HISTORY. This supersedes Fort Hood Regulation 40-20, dated 1 May 1993.

SUMMARY. This regulation establishes policies and procedures for the emergency aeromedical evacuation (MEDEVAC) of the seriously ill or injured, and for use of US Army MEDEVAC aircraft.

APPLICABILITY. This regulation applies to all activities and units requiring MEDEVAC assets on Fort Hood.

CHANGES. Changes to this regulation are not official unless they are authenticated by the Directorate of Information Management (DOIM).

SUPPLEMENTATION. Supplementation of this regulation is prohibited without prior approval from the III Corps Surgeon, AFZF-MD, Fort Hood, Texas 76544-5000.

SUGGESTED IMPROVEMENTS. The proponent of this regulation is the III Corps Surgeon. Users are invited to send comments and suggested improvements to the Commander, III Corps and Fort Hood, ATTN: AFZF-MD, Fort Hood, Texas 76544-5000.

OVERVIEW

Purpose
To establish policies and procedures for the

- emergency MEDEVAC of the seriously ill or injured, and
- use of US Army MEDEVAC aircraft.

References

PUBLICATIONS

- AR 500-4 Emergency Employment of Army and Other Resources Military Assistance to Safety and Traffic (MAST)
- FH Reg 95-1 Local Flying Rules

FORMS

- DD Form 1380 US Field Medical Card
- FH Form 1331 Range Control LIFESAVER Procedures
- FH Handout 95-X1 Frequencies and Lifesaver Guide
Mission capabilities include:

- providing helicopter ambulances to evacuate critically ill or injured patients, or other patients deemed appropriate under the guidelines of this regulation.

- providing emergency movement of medical personnel and equipment, or supplies, to meet critical requirements.

To ensure mission responsiveness, Army aeromedical assets at Fort Hood are assigned to, and are under the operational control of, the Commander, 1st Medical Group.

Technical assistance and medical quality improvement surveillance is the responsibility of the Director, Health Services, Fort Hood (who is also the Commander, Darnall Army Community Hospital [DACH]).

Priorities of use for aeromedical assets are:

- Priority One: Operation LIFESAVER.
- Priority Two: Inter-hospital transfers involving, or coordinated by, DACH.
- Priority Three: Military Assistance to Safety and Traffic (MAST).

LIFESAVER/DUSTOFF aircraft will be available for

- combined arms training.
- participation in health service support training.

The decision to accept training missions will be based on

- available flying hours which can be used for training.
- aircraft and crew availability.
- weather forecasts.
- unit mission requirements.

Operation LIFESAVER is defined as any request for MEDEVAC routed through Range Control.

- MEDEVAC of Fort Hood personnel (civilian or military) from within the boundaries of Fort Hood to DACH.
Operation LIFESAVER (continued)

- MEDEVAC of military personnel engaged in field exercises beyond the Fort Hood reservation boundaries.

The decision to request MEDEVAC in the context of operation LIFESAVER is made by

- the senior medical representative at the scene, or
- in the absence of a medical representative, the senior military person present.

LIFESAVER support missions are classified as

- URGENT
  - emergency cases that should be evacuated as soon as possible; within a maximum of 2 hours in order to save life, limb, or eyesight, to prevent complications of serious illness, or to avoid permanent disability.

- PRIORITY
  - sick or injured personnel requiring prompt medical care. This precedence is used when the patient should be evacuated within 4 hours, to prevent their medical condition from deteriorating to such a degree that they will become an URGENT precedence, or whose requirements for special treatment are not available locally, or who will suffer unnecessary pain or disability.

- ROUTINE
  - sick or injured personnel requiring evacuation but whose condition is not expected to deteriorate significantly. Personnel in this category should be evacuated within 24 hours.

Operation DUSTOFF is

- a term normally associated with Army MEDEVAC.
- used to refer to missions and aircraft.

On Fort Hood, Operations LIFESAVER and DUSTOFF are synonymous.

RESPONSIBILITIES

Commander 1st Medical Group

The 1st Medical Group Commander exercises command and operational control for LIFESAVER/DUSTOFF missions at Fort Hood.

507th Medical Company

The 507th Medical Company

- conducts MEDEVAC missions under the command and control of the 1st Medical Group.

(continued on next page)
507th Medical Company (continued)

- notifies the Director of Health Services through normal command channels when coverage cannot be provided, or a requested mission cannot be accomplished due to inclement weather, or aircraft maintenance problems.
- notifies the Corps Operations Center through normal command channels for Command Group approval prior to commitment of aeromedical assets which results in loss of installation coverage.

Director of Health Services, DACH

Director of Health Services, DACH, ensures that

- appropriate medical personnel are familiar with hospital procedures in the regulation.
- an ambulance staffed by qualified medical personnel meets any aircraft landing at the DACH helipad on patient transfer missions.

Company Commander

The company commander utilizes the standard nine-line MEDEVAC request in accordance with FM 8-10-6.

OPERATION LIFESAVER/DUSTOFF

Use of Aircraft

LIFESAVER aircraft can normally be at any designated site on the Fort Hood reservation within 10 minutes of notification.

Other non-designated aircraft will only be used to evacuate patients when a short delay will result in the loss of life, limb, or eyesight.

Requesting LIFESAVER/DUSTOFF Support

Individuals requesting a MEDEVAC establishes communication with the LIFESAVER/DUSTOFF station as follows

- Telephone (dial system).
- Primary: 288-9126 - DUSTOFF Alert Room.
- MAST Line: 288-9028/9126.
- Radio Frequencies for LIFESAVER.
- Range Control.
  - Primary: 30.45.
  - Alternate: 38.30.

Evacuation Request

When communications are established, report the following

- LIFESAVER mission is requested.
- location of patient.
- Six-digit grid coordinates, or prominent nearby terrain features.

(continued on next page)
Evacuation Request (continued)

- identification of requesting unit.
- a brief statement of patient's condition/classification (urgent, priority, routine) including
  - nature of injury, and
  - special equipment needed (e.g., rescue hoist, litter basket, back board, splint, etc.).

The LIFESAVER/DUSTOFF station will reestablish contact with the requester when the aircraft is underway to the scene to obtain

- the relationship of the landing site to the nearest prominent terrain feature or structure.
- the method of marking the landing zone.
- significant obstacles which could affect landing or takeoff safety.
- any other essential information.

Requester Actions

After requesting the LIFESAVER mission, maintain contact with Range Control and stand-by for radio contact from the aircraft when it arrives in the pickup area.

Whenever possible, complete an emergency medical card (DD Form 1380).

Wait for instructions and assistance from the pilot or flight medic before attempting to bring the patient to the aircraft.

Select a suitable landing area.

The following criteria apply

- Daylight landings
  - should be in an open area, with a minimum diameter of 100 feet.
  - no field wires, telephone wires, or other obstructions should be found inside the landing site which could present an aircraft safety hazard.
  - attempt at least two approaches to the area from opposite directions, clear of obstructions.
  - the approach and landing should be made into the wind whenever possible.
  - the landing site should be marked with secured signal panels, if available.
  - upon arrival of the aircraft and identification of the landing site (indicated by the aircraft turning on landing lights), remove the panels.
  - In the absence of panels, other suitable marking material easily seen from the air, such as smoke grenades or fireposts, should be strategically placed to prevent smoke from obstructing the vision within the landing site.

- Night landings

**NOTE:** Night aircraft operations in unfamiliar areas present more hazards than the same areas during daylight hours; therefore, extreme care should be exercised when selecting a landing site.

(continued on next page)
Requester Actions (continued)

- should be in an area at least 150 feet in diameter, as level as possible.
- no field wire, telephone wire, or other obstructions should be found inside the landing site.
- the area should be marked by a recognizable expedient, such as three vehicles parked in a cleared circle, approximately 150 feet in diameter, at approximately equal intervals around the circle, with headlights converged on the center, illuminating the desired landing point.
- lights should be turned off when aircraft is near the landing.
- when no other means of illumination is available, use several flashlights equally spaced around the landing area, directed so that the light shines toward the center of the area.

Pilot in Command (PIC)

The PIC is final approving authority for flights.

INTER-HOSPITAL TRANSFER PROCEDURES

Inter-Hospital Transfer

Inter-hospital transfers may be requested in support of either DACH or the MAST program (the responsibilities are the same under either program).

The attending physician

- will consult with the on-call flight surgeon (beeper # 288-4511, or cellular phone # 289-2523), who will advise them on the aeromedical risk factors involving the mission.
- confirms patient receiving and admission arrangements with the hospital.
- certifies that ground evacuation, and the level of care during ground evacuation is inadequate to transport the patient.
- requests MEDEVAC, if warranted by the patient's condition.
- may designate an additional specialty-trained medical attendant to accompany the patient on the flight to augment the medical attendant in the full air crew, if appropriate.

MILITARY ASSISTANCE TO SAFETY AND TRAFFIC (MAST)

Missions

MAST missions are governed by AR 500-4 (Emergency Employment of Army and Other Resources Military Assistance to Safety and Traffic [MAST]).

Installation Commander

The Installation Commander is responsible for implementation and operation of the MAST program.

In accordance with AR 500-4, the Commander, 507th Medical Company (AA), is the designated executive agent and will comply with the requirements, policies, and procedures of that regulation.
Installation The Director, Health Services, will conduct semiannual audits as required by AR 500-4.

Commander (continued) 5b

Procedures Detailed procedures for the use of MAST services are outlined in the MAST Operation Plan, filed in the alert room of the 507th Medical Company (AA).

Requests for MAST missions are normally received telephonically in the alert room (288-9028).

Initial information will be taken and a conference call, if needed, established among the

- PIC,
- flight medic,
- flight surgeon on call, and
- the requesting facility.

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THE PROPOSENT FOR THIS REGULATION IS THE CORPS SURGEON

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