

CHAPTER 10

Medical Company

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ORGANIZATION AND MISSION

The medical company provides division and unit level health service support, medical staff advice, and help to units in the DSA that are not otherwise supported. It also provides evacuation from the BSA and reinforces the FSB medical companies. The company consists of a headquarters, medical supply office, preventive medicine section, mental health section, optometry section, treatment platoon, and ambulance platoon. See Figure 10-1.

The company provides-

- Advice and help to the MSB commander and his staff on matters for conserving the fighting strength of members of the command; preventive, curative, and restorative care; and related services.
- Triage, initial resuscitation, stabilization and preparation for evacuation of sick and wounded, and treatment of patients generated in the DSA.
- Mobile facilities for receiving and sorting patients.
- Mobile facilities to treat patients in the division rear.
- Reinforcement and reconstitution of FSB medical evacuation assets.
- Evacuation from unit-level medical elements and other units in the division rear without organic ambulances and medical support.
- Emergency and preventive dentistry care and consultation services.
- Emergency psychiatric treatment and mental health consultation services. This includes battle fatigue treatment.
- Division-level medical resupply to division and nondivisional units on an area basis.
- Patient holding for up to 40 patients able to return to duty within 72 hours.
- Limited laboratory and radiology services for division-level treatment.
- Preventive medicine and environmental health surveillance, inspection, and consultation services for division units.
- Optometric support limited to eye examinations, spectacle frame assembly using presurfaced single-vision lenses, and repair services.

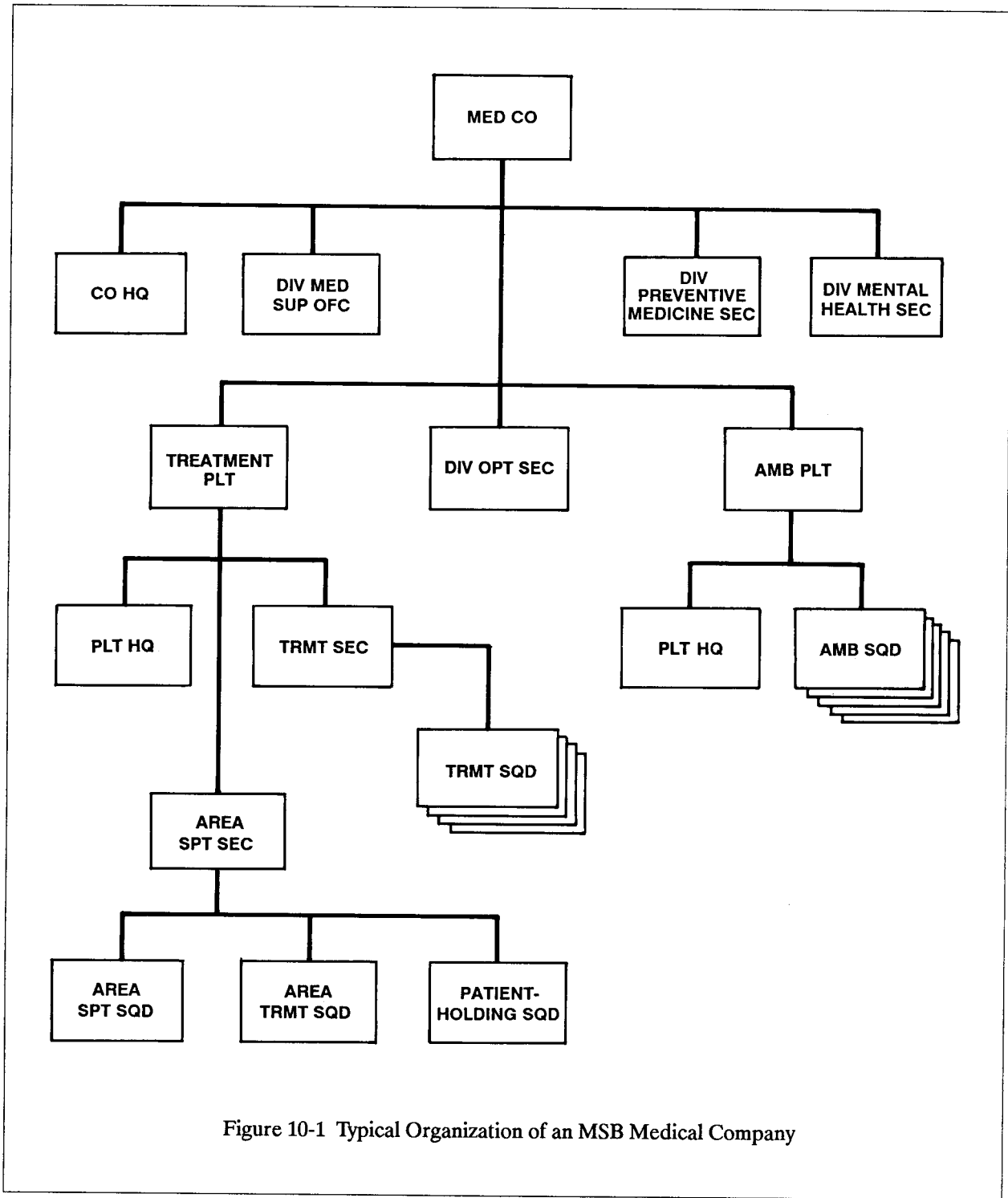


Figure 10-1 Typical Organization of an MSB Medical Company

MODULAR MEDICAL SUPPORT SYSTEM

The DMOC, along with the division surgeon, is the primary division-level HSS planning element. It develops and maintains the medical troop basis to ensure task organization for mission accomplishment.

HSS needs of the division and changes in the tactical situation require coordination between the DMOC and the MSB. The DMOC and MSB interact through command and medical channels. Communications through medical channels pertain to medical support operations, coordination, evacuation, resupply, and personnel and equipment status reports. The DMOC interfaces with the MSB S2/S3 for employment of MSB medical assets and status reports on the tactical situation. The DMOC also interfaces with the support operations section of the MSB for –

- HSS planning.
- Tasking of MSB medical elements.
- Backhaul of patients using nonmedical vehicles or aircraft.
- Corps medical assets attached to the division.

The modular medical system standardizes all medical treatment subunits in the division. For example, the MSB and FSB treatment squads are identical relative to the functional mission. The MSB may

send modules to the FSB if the FSB cannot handle the work load in the brigade sector. The modular system is oriented to patient acquisition, EMT, initial resuscitation, patient holding, returning soldiers to duty, and patient evacuation. The five modules are –

- Combat medic. Combat medics provide EMT, routine treatment for DNBI, and preventive medical service. Medics also instruct nonmedical soldiers on self-aid, buddy-aid, and combat lifesaver functions.
- Ambulance squad. This squad evacuates patients throughout the division area and provides care en route. It can split into two teams.
- Treatment squad. This module provides ATM to battlefield casualties. This squad can also split into two teams.
- Area support squad. This squad provides emergency dental care and basic medical laboratory and X-ray diagnostic support. When the squad is located with a treatment team and patient-holding squad, the three form an area support section. This section provides support on an area basis.
- Patient-holding squad. This squad can hold and provide minimal care for up to 40 patients.

METHOD OF OPERATIONS

PLANNING

The DMOC with the support operations sections of the MSB and FSBs and the medical company commanders plan medical operations in the division. MSB medical planners concentrate on support in the division rear, reinforcement of FSBs, and evacuation from the BSAs. The company XO is the main assistant to the commander on the tactical employment of the company assets. Employment of medical assets in the division depends on –

- The division commander's plan.
- The anticipated patient load.

- Expected areas of casualty density.
- Medical resources available.

Planning must be proactive rather than reactive. The planner must be able to plan for responsive support to each element supported, or rapidly change plans if needed. Within their limits, HSS personnel may have to defend themselves and the patients under their care. The MSB medical company must be able to defend against a Level I threat and to survive NBC strikes while continuing to

support the operation. HSS must be included in rear operations and area damage control planning.

Offense

MSB medical elements should be prepositioned according to the division HSS plan and expected needs. The DMOC and MSB must continue to coordinate HSS as various phases of the offense begin. When the tactical situation or unexpected events force changes to the HSS plan, the DMOC staff aggressively coordinate the changes with the MSB and other medical elements as quickly as possible.

Defense

Medical support during defensive operations is more difficult than in the offense. Casualty rates are lower, but enemy action and the initial direction of maneuver to the rear complicate forward acquisition. Increased casualties among medical personnel reduce capabilities. Medical personnel have less time to reach patients, complete emergency treatment, and remove them from the battle site. Insecure ground routes may permit evacuation only periodically. The MSB medical company may need to stay highly mobile to support areas of high casualty density as the battle develops. The DMOC must disseminate threat information on evacuation routes to the MSB and to all medical evacuation assets. Ambulance exchange points for ground and air ambulances may help to bypass threat forces or reduce evacuation time.

Retrograde

Medical support in retrograde movements may vary widely. It depends upon the operations, the enemy reaction, and the situation. Firm rules for all retrograde operations are difficult to set, but planners must consider certain factors:

- Time is extremely important in retrograde operations. With less time available, the DMOC and division surgeon must evaluate the capability to collect, treat, and evacuate all patients.
- The enemy may disrupt command, control, and communications. SOPs should delineate measures to counteract factors impeding evacuation. Evacuating patients directly from

the BAS to corps hospitals can enhance MSB mobility.

- Sorting of patients is critical. Planners must consider the type of transportation available for evacuation. Seriously wounded patients are evacuated as quickly and comfortably as possible. Proper sorting and rapid evacuation of patients lessens the need to set up complete medical clearing stations.
- When a patient's condition precludes movement or when the patient load exceeds the means to move them, the tactical commander must decide whether or not to leave patients behind. The surgeon must ensure that the tactical commander understands the need to reach a timely decision in this regard. Medical personnel and supplies must stay with patients left behind.
- Planners must identify locations for successive positions. Generally, movement is toward existing medical elements. Initial locations may be farther to the rear than in other types of operations. For continuity of support, medical personnel occupy and prepare the next rearward location before closing the forward facility.
- The rate of movement, the distance involved, and the tactical situation determine the frequency of displacement. MSB medical units must move before there is danger of involvement in the action of forces conducting the retrograde.

A rearward passage of lines requires detailed planning between surgeons of the units concerned. Planning must cover patient collection points, AXPs with corps assets, and class VIII resupply. Medical elements must remain mobile. This permits their rapid movement without the need to abandon patients. The medical planner can help maintain mobility by keeping the aid station free of patient accumulation. He also can keep the patient load low by coordinating evacuation with supporting medical elements and by anticipating increases in patient loads.

The medical plan for support of both divisions during the passage of lines stipulates that the passing division transports its own patients to the rear. It may transfer critically sick or injured patients to the

division in place to expedite treatment. This technique preserves the mobility of medical assets in the division assuming the covering force or defensive role.

MEDICAL TREATMENT LEVEL

Four levels of HSS have a direct impact on patients as they are treated or evacuated from the FLOT to the CONUS base. The MSB medical company has responsibilities at the second level. At this level, medical personnel render care at the clearing station. Here personnel examine the casualty. They evaluate his wounds and general status to determine whether to evacuate him or treat and return him to duty. Personnel continue emergency care, including beginning resuscitation, and begin additional emergency measures, if necessary. However, they do not go beyond the measures dictated by the immediate need.

CLEARING STATION OPERATIONS

The medical company treatment platoon operates the division clearing station in the DSA. The preventive medicine section, mental health section, and other elements may also operate at the clearing station. During static situations, ambulances may circulate within the DSA and provide routine sick call, EMT, evacuation, and area medical support. Figure 10-2 shows a sample clearing station layout in a field environment.

Clearing station personnel treat seriously ill or wounded patients arriving at the station and stabilize them for movement. Other functions include -

- Providing consultation, clinical laboratory, and X-ray diagnostics for unit physicians and physician assistants.
- Recording all patients seen or treated.
- Monitoring casualties when necessary for radiological contamination before medical treatment. Details are in FM 8-9 and TM 8-215.
- Ensuring chemical casualties are properly handled. Medical personnel can supervise the decontamination of patients. However, supported units must augment medical personnel to decontaminate and treat patients.

Ensuring personnel implement preventive medicine measures to protect against food, water, and vector-borne diseases and environmental injuries.

NIGHT OPERATIONS

Light discipline requirements affect medical operations. Extensive treatment operations require lightproof shelters. At night, patient acquisition is more difficult. Units may use a casualty-marking system such as luminous tape or filtered flashlights.

Limited visibility also slows evacuation. Units may require additional ground ambulances to compensate. In the offense, ambulances move forward with battalion aid stations. However, ambulances must move carefully to avoid signaling the enemy. Units should use predesignated AXPs and patient-collecting points. Air evacuation is difficult. It requires precise grid coordinates and prearranged signals and frequencies.

EVACUATION

The ambulance platoon of the MSB medical company provides evacuation. This platoon and corps air and ground ambulance assets in the DSA normally provide evacuation from the FSMC. The ambulance platoon does not have enough assets to move the anticipated number of patients from the FSMCs. It will normally require augmentation from the corps ground ambulance company. The medical evacuation battalion provides evacuation from the MSB medical company to the corps-level hospitals.

A point where patients are exchanged from one ambulance to another is an ambulance exchange point. Planners normally designate these points as a part of the medical support plan. Tracked and wheeled vehicles carry patients from the BAS to an AXP where the MSB wheeled ambulance take over for the trip to the rear. Use of AXPs returns evacuation assets to their supporting positions faster because the crews are familiar with the road net and the supported units tactical situation.

MASS CASUALTY SITUATIONS

Medical planners and leaders must anticipate and manage mass casualty situations. These situations

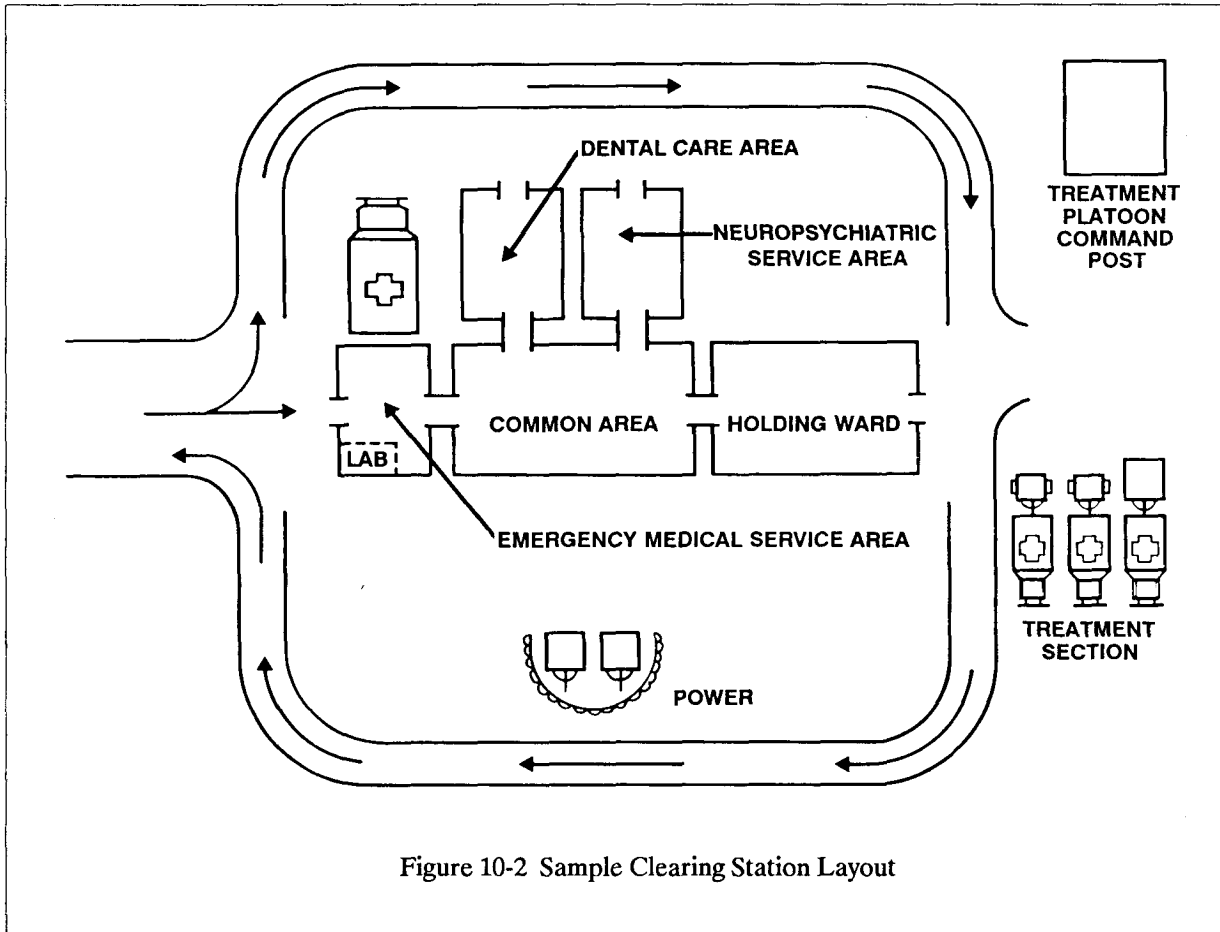


Figure 10-2 Sample Clearing Station Layout

will severely tax division and corps medical systems. When possible, the division will shift its resources to meet these needs. The corps medical brigade/group may have to provide additional resources.

The keys to managing these situations are the use of on-site triage and EMT teams, effective communications, and skillful use of air and ground ambulances. Rapid buildup of evacuation assets at the mass casualty location eases the situation. Also, planning for prompt movement of patients to all available treatment facilities helps. This movement dissipates the medical work load by distributing casualties on the basis the patient's condition and the treatment facility capabilities.

Planners must develop contingency plans for mass casualty situations before the battle-begins. These plans should include at least the following:

- Identifying nonmedical vehicles for evacuation.
- Providing en route medical care on nonmedical vehicles.
- Identifying required communications nets and procedures.
- Identifying procedures for medical equipment exchanges.
- Identifying the sites of medical facilities.

CLASS VIII SUPPLY

Medical logistics systems provide medical supplies, equipment, and repair parts. The DMSO

manages class VIII items. This function includes the management of medical maintenance and repair services for the division.

Division units stock two days of medical supplies. The DMSO maintains five days of supplies. During the initial deployment phase each FSMC will receive a preconfigured push-package of medical supplies every 48 hours. This continues until the corps MEDSOM battalion establishes the supply system. The FSMCs also operate class VIII points for units in brigade sectors.

During deployment, lodgment, and early buildup phases, medical units operate from planned prescribed loads and prepositioned war reserve stockpiles for the applicable LOGPLANS. The LOGPLANS may also define preconfigured medical supply packages tailored to meet the mission. These packages will normally be sent directly to the division until the MEDSOM battalion sets up line item requisitioning. While preconfigured packages were intended for use during the initial phase, operational needs may dictate continued use in exceptional cases. Division planners must coordinate such support with the MEDSOM battalion.

The DMSO issues from stock on hand or sends the requisition to the MEDSOM battalion. The DMSO coordinates shipment of materiel from the DSA to the forward area with the MCO. Returning

medical evacuation assets may also carry supplies forward.

Trauma and sick call sets make up most of the sets in the division. The commonality of these sets allows the supply system to satisfy the division's major medical resupply need through a simple resupply process. Corps medical logistics units prepackage supplies to reconstitute the sets. Each set has three to five days of supplies for the heavy division. The bulk of the DMSO's stocks will consist of these sets. (These sets are a new development. The list of contents is not yet available.)

The division's mission, its location, and guidance from the division surgeon and the medical materiel manager of the MOC determine the number of days of supply and additional items for the DMSO to maintain. The medical materiel manager is the class VIII manager for the division.

MEDICAL MAINTENANCE AND OPTICAL SUPPORT

The biomedical equipment specialist provides medical maintenance. The corps MEDSOM battalion provides higher lever support.

The medical company provides single-vision lens optical fabrication support. The corps MEDSOM provides multivision lens fabrication support.

PLATOON/SECTION FUNCTIONS

COMPANY HEADQUARTERS

The headquarters provides command and control for the company and attached medical units. It provides unit-level administration, general and medical supply, unit-level biomedical maintenance, and NBC operations and communications support. FM 10-14 discusses unit supply operations. FM 43-5 covers unit maintenance, and FM 10-63-1 addresses unit GRREG functions. Chapters 3 and 4 cover C3 considerations for the headquarters.

DIVISION MEDICAL SUPPLY OFFICE

This office provides class VIII supply and unit maintenance on biomedical equipment for the division. The functions of the DMSO include-

- Development and maintenance of prescribed loads of contingency medical supplies.
- Management of the medical quality control program.
- Supervision of unit biomedical maintenance.

This office also monitors the division medical assemblage management program. It directly

coordinates LOGPLAN needs for preconfigured class VIII packages.

AMBULANCE PLATOON

The ambulance platoon headquarters provides command and control of the ambulance squads. It also provides communications for the platoon to direct ground evacuation of patients from units receiving area support to the clearing station. Four ambulance squads provide ground evacuation. The platoon headquarters normally colocalizes with the treatment platoon headquarters for mutual support and area support taskings. The platoon is mobile in its operations; all of its assets are totally deployed at one time. The platoon normally places one ambulance team in direct support of each forward support company. Two teams normally support units in the division rear. The remaining three teams are for task force operations, reinforcing support, or ambulance shuttle. Each ambulance carries an MES configured for en route care.

In mid-and high-intensity scenarios, corps ground ambulances evacuate patients from medical companies in the BSA to the DSA and beyond. The main role of MSB ambulances is to provide area support of units in the DSA and to reinforce FSMCs.

TREATMENT PLATOON

The treatment platoon operates the division clearing station. It receives, triages, treats, and determines disposition of patients. This platoon also provides professional services in the areas of minor surgery, internal medicine, general medicine, and general dentistry. In addition, it provides basic diagnostic laboratory, radiological, and patient-holding services. The treatment platoon has a headquarters, an area support section, and a treatment section.

The headquarters provides command and control of the treatment platoon as well as unit administration and logistics. It also provides the communications to move treatment squads within the AO and to coordinate further patient evacuation.

Treatment Section

This section consists of two treatment squads. These squads perform routine medical care, triage,

and ATM. They are expansion elements of the division clearing station.

The treatment squads are identical to those of the FSMC and the maneuver battalion's medical platoon. These squads may reinforce or reconstitute other division medical elements. They may also assist in direct damage control and mass casualty operations. Each squad can split and operate as two treatment teams for short periods.

Each squad employs two treatment vehicles. Each vehicle has a trauma MES and a sick call MES. When not reinforcing other elements, these squads normally locate with the clearing station and operate with the area support section. In support of rear operations or other special operations, one squad may serve as a DS element. These squads may be split into separate teams and used to reinforce FSMCs. For communications, each team uses one FM radio in its vehicle.

Area Support Section

The area support section forms the division clearing station. It has an area treatment squad, an area support squad, and a patient-holding squad. These three elements operate as a single treatment unit. They provide both unit and division level support for units in the division rear. They serve as the primary MTF for patients who overflow BSA clearing stations. Elements of this section do not reinforce or reconstitute forward medical units.

Area Support Squad. This squad provides emergency dental services and limited laboratory and radiological services.

Area Treatment Squad. This squad is the base medical treatment element of the division clearing station. It provides troop clinic-type services and ATM for division and nondivisional personnel. In coordination with the DMSO, it may also provide limited emergency medical resupply of medical units in the division rear. For communications, the squad has an FM tactical radio. It operates the company/treatment platoon net control station and monitors the MSB command net.

Patient-Holding Squad. This squad operates the holding ward facility of the division clearing station.

It has a 40-patient capability. Its main function is to provide nursing care for patients awaiting evacuation and those admitted for minor injuries or illnesses who are expected to return to duty within 72 hours. This includes battle fatigue and neuropsychiatric patients. This facility is under the direct supervision of a medical corps officer.

DIVISION PREVENTIVE MEDICINE SECTION

This section ensures personnel implement preventive medicine measures to protect against food-, water-, and vector-borne diseases and environmental injuries (such as heat and cold injuries). Specifically, the section –

- Performs environmental health surveys and inspections.
- Monitors water production and distribution within the division area.
- Monitors the immunization program.
- Monitors disease and injury incidence to recognize disease trends early and recommend preemptive disease suppression measures.
- Conducts surveillance of division units to ensure implementation of preventive medicine measures at all levels and to identify health threats. It recommends corrective action as required.
- Monitors division level resupply of disease prevention supplies and equipment. These include water disinfectants, pest repellents and pesticides.
- Deploy PVNTMED teams in support of specific units or operations as required. Teams may operate with FMSCs in BSAs.
- Investigates incidents of food-borne, water-borne, insect-borne, zoonotic, and other communicable diseases.
- Helps train unit field sanitation teams.

DIVISION OPTOMETRY SECTION

This section provides limited optometry services. These include routine eye examination and refraction; spectacle frame assembly utilizing presurfaced single-vision lenses; and spectacle repair services.

This section normally performs work referred from unit and division level MTFs.

DIVISION MENTAL HEALTH SECTION

This section is responsible to help the command control combat stress. It uses sound prevention programs, maximizing the return to duty rate with far forward care of battle fatigue casualties. Under the direction of the division psychiatrist, it provides division-wide mental health services. The DMHS is colocated with the division clearing station in the DSA. This section, acting for the division surgeon, has staff responsibility to set policy and guidance for the prevention, diagnosis, management, and return to duty of battle fatigue casualties. It has technical responsibility for the diagnosis, treatment and disposition of NP cases, and for the psychological aspect of the surety program.

The division psychiatrist advises the division surgeon on mental health issues and the morale of troops. He keeps abreast of the tactical situation and plans for BF/NP. He assists in patient triage and ensures personnel handle BF/NP patients properly. Elements of the section may operate with the FSMCs. Severe cases beyond the ability of the FSB clearing station to manage are evacuated to the DSA as conditions permit. Physical restraints are used during transport when necessary. All battle fatigue casualties are RTD candidates. Those not responding to treatment are evacuated to the corps.

Other responsibilities of the section are –

- Provide education programs and individual case consultation to unit leaders and medical personnel. Education covers prevention, early recognition and intervention at the unit level for battle fatigue, substance abuse, suicidal risk, and neuropsychiatric and personality disorders.
- Provide unit preventive psychiatry (combat mental fitness) plans and SOPs.
- Maintain contact with supported units and provide staff planning to predict battle fatigue casualties.