needed to properly configure the vehicle to transport the casualties requiring evacuation.

8-6. LINES 6 THROUGH 9 OF THE MEDICAL EVACUATION REQUEST

The following information is transmitted with the information given in paragraph 8-5 if possible, but can be transmitted to the ambulance personnel after they have begun their mission.

a. **Line 6: Security of Pickup Site.** In wartime operations, determine whether proposed pickup site is secure. This information is normally obtained from your unit leader based upon his evaluation of the situation. The information will help the unit controlling evacuation to determine whether assistance (escort) is required to accomplish the mission. The situation is categorized as one of the following:

- (1) No enemy troops in area.
- (2) Possibly enemy troops in area; approach with caution.
- (3) Enemy troops in area; approach with caution.
- (4) Enemy troops in area; armed escort required.

NOTE: In peacetime, line 6 is not used for the security of the pickup site. Instead, line 6 gives the number and type of wound, injury, or illness. For example, two gunshot wounds and one compound fracture.

b. **Line 7: Method of Marking Pickup Site.** Determine how the pickup site is to be marked for identification. This information is usually used when the evacuation is to be by air ambulance. The method is usually determined by your unit leader based upon the military situation and the materials available. Common methods of marking the pickup site are:

- (1) Panels.
- (2) Pyrotechnic signal.
- (3) Smoke signal.
- (4) Signal person.
- (5) Strips of fabric or parachute.
- (6) Tree branches, pieces of wood, or stones placed together.
- (7) Signal lamp, flashlight, or vehicle lights.
- (8) Open flame.

NOTE: The information is required to assist the evacuation aircraft crew in identifying the specific location of the pickup site. The color of the panels, smoke, or other markings should not be transmitted until the evacuation vehicle contacts the unit just prior to arrival. For security reasons, the crew should identify the color of the marking(s) and the unit should verify the color.

c. **Line 8: Casualty Nationality and Status.** Based upon information obtained from the casualties, determine which categories of those listed below are represented. The number of casualties in each category does not need to be determined. The information will help the unit coordinating the evacuation to identify which facilities should receive casualties and whether guards are needed. The categories are:

- (1) United States military.
- (2) United States civilian.
- (3) Military other than US military.
- (4) Civilian other than US civilian.
- (5) Enemy prisoner of war (EPW).

d. **Line 9: Nuclear Biological and Chemical Contamination.** In wartime operations, determine if chemical contamination, biological contamination, or radiological contamination is present. This information will assist the unit controlling evacuation. If there is no nuclear, biological, and chemical (NBC) contamination, this line is not transmitted.

NOTE: In peacetime, line 9 is used to give a description of the terrain (flat, hilly, wooded, open, sloping, and so forth). If possible, include the relationship of the landing area to prominent terrain features (mountain, lake, tower, and so forth). This information can assist the evacuation personnel determine the avenue of approach. This information can be obtained from personnel at the site or by an area survey.

8-7. TRANSMITTING RULES

a. During wartime, brevity codes must be used in preparing all medical evacuation requests. Brevity codes should be listed in the Signal Operating Instruction (SOI) or from the Automated Net Control Device (ANCD). Locally devised brevity codes are not authorized.

b. General rules of radio transmission security are given below. Follow these basic rules to ensure transmission security. These rules are strictly enforced on all military radiotelephone circuits.

(1) No transmission will be made unless the proper authority authorizes the transmission.

(2) The following practices are specifically forbidden:

(a) Violation of radio silence.

(b) Unofficial conversation between operators.

(c) Transmission on a directed net without permission.

(d) Excessive tuning and testing.

(e) Transmission of the operator's personal sign or name.

(f) Unauthorized use of plain language.

(g) Use of other than authorized prowords.

(h) Unauthorized use of plain language in place of applicable prowords or operating signals.

(i) Association of classified call signs and address groups with unclassified call signs.

(j) Profane, indecent, or obscene language.

c. Call signs are used in radio communications to identify a communications facility, a command, an authority, or a unit. There are two forms of call signs: complete call signs and abbreviated call signs.

(1) Complete call signs consist of a letter-number-letter combination and a suffix. They are used when:

(a) Entering a net in which you do not normally operate.

(b) When so requested by another station in the net.

(2) Abbreviated call signs are used at all other times. For example, if A2D28 were the complete call sign, then D28 would be the abbreviated call sign.

(3) If no confusion exists as to which operators are on the radio net, no call signs need be used.

d. To avoid confusion and errors during voice transmission, special techniques have been developed for pronouncing letters and numerals. These special techniques resulted in the phonetic alphabet and phonetic numerals.

(1) The phonetic alphabet is used by the operator to spell difficult words and thereby prevent misunderstanding on the part of the receiving operator.

(2) The phonetic alphabet is also used for the transmission of messages. For example, the cipher group CMVVX is spoken "CHARLIE MIKE VICTOR VICTOR XRAY."

(3) Numbers are spoken digit by digit, except that exact multiples of thousands may be spoken as such. For example, 84 is "AIT FOW ER," 2,500 is "TOO FIFE ZE RO ZE RO," and 16,000 is "WUN SIX TOUSAND."

(4) The date-time group is always spoken digit by digit, followed by the time zone indication. For example, 291205Z is "TOO NIN-ER WUN TOO ZE-RO FIFE ZOO-LOO."

(5) Map coordinates and call sign suffixes also are spoken digit by digit. To keep voice transmission as short and clear as possible, radio operators use procedure words (prowords) to take the place of long sentences.

e. Paragraph 8-7c(2) give an example of a call sign. If this was the call sign of your station, you would identify yourself using prowords and phonetics as follows: "This is al-fah too dell-tah too ait." If abbreviated call signs were being used, you would say, "This is dell-tah too ait."

8-8. TRANSMITTING A MEDICAL EVACUATION REQUEST

a. **Collect Information.** Collect the information that you need before beginning the transmission.

b. **Begin Transmission.**

(1) Provide the opening statement: "I HAVE A MEDEVAC REQUEST. OVER."

(2) Break for acknowledgement by receiving operator. Wait 1 to 3 seconds for acknowledgment. If there is no answer or if contact is interrupted, repeat the statement.

c. **Transmit Request.** The first five lines of the MEDEVAC request must be transmitted at this time. If possible, the remaining lines should also be transmitted at this time. If the remaining lines cannot be transmitted at this time, they should be transmitted as soon as possible.

NOTE: A guide that can be used in making a medical evacuation request is given in Table 8-1.

NOTE: Commonly used prowords are given in Table 8-2.

(1) Give the line number identifier followed by applicable information.

(2) Letters and numbers are to be pronounced according to standard radio procedure (see Tables 8-3 and 8-4).

d. **End Transmission.** After transmitting the request, state "OVER" and wait for acknowledgment of the transmission or request for additional information from the receiving station.

e. **Monitor Frequency.** After the transmission has ended, monitor the frequency given in line 2 of the request. The air or ground ambulance will contact you on this frequency if needed.

f. **Prepare Site.** Prepare and mark the pickup site as indicated in line 7 of the MEDEVAC request, if needed.

NOTE: An example of a MEDEVAC request is given in figure 8-1.

<i>TYPE OF INFORMATION</i>	<i>INFORMATION</i>	<i>TRANSMITTED REMARKS/ SPECIAL INSTRUCTION</i>
Location of Pickup Site	Line 1 Grid coordinates of pickup site	To preclude misunderstanding, a statement should be made that grid zone letters are included in the message.
Radio Frequency, Call Sign and Suffix	Line 2 Frequency of the radio at the pickup site Call sign and suffix	The call sign and suffix is that of the person to be contacted at the pickup site.
Number of Casualties by Precedence	Line 3 Number of casualties Brevity code	Brevity Codes: A (Urgent)--within 2 hours B (Urgent surgical)--within 2 hrs C (Priority)--within 4 hours D (Routine)--within 24 hours E (Convenience) If two or more categories must be reported in the same request, insert the proword BREAK between each category.
Special Equipment Required	Line 4 Brevity code	Brevity Codes: A (None) B (Hoist) C (Extraction equipment) D (Ventilator)
Number of Casualties by Type	Line 5 Number of casualties Brevity code	Brevity Codes: L (Litter) A (Ambulatory) If both types are included in the same request, insert the proword BREAK between the types.

Table 8-1. MEDEVAC request guide. (continued)

<i>TYPE OF INFORMATION</i>	<i>INFORMATION</i>	<i>TRANSMITTED REMARKS/ SPECIAL INSTRUCTION</i>
Security of Pickup Site (wartime)	Line 6 Brevity code	Brevity Codes: N (No enemy troops in area) P (Possible enemy troops in area; approach with caution) E (Enemy troops in area; approach with caution) X (Enemy troops in area; armed escort required)
Methods of Marking Pickup Site	Line 7 Brevity code	Brevity Codes: A (Panels) B (Pyrotechnic signal) C (Smoke signal) D (None) E (Other)
Casualty Nationality and Status	Line 8 Brevity code	Brevity Codes: A (Military, U.S) B (Civilian, U.S) C (Military, non-US) D (Civilian, non-US) E (Enemy prisoner of war) The number of casualties in each category is not transmitted.
NBC Contamination (wartime)	Line 9 Brevity code	Brevity Codes: N (Nuclear) B (Biological) C (Chemical) This line is included only when applicable. Do not transmit line 9 if no CBR contamination is present

Table 8-1. MEDEVAC request guide. (concluded)

<u>PROWORD</u>	<u>MEANING</u>
ALL (or WORD)	The portion of the message to which I have reference is AFTER all (or the word) which follows _____.
ALL (or WORD) BEFORE	The portion of the message to which I have reference is all (or the word) which precedes _____.
BREAK	I hereby indicate the separation of the text from other portions of the message.
CALL SIGN	The group that follows is a call sign.
CORRECT	You are correct, or what you have transmitted is correct.
CORRECTION	An error has been made in this transmission. Transmission will continue with the last word correctly transmitted (or the correct version is _____).
DISREGARD THIS TRANSMISSION-OUT	This transmission is in error. Disregard it. (Not used to cancel any message that has been completely transmitted and acknowledgment has been received.)
FIGURES	Numerals follow.
FROM	The originator of this message is indicated by the address designation immediately following.
I READ BACK	The following is my response to your instruction to read back.
I SAY AGAIN	I am repeating transmission or portion indicated.
I SPELL	I shall spell the next word phonetically.
OUT	This is the end of my transmission to you and no answer is required or expected
OVER	This is the end of my transmission to you and a response is necessary. Go ahead and transmit.

Table 8-2. Commonly used prowords. (continued)

<u>PROWORD</u>	<u>MEANING</u>
READ BACK	Repeat this entire transmission back to me exactly as received.
RELAY (TO)	Transmit this message to addressees immediately following this proword.
ROGER	I have received your last transmission satisfactorily.
SAY AGAIN	Repeat all of your last transmission. (If followed by identification data, repeat portion indicated.)
SILENCE SILENCE SILENCE	Cease transmission immediately. Silence will be maintained until instructed to resume.
SILENCE LIFTED	Silence is lifted
THIS IS	This transmission is from the station whose designation immediately follows.
TIME	That which immediately follows is the time or date/time group of this message.
TO	The addressee(s) immediately following is (are) addressed for action.
VERIFY	Verify entire message (or portion indicated) with the originator and send correct version.
WAIT	I must pause for a few seconds.
WAIT-OUT	I must pause longer than a few seconds.
WILCO	I have received your message, understand it, and will comply. (Used only by the addressee.) Note: Since the meaning of ROGER is included in that of WILCO, the two prowords are never used together.)
WRONG	Your last transmission was incorrect. The correct version is _____.

Table 8-2. Commonly used prowords. (concluded)

<u>LETTER</u>	<u>WORD</u>	<u>SPOKEN AS</u>
A	ALPHA	<u>AL</u> -FAH
B	BRAVO	BRAH-VOH
C	CHARLIE	<u>CHAR</u> -LEE
D	DELTA	<u>DELL</u> -TAH
E	ECHO	<u>ECK</u> -OH
F	FOXTROT	<u>FOKS</u> -TROT
G	GOLF	GOLF
H	HOTEL	HOH-TELL
I	INDIA	<u>IN</u> -DEE-AH
J	JULIETT	JEW-LEE- <u>ETT</u>
K	KILO	<u>KEY</u> -LOH
L	LIMA	<u>LEE</u> -MAH
M	MIKE	MIKE
N	NOVEMBER	NO- <u>VEM</u> -BER
O	OSCAR	<u>OSS</u> -CAH
P	PAPA	PAH- <u>PAH</u>
Q	QUEBEC	KEH- <u>BECK</u>
R	ROMEO	ROW-ME-OH
S	SIERRA	SEE- <u>AIR</u> -RAH
T	TANGO	<u>TANG</u> -GO
U	UNIFORM	<u>YOU</u> -NEE-FORM
V	VICTOR	VICK- <u>TOR</u>
W	WHISKEY	<u>WISS</u> -KEY
X	X-RAY	<u>ECKS</u> -RAY
Y	YANKEE	<u>YANG</u> -KEY
Z	ZULU	<u>ZOO</u> -LOO

Table 8-3. Phonetic alphabet.

<u>NUMBER</u>	<u>SPOKEN AS</u>
0	ZE-RO
1	WUN
2	TOO
3	TREE
4	<u>FO</u> -WER
5	FIFE
6	SIX
7	<u>SEV</u> -EN
8	AIT
9	<u>NIN</u> -ER

Table 8-4. Phonetic numerals.

Foks-trot tree dell-tah ait wun, THIS IS keh-beck sev-en zoo-loo nin-er fo-wer. I have a MEDEVAC request. OVER.
Keh-beck sev-en zoo-loo nin-er fo-wer. THIS IS foks-trot tree dell-tah ait wun. Send your request. OVER.
Foks-trot tree dell-tah ait wun, THIS IS keh-beck sev-en zoo-loo nin-er fo-wer.
Line wun letters included, golf, hotel, wun, tree, tree, fo-wer, fo-wer, wun, too, six.
Line too, foks-trot, mike, tree, ait, fife, ze-ro. keh-beck sev-en zoo-loo nin-er fo-wer
Line tree, wun, al-fah, BREAK wun char-lee.
Line fo-wer, dell-tah
Line fife, wun,lee-mah, BREAK, wun, al-fah
Line six, pah-pah
Line sev-en, char-lee
Line ait, al-fah
OVER.
Keh-beck sev-en zoo-loo nin-er fo-wer. THIS IS Foks-trot tree dell-tah ait wun. ROGER. OUT.

Figure 8-1. Example of a MEDEVAC request.

[Continue with Exercises](#)

[Return to Table of Contents](#)

LESSON EXERCISES: LESSON 8

INSTRUCTIONS: Answer the following exercises by marking the letter of the response that **best** answers the question or **best** completes the sentence or by writing the answer in the space provided.

After you have answered all of the exercises, check your answers against the "Solutions to Lesson Exercises" at the end of the exercises. For each exercise answered incorrectly, reread the lesson material referenced.

1. The MEDEVAC request format is used to request evacuation by:
 - a. Air ambulances only.
 - b. Ground ambulances only.
 - c. Either air or ground ambulance.

2. Of the nine lines of information in a wartime evacuation request, the first _____ lines must be transmitted before the ambulance begins its mission.

3. Assume you are calling in a MEDEVAC request using the MEDEVAC wartime guidelines given in this lesson. State what type of information is reported on each line of the request.

Line 1. _____

Line 2. _____

Line 3. _____

Line 4. _____

Line 5. _____

Line 6. _____

Line 7. _____

Line 8. _____

Line 9. _____

4. Of the nine lines of information in a wartime evacuation request, which line is omitted if it is not applicable?

5. What has historically been a problem requests for medical evacuation?

6. What proword means you have finished your transmission and a response from the receiving station is needed?

7. When is the term "ROGER WILCO" used in making a MEDEVAC request?

8. A "priority" casualty should be evacuated within:

- a. 1 hour.
- b. 2 hours.
- c. 4 hours.
- d. 8 hours.
- e. 24 hours.

9. A "urgent" or "urgent surgical" casualty should be evacuated within:

- a. 1 hour.
- b. 2 hours.
- c. 4 hours.
- d. 8 hours.
- e. 24 hours.

10. Casualties are divided into two types (line 5). They are:
- Surgical and nonsurgical.
 - Military and civilian.
 - Ambulatory and litter.
 - United States and non-US
11. You are making a MEDEVAC request for a ground ambulance during wartime. The casualty has a broken arm and no other injuries. What should be transmitted for Line 4?
- The word "None."
 - The word "Routine."
 - The code "A."
 - None of the above. The line need not be transmitted.

12. Prepare a MEDEVAC request for the following situation.

You are a combat lifesaver assigned to an infantry squad that came under enemy fire while patrolling in Baghdad. You sustained one US military casualty with a penetrating chest wound, which you have stabilized. Your squad leader instructs you to call for MEDEVAC. You are located at a casualty collection point at GH23541334. Your call sign and suffix is Bandid 10. The pickup site will be marked with smoke. There may be enemy still in the area.

Note: The casualty may require oxygen during evacuation. According to your operating procedures, the brevity code for oxygen is the letter O.

Line 1	
Line 2	
Line 3	
Line 4	
Line 5	
Line 6	
Line 7	
Line 8	
Line 9	

13. Prepare a MEDEVAC request for the following situation.

You are a combat lifesaver assigned to an artillery squad. While on convoy, the vehicle in front of you struck an IED and its two US military occupants were thrown from the vehicle. One casualty had an amputation of his left hand. You have controlled the bleeding with a tourniquet and a pressure dressing. The other casualty sustained a penetrating shrapnel wound to the mid abdomen. After you stabilized both casualties, your battery commander tells you to call for a MEDEVAC. You are located at a casualty collection point at GH11723541. Your call sign and suffix is Battle 7. The pickup site will be marked with an orange panel. There are no enemy troops in the area.

Line 1	
Line 2	
Line 3	
Line 4	
Line 5	
Line 6	
Line 7	
Line 8	
Line 9	

14. Practice making the evacuation request given in exercises 12 and 13. Use all appropriate transmitting rules. Use prowords and use the proper pronunciation of letters and numbers. Have someone listen to detect any problems with your simulated transmission. An evaluation form is found in the Solutions to Exercises.

Check Your Answers on Next Page

SOLUTIONS TO LESSON EXERCISES: LESSON 8

1. c (para 8-2)
2. Five (para 8-4)
3. Line 1: Location of pickup site
Line 2: Radio frequency, call sign, suffix
Line 3. Number of casualties by precedence
Line 4. Special equipment requirements
Line 5. Number of casualties by type
Line 6. Security of pickup site
Line 7. Method of marking pickup site
Line 8. Casualty nationality and status.
Line 9. NBC contamination. (paragraphs 8-5 and 8-6, table 8-1)
4. Line 9 (para 8-6d, Table 8-1, figure 8-1)
5. Overclassification (para 8-3)
6. Over (Table 8-2)
7. Never. The term should not be used. (Table 8-2, WILCO)
8. c (para 8-5c(3), Table 8-1)
9. b (paras 8-5c(1), (2), Table 8-1)
10. c (para 8-5e, Table 8-1)
11. c (table 8-1, line 4)
12. See following.
13. See following.
14. See following.

12.

Line 1	GH23541334
Line 2	Bandaid 10
Line 3	1B
Line 4	O
Line 5	1L
Line 6	P
Line 7	C
Line 8	A
Line 9	

13.

Line 1	GH11723541
Line 2	Battle 7
Line 3	2B
Line 4	A
Line 5	2L
Line 6	N
Line 7	A
Line 8	A
Line 9	

14. (Feedback is provided by the observer.)

	GO	NO GO
a. Collected all information needed for the MEDEVAC request line items 1 through 9.		
b. Recorded the information using authorized brevity codes, as appropriate.		
c. Contacted the unit controlling evacuation.		
d. Stated the purpose of the radio message in clear text. (1) State, "I have a MEDEVAC request, over." (2) Wait 1 to 3 seconds for acknowledgment, if there is no answer or if contact is interrupted, repeat the statement.		
e. Transmitted the MEDEVAC request information within 3 minutes. (1) The request included all needed information in the proper sequence for transmission. (2) Corrected brevity code items are used. (3) Letters and numbers pronounced IAW appropriate radio telephone procedures. (4) Followed the procedure in the "explanation" column to transmit other required information. (5) Ended the transmission by stating, "Over," and listened for acknowledgement.		
f. Kept the radio on and listened for additional instructions or contact from the evacuation unit.		

[Return to Table of Contents](#)