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Medical Services  
**MEDICAL/DENTAL SITE SUPPORT PLAN TO ANNUAL TRAINING**

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## CHAPTER 1

## INTRODUCTION

1-1. **HISTORY.** This is the first printing of this publication.

1-2. **PURPOSE.** This pamphlet is intended to supplement U.S. Army Medical Command (MEDCOM) Regulation 40-40, Medical/Dental Support to Annual Training. It provides guidance and standard procedures to the MEDCOM operational and tactical levels, Regional Medical Command (RMC), U.S. Army Medical Center (MEDCEN)/Medical Department Activity (MEDDAC), and Dental Activity (DENTAC) levels respectively.

1-3. **REFERENCES.** References are listed in appendix A.

1-4. **EXPLANATION OF ABBREVIATIONS AND TERMS.** Abbreviations and special terms used in this publication are explained in the glossary.

1-5. **SCOPE.** This pamphlet expands on the policies and direction set forth in MEDCOM Regulation 40-40. It is intended for use by MEDCOM subordinate activities involved in the provision of medical and dental support to Reserve Component (RC) soldiers while performing annual training (AT). The overall intent is to prescribe standard formats, planning requirements, and uniform guidance, but with the flexibility for adaptation to local parameters set by the commander of a given Health Service Area (HSA) based on mission, time, troops, and location.

1-6. **GENERAL GUIDANCE.** Each MEDCOM medical treatment facility (MTF), which is known as MEDCEN or MEDDAC in the Continental United States (CONUS), has the responsibility for a specific geographical area referred to as the HSA. MEDCOM Regulation 40-21, Regional Medical Commands and Regional Dental Commands, defines these areas in detail for all MEDCENS and MEDDACs. These MTFs have the inherent responsibility and authority to provide specified (see AR 135-381) medical and dental care to RC soldiers while in an AT status within their HSA. *Note: Soldiers of both the Army National Guard (ARNG) and the U.S. Army Reserve (USAR) are considered "reserves of the army" during AT periods. In this status, their authorized health and dental care is the responsibility of the MEDCOM MTF having HSA responsibility.* RC soldiers perform their AT in a wide variety of locations and in varying numbers that range from individual to large units. The wide diversity in training type, troop density, and location make providing authorized medical and dental services a challenge to RMC/MEDCEN/MEDDAC. Since the number of military medical and dental facilities, active, ARNG and USAR, can be few and scattered within a given HSA, emergency medical and dental services found within the local civilian community may and could be the primary source. At locations where there is a troop density and medical/dental facilities in place, sick call may be accomplished via a military troop medical clinic (TMC) structure. Even under these circumstances (high troop density), emergency medical and dental services may best be provided via a civilian emergency service. The use of military air and/or ground medical evacuation may be needed to augment the civilian support when the risk assessment indicates an increased need for emergency evacuation support. It is imperative that an RC information package is developed, briefed, and distributed in hard copy to AT units using the standard format provided in Chapter 5 of this pamphlet. Based on the commander's risk assessment, he or she may elect to summarize medical and dental support rather than develop a comprehensive plan as shown within the HSA if the troop

population requiring support is very few in numbers and accessible to civilian emergency resources is more advantageous and is available 24 hours a day.

**1-7. SOURCE OF HEALTH CARE FOR RC SOLDIERS.** When the appropriate source for health care, sick call, or emergency care is identified for all locations in the HSA, the source will be provided to all RC headquarters (State Area Commands [STARC] for the ARNG and Regional Support Commands for the USAR) operating in the HSA. This may be an actual listing of providers, TRICARE, and a telephone number to the local MTF Patient Administration Division (PAD) office to provide more specific information and guidance.

## CHAPTER 2

## ANNUAL TRAINING SITE SUPPORT PLAN

**2-1. GENERAL.** This chapter prescribes the recommended format for MEDCEN/MEDDAC commanders to use when developing their AT Site Support Plan in accordance with (IAW) MEDCOM Regulation 40-40. This format is not restrictive in form or content. It is a format that standardizes the AT Site Support Plan and includes the basic components for a mission analysis in planning AT support. The MEDCEN/MEDDAC/DENTAC commanders have the responsibility and authority, based on their mission and risk assessment and IAW RC commanders, for ensuring medical and dental care within their HSA is provided to soldiers in an AT status. This plan must be approved by the RMC.

**2-2. PRINCIPLES OF SUPPORT.** In each plan as outlined, medical planners will ensure at a minimum that emergency evacuation procedures and Advanced Trauma Life Support (ATLS) is available. This includes a continuity of medical support. In cases where the staff has determined that the troop populations are too small for staffing a TMC, contracted or civilian services may be utilized and summarized for AT personnel. It is crucial that coordination occurs to ensure an immediate emergency response is available and publicized, Line of Duty (LOD) performed, and any cost captured into the After Action Report (AAR) process (see Chapter 6).

**2-3. ANNUAL TRAINING SITE SUPPORT PLAN (ATSSP) FORMAT:****1. SITUATION.**

a. Requirement. MEDCOM Regulation 40-40 requires all RMCs/MTFs to provide health service support to all RC soldiers during AT in their Health/Dental support areas as defined in MEDCOM Regulation 40-21.

b. Mission Higher Headquarters. Each RMC will ensure a satisfactory ATSSP, to include oversight and fiscal reimbursement, has been prepared by all subordinate MEDCENS/MEDDACs in their Health Service Area (HSA).

c. Attachments and Detachments. The MTF should list all assets under their direct and indirect control (i.e., staff, contract in place or to be written, units, etc.) that will be available to support the mission.

**2. MISSION.** In accordance with MEDCOM Regulation 40-40, the MTF will provide health/dental support to all RC soldiers performing AT in its HSA/DSA as defined in MEDCOM Regulation 40-21 during each Training Year.

**3. EXECUTION.**

a. Concept of the Operation. This paragraph will establish the MTF Commander's intent for supporting the mission. Note: Explain the how, not the details, the details should be in para 3c. RC unit commanders must coordinate with the MTF planner and installation points of contact (POCs) when unit/individuals are performing AT. The key is to provide medical and dental support to ALL RC soldiers during AT in a proactive manner through prior coordination. The base level support, ATLS services, must be available for all AT activities. ATLS arrangements are to be capable of responding to an incident providing the necessary interim support, transportation, and definitive clinical treatments within 1 hour. Definitive clinical treatment

for ATLS is defined as the provision of trauma care by either physician or physician's assistant.

b. Mission of Subordinate Activities. Identify and provide guidance to the MTF staff, MTF augmentation personnel, civilian 911 equivalent, medical emergency teams, ambulances, and contract personnel.

c. Commanders can exercise a degree of flexibility in allocating resources and the levels of medical support for each activity which are based upon a risk assessment and Mission, Enemy, Troops, Time-Terrain (METT-T) analysis. Where they consider it necessary to provide a higher than minimum level of medical support to any activity, they will do so at their own discretion.

d. The Deputy Commander for Clinical Services will provide clinical oversight for all site coverage plans and staffing models, to include contracted support.

e. Backfill for MTF personnel staff working at remote clinics can be provided through designated supporting RC units or contracted personnel.

f. The MTF evacuation section will review the evacuation plan of all remote training sites. Make the missions specific whenever possible to include (Who, What, When, Where, Why).

g. The MTF Planner will:

(1) Participate at AT Site Support Pre-Camp conference to discuss and coordinate AT Site Support within their HSA. Also conduct briefings once the RC unit arrives to coordinate POCs, telephone numbers, sick call hours, medical emergencies, evacuation, range support, supplies, etc.

(2) Also participate and attend other planning conferences but not limited to the following when preparing their plans:

(a) The 1<sup>st</sup> or 5<sup>th</sup> Army Planning Conferences.

(b) Regional and local AT Site Support Planning Workshops.

h. Coordinating Instructions.

(1) Provide very detailed instructions of who is to do what to whom and when (fix responsibilities for actions/functions). RMCs/MTFs can utilize charts and spreadsheets or narrative to depict the instructions. For example, a spreadsheet or some method of showing population densities for local and remote sites. Additionally, spreadsheets or rosters should include report times for individuals and/or any amount of detail necessary for someone to execute the mission.

(2) This section would also include directives for AARs, and any other reports required. The specifics of the report should be listed as an annex (i.e., Annex A Remote Site After Action Report). Include any inspections or planned visits to the remote sites.

i. Medical Support Plan Required Instructions (commanders can add additional guidance to their plan based on METT-T).

j. Medical Treatment.

- (1) Locations of nearest military medical facility.
- (2) Location of nearest civilian medical facility.
- (3) POCs at nearest military facility and telephone numbers.
- (4) POCs at nearest civilian facility and telephone numbers.
- (5) Installation POCs and telephone numbers.
- (6) Emergency telephone numbers.
- (7) Hours of operation.
- (8) Medical capabilities.
- (9) Procedures to access medical care at TMC.
- (10) Charge of Quarters (CQ) availability and times.
- (11) After duty hours evacuation procedures.
- (12) Identify transfer requirements for patient transition points, ensuring a continuity of emergency care.
- (13) See Service Support for Resupply of Class VIII supplies.

k. Medical Evacuation.

- (1) Air.
- (2) Ground (routine and emergency systems).
- (3) Inclement weather plan.

1. Identify individual military license requirements for vehicles and equipment.

m. Emergency dental services.

4. SERVICE SUPPORT.

a. Uniform and equipment. Outline the requirements for the personnel.

b. The MTF Planner, in coordination with the Installation POC, is responsible for:

(1) Ensuring that all biomedical equipment utilized at fixed facilities during AT has been inspected prior to the unit's arrival and the procedures for equipment repair are established.

(2) Ensuring all dining/billeting requirements for health care providers have been identified prior to AT.

(3) Identifying any medical support shortfalls within the HSA.

c. When controlled medical substances are required, identify the POC and procedures that will be used to request, receive, and store the items IAW Drug Enforcement Agency requirements and Army regulation.

d. Indicate procedures for Class VIII resupply.

5. COMMAND AND SIGNAL.

a. Command. Discuss the chain of command and the responsibilities of individuals at remote sites.

b. Signal. List all POC telephone numbers, e-mail addresses, fax numbers, etc., for remote sites, contractors. Provide listing of reports to be turned into MTF and to be forwarded to the RMC.

(1) Range Control (grid coordinates/GPS/radio frequencies/telephone numbers).

(a) Medical Evacuation.

(b) Supporting Hospital - Civilian.

(c) Supporting Hospital - Military.

(d) Dead Areas (How is it covered?).

(e) Mag Lines.

(f) Land-Line (Class A/B).

(2) Fire Station and Provost Marshal informed.

(3) Additional procedures as required.



CHAPTER 4

MEDICAL RISK ASSESSMENT

**4-1. PURPOSE.** To ensure commanders and staff incorporate Risk Assessment into their Medical Training Support Plan.

**4-2. GENERAL.** The RC Unit commanders, Installation POCs, and MTF planners must evaluate all risk assessments (i.e., identifying, assessing, and controlling risk) and incorporate them into their AT plans. Appendix 1 of FM 100-14 is a valuable tool that can better help staff members in risk assessment analysis. Additionally, the following factors will be included in the risk assessment:

a. Combat Health Support principles.

(1) Integrating risk assessment into mission planning, preparation, and execution.

(2) Making reinforcing risk assessment decisions at the appropriate level in the chain of command.

(3) Accepting no unnecessary risk.

(4) Proximity. Emergency medical support will be accessible to soldiers at AT sites. If and when personnel must be evacuated, they will be expeditiously evacuated to the appropriate level of ATLS services. Installation and MTF commanders conducting high-risk training shall rehearse their medical support (casualty response, evacuation, and treatment).

(5) See appendix E.

b. The time of 60 minutes from Time of Injury to Time of Treatment (ATLS) is the standard.

## CHAPTER 5

## RC UNIT INFORMATION PACKAGE

5-1. **GENERAL.** A written medical/dental AT support package should be developed for each primary AT site in the HSA/DSA. This information package will be written to assist units and individuals before and during AT periods. This information package may be in the form of a MEDCEN/MEDDAC/DENTAC pamphlet.

5-2. **GUIDANCE.** The recommended format is as follows:

a. **Basic Plan.**

- (1) Purpose.
- (2) Scope.
- (3) Policy.
- (4) Intent.
- (5) Command & Control.
- (6) Commander, MEDCEN/MEDDAC/DENTAC.
- (7) MTF Planner.
- (8) Installation Coordinator.
- (9) Remote Site Coordinator.
- (10) Credentialing Coordinators (MTF, ARNG, USAG, etc.).
- (11) Supporting RSCs.
- (12) Chief, AT Clinic, if any.
- (13) Director, Dental Services.
- (14) Chief, Plans, Training, Mobilization, and Security.
- (15) Chief, Preventive Medicine Service.
- (16) Chief, Logistics.
- (17) Commanders of supported Reserve Component units.
- (18) Emergency Telephone Numbers.
- (19) Evacuation/Medical Emergencies.
- (20) Line of Duty.
- (21) Preventive Medicine.
- (22) Field Sanitation Team.

- (23) Water.
- (24) Insect and Rodent Control.
- (25) Poisonous Plants.
- (26) Snakebite.
- (27) Prevention and Control of Communicable Diseases of Animals.
- (28) Waste Disposal.
- (29) Preventive Medicine/Environmental Inspection.
- b. Medical/Dental Support.
  - (1) General.
  - (2) Treatment Locations.
  - (3) Sick call hours.
  - (4) Hospitalization.
  - (5) Hospitalization Beyond AT period.
- c. Dental Emergencies.
- d. Evacuation.
- e. Procedures for Requesting Medical Supplies.
  - (1) Requesting Controlled Pharmaceuticals.
  - (2) Pick-Up of Medical Supplies.
  - (3) Setting up accounts.
- f. Credentialing/Privileging Requirements.
- g. Emergency Medical Care En route to/from AT.
  - (1) General.
  - (2) Procedures (ground and air).
  - (3) Key telephone numbers and POCs.
- h. PAD POCs.
- i. TRICARE POC numbers.
- j. Military Medical Support Office. Available 24 hours a day at 1-800-876-1131 or DSN 792-3950

**5-3. ADDITIONAL INFORMATION.**

- a. Essential medical and dental facilities, when present at an AT site, will be clearly identified on a map of the area with telephone numbers.
- b. The RC Unit commanders will provide the MTF planner a list of all Health Care Professional assets within 45 days prior to AT.
- c. The LODs are RC unit's responsibility with support from the MTF planners or Installation POC. LODs are normally an ongoing process once the RC soldier has departed the installation, but must be addressed during the RC commander's initial installation briefing.
- d. The RC Unit commander will ensure that all Health Care professionals are credentialed/privileged prior to AT support. The RC commander will ensure that all credentialing documents are received by the Credentialing Coordinator NLT 45 days prior to AT (IAW AR 40-68).

## CHAPTER 6

### AFTER ACTION REPORT

**6-1. PURPOSE.** The Medical AAR process is to collect historical data, capture cost and valuable lessons learned during AT to improve support plans and procedures.

**6-2. GENERAL.** The AAR is a requirement due to arrive at MEDCOM, ATTN: MCOP-P, not later than 45 days after the end of the FY. It will follow the recommended format below with any additional comments highlighted in the ISSUES section. A Budget Report will be due at the end of every quarter to MEDCOM-Plans (see appendix F).

**6-3. AAR FORMAT. (See appendix D.)**

- a. Location of Site Support.
- b. Unit/Troop Population.
- c. Period covered. (Oct-Dec, Jan-Mar, Apr-Jun, Jul-Sep.)
- d. Type of Site Support provided (contracted, number of personnel, etc.)
- e. Number of Personnel and Equipment Provided.
- f. Total Man-days.
- g. Cost of Site Support. (TDY, Class VIII, etc.)
- h. Medical emergencies, evacuation fatalities.
- i. Issues.
- j. Lessons learned.

**6-4. AAR REQUIREMENTS.** The MTF Planner/Installation POC will forward a copy of each AAR to the RMC NLT 5 working days after the AT unit has completed training. The RMC will forward a consolidated AAR to the MEDCOM, ATTN: MCOP-P, not later than 45 days at the end of the FY.

**APPENDIX A**

**REFERENCES**

AR 40-68, Quality Assurance Administration, with applicable changes.

AR 135-381, Incapacitation of Reserve Component Soldiers.

FM 8-55, Planning for Health Service Support.

FM 100-14, Risk Management.

MEDCOM Regulation 40-21, Regional Medical Commands and Regional Dental Commands.

MEDCOM Regulation 40-40, Medical/Dental Support to Annual Training.

APPENDIX B

RECOMMENDED MEDICAL SUPPORT MATRICES

TRAINING	INJURY	MEDICAL SUPPORT	SOURCE	RECOMMENDATION
<b>RANGER TRAINING</b>				
ALL				ATLS + MEDIC
<b>UNIT TRAINING</b>				
Mtn Ops	Environmental Injury	Cooling/Warming/Fluids	CLS	ATLS + CLS
	Extremity Trauma	Bandages/splints/fluids	CLS	
	Lacerations	Bandages/fluids	CLS	
	Blunt Trauma	Fluids	CLS	
	Head Injury	Transport		
	Spine Injury	Immobilization/Transport	Medic	
				*rappelling *free climbing
<b>STX/FTX</b>				
STX/FTX	Blunt Trauma	Fluids	CLS	ATLS + CLS
	Crush Injured	Bandages/splints/fluids	CLS	
	Extremity Trauma	Bandages/splints/fluids	CLS	
	Lacerations	Bandages/fluids	CLS	
	Environmental Injury	Cooling/Warming/Fluids	CLS	
	Smoke Inhalation	Removal	BA	
	Burn	Fluids	CLS	
<b>MOUT</b>				
MOUT	Blunt Trauma	Fluids	CLS	ATLS + MEDIC
	Penetrating Trauma	Bandages/fluids	CLS	
	Crush Injured	Bandages/splints/fluids	CLS	
	Extremity Trauma	Bandages/splints/fluids	CLS	
	Lacerations	Bandages/fluids	CLS	
	Head Injury	Transport		
	Spine Injury	Immobilization/Transport	Medic	
	Environmental Injury	Cooling/Warming/Fluids	CLS	
	Smoke Inhalation	Removal	BA	
	Eye Injury	Protection	BA	
	Burn	Fluids	CLS	

TRAINING	INJURY	MEDICAL SUPPORT	SOURCE	RECOMMENDATION
<b>WEAPONS/AMMUNITION</b>				
Hand Grenades	Blunt Trauma	Fluids	CLS	ATLS + MEDIC
	Penetrating Trauma	Bandages/fluids	CLS	
	Extremity Trauma	Bandages/splints/fluids	CLS	
	Lacerations	Bandages/fluids	CLS	
	Spine Injury	Immobilization/Transport	Medic	
	Eye Injury	Protection	BA	
	Burn	Fluids	CLS	
Grenade Launcher	Blunt Trauma	Fluids	CLS	ATLS + MEDIC
	Penetrating Trauma	Bandages/fluids	CLS	
	Extremity Trauma	Bandages/splints/fluids	CLS	
	Lacerations	Bandages/fluids	CLS	
	Spine Injury	Immobilization/Transport	Medic	
	Eye Injury	Protection	BA	
	Burn	Fluids	CLS	
Live Fire	Penetrating Trauma	Bandages/fluids	CLS	ATLS + CLS
Demolitions	Blunt Trauma	Fluids	CLS	ATLS + CLS
	Penetrating Trauma	Bandages/fluids	CLS	
	Extremity Trauma	Bandages/splints/fluids	CLS	
	Lacerations	Bandages/fluids	CLS	
	Spine Injury	Immobilization/Transport	Medic	
	Eye Injury	Protection	BA	
	Burn	Fluids	CLS	
				*Sapper Leader Training
CALFEX	Blunt Trauma	Fluids	CLS	ATLS + MEDIC AMBULANCE
	Penetrating Trauma	Bandages/fluids	CLS	
	Extremity Trauma	Bandages/splints/fluids	CLS	
	Lacerations	Bandages/fluids	CLS	
	Spine Injury	Immobilization/Transport	Medic	
	Eye Injury	Protection	BA	
	Burn	Fluids	CLS	
	Multiple Injured	Triage/Transport	Medic/ Ambulance	

TRAINING	INJURY	MEDICAL SUPPORT	SOURCE	RECOMMENDATION
<b>WATERBORNE</b>				
Small Boat	Environmental Injury	Cooling/Warming/Fluids	CLS	ATLS + CLS w/CPR
	Extremity Trauma	Bandages/splints/fluids	CLS	
	Near drowning	CPR	CLS w/CPR	
Swamp Movement	Environmental Injury	Cooling/Warming/Fluids	CLS	ATLS + CLS
	Extremity Trauma	Bandages/splints/fluids	CLS	
	Near drowning	CPR	CLS	
Stream Crossing	Environmental Injury	Cooling/Warming/Fluids	CLS	ATLS + CLS w/CPR
	Extremity Trauma	Bandages/splints/fluids	CLS	
	Near drowning	CPR	CLS w/CPR	
Poncho Raft	Environmental Injury	Cooling/Warming/Fluids	CLS	ATLS + CLS w/CPR
	Extremity Trauma	Bandages/splints/fluids	CLS	
	Near drowning	CPR	CLS w/CPR	
CWST	Environmental Injury	Cooling/Warming/Fluids	CLS	ATLS + CLS w/CPR
	Extremity Trauma	Bandages/splints/fluids	CLS	
	Near drowning	CPR	CLS w/CPR	
Deep Dives	Decompression Illness	Chamber	EMT	ATLS + EMT
	Near drowning	CPR	EMT	
	Environmental Injury	Cooling/Warming/Fluids	EMT	
	Crush Injured	Bandages/splints/fluids	EMT	
	Blunt Trauma	Fluids	EMT	
	Extremity Trauma	Bandages/splints/fluids	EMT	
Underwater Const.	Decompression Illness	Chamber	EMT	ATLS + EMT
	Near drowning	CPR	EMT	
	Environmental Injury	Cooling/Warming/Fluids	EMT	
	Crush Injured	Bandages/splints/fluids	EMT	
	Blunt trauma	Fluids	EMT	
	Extremity Trauma	Bandages/splints/fluids	EMT	

TRAINING	INJURY	MEDICAL SUPPORT	SOURCE	RECOMMENDATION
<b>AIRBORNE/AVIATION</b>				
Aerial (POI)	Blunt Trauma	Fluids	CLS	ATLS + CRASH TEAM
	Penetrating Trauma	Bandages/fluids	CLS	
	Crush Injured	Bandages/splints/fluids	CLS	
	Extremity Trauma	Bandages/splints/fluids	CLS	
	Lacerations	Bandages/fluids	CLS	
	Head Injury	Transport		
	Spine Injury	Immobilization/Transport	Medic	
	Inhalation	Removal	BA	
	Burn	Fluids	CLS	
	Multiple Injured	Triage	Medic	
	Rescue	Crash Team		
Airborne Operations	Blunt Trauma	Fluids	CLS	ATLS + MEDIC AMBULANCE
	Extremity Trauma	Bandages/splints/fluids	CLS	
	Lacerations	Bandages/fluids	CLS	
	Head Injury	Transport	AMB	
	Spine Injury	Immobilization/Transport	Medic	
	Multiple Injured	Triage	Medic	
HALO Operations	Blunt Trauma	Fluids	CLS	ATLS + MEDIC AMBULANCE
	Extremity Trauma	Bandages/splints/fluids	CLS	
	Head Injury	Transport	AMB	
	Spine Injury	Immobilization/Transport	Medic	
	Multiple Injured	Triage	Medic	
Air Assault	Extremity Trauma	Bandages/splints/fluids	CLS	ATLS + CLS
	Head Injury	Transport		
	Spine Injury	Immobilization/Transport	Medic	
	Lacerations	Bandages/fluids	CLS	
Fast Rope	Extremity Trauma	Bandages/splints/fluids	CLS	ATLS + MEDIC
	Head Injury	Transport		
	Spine Injury	Immobilization/Transport	Medic	
	Blunt Trauma	Fluids	CLS	
	Friction Burn	Bandages	BA	
Rappelling - Tower	Blunt Trauma	Fluids	CLS	ATLS + CLS
	Crush Injured	Bandages/splints/fluids	CLS	
	Extremity Trauma	Bandages/splints/fluids	CLS	
	Lacerations	Bandages/fluids	CLS	
	Head Injury	Transport	CLS	
	Spine Injury	Immobilization/Transport	Medic	
	Friction Burn	Bandages	BA	
Rappelling - Nontower	Blunt Trauma	Fluids	CLS	ATLS + MEDIC
	Crush Injured	Bandages/splints/fluids	CLS	
	Extremity Trauma	Bandages/splints/fluids	CLS	
	Lacerations	Bandages/fluids	CLS	
	Head Injury	Transport	CLS	
	Spine Injury	Immobilization/Transport	Medic	
	Friction Burn	Bandages	BA	

TRAINING	INJURY	MEDICAL SUPPORT	SOURCE	RECOMMENDATION
<b>INDIVIDUAL</b>				
Day Land Navigation	Environmental Injury	Cooling/Warming/Fluids	CLS	ATLS + CLS
	Extremity Trauma	Bandages/splints/fluids	CLS	
	Head Injury	Transport		
	Spine Injury	Immobilization/Transport	Medic	
Night Land Navigation	Environmental Injury	Cooling/Warming/Fluids	CLS	ATLS + CLS
	Extremity Trauma	Bandages/splints/fluids	CLS	
	Head Injury	Transport		
	Spine Injury	Immobilization/Transport	Medic	
	Eye Injury	Protection	BA	
EIB/EFMB	Environmental Injury	Cooling/Warming/Fluids	CLS	ATLS + CLS
Road Marches	Environmental Injury	Cooling/Warming/Fluids	CLS	ATLS + CLS
NBC Training	Inhalation	Removal	BA	ATLS + CLS
	Environmental Injury	Cooling/Warming/Fluids	CLS	
Obstacle/Confidence	Head Injury	Transport		ATLS + CLS w/CPR
	Spine Injury	Immobilization/Transport	Medic	
	Environmental Injury	Cooling/Warming/Fluids	CLS	
	Near drowning	CPR	CLS*	
	Extremity Trauma	Bandages/splints/fluids	CLS	
	Lacerations	Bandages/fluids	CLS	
	Blunt Trauma	Fluids	CLS	
Combatives	Penetrating Trauma	Bandages/fluids	CLS	ATLS + CLS
	Extremity Trauma	Bandages/splints/fluids	CLS	
	Lacerations	Bandages/fluids	CLS	
	Head Injury	Transport		
	Spine Injury	Immobilization/Transport	Medic	
	Eye Injury	Protection	BA	
Driver Tng (Wheel/Track)	Blunt trauma	Fluids	CLS	ATLS + CLS
	Crush Injured	Bandages/splints/fluids	CLS	
	Extremity Trauma	Bandages/splints/fluids	CLS	
	Lacerations	Bandages/fluids	CLS	
	Head Injury	Transport		
	Spine Injury	Immobilization/Transport	Medic	
	Burn	Fluids	CLS	
SERE	Environmental Injury	Cooling/Warming/Fluids	CLS	ATLS + CLS
	Extremity Trauma	Bandages/splints/fluids	CLS	

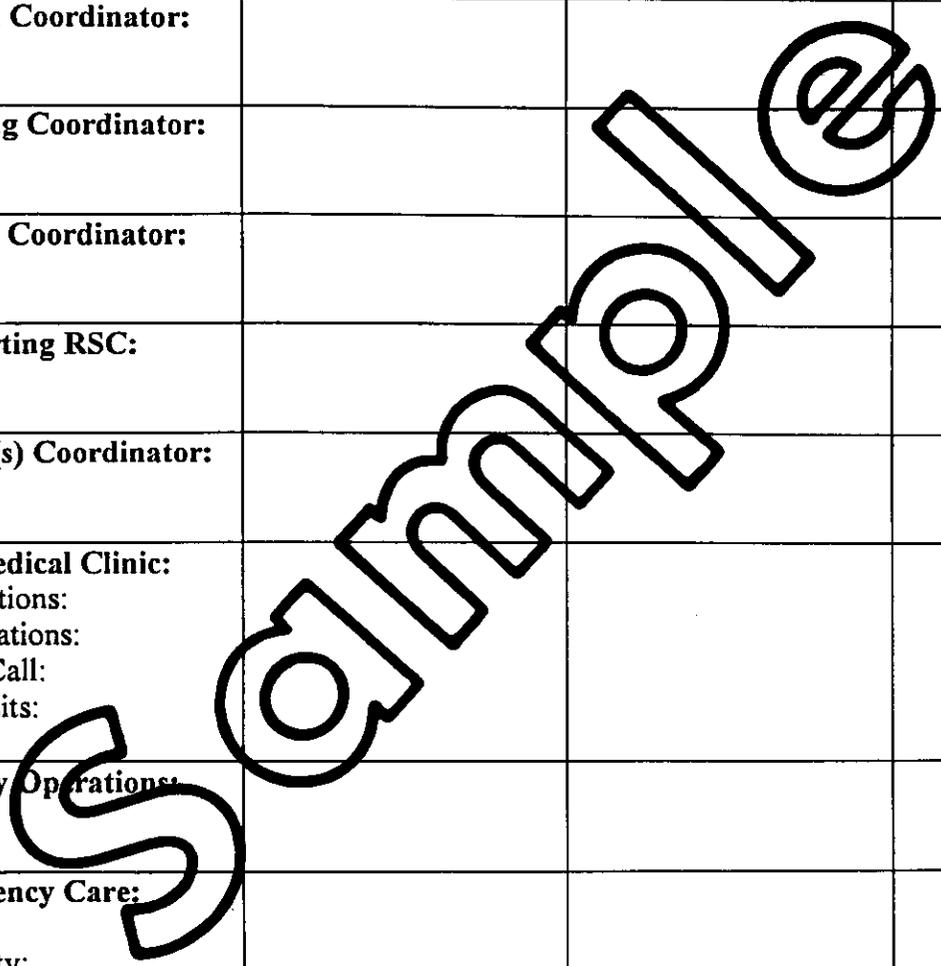
TRAINING	INJURY	MEDICAL SUPPORT	SOURCE	RECOMMENDATION
<b>UNSPECIFIED TRAINING</b>				
	Blunt Trauma	Fluids	CLS	
	Crush Injured	Bandages/splints/fluids	CLS	
	Extremity Trauma	Bandages/splints/fluids	CLS	
	Lacerations	Bandages/fluids	CLS	
	Head Injury	Transport		
	Spine Injury	Immobilization/Transport	Medic	
	Burn	Fluids	CLS	
	Environmental Injury	Cooling/Warming/Fluids	CLS	
	Eye Injury	Protection	BA	
	Near drowning	CPR	CLS*	
	Inhalation	Removal	BA	
	Friction Burn	Bandages	BA	
	Burn	Fluids	CLS	
	Decompression Illness	Chamber	EMT	

**INSTALLATION SUPPORT (FACT SHEET)  
(EXAMPLE)**

INSTALLATION: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

CLINIC LOCATION / BLDG. NUMBER: \_\_\_\_\_

<b>MTF Planner:</b>	<b>CML Number:</b>	<b>DSN Number:</b>	<b>FAX Number:</b>
POC: POC:			
<b>Installation Coordinator:</b> POC: POC:			
<b>Credentialing Coordinator:</b> POC: POC:			
<b>RC/ARNG Coordinator:</b> POC: POC:			
<b>Supporting RSC:</b> POC: POC:			
<b>Remote Site(s) Coordinator:</b> POC: POC:			
<b>Troop Medical Clinic:</b> Days of Operations: Hours of Operations: Routine Sick Call: Follow Up Visits: Acute Care:			
<b>After Duty Operations:</b>			
<b>Emergency Care:</b> Garrison: Civilian Facility:			
<b>Transportation:</b> TMC Responsibility: Units Responsibility: Civilian / Contract:			
<b>Dental Emergency Care:</b>			
<b>CLASS VIII Requirements:</b>			



APPENDIX C  
MEDCOM FORM 710-R  
(ANNUAL TRAINING SITE SUPPORT - PERSONNEL REQUIREMENTS WORKSHEET)

APPENDIX D  
MEDCOM FORM 711-R  
(ANNUAL TRAINING SITE SUPPORT - AFTER ACTION REPORT (AAR) WORKSHEET)

APPENDIX E  
MEDCOM FORM 712-R  
(REQUEST FOR ANNUAL TRAINING SUPPORT)

APPENDIX F  
MEDCOM FORM 713-R  
(ANNUAL TRAINING SITE SUPPORT - QUARTERLY BUDGET REPORT)









GLOSSARY

AAR..... After Action Report  
 AC..... Active Component  
 ACLS..... Advanced Cardiac Life Support  
 ADAPCP..... Alcohol and Drug Abuse Prevention and Control Program  
 AMEDD..... Army Medical Department  
 AOC..... Army Operations Center; Area of Concentration  
 AR..... Army Regulation  
 ARNG..... Army National Guard  
 AR-PERSCOM..... Army Reserve Personnel Command  
 ARRAC..... Army Readiness Region Area Coordinator  
 AT..... Annual Training  
 ATLS..... Advanced Trauma Life Support  
 AUTOS..... Automated Unit Training On-Line System  
 BCLS..... Basic Cardiac Life Support  
 CALFEX..... Combined Arms Live Fire Exercise  
 CHPPM..... Center for Health Promotion and Preventive Medicine  
 CLS..... Combat Lifesaver  
 CME..... Continuing Medical Education  
 CONUS..... Continental United States  
 CONUSA..... Continental United States Armies  
 CPR..... Cardiopulmonary Resuscitation  
 CQ..... Charge of Quarters  
 CS..... Combat Support  
 CSS..... Combat Service Support  
 CTD..... Central Tasking Division (FORSCOM, G3)  
 CWST..... Combat Water Survival Test  
 DA..... Department of the Army  
 DCA..... Deputy Commander for Administration  
 DCSLOG..... Deputy Chief of Staff, Logistics  
 DDS..... Director of Dental Services  
 DENCOM..... U.S. Army Dental Command  
 DENTAC..... Dental Activity  
 DHS..... Director of Health Services  
 DOD..... Department of Defense  
 DOT..... Department of Transportation  
 DTF..... Dental Treatment Facility  
 EDRE..... Emergency Deployment Readiness Exercise  
 EMT..... Emergency Medical Technician  
 FORSCOM..... Forces Command  
 FTX..... Field Training Exercise  
 FY..... Fiscal Year  
 GME..... Graduate Medical Education  
 HALO..... High Altitude Low Opening  
 HAS..... Health Service Area  
 HQ..... Headquarters  
 IAW..... In Accordance With  
 IDT..... Inactive Duty for Training  
 IMA..... Individual Mobilization Augmentee  
 IMSA..... Installation Medical Supply Activity  
 IRR..... Individual Ready Reserve  
 LOD..... Line of Duty  
 MACOM..... Major Army Command  
 MEDCEN..... U.S. Army Medical Center  
 MEDCOM..... U.S. Army Medical Command  
 MEDDAC..... U.S. Army Medical Department Activity

MEDEVAC.....Aeromedical Evacuation  
 METL.....Mission Essential Task List  
 METT-T.....Mission, Enemy, Troops, Time-Terrain  
 MOA.....Memorandum of Agreement  
 MOS.....Military Occupational Specialty  
 MOUT.....Military Operations in Urban Terrain  
 MRMC.....U.S. Army Medical Research and Materiel Command  
 MTF.....Medical Treatment Facility  
 MTOE.....Modification Table of Organization and Equipment (TOE)  
 NAAD.....National AMEDD Augmentation Detachment  
 NBC.....Nuclear, Biological, and Chemical  
 NCO.....Noncommissioned Officer  
 NCOIC.....Noncommissioned Officer In Charge  
 NG.....National Guard  
 NPBQ.....National Practitioner Bank Query  
 NVG.....Night Vision Goggles  
 O & M.....Operations & Maintenance  
 OIC.....Officer In Charge  
 OPS.....Operations  
 P & A.....Pay & Allowances  
 PA.....Physician's Assistant  
 PAD.....Patient Administration Division  
 PCF.....Practitioner Credentials File  
 PEBLO.....Physical Evaluation Board Liaison Officer  
 PM.....Preventive Medicine  
 POC.....Point of Contact  
 POI.....Point Of Injury/Incident  
 POTO.....Plans, Operations, and Training Office  
 PPM.....Parts Per Million  
 PROFIS.....Professional Filler System  
 QA.....Quality Assurance  
 QI.....Quality Improvement  
 RAMS.....Readiness Army Mobilization System  
 RC.....Reserve Component  
 RCS.....Reports Control Symbol  
 RDC.....Regional Dental Command  
 RMC.....Regional Medical Command  
 RSC.....Regional Support Command  
 SDO.....Staff Duty Officer  
 SERE.....Survival, Evasion, Resistance, Escape  
 SIR.....Serious Incident Report  
 SMA.....Staff Medical Advisor  
 SOP.....Standard Operating Procedures  
 STARC.....State Area Command  
 STX.....Situational Training Exercise  
 TAG.....The Adjutant General  
 TDY.....Temporary Duty  
 TMC.....Troop Medical Clinic  
 Tng Cen.....Training Center  
 TNG.....Training  
 TRADOC.....U.S. Army Training and Doctrine Command  
 UH.....Utility Helicopter  
 USAR.....U.S. Army Reserve  
 USP&FO.....U.S. Property & Fiscal Office  
 VETCOM.....U.S. Army Veterinary Command  
 WBGT.....Wet Bulb Globe Temperature Index  
 XO.....Executive Officer

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