

# Combat Maneuver Training Center Medical Evacuation Standard Operating Procedures

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**Summary.** This is the revised Standard Operating Procedures for the Medical Evacuation (MEDEVAC) process at the Combat Maneuver Training Center. (CMTC) at the Hohenfels Training Area and the supporting Maneuver Coordination Areas (MCA) / Local Training Areas (LTA). This SOP outlines the MEDEVAC process, defines subordinate unit responsibilities, and reporting procedures for both ground and air Medical Evacuation

**Applicability.** This Standard Operating Procedures (SOP) applies to all USAREUR units and agencies taking part in CMTC exercises. This SOP supersedes appendix E-2 (Medical Evacuation Procedures) and Appendix F-4 (Health Clinic Medical Procedure Packet) to the CMTC External SOP dated 01 September, 2000.

**Proponent.** The proponent of this SOP is the S3 Operations (DTC), CMTC, 466-2330. Users may send suggestions to improve this SOP to [CMTCDOOC@cmtc.7atc.army.mil](mailto:CMTCDOOC@cmtc.7atc.army.mil)



REPLY TO  
ATTENTION OF:

**DEPARTMENT OF THE ARMY**  
OPERATIONS GROUP, COMBAT MANEUVER TRAINING CENTER  
Unit 28216  
APO Unit AE 09173

AETHH-OG-SE-OPS

14 March, 2002

**MEMORANDUM FOR RECORD**

**SUBJECT: CMTC Medical Evacuation (MEDEVAC) Standard Operating Procedures (SOP)**

1. **PURPOSE:** To outline and clarify the Medical Evacuation Standards for the Combat Maneuver Training Center.
2. **APPLICABILITY:** This Standard Operating Procedures (SOP) applies to all USAREUR units and agencies taking part in CMTC exercises.
3. **REVIEW:** This SOP will be reviewed annually and supersedes all previous SOPs.

  
STEPHEN HÉBERT  
LTC, IN  
S3

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1. **PURPOSE:** To outline and clarify the Medical Evacuation Standards for the Combat Maneuver Training Center. It serves as reference for both TDA and training units.
2. **GENERAL:** The DTOC is the controlling agency with regards to the Medical Evacuation process at CMTC. Hohenfels Base Operations is the back up agency in the event that the DTOC is closed or unable to respond.
3. **CAPABILITIES :** The most critical time for a serious injury is the first hour following the injury and everything possible must be done to evacuate the patient within this hour. The CMTC has an AIR MEDEVAC crew on call for all training rotations. The German Red Cross also provides the CMTC with emergency and life saving transportation by both ground and air. (Priority of use goes to US Aircraft prior to German Aircraft)

**EVACUATION SHOULD BE DIRECTLY TO LOCAL NATIONAL HOSPITAL DUE TO LIMITED CAPABILITIES OF HOHENFELS HEALTH CLINIC.**

4. **COMMUNICATION:** The DTOC is primary point of contact to process MEDEVAC requests. Hohenfels Base Operations will act as a back-up when DTOC is closed during non-rotational periods.

a. **PRIMARY MEDEVAC:** FM 30.750 single channel/plan text (Monitored by DTOC, Hohenfels Base Operations, Hohenfels Health Clinic, BSB Staff Duty, 1-4 INF BAS, and MEDEVAC Crew)

b. **ALTERNATE NET:** FM 58.000 single channel/plan text (Monitored by DTOC, Hohenfels Base Operations, Hohenfels Health Clinic, BSB Staff Duty, and MEDEVAC Crew)

c. **CONTINGENCY NET:** FM 40.200 single channel/plan text (Monitored by Hohenfels Air Control Tower, Hohenfels Base Operations MEDEVAC Crew)

d. **EMERGENCY NET:** FM 79.000 single channel/plan text (Monitored by 1-4 INF BAS and 1-4 INF Medics. Monitored by Hohenfels Base Operations during non-rotational periods)

e. <b>LANDLINE :</b>	<b>PRIMARY</b>	DTOC: 466-2330 / 2344,
	<b>ALTERNATE</b>	Hohenfels Base Operations: 466-2814 / 2614 / 2514
	<b>CONTINGENCY</b>	Hohenfels Health Clinic: 466-1750
	<b>EMERGENCY</b>	1-4 INF BSA: 466-2362

f. The **RED MEDEVAC LINE** is the primary communication means between DTOC, Base Operations, Health Clinic, and MEDEVAC Crew for all MEDEVAC coordination, air and ground, from CMTC.

5. **MEDICAL EVACUATION PRECEDENCE:** The decision to evacuate, and whether to evacuate by ground or air, is made by the senior medical person on site. If no medical person is present, the Observe/Controller (O/C) or the senior ranking person will make the determination and if in doubt request air medical evacuation. **IF THERE IS ANY DOUBT TO A PATIENT’S STATUS, AIR EVACUATION IS MODE OF PATIENT EVACUATION.**

a. **URGENT:** Real emergency cases that require evacuation in order to save life, limb, or eyesight.

b. **PRIORITY:** Sick or injured person who requires evacuation within a maximum of four (4) hours or the medical condition could deteriorate to such a degree that a patient would become an urgent procedure.

c. **ROUTINE:** Sick or injured persons requiring evacuation within 24 hours, but whose condition is not expected to deteriorate significantly.

d. All **URGENT / PRIORITY** patients should be evacuated by **AIR** if possible.

6. **AIR EVACUATION PROCEDURES:**

a. Notify DTOC with a Nine Line Medical Evacuation Request over the MEDEVAC Frequency (FM 30.750 single channel/plan text). (See Annex A: Nine Line Medical Evacuation Request)

b. Requesting unit will remain on FM 30.750 to maintain communication with DTOC and the MEDEVAC aircraft.

c. The DTOC will activate the RED MEDEVAC LINE to pass Nine Line to the MEDEVAC Crew and have Base Operations coordinate for a receiving Hospital (See Annex B: RED MEDEVAC LINE Procedures)

d. The unit requesting the MEDEVAC is responsible for selecting and properly marking the LZ. Selection must take into account the size of the open area, power or other lines and height of trees within 100 meters of LZ, use of NBC (CS gas) in the area, slope of the ground and other ground hazards (stumps, boulders, etc.). If the Air Crew determines the LZ inadequate, unit will take directions from Aircraft.

e. If ground personnel have visual contact with the helicopter and the pilot has not stated he has the LZ in sight, ground personnel will direct the helicopter using the clock system. Nose of the aircraft is 12 o'clock, the right side is 3 o'clock, the tail is 6 o'clock, and the left side is 9 o'clock.

f. The patients' weapons, sensitive items, CTA 50, and CL V will be secured by the unit and not transported with the MEDEVAC aircraft.

g. A patient escort is not required due to limited space on the aircraft.

h. If the Air MEDEVAC is not available, DTOC will direct requesting unit to transport the patient to the nearest BRK Ambulance Exchange Point (See Annex C: BRK AXPs) for assistance from the German Red Cross Ambulance service. An O/C will escort the ground evacuation when present.

#### 7. GROUND EVACUATION PROCEDURES (non-routine):

a. Notify DTOC over the MEDEVAC Frequency (FM 30.750 single channel/plan text) requesting a ground evacuation. Provide DTOC with lines 1 through 6 of the Nine Line Medical Evacuation Request. (See Annex A: Nine Line Medical Evacuation Request)

b. The DTOC will activate the RED MEDEVAC LINE to have Base Operations coordinate for a receiving Hospital and BRK ground Ambulance link-up (See Annex B: RED MEDEVAC LINE Procedures)

c. The DTOC will direct requesting unit to transport the patient to the nearest BRK Ambulance Exchange Point (See Annex C: BRK AXPs) for assistance from the German Red Cross Ambulance service.

d. All vehicles evacuating patients will monitor the MEDEVAC Frequency and keep the DTOC informed of any changes in status.

e. The patients' weapons, sensitive items, CTA 50, and CL V will be secured by the unit and not transported with the MEDEVAC vehicle.

#### f. TRACKED AMBULANCES:

1) Proceed to the designated BRK Ambulance Exchange Point (See Annex C: BRK AXPs).

**OR**

2) Request on the MEDEVAC Frequency, through the DTOC, a wheeled ambulance link-up at the nearest CMTC Ambulance Exchange Point (See Annex D: CMTC AXPs)

3) The closest available Wheeled Ambulance (BLUFOR or 1-4 INF) will come up on the net, respond and move to the link-up then proceed to the designated BRK Ambulance Exchange Point.

## 8. ROUTINE EVACUATION PROCEDURES:

a. If the illness or injury categorizes the patient as ROUTINE the unit should transport the patient using organic Wheeled or Tracked Ambulances through their normal Medical Treatment Facilities (MTF).

b. Patients who require treatment beyond the capabilities of the unit's MTF may be referred to the Hohenfels Health Clinic. No routine patients will be referred to the Hohenfels Clinic without being first evaluated by the field medical facility.

c. If it is determined that further evacuation from the Hohenfels Health Clinic to a local Hospital is required, the Hohenfels Medical Officer of the Day (MOD) will coordinate for a BRK transfer. The Hohenfels Health Clinic will notify the DTOC of the transfer off of CMTC.

**d. Based on the unit MTF Senior Medical Personnel's judgment, the patient may be transferred directly from the field location to a local Hospital to expedite the evacuation and bypass the Hohenfels Health Clinic.**

1) The unit can coordinate *through* the Hohenfels Health Clinic for a BRK transfer. The Hohenfels Health Clinic will then notify the DTOC of the transfer off of CMTC.

**OR**

2) The unit can coordinate *directly* for a BRK transfer and then notify the DTOC. The DTOC will notify the Health Clinic of the transfer off of CMTC.

3) In either case, the DTOC must be notified of training units intent to transfer a patient off of CMTC.

## 9. UNIT RESPONSIBILITIES (To include 1-4 INF)

a. Ensure personnel are familiar with a 9 Line Medical Evacuation Request, the procedures using the MEDEVAC Frequency (FM 30.750 single channel/plan text), and the requirement for a UH-60 Landing Zone.

b. Ensure organic and supporting medical personnel are familiar with Hohenfels Training Area Ambulance Exchange Points (See Annex C: BRK AXP's and Annex D: CMTC AXP's) and the AMBERG LTC pre-designated Landing Zone (QV14797685 – Improved Helipad vic Hawk site)

c. Provide detailed follow up information to DTOC on ALL evacuated personnel, to include soldiers later returned to duty or home station.

## 10. DTOC RESPONSIBILITIES

a. Central point of contact for all MEDEVACs, air and ground, from the CMTC during rotational periods.

b. Monitor the Primary MEDEVAC Frequency (FM 30.750 single channel/plan text) and the Alternate Frequency (FM 58.000 single channel/plan text).

c. Respond to all calls on the RED MEDEVAC LINE IAW Annex B.

d. Keep a Time Log IAW Appendix A: CMTC MEDEVAC Checklist to Annex B.

e. Publish CIR IAW DTOC SOP

f. Keep all **RED MEDEVAC LINE** members informed of all MEDEVACs, air and ground, from the CMTC.

g. Provide an in-brief to the senior member of the incoming MEDEVAC aircrew. Crew will report to Building 100 on the day of assumption of their duties during a rotation (normally every Thursday). The purpose of the in-brief is to discuss training activities schedule and review MEDEVAC procedures.

## 11. HOHENFELS HEALTH CLINIC RESPONSIBILITIES:

- a. Respond to all calls on the RED MEDEVAC LINE IAW Annex B.
- b. Monitor the Primary MEDEVAC Frequency (FM 30.750 single channel/plan text) and the Alternate Frequency (FM 58.000 single channel/plan text).
- c. Notify Patient Liaison of all soldiers transferred to local hospitals.
- d. Keep all **RED MEDEVAC LINE** members informed of all MEDEVACs, air and ground, from the CMTC.

## 12. CMTC BASE OPS RESPONSIBILITIES:

- a. Primary coordinator for BRK air/ground assets and local German Hospital determination.
- b. Assumes DTOC responsibilities for Medical Evacuation during non-rotational periods or in the event that the DTOC is closed or unable to respond.
- c. Monitor the Primary MEDEVAC Frequency (FM 30.750 single channel/plan text) and the Alternate (FM 58.000 single channel/plan text) and Contingency (FM 40.200 single channel/plan text) Frequencies. Also monitor the Emergency Frequency (FM 79.000 single channel/plan text) during non-rotational periods.
- d. Respond to all calls on the RED MEDEVAC LINE IAW Annex B.
- e. Keep all **RED MEDEVAC LINE** members informed of all MEDEVACs, air and ground, from the CMTC..

## 13. MEDEVAC CREW RESPONSIBILITIES:

- a. Provide continuous aeromedical evacuation for all HTA missions and the Hohenfels installation. MEDEVAC crews will remain in close proximity of their aircraft in order to provide a rapid response. Aircrews will be airborne as soon as safely possible after receiving a request for support of an urgent MEDEVAC mission (to preclude loss of life, limb, or eyesight).
- b. MEDEVAC crews provide direct support to the CMTC. MEDEVAC crews will also conduct patient evacuation for urgent patients in the community. To maximize the availability of MEDEVAC aircraft onsite, requests for priority or routine MEDEVAC support to the community will be passed to the 45<sup>th</sup> Medical Company (AA), Ansbach, for area MEDEVAC support or to the 421<sup>st</sup> MEDEVAC Battalion Operations.
- c. Monitor the Primary MEDEVAC Frequency (FM 30.750 single channel/plan text). Scan the Alternate (FM 58.000 single channel/plan text) and Contingency (FM 40.200 single channel/plan text) Frequencies.
- d. Respond to all calls on the **RED MEDEVAC LINE** IAW Annex B.
- e. The senior member of the incoming aircrew will report to Building 100, Division Tactical Operations Center (DTOC), for in-brief NLT the day of assumption of duties during a rotation. The purpose of the in-brief is to discuss training activities schedule and review MEDEVAC procedures.
- f. Any time the aircraft is down for maintenance, or any other reason, immediately notify DTOC, Grafenwoehr (GTA) MEDEVAC for standby coverage, and unit RTO. Once capable again, contact the same units.
- g. Conduct Aircrew Hospital Orientation IAW Annex G.
- h. Follow instruction IAW 421<sup>st</sup> Medical Evacuation Battalion SOP, corresponding unit SOP {45<sup>th</sup> Med Co (AA) / 236<sup>th</sup> Med Co (AA) / 159<sup>th</sup> Med Co (AA)} and the 7ATC/30 MED BDE MOA (Annex H).

- i. Know and understand the capabilities and limitations of local national hospitals and clinics.
- j. Know the Hohenfels Training Area Ambulance Exchange Points (See Annex C: BRK AXPs and Annex D: CMTC AXPs) and the AMBERG LTC pre-designated Landing Zone (QV14797685 – Improved Helipad vic Hawk site)

Annexes:

- A: Nine Line Medical Evacuation Request
- B: RED MEDEVAC LINE Procedures
  - Appendix 1: CMTC MEDEVAC Checklist
  - Appendix 2: CMTC RED MEDEVAC LINE Check Sheet
- C: BRK Ambulance Exchange Points
- D: CMTC Ambulance Exchange Points
- E: Most Used Local Hospitals w/ Strip Maps
- F: Key Phone Numbers
- G: Aircrew Hospital Orientation
- H: 7<sup>th</sup> ATC / 30<sup>th</sup> Medical Brigade -MOA

**LINE 1: LOCATION** – 6 digit grid coordinates of the LZ

**LINE 2: CALL SIGN** – Sender's call sign

**LINE 3: PRECEDENCE** – Number of patients by precedence  
URGENT/PRIORITY/ROUTINE

**LINE 4: SPECIAL EQUIPMENT REQUIRED** – Stokes litter, Hoist,  
Medical Officer, etc

**LINE 5: NUMBER OF PATIENTS BY TYPE** – Litter or Ambulatory

**LINE 6: TYPE OF INJURY/WOUND/ILLNESS** – Specific info  
regarding patient injuries. Report serious bleeding along with blood  
type, if known.

**LINE 7: METHOD OF MARKING LZ** – Panels (staked), strobes,  
smoke, ground flare, lights, etc

**LINE 8: NATIONALITY OF PATIENTS** – US Military/US  
Dependent/Other

**LINE 9: TERRAIN DESCRIPTION** – Note power lines, ditches, etc.  
**NOTE ANY NBC (CS Gas) IN AREA**

## Annex B: RED MEDEVAC LINE Procedures for CMTC Medical Evacuation (MEDEVAC) SOP

1. **PURPOSE:** To outline and clarify the RED MEDEVAC LINE Procedures.
2. **GENERAL:** A direct wired RED MEDEVAC LINE is located in the DTOC, Hohenfels Base Operations, Hohenfels Health Clinic, and the MEDEVAC crew quarters. The RED MEDEVAC LINE is the primary communication means between DTOC, Base Operations, Health Clinic, and MEDEVAC Crew for all MEDEVAC coordination, air and ground, from CMTC. The Base Operations is the net control station for the line.
3. **INITIAL REQUEST PROCEDURES:**
  - a. Requesting agency picks up RED MEDEVAC LINE and states “ THIS IS (*Agency Name*), MEDEVAC REQUEST FOLLOWS, ACKNOWLEDGE IN SEQUENCE”
  - b. Response sequence with agency’s name and your initials:
    - ÿ DTOC
    - ÿ MEDEVAC CREW
    - ÿ HEALTH CLINIC
    - ÿ BASE OPERATIONS
  - c. Send MEDEVAC request information:
    - 1) AIR MEDEVAC: Send standard NINE LINE
    - 2) GROUND MEDEVAC: “REQUEST GROUND EVACUATION” send line 1 - 6 of NINE LINE
  - d. Base Operations announces “FINAL ROLL-CALL, ACKNOWLEDGE IN SEQUENCE”
  - e. Respond in sequence with “THIS IS (*Agency Name*), NO QUESTIONS” or ask questions.
  - f. Execute specific agency duties outlined below.
4. **COORDINATING PROCEDURES:**
  - a. Coordinating agency picks up RED MEDEVAC LINE and states “ THIS IS (*Agency Name*), COORDINATING INSTRUCTIONS FOLLOW, ACKNOWLEDGE IN SEQUENCE”
  - b. Respond in sequence with agency’s name and your initials :
    - ÿ DTOC
    - ÿ MEDEVAC CREW
    - ÿ HEALTH CLINIC
    - ÿ BASE OPERATIONS
  - c. Send Coordinating instructions:
    - 1) “Receiving German Hospital is:\_\_\_\_\_”
    - 2) “BRK Air has been requested” **OR** “BRK Ground Ambulance will be at BRK AXP #\_\_\_\_\_”
    - 3) *As needed*
  - d. Base Operations announces “FINAL ROLL-CALL, ACKNOWLEDGE IN SEQUENCE”
  - e. Response in sequence with “THIS IS (*Agency Name*), NO QUESTIONS” or ask questions.
  - f. Continue to execute specific agency duties outlined below.
5. **DAILY TEST PROCEDURES:**
  - a. Base Operations picks up RED MEDEVAC LINE and states “ THIS IS BASE OPERATIONS, INITIATING ROLL-CALL, ACKNOWLEDGE IN SEQUENCE”
  - b. Respond in sequence with agency’s name and your initials:
    - ÿ DTOC
    - ÿ MEDEVAC CREW
    - ÿ HEALTH CLINIC
  - c. Base Operations announces “THIS CONCLUDES ROLL-CALL”.

6. AGENCY RESPONSIBILITIES:

a. DTOC:

- 1) Receive MEDEVAC Requests from field units and initiate RED MEDEVAC LINE
- 2) Pass coordinating instructions to MEDEVAC Crew on the Primary Net (FM 30.750 single channel/plan text) once aircraft is in the air.
- 3) Request GTA MEDEVAC (475-8345 ) support if HTA MEDEVAC assets are not available for any reason.
- 4) Utilize CMTC MEDEVAC CHECKLIST (Annex B, Appendix 1) to maintain a record and track the evacuation.

b. MEDEVAC CREW:

- 1) Provide continuous aeromedical evacuation for all HTA missions and the Hohenfels installation.
- 2) Any time the aircraft is down for maintenance, or any other reason, immediately notify DTOC, GTA MEDEVAC for standby coverage, and unit RTO.
- 3) Answer RED MEDEVAC LINE and record information regardless of maintenance or weather status.
- 4) Confirm Nine Line information with Base Operations prior to takeoff from HAAF.
- 5) Notify DTOC on the Primary Net (FM 30.750 single channel/plan text) once aircraft is in the air and the status of the mission to include when the aircraft is prepared for additional missions.

c. HEALTH CLINIC:

- 1) Notify Patient Liaison of all soldiers transferred to local hospitals
- 2) Answer RED MEDEVAC LINE and record information. If the required treatment assets are available at the Health Clinic, MOD may redirect Aircraft.
- 3) If, requested provide available medical personnel for immediate treatment of patient during transit.
- 4) Initiate RED MEDEVAC LINE when air evacuation is required from the Hohenfels Health Clinic.

d. Base Operations:

- 1) Coordinate for receiving local German Hospital
- 2) If U.S Army air assets are not available, coordinate for a BRK Air Ambulance.
- 3) If ground evacuation, coordinate for BRK Ground Ambulance and BRK AXP.
- 4) Pass coordination instructions over RED MEDEVAC LINE
- 5) If requested, pass coordination instructions to MEDEVAC Crew on the Secondary Net (FM 40.200 single channel/plan text) if DTOC unable to reach aircraft on the Primary Net
- 6) Clear / deconflict air space in the HTA maneuver box for MEDEVAC Aircraft.
- 7) Utilize RED MEDEVAC LINE Check Sheet (Annex B, Appendix 2) to maintain a log of the daily tests

**CMTC MEDEVAC CHECKLIST**

DTG: \_\_\_\_\_ RECEIVER'S NAME: \_\_\_\_\_  
 MEDEVAC WARNO (DTG): \_\_\_\_\_ UNIT INVOLVED: \_\_\_\_\_

9 LINE MEDEVAC REQUEST	
1- Location of Patient Pick - Up (8 Digit Grid):	_____
2- Call Sign of Requester:	_____
3- Number of Patients by precedence:	
Urgent (U):	_____
Priority (P):	_____
Routine (R):	_____
4- Special Equipment:	
Hoist:	_____
Other:	_____
5- Number of Patients by Type:	
# Litter:	_____
# Ambulatory:	_____
6- Type of Injury / Illness:	_____
7- Method of Marking PZ:	SMOKE; PANEL; FLARE; STROBE; SIGNAL MAN; HEADLIGHTS
8- Patient's Nationality:	US Military US Dependent Other: _____
9- LZ Description:	_____

ADDITIONAL INFORMATION NEEDED FOR EVACUATION	
Is Patient Conscious? _____	Is Patient Breathing on their Own? _____
Accepting Hospital: _____	MEDEVAC Used: HTA; GTA; BRK

PATIENT NAME	RANK	SEX	SSN	UNIT	INJURY

EVACUATION TIMELINE			
	TIME	REPORTED BY:	RECEIVED BY:
MEDEVAC LINE Initiated:	_____	_____	_____
COG / DCOG Informed:	_____	_____	_____
MEDEVAC Departs HAAF:	_____	_____	_____
Accepting Hospital Identified:	_____	_____	_____
Hospital Relayed to MEDEVAC Crew:	_____	_____	_____
MEDEVAC Arrives at Field Site:	_____	_____	_____
MEDEVAC Departs Field Site:	_____	_____	_____
MEDEVAC Arrives at Local Hospital:	_____	_____	_____
MEDEVAC Departs Local Hospital:	_____	_____	_____
MEDEVAC Arrives HAAF:	_____	_____	_____
MEDEVAC is Prepared for Additional Mission:	_____	_____	_____
CIR Delivered to All Agencies:	_____	_____	_____

All Times Are Taken From The IS.



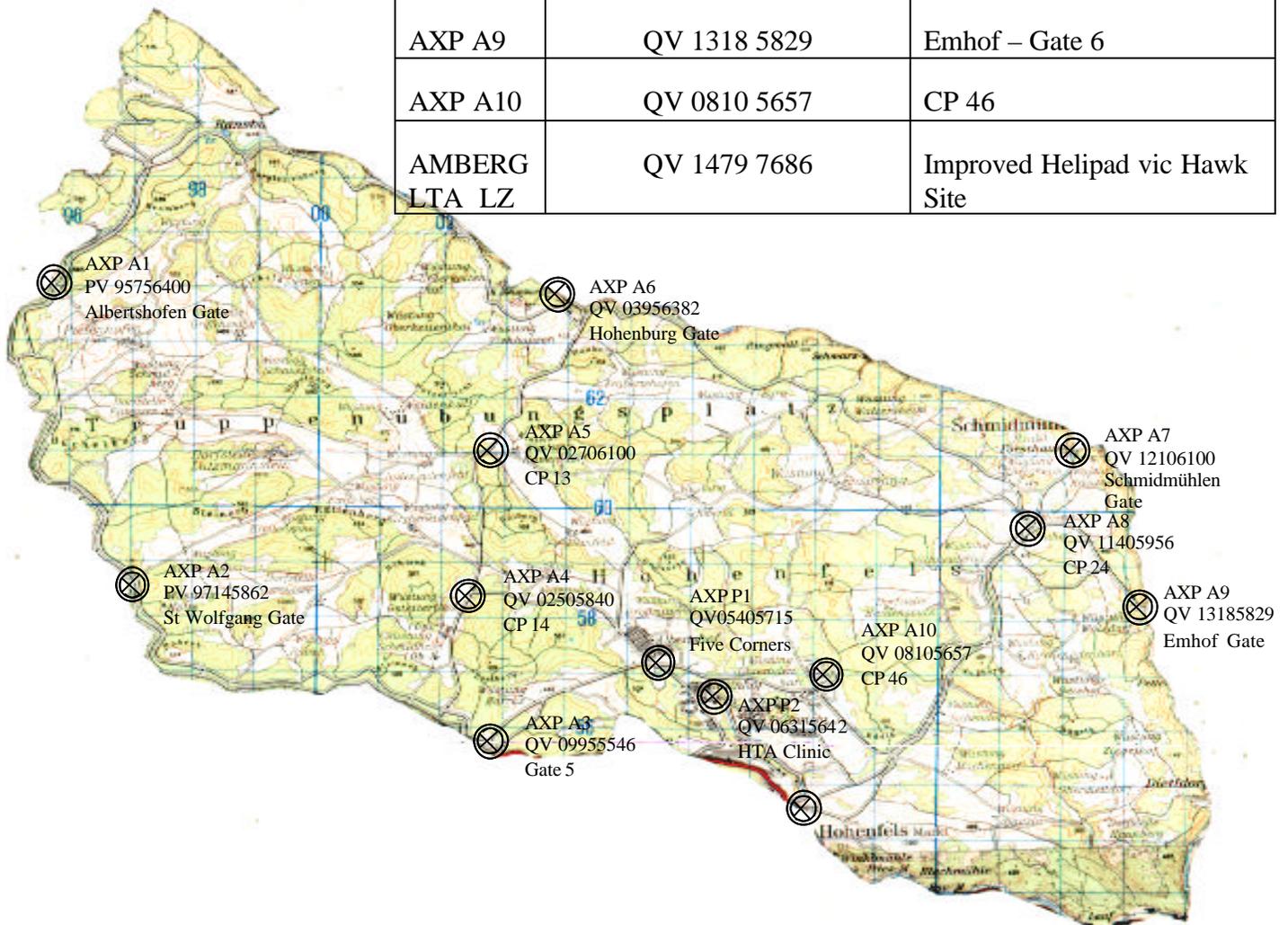
Annex C: BRK Ambulance Exchange Points for CMTC Medical Evacuation (MEDEVAC) SOP

BRK PT ALPHA	QV 0631 5642	HTA Clinic
BRK PT BRAVO	QV 0995 55465	Gate 5
BRK PT CHARLIE	PV 9714 5862	St Wolfgang Gate
BRK PT DELTA	PV 9575 6400	Albertshofen Gate
BRK PT ECHO	QV 0395 6382	Hohneberg Gate
BRK PT FOXTROT	QV 1210 6100	Schmidmülen - Gate 3
BRK PT GOLF	QV 1318 5829	Emhof – Gate 6



Annex D: CMTC Ambulance Exchange Points for CMTC Medical Evacuation (MEDEVAC) SOP

AXP P1	QV 0540 5715	Five Corners
AXP P2	QV 0631 5642	HTA Clinic
AXP A1	PV 9575 6400	Albertshofen Gate
AXP A2	PV 9714 5862	St Wolfgang Gate
AXP A3	QV 0995 55465	Gate 5
AXP A4	QV 0250 5840	CP 14
AXP A5	QV 0270 6100	CP 13
AXP A6	QV 0395 6382	Hohneberg Gate
AXP A7	QV 1210 6100	Schmidmühlen - Gate 3
AXP A8	QV 1140 5956	CP 24
AXP A9	QV 1318 5829	Emhof – Gate 6
AXP A10	QV 0810 5657	CP 46
AMBERG LTA LZ	QV 1479 7686	Improved Helipad vic Hawk Site

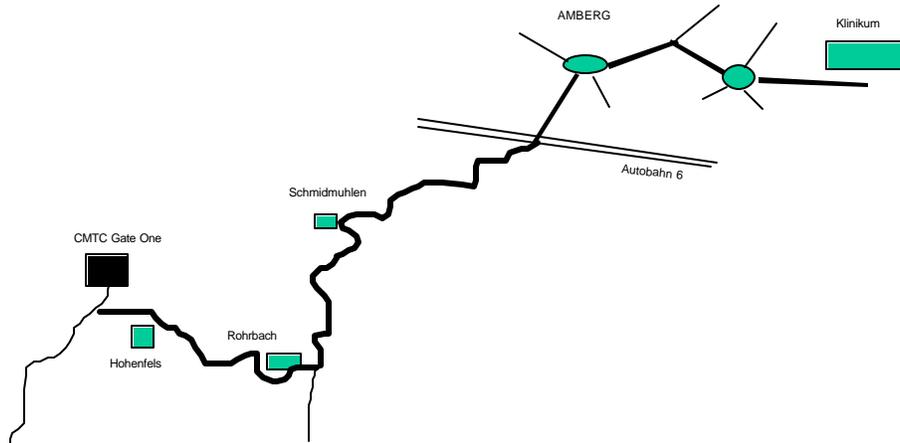


<b>Facility</b>	<b>Phone Numbers</b>	<b>Heli-pad Grid</b>
<b><u>Regensburg - University Krankenhaus</u></b>		
LEVEL 1 TRAUMA CENTER, ALL SPECIALTIES AVAILABLE NO OB/GYN or PEDs. Approximately 8 minutes flying time, 40 minutes driving time from CMTC		
Emergency Room	0941-944-7085	
Trauma Surgeon	0941-944-6805	
Hand Surgeon	0941-944-6847	
Surgeon	0941-944-6808	
<b><u>Regensburg - Barmherzigen Bruder Krankenhaus</u></b>		TQ 8550 3370
LEVEL 1 TRAUMA CENTER, BUT NO EYE SURGERY!		
Emergency Room	0941-3690	
<b><u>Amberg, St. Marien Klinikum</u></b>		QV 079 816
Emergency Room	09621-380	
Delivery Room	09621-38380	
<b><u>Berglengenfeld Krankenhaus</u></b> (Gen. Surgery, OB/GYN)		TQ 843 546
Emergency Room	09471-7050	
OB/Gyn Ward	09471-50269	
<b><u>Neumarkt Kreiskrankenhaus</u></b>		PV 7850 6240
NO EYE SURGERY, MUST GO FROM HERE TO NUREMBERG!		
Emergency Room	09181-4200/4201	
<b><u>Parsberg Krankenhaus (Internal Medicine)</u></b>		PV 9910 1897
Emergency Room	09492-6060	
<b><u>Regensburg - St. Hedwig Kinder Krankenhaus</u></b>		TQ 8550 3370
PEDIATRIC EMERGENCIES		(Use Barmherzigen Bruder heli-pad)
Emergency Room	0941-20800	
<b><u>Regensburg – St Josef Krankenhaus</u></b>		
UROLOGY SPECIALTIES		
Emergency Room	0941-78203690	
<b><u>Wurzburg, US Army Hospital</u></b>		
Emergency Room	0130-860-026	
DSN:	350-3877/3745/3888/3666	

### **AMBERG, ST. MARIEN KLINIKUM**

**09621-380**

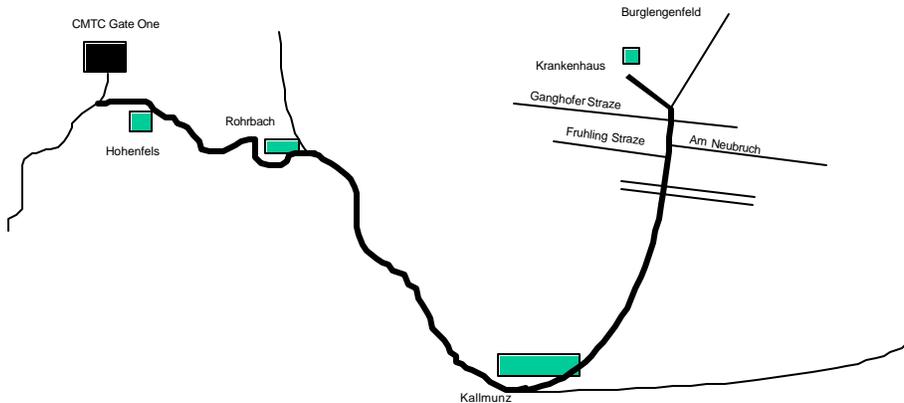
From gate One at CMTC turn left. Travel through Hohenfels to Rohrbach. Turn right at the "T" Intersection. Go to Amberg. Pass straight through each traffic light until reaching the traffic circle. At the traffic circle take the second exit, direction "Bahnhof". Look for the Klinikum sign. Take the next right onto Mariahilfbergwegstraza. Go under the underpass. At the next traffic circle take the third exit to the hospital.



### **BURGLENGENGELD, KREISKRANKENHAUS**

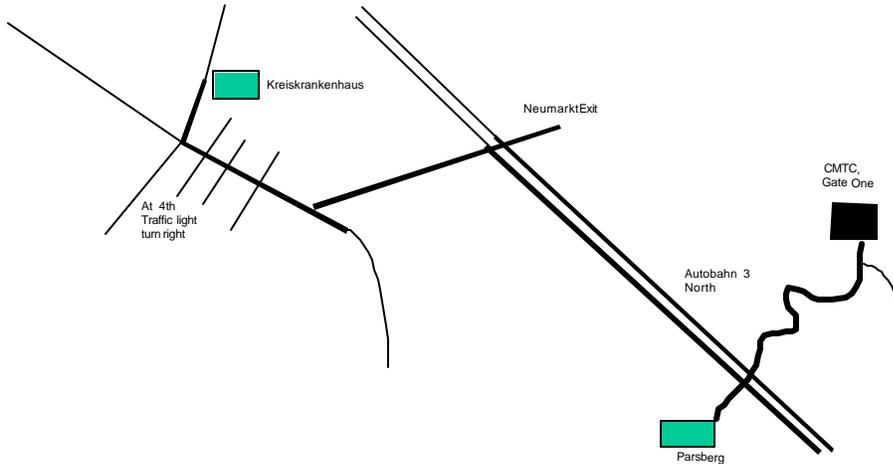
**09471-7050**

From gate One at CMTC turn left. Travel through Hohenfels to Rohrbach. Turn right at the "T" Intersection. Go to Kallmunz. Look for the Burglengengeld sign and turn left. Travel 12K's into Burglengengeld. Travel several blks into town. The Krankenhaus sign is on the left side. Turn left onto Dr. Sauerbruchstraza. Travel up the hill to the hospital.



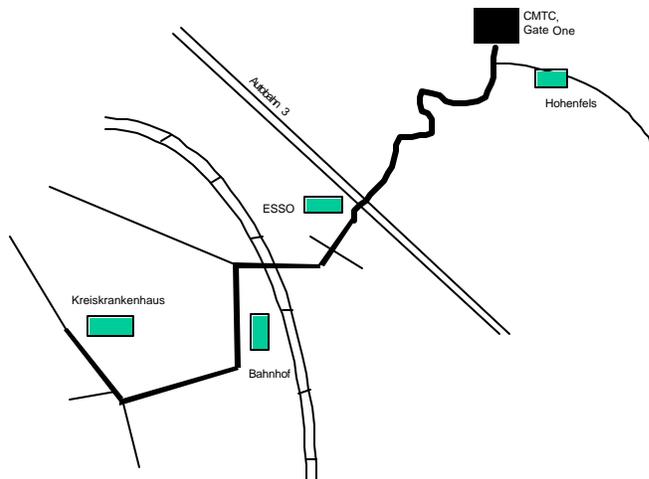
**NEUMARKT, KREISKRANKENHAUS**  
**09181-4200**

Travel North (toward Nurnberg) on Autobahn 3. Take the Neumarkt exit; Turn right at the end of the ramp. At the "T" intersection, turn right onto Ambergerstraze. Go several blocks. At the 4th traffic light after the "T" intersection, turn right onto Nummergerstraze. The Hospital is on the right side about a block and a half down the street.

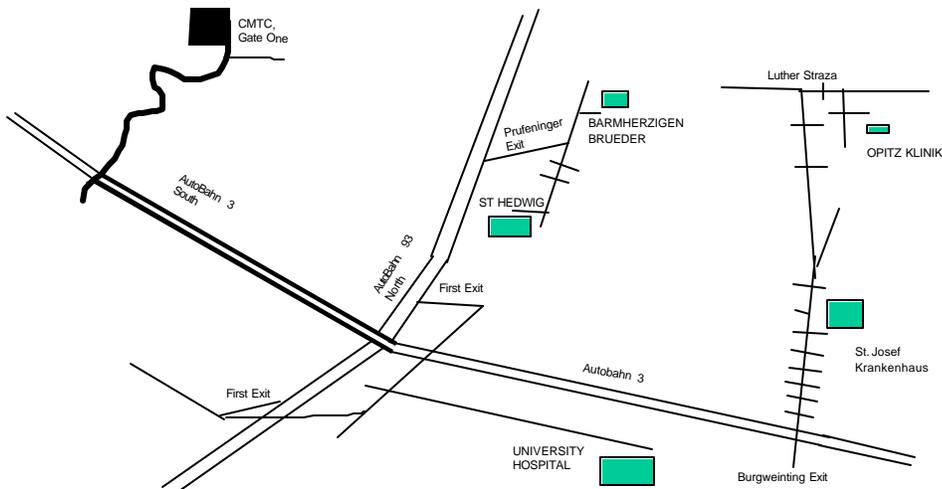


**PARSBERG, KREISKRANKENHAUS**  
**09494-6060**

Take the main road from Hohenfels to Parsberg. After the railroad underpass, turn left. Pass the Bahnhof on the left. At the "T" intersection, turn right. Travel up the hill. The hospital is on the right. Park on the left hand side.



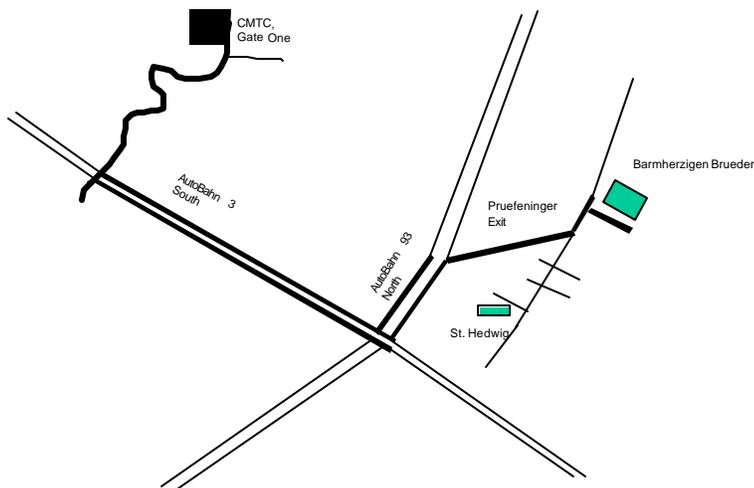
**REGENSBURG, HOSPITALS & KLINIKS**



**REGENSBURG, BARMHERZIGEN BRUEDER**

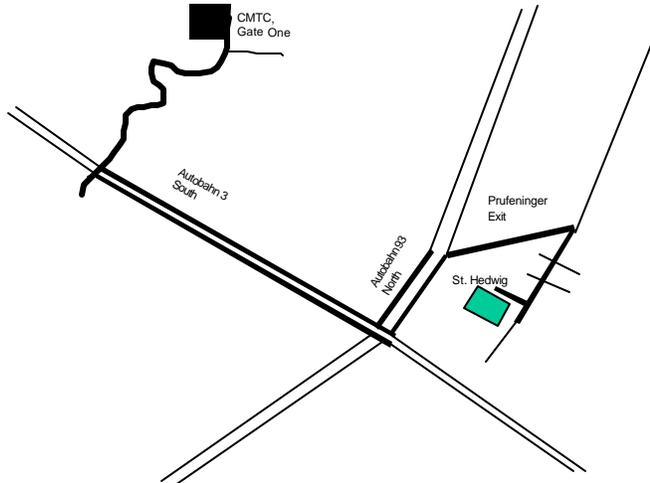
**0941-3690**

Take Autobahn 3 South to Autobahn 93. Travel North on Autobahn 93, direction Weiden/Regensburg. Take the Prufening exit; turn left onto Prufeningerstraze. Take the first right into the hospital parking lot.



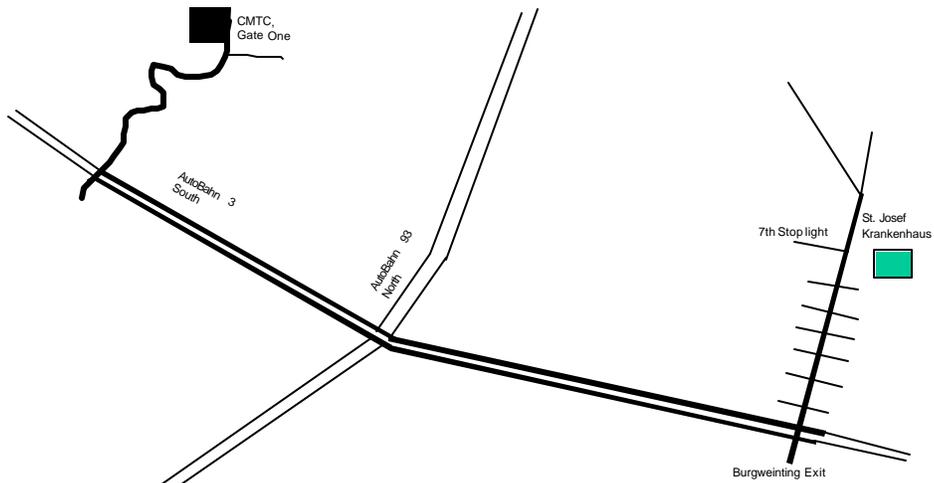
**REGENSBURG, ST. HEDWIG**  
**0941-20800**

Take Autobahn 3 South to Autobahn 93. Travel North on Autobahn 93, direction Weiden/Regensburg. Take the Prufening exit; turn right onto Prufeningerstraze. Travel about 800 meters. After the tall, white building "Agrippa Versicherung", Turn right onto Steinmetzstraze. The hospital is immediately on the left.



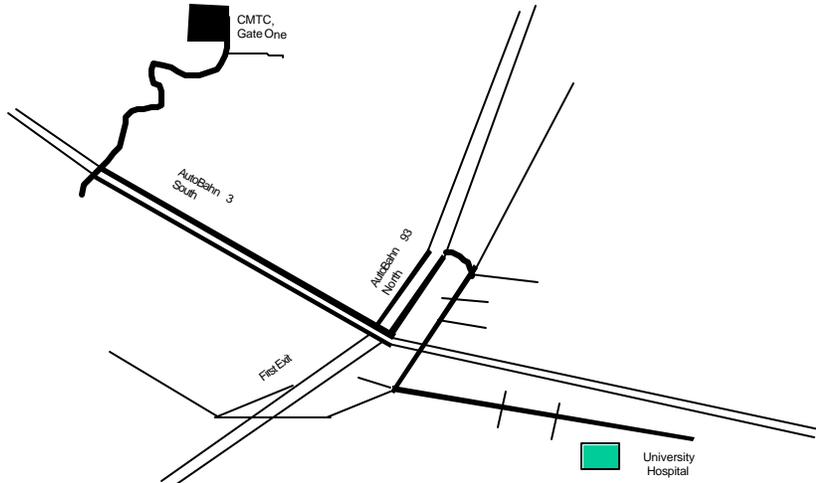
**REGENSBURG, ST. JOSEF KRANKENHAUS**  
**0941-7820**

Take Autobahn 3 South into Regensburg. Continue on Autobahn 3 to the Burgweinting exit. Turn left off the exit ramp onto Landshuterstraze. The hospital is on the right side, about 1.5 K's or seven stop lights from the Burgweinting exit. parking is in the rear. Count the stop lights, it is easy to drive past this Hospital.



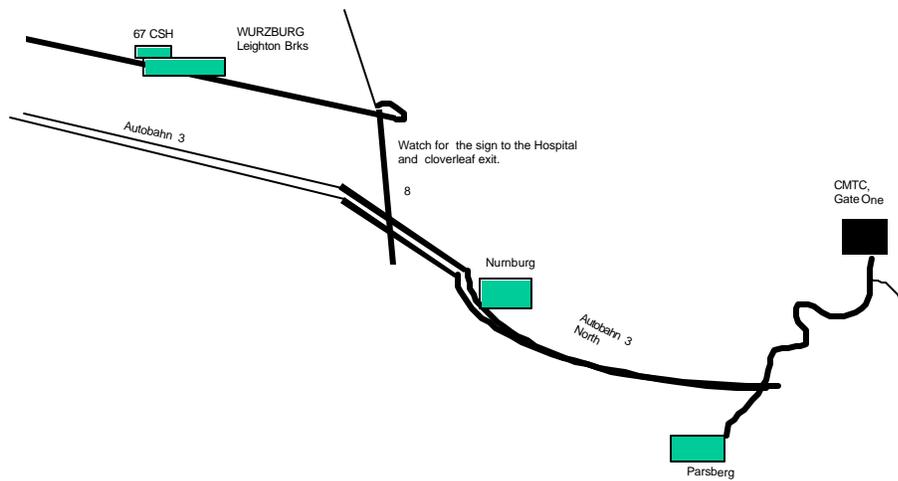
**REGENSBURG, UNIVERSITY KLINIK**  
**0941-944-7085**

Take Autobahn 3 South to Autobahn 93. Travel North on Autobahn 93, direction Regensburg/Weiden. Take the first exit, (Kumpfmuehl). At the next intersection, turn right onto Augsburgstraze. After about three blocks, cross over the Autobahn and turn left onto Franz-Josef-Strauss. Go two blocks. The hospital is on the right side.



**WURZBURG, US ARMY HOSPITAL**  
**0130-860-026 DSN: 350-3877/3745/3888/3666**

Travel North on Autobahn 3 thru Nurnburg.  
 Take Highway 8 North from Autobahn 3.  
 Travel 5.5K's. Get off At Gerbrunn.  
 Travel through Leighton BRKS. The Hospital is on the right side.



Annex F: Key Phone Numbers for CMTC Medical Evacuation (MEDEVAC) SOP

**KEY PHONE NUMBERS:**

Airfield Commander	466-2614
Base Operations	466-2814/2614/2514
Community Staff Duty Office	466-2837/2838
DTOC	466-2330 /2344
Falcon O/Cs	466-2352 /2651
GTA MEDEVAC	475-8345
Hohenfels Health Clinic	466-1750/2505 /2602 Fax -2065
Hohenfels Safety	466-2651/2709
HTA MEDEVAC Crew Quarters	466-4919
Military Police	466-2812 (German Translator Available 24 Hrs)
Patient Liaison Office	466-4191 /2601 /2738
Tower (Hohenfels)	466-2714
Weather (Graf)	475-6253/8349
Weather (Hohenfels)	466-2891/2691
Weather (Sembach)	496-6145/6141
1-4 INF BAS	466-2362
282 BSB S-3	466-2087/2088 (Mr. Heilman)
45 <sup>th</sup> Medical Co (AA) Maintenance	467-2866/2868
45 <sup>th</sup> Medical Co (AA) RTO	467-2757/2767

<u>FACILITY</u>	<u>PHONE NUMBERS</u>	<u>HELI-PAD GRID</u>
Amberg Krankenhaus	Emergency Rm. 09621-380 Delivery Room 09621-38380	QV 0790 8160
Berglengenfeld Krankenhaus	Emergency Rm. 09471- 7050 OB/GYN Ward 09471-50269	TQ 8430 5460
Neumarkt Krankenhaus	Emergency Rm. 09181-4200/4201	PV 7850
Parsberg Krankenhaus	Emergency Rm. 09492-6060	PV 99101897
Regensburg- Barmherzigen Bruder Krankenhaus	Emergency Rm. 0941-3690	TQ 8550/3370
Regensburg St, Hedwig Kinder Krankenhaus	Emergency Rm. 0941-20800	TQ 8550/3370
Regensburg St Joseph	0941-7820	
Regensburg University Krankenhaus	Emergency Rm. 0941-9447085 Trauma Surgeon 0941-9446805 Hand Surgeon 0941-9446847 Surgeon 0941-9446808	TQ 8730 3038
Schwandorf Krankenhaus (Seldom utilized. Located North/East of CMTC training area).	Emergency Rm. 09431-523	TQ 9018/6665
Wuerburg MEDDAC	ER DSN 350-3400/3700/3116 0130-860-026	

**AIRCREW HOSPITAL ORIENTATION:**

1. Aircrews performing MEDEVAC coverage for the Hohenfels Training area are required to become familiar with the German Krankenhaus (Hospital) helipads that they may have to service with a patient. The objective here is for the aircrews to become familiar with the routes to and from the helipads, the helipads themselves, the hazards enroute, the hazards near and on the approach/takeoff paths from the helipads.

2. Aircrews may perform these orientation/recons as many times as needed during their Hohenfels duty. If time permit and an aircraft swapout is taking place the hospital recon should be done prior to swap out. As a minimum, helipad orientation / RECONS will be done when any portion of the aircrew is performing duty at Hohenfels for the first time.

3. If weather does not permit flight orientation / RECONS, then a through map recon WILL be performed.

4. Landing at the helipad site is not authorized unless an actual MEDEVAC or coordination has been completed through the Patient Liaison Office at Hohenfels Clinic 24 hour's prior. POC's for patient liaison is:

Treavor Gillies	466-4191/2601/2738
Evi Schwenzel	466-4191/26012738
Linda Leonard	466-4191/2601/2738

5. The following are Krankenhaus helipad locations that will be RECONed (confirmed on site by GPS –MGRS grid/WGD datum). This is not an all-inclusive list.

<u>KRANKENHAUS</u>	<u>GRID</u>	<u>APP/DEP</u>
Parsburg	32U PV 98603 48653	270 M
Regensburg Barmherzigen Bruder	32U TQ 8733830123	180 M
Regensburg University	33U TQ 85255 33548	240 M
Burglengenfeld	33U TQ 8396654418	270 M
Schwandof	33U TQ 9018166656	330 M
Amberg	32U QV0787981381	310M
Neumarkt	32 U PV 78405 62247	360 M

6. These are civilian helipads and unannounced construction, vehicles and other obstacles can be a hazard. If any hazard is noted during the orientation flight, keep the oncoming aircrews abreast of site changes.

1 October 2001

**MEMORANDUM OF AGREEMENT  
BETWEEN  
CHIEF OF STAFF, 7<sup>TH</sup> ARMY TRAINING COMMAND  
AND  
CHIEF OF STAFF, 30<sup>TH</sup> MEDICAL BRIGADE**

SUBJECT: Aero Medical Evacuation (MEDEVAC) Support for 7<sup>th</sup> Army Training Command (7<sup>th</sup> ATC)

1. **PURPOSE:** To define the mission, support requirements, responsibilities, and command and control of the MEDEVAC assets in direct support of the 7<sup>th</sup> ATC.
2. **REFERENCES:**
  - a. AR 30-1, The Army Food Service Program
  - b. USAREUR Regulation 350-50
  - c. FM 8-10-6
  - d. CMTC-Hohenfels external SOP
  - e. 421<sup>st</sup> Medical Evacuation Battalion SOP
  - f. Hohenfels Army Air Field SOP
  - g. Grafenwoehr Army Air Field Local Flying Rules
  - h. Grafenwoehr Training Area SOP #1
  - i. Army Regulation 385-95
3. **BACKGROUND:** USAREUR Regulation 350-50 required the 7<sup>th</sup> Medical Command (which has deactivated) to support both the Grafenwoehr and Hohenfels Training Areas (GTA and HTA) with an air ambulance when U.S. forces were training. The previous MOA has expired.
4. **SCOPE:** This MOA defines the mission, support requirements, and responsibilities of the 7<sup>th</sup> ATC, 30<sup>th</sup> Medical Brigade, and the 100<sup>th</sup> Area Support Group (ASG) with respect to the MEDEVAC operations at both HTA and GTA. Detailed procedures are outlined in the 421<sup>st</sup> Medical Evacuation Battalion GTA/HTA SOP.
5. **MISSION:** On order, the Commander, 421<sup>st</sup> Medical Evacuation (MEDEVAC) Battalion, provides MEDEVAC in direct support of 7<sup>th</sup> ATC for GTA and HTA and crash rescue support at the Grafenwoehr and Hohenfels Army Air Fields as directed by V Corps.
6. **PROCEDURES:**
  - a. Aircraft and crews will stage from Grafenwoehr Army Air Field and Hohenfels Army Air Field when U.S. Forces are training at GTA/HTA or when otherwise tasked by V Corps for this mission. The 421<sup>st</sup> MEDEVAC Battalion will provide one aircraft and one aircrew of four personnel at the Grafenwoehr Army Air Field and one aircraft and one aircrew of four personnel at the Hohenfels Air Field to accomplish this mission. Priority of support will be urgent MEDEVAC missions for units training at GTA/HTA, then by category of precedence on an area-support basis.
  - b. MEDEVAC crews will remain in close proximity of their aircraft in order to provide a rapid response. Aircrews will be airborne as soon as safely possible after receiving a request for support of an urgent MEDEVAC mission (to preclude loss of life, limb, or eyesight). Response times will vary depending on several factors. During daytime and with VFR weather conditions, the aircrew may be airborne within a matter of minutes. At night and/or with marginal weather conditions, the response times will increase. Aircrews will not be held to a time standard. As written in AR 385-95, Army Aviation Accident Prevention, "The need to comply with sound safety principles and practices during all aviation operations is enforced regardless of mission urgency." Mission urgency must never

override safety requirements. Aircrews will operate under the requirements of appropriate regulations and the 421<sup>st</sup> Medical Battalion SOP.

c. The Commander, 421<sup>st</sup> MEDEVAC Battalion, provides safety, standardization, training, maintenance, and technical control of MEDEVAC aviation operations. Decisions regarding the tactics, techniques, and procedures for conducting MEDEVAC operations at GTA and HTA rest with the 421<sup>st</sup> MEDEVAC Battalion Commander.

d. Crash drills, practice MEDEVAC alerts, launches, mass casualty exercises, or other training activities will not be conducted without prior coordination with the 421<sup>st</sup> MEDEVAC Battalion Commander, XO, or Battalion S3 or S3 Air. With prior coordination, MEDEVAC crews will participate in an evacuation exercise prior to the beginning of each new CMTC rotation to exercise the MEDEVAC request. A minimum of 24 hours' notice will be provided for crash drills. Other MEDEVAC training events in support of 7<sup>th</sup> ATC will be requested in accordance with appropriate regulations through the V Corps G3 Aviation office for tasking. MEDEVAC crews do not receive blanket briefings to support training that has not received prior coordination and approval.

e. MEDEVAC crews provide direct support to the 7<sup>th</sup> ATC. MEDEVAC crews will also conduct patient evacuation for urgent patients in the community. To maximize the availability of MEDEVAC aircraft onsite, requests for priority or routine MEDEVAC support to the community will be passed to the 45<sup>th</sup> Medical Company (AA), Ansbach, for area MEDEVAC support or to the 421<sup>st</sup> MEDEVAC Battalion Operations. Community missions which require the aircraft to depart the 7<sup>th</sup> ATC, leaving it without MEDEVAC coverage during training operations, must be approved by the Chief of Staff, 7<sup>th</sup> ATC.

f. The senior member of the incoming aircrew at HTA will report to Building 100, Training Analysis and Feedback (TAF) Division Tactical Operations Center (DTOC), for in-brief NLT the day of assumption of duties during a rotation. The purpose of the in-brief is to discuss training activities schedule and review MEDEVAC procedures.

g. The senior member of the incoming aircrew at GTA will report to the Aviation Operations for an in-brief NLT 1130 the day of assumption of duties. The purpose of the in-brief is to discuss significant training activities scheduled. In the event GTA Aviation Operations is not available, the GTA Range Safety Office will brief crew.

h. Aerial reconnaissance of the training area and routes to medical support facilities will be conducted by aircrews that are providing support for the first time.

I. Direct coordination is authorized between the Commander, 421<sup>st</sup> MEDEVAC Battalion, and Chief, GTA Operations, to coordinate windows of additional coverage due to high risk training involving large numbers of soldiers (i.e., Airborne mass tactical jumps, CMTC Live Fire, and Multi-unit CALFEX).

7. **CREW ENDURANCE:** The tour of duty for MEDEVAC crews will normally be one week in duration. MEDEVAC standby is a 24-hour duty period. Crew members must manage their time and maintain crew integrity (rest cycle) in order to best support the mission. Coordination with the supported units will be made to determine any special requirements such as reverse cycle operations.

8. **EVACUATION PROCEDURES:** Ground medical evacuation will be coordinated by the onsite maneuver commander and the dispensary commander. Although air evacuation is preferred, secondary ground evacuation procedures must be provided and briefed as part of the safety briefing for GTA/HTA training rotations. Weather minimums are IAW USAREUR Reg 95-1. Normally, patients will be evacuated by the unit's organic ground ambulances from the point of injury to an ambulance exchange point. The dispensary's commercial ambulance receives the patient and provides further evacuation. Requests for additional ground evacuation support should be directed to the V Corps G3 if organic ground ambulances are not available.

9. **INSTALLATION SUPPORT REQUIREMENTS:** The Commander, 100<sup>th</sup> ASG, will provide billeting for the crews on the respective air fields of Grafenwoehr and Hohenfels. Each building will be equipped with suitable furnishings to provide a relaxed and comfortable atmosphere free from distractions to allow the crew to rest during low-risk periods. Each site will be equipped with the following:

- a. One class A telephone with Germany-wide 99 access (Hospital coordination).
- b. One class C telephone.
- c. One red crash phone/hot line for the crash rescue communication system.
- d. Suitable kitchen, bathroom, shower, living, sleeping, and flight planning area with furnishings as agreed to by the 421<sup>st</sup> Commander and the respective Base Support Battalion (BSB) Commander (the current facilities are suitable). Should it become necessary to move the MEDEVAC billeting sites from the present locations or make significant changes to the existing facilities, a joint inspection with the respective BSB and 421<sup>st</sup> Commander's representatives will be required to determine suitability. The living space and flight planning areas will be dedicated to the MEDEVAC crews and operations and will not be shared or compromised without the concurrence of the 421<sup>st</sup> Battalion Commander.
- e. A quality of life package, if available, which meets the standard of the USAREUR Commander's Single Soldiers Quality of Life policy letter.
- f. A refueling tanker with driver immediately available during normal duty hours and on 30-minute recall during non-duty hours. The appropriate air field commander or BSB commander will determine duty hours for the refueler.
- g. Two dedicated MEDEVAC parking pads at both air fields capable of supporting UH-60 aircraft (four pads total) with tie-down anchors and fire suppression capability.
- h. One non-tactical vehicle capable of seating five personnel with one duffel bag each.
- I. A suitable landing pad next to each dispensary with required fire suppression capability.

10. **FUNDING:** The Commander, 30<sup>th</sup> Medical Brigade, will provide funds for MEDEVAC operations in accordance with regulatory requirements outlined in the Joint Federal Travel Regulations (JFTR). Flying hours class IX (air) and class III (P) used in conjunction with the MEDEVAC mission will be charged to the 30<sup>th</sup> Medical Brigade. Class III (B) will be charged to the respective air field commander's fuel account.

11. **DETAILED PROCEDURES:** The tactics, techniques, and procedures used by the 421<sup>st</sup> to accomplish the mission will be IAW the attached 421<sup>st</sup> SOP.

12. **AMENDMENTS:** Amendments to this MOA will be made by mutual written consent of the affected parties. This MOA may be terminated by mutual written consent of the three parties. One party may also terminate this MOA after gaining USAREUR approval and providing 90 days' notice of intent to cancel.

Annex H: 7<sup>th</sup> ATC / 30<sup>th</sup> MED BDE MOA for CMTC Medical Evacuation (MEDEVAC) SOP

13. This MOA becomes effective upon signature of all parties and will remain in effect for two years or until renewed, amended, superseded, or terminated.

14. In case of mobilization, this agreement may be modified or terminated according to conditions existing as directed by USAREUR.

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ROBERT J. FULCHER, JR.  
COL, GS  
Chief of Staff, 7<sup>th</sup> ATC

DATE 14 Nov 01

/ S /

\_\_\_\_\_  
JOHN F. ARMSTRONG  
COL, MS  
Chief of Staff, 30<sup>th</sup> Med Bde

DATE 7 Nov 01

Attachment

Copies Furnished (w/attachment):

Commander, 421<sup>st</sup> Medical Evacuation Battalion  
Commander, 282<sup>nd</sup> BSB  
Commander, 409<sup>th</sup> BSB  
Commander, Grafenwoehr Army Air Field  
Commander, Hohenfels Army Air Field  
G3 Air, V Corps