

**CHAPTER 4
MEDICAL SUPPORT**

4-1. UNIT RESPONSIBILITY.

a. Medical personnel and equipment to support training are a unit's responsibility. All units or organizations must have at least a Combat LifeSaver (CLS) or equivalent (Certified Nurse Assistant or Red Cross certified First Aid), and first-aid supplies in order to conduct any field training at Camp Bullis. All units will be responsible for transporting any patient with a routine illness or injury from the field-training site to the Air Force Aid Station in the cantonment area.

b. Any unit or organization conducting rappelling personnel parachute drops, military operations on urbanized terrain (MOUT) training, Explosive Ordnance Disposal (EOD) demolitions, mortar firing, or live fire on M203/LAW, or hand grenade ranges, will have the following medical personnel/equipment:

- (1) Qualified medic who is a non-participant in the training.
- (2) Field medic's aid bag.
- (3) Litter.

(4) Vehicle capable of traversing the terrain on which the training is being conducted, and capable of transporting the litter.

c. The commander and officer in charge of any unit or organization training at Camp Bullis must insure that any individual seriously injured in training will receive Advanced Trauma Life Support Care (ATLS) within one hour. Units must have the medical assets listed above, dependable communications with "Bullis Control" and leader's knowledge of the remaining portions of this chapter to insure this standard is met.

d. Any U.S. Army unit deploying to Camp Bullis without the above requirements (medical personnel/supplies/transport vehicle) will submit a request for medical support they cannot provide to the Readiness and Logistics Business Center (RLBC), Fort Sam Houston, IAW FSH Reg 5-1, Management Installation Support. All Reserve or National Guard units of any service will be required to provide medical support from their own Reserve Component medical resources. Civilian organizations that wish to train at Camp Bullis must also meet these support requirements.

4-2. UNITED STATES AIR FORCE (USAF) MEDICAL AID STATION.

a. Brooke Army Medical Center (BAMC) is responsible for medical support to Camp Bullis. BAMC and Wilford Hall Air Force Medical Center have a Memorandum of Understanding, which authorizes all military personnel training at Camp Bullis to use the Air Force Medical Aid Station. BAMC reimburses Wilford Hall for each Army patient seen at the USAF Aid Station.

b. The United States Air Force operates the Medical Aid Station in Bldg. 5425, 24 hours a day, 7 days a week. The primary missions of the USAF Aid Station (295-8337/8336) are to provide limited diagnosis and treatment of minor illness or injuries for military personnel training on Camp Bullis, to coordinate or assist in the evacuation of any seriously injured person, and to provide initial medical care to military permanent party.

c. The USAF Aid Station is staffed by two Independent Duty Medical Technicians (IDMT). They have telephonic consult capability to Wilford Hall 24 hours a day. The Aid Station does NOT have x-ray or laboratory diagnostic equipment. All routine illnesses or injuries at field sites should be referred to the Aid Station for further evaluation. The IDMTs will treat and return to duty whenever possible, or make a determination that more complete diagnosis and/or treatment will be necessary at BAMC or Wilford Hall. It is the training unit's responsibility to transport routine patients to and from the Aid Station as well as to and from the referral hospital. The Aid Station and "Bullis Control" will coordinate for evacuation of any patient with an urgent or emergency condition.

d. All unit medics, CLS, or first-aid personnel will check in with the USAF Aid Station prior to entering the training area. Training unit commanders will ensure that supporting medical units are familiar with clinic location and operating procedures.

4-3. MEDICAL EVACUATION.

a. Emergency. Emergency medical evacuation from Camp Bullis to a hospital capable of providing Advanced Trauma Life Support is provided by contract ambulance services. An emergency is defined as any training injury or illness that threatens or could threaten life, limb or eyesight.

(1) Units will immediately call "Bullis Control" at FM 34.20, UHF 299.9 or landline 295-7510/7790 if they have an injured or ill patient who requires emergency evacuation.

If the OIC of the training unit, or the senior medical person on site determines that the patient is unstable and in imminent danger, they may request that the civilian air ambulance service be called immediately. If a suspected emergency patient is not in imminent danger, the unit will request that "Bullis Control" dispatch a medical team from the Air Force (AF) Clinic to the site for assessment of the patient. The unit may bring the patient to the AF Clinic if the patient is stable for transport. The AF Independent Duty Medical Technicians will evaluate the patient and make a determination as to means (ground or air) and destination for evacuation.

(2) All requests to "Bullis Control" for emergency medical support will include the following information:

- (a) Unit ID and call sign.
- (b) Location of patient(s), grid coordinates or common name.
- (c) Number of evacuees.

(d) Urgency of injury/illness (care should be employed in determining urgency; routine or non-emergency cases will be evacuated by ground ambulance).

(e) Brief description of patient's medical condition.

(f) Movement status (litter/ambulatory) and special equipment required.

(g) If Aeromedical Evacuation is necessary, include how the LZ will be marked (red smoke/vehicle headlights/VS17 panels). Red smoke is only authorized for emergencies.

(3) Units requesting emergency medical support must remain on the frequency.

b. Additional Instructions - Aeromedical Evacuation (MEDEVAC)

(1) If feasible, MEDEVAC patients will be moved to one of the 26 pre-designated evacuation landing zones (LZs). The pre-designated aeromedical landing zones are outlined in the Camp Bullis Air Operations SOP, and the patient should be moved to the closest one. If the patient's condition prevents movement to pre-designated LZ, unit may request evacuation from the point of illness/injury. Requester will provide the patient's location (grid coordinates), means of marking site and stay on line to direct air ambulance to site.

(2) Radio calls for MEDEVAC have precedence over all other radio traffic. Once "Bullis Control" receives a call for aeromedical evacuation and a MEDEVAC has been approved, all units engaged in live firing will come to a cease-fire status until the MEDEVAC pickup is completed, and they have been returned to a HOT status by "Bullis Control." Simulated casualty reports over radio nets will not be made without special permission from "Bullis Control."

(3) Patients will require trans-loading to AirLife litters. Army standard litters are not compatible with an AirLife aircraft.

(4) Injuries to the C-Spine will be immobilized prior to transport.

c. General.

(1) Evacuation to the USAF Aid Station is a unit responsibility, unless movement of sick or injured personnel might cause further injury and unit medical personnel are not properly equipped. Non-emergency patient transport from or to Camp Bullis is a unit responsibility.

(2) Clinic personnel and "Bullis Control" will coordinate Emergency evacuation from the USAF Aid Station or field sites.

(3) In extreme emergencies, the senior unit medic at a field site or the OIC may request immediate air evacuation from a field site prior to the arrival of USAF medical teams. "Bullis Control" will make the call to the civilian air or ground ambulance service.

(4) Patients treated at the USAF Aid Station who are cleared for return to training must be picked up by their unit within one hour of notification.