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Excerpts from FORSCOM Reg 350-50-1(Medical)

Chapter 3 Operational Procedures

3-2. Training Unit

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k. Rotational units will ensure female soldiers are screened for pregnancy immediately prior to departing for the NTC. Any pregnant soldier, or a soldier taking insulin, coumadin or any anti-neoplastic medication will not deploy to the NTC. P3 profiles must be reviewed by the rotational Brigade Surgeon to ensure the soldier is able to perform their combat mission at the NTC.

G-4. Medical Services

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a. Units will use organic assets to provide routine medical care to personnel at the most forward deployed medical treatment site or area. Units will assign:

(1) One medical liaison from the 91W series career management field (CMF) to serve as liaison. This individual will be a staff sergeant or above with an understanding of medical terminology and patient administration procedures.

(2) One 91W10 must be provided to serve as the liaison assistant.

(3) The duties of the Liaison Team will include the tracking of all patient statuses, providing daily updates to the WACH Commander on admissions and discharges, and providing status of all medical treatment rendered on the NTC by rotational assets. The Liaison team will assist the unit's credentialed providers in routine medical care, to include but not limited to lab work, minor surgery procedures, IV administration, assisting patients with X-ray examinations, and reporting patient information to the NTC G3, the 52d ID TOC, Rotational Safety Officer, Provost Marshal LNO Team as needed.

(4) In the event of MASCAL Operations, the LNO team will fall directly under the command and control of the Patient Administration Department until operations are complete.

(5) The LNO team must be present from the arrival of the initial ADVON until the departure of the trail party.

(6) Commander, MEDDAC will provide the written SOPs for all activities and duties of the Liaison Team.

b. Weed Army Community Hospital will handle medical support for emergencies beyond the capabilities of the training unit. Units will coordinate with the Commander, Weed Army Community Hospital, 30-days before deployment.

c. The 247th Medical Detachment (RG) Company (Aeromedevac) provides MEDEVAC (Medical Evacuation) service at the NTC for the training unit. Use Range Control frequency 38.90 (FM) to call for MEDEVAC assistance. Units will brief all personnel on the proper procedures for requesting MEDEVAC.

d. Rotational units are responsible for providing their own medical treatment teams and ground evacuation capability at all railhead/airhead facilities and other outlying locations. In case of a life threatening injury or loss of limb injury, units will utilize the county 911 system to render emergency evacuation. All other soldiers will be ground evacuated to Weed Army Community Hospital by unit assets.

e. All PROFIS physicians (Battalion Surgeons) must arrive at the National Training Center no later than RSOI Day 1. They must attend mandatory briefings on RSOI Day 1 through RSOI Day 3 from Fort Irwin MEDDAC. Exceptions to this policy must be approved at least 14 days in advance with the NTC Surgeon.

f. Main Support Medical Company (-) or Area Support Medical Company (-) will provide support for DTOC augmentees, DSA, and EOC personnel, and soldiers evacuated from the ROTATIONAL BRIGADE whose condition do not require admission to MEDDAC, Fort Irwin but cannot return to training; support live fire administrative requirements; and act as the clinical liaison for the rotational brigade surgeon. The rotational unit will coordinate evacuation to home station, for soldiers whose condition does not require admission to MEDDAC, Fort Irwin but who cannot return to training. The MSMC(-)/ASMC(-) will consist of the following:

	# Required	Equipment
MS Officer (C2)	1	
MC Officer	1	
Physician Assistant	1	
Mental Health Officer	1	

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NCOIC (1SG/PSG)	1	
91G10/20	1	
91S20/30	1	
91S10	1	
76J20	1	
76J10	1	
91W30 (Liaison)	1	
91W10 (Liaison Asst)	1	
Treatment Squad		MES Sickcall
91W30 (Squad Leader)	1	MES Trauma
91W20	1	GP Small
91W10	4	
Evacuation Squad		MES Ground Ambulance
91W20 (Squad Leader)	1	(1 per ambulance)
91W10	4	2 x M997
Patient Holding Squad		MES Patient Hold
91W30 (Squad Leader)	1	GP Medium
91W10M6	2	Power Generation
91W10	2	Light Sets
		Heaters (Oct – Apr)
TOTAL:	28	

g. The two health care providers assigned to the MSMC(-)/ASMC(-) will remain in the DSA during the entire rotation. They must submit a transfer brief, per DOD memorandum, (DOD Inter-Facility Credentials Transfer and Privileging, dated 11 Jul 94) to the Fort Irwin MEDDAC (ATTN: Quality Assurance Office) no later than 30 days prior to deployment to the NTC. Fort Irwin MEDDAC will not allow any additional clinicians to use Fort Irwin MEDDAC facilities. The unit must provide a written SOP for Quality Assurance of the Physician Assistants work by the General Medical Officer IAW AR 40-48, p. 4, para. 3-4a no later than 30 days prior to deployment to the NTC.

h. The MSMC(-)/ASMC(-) must provide a patient transport vehicle (TMP vehicle) and driver to provide transportation of non-urgent, routine patients (that will not require medical care enroute) to outlying facilities as necessary.

i. The rotational brigade will provide sick call and emergency care as needed for reserve component TOFM units, which are assigned or attached to the rotational brigade.

j. The reserve component ASG or CSG must provide one evacuation team and one physician assistant at each Railhead/Airhead receiving location, where TOFM units are conducting missions, and one treatment squad for DSA base operations during any TOFM rotation.

k. Questions regarding medical services at the NTC will be directed to the Commander, MEDDAC; DSN 470-3108/3371.

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NOTE 8: The MSBs and CSBs operating in support of the rotation from a fixed DSA are limited to a commensurate amount of equipment to support a brigade-sized combat team (ROTATIONAL BRIGADE) for the rotation and itself based on the estimated mission requirements. Estimates should account for a fair slice that the MSB and CSB replicates the Corps transportation, Class IV/V, and Class VIII mission requirements. The FSBs supporting the ROTATIONAL BRIGADE is limited to a commensurate amount of equipment to support a two battalion ROTATIONAL BRIGADE based on estimated requirements. Additional FSB/MSB/CSB equipment is authorized based on units deploying above and beyond the standard rotation model, i.e., division cavalry sqdn, aviation units, light infantry battalion, forward support medevac team, etc. Any additional systems or units participating in the rotation will increase the O/C augmentation requirement and will require troop list exception approval.

H-9. Class VIII

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Units will deploy with 15-30 days of medical and dental supplies. Units will deploy with all authorized Medical Equipment Sets (MES) to include the U.S. Army Readiness (USARRED) Drug Set IAW FORSCOM Regulation 700-2. A one-time issue of expendable medical supplies will be issued to the training unit. Units must coordinate with NTC Installation Medical Supply Office (IMSO) 90 days prior to

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rotation. Note: "R" and "Q" items (controlled substances) will not be available. Only emergency supply requisitions that have been approved by a physician or physician's assistant will be processed by IMSO. Units must coordinate any additional support requirements 90 days in advance of deployment with the NTC Medical Activity (MEDDAC) and Dental Activity (DENTAC) commanders. Normally, only emergency supply requisitions will be approved.

3-13. Live Fire Augmentation Requirements

Units must provide augmentation for the Live Fire 3rd Brigade TOC, which includes a Fire Support Element, and Aviation Liaison. Additionally, training units must provide wheeled medical support above and beyond those accompanying player units. Specific requirements are outlined in **Appendix O**.

O-4. Medical Augmentation

a. Medical augmentees and equipment will be under the continuous control of an NTC Combat Trainer in the live fire area. He will control the medical teams deployment to a casualty site and employ it in "real-world" emergencies only. A wheeled evacuation vehicle and crew are necessary in the event aerial evacuation is not possible.

b. Personnel.

Medical Corps Officer (Physician/PA)	1 each
Medic Aidman	1 each
Ambulance Driver	1 each
Wheeled Ground Evacuation Vehicle	1 each

Augmentees should bring medical supplies adequate for immediate stabilization and traumatic injuries.

- D-60**
- Bulk and package Class III forecast to NTC MMC-Fort Irwin (para H-4).
 - Class IV forecast to NTC MMC-Fort Irwin (para H-5).
 - TMP vehicle request, as required (para H-11).
 - Unit sends DD Form 448 to DRM-Fort Irwin and required homestation DODAACs and APCs (para 3-4).
 - Unit sends fund cite to NTC MCC Fort Irwin for commercial buses (para 3-4).
 - Unit sends fund cite to NTC MMC-Transportation Fort Irwin for baggage (para 3-4).
 - Unit designates PAO point of contact (para G-16).
 - **Division Surgeon's Office forwards Credentialing Packet to NTC MEDDAC (para G-4).**
 - **Unit's DENTAC Commander request courtesy privileges to NTC DENTAC (para G-5).**
 - Unit submits request for deviations from NTC MMC MCC Fort Irwin, MCC SOP (para H-11).
 - Rotational Safety Officer coordinates with NTC Safety Office (para P-1).
 - NTC provides final vehicle availability list to unit (para 3-5).
 - Unit coordination with MCC (para H-11).
 - Fog oil request to NTC.
 - Unit notify NTC of unit distinguished visitors (para 3-10).
 - The TRADOC provides by-name list of O/C augmentees to NTC (para 2-2).
- D-30**
- The NTC provides draft orientation briefing schedule (OBS) to unit. Final OBS will be provided at D-8.
 - Augmentee O/Cs requiring train-up arrive at NTC (para 3-2).
 - Telephonic verification of TISA requirements for adjusted head count (para H-2).
 - Unit coordination follow-up with MCC to include over-size/overweight wheeled vehicles that may **require** permits (para H-11).
 - Unit confirms deployment/redeployment schedule with NTC MMC, MCC (para H-11).
 - Unit coordinates with DAO Fort Irwin for finance support (para G-15).
 - Unit coordinates with NTC Staff Weather Officer on concept of support (para D-1).
 - Unit PAO coordinates with NTC PAO (para G-16).
 - **Unit coordination with NTC MEDDAC (para G-4).**
 - **Unit coordination with NTC DENTAC (para G-5).**
 - Rotational unit signal officer coordination with 52d Div (Mech) CESO on radio retrans and relay sites.

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- DA Form 581s submitted to NTC, G3, Training Division (para H-6).
 - Unit provides NTC MMC with final grid for equipment draw.
 - NTC provide MIPR to rotational unit
- D-9** - Turnover of Rotational Unit Bivouac Area (RUBA) from the outgoing to incoming unit. The DSA (-) MSMC/ASMC must establish operations NLT COB with an established treatment site and patient holding site meeting the minimal requirements outlined in Appendix G, section 4.
- D-1** - Advance party begins arriving at NTC (not more than 50 personnel).
- Submit valid DA Form 1687s to ASP, NTC MMC Ammunition Management Div, MILES warehouse, ITT, etc.
- R+5**
- (Regeneration Day 5 - Friday)
 - Complete regeneration of equipment
 - Complete redeployment of main body.
 - Turnover rotational unit bivouac area to incoming unit.