9 Line MEDEVAC
Task: To Instruct Soldiers on the properties and usage of the 9 Line MEDEVAC

Conditions: Students are given a scenario requiring them to call in a 9 Line MEDEVAC

Standards: Utilizing the 9 Line Format Army Medical Field Manual in accordance with FM 21-11 and Medical Evacuation ATP 4-02.2
PURPOSE

- Familiarize soldiers on 9 Line MEDEVAC format.
- Train soldier on requesting medical evacuation.
COURSE AGENDA

- Recognize the 9 Lines of medical evacuation.
- Collect pertinent information.
- Record using brevity codes.
- Transmit in the proper format.
- Prepare for evacuation.
- Assist medical team during evacuation.
MEDEVAC

MEDEVAC is the timely efficient movement and en route care by medical personnel of the wounded, injured, or ill patients from the battlefield and other locations to medical treatment facilities.
Procedures for requesting medical evacuation must be institutionalized. (SOP)
The decision to MEDEVAC is:

- Determined by the senior service member.
- Based on advice of the senior medical personnel.
- Based on the patients condition.
- Based on the tactical situation.
9 Line MEDEVAC Request

1. Grid Location of the Pick Up site.
2. Radio frequency, call sign, and suffix.
3. Number of patients by precedence.
4. Special equipment required.
5. Number of patients by type.
6. Number and type of wounds (Peacetime).
7. Method of Marking Pick Up site.
8. Patient nationality and status.
9. Terrain description (Peacetime.)
9. NBC Contamination (Wartime.)
9 Line MEDEVAC Request

Location of Pick Up Site
9 Line MEDEVAC Request

2

Radio Frequency, Call Sign, and Suffix
9 Line MEDEVAC Request

Number of Patients by Type

A – Urgent
B – Urgent (Surgery)
C – Priority
D – Routine
E - Convenience
9 Line MEDEVAC Request

Assignment of Precedence

Priority I - Urgent

- Evacuate in less than 2 hours.
- Save life, limb, or eyesight.
- Prevent complications or serious injury.
- Avoid permanent disability.
9 Line MEDEVAC Request

Assignment of Precedence
Priority II – Urgent Surgery

- Far forward surgical intervention is required to save life.
- Evacuate in less than 2 hours.
- Stabilize for further evacuation.
Assignment of Precedence

Priority III – Priority

- Evacuate within 4 hours to prevent deterioration in condition to Urgent precedence.
- Special treatment not locally available.
- Prevent suffering, unnecessary pain, or disability.
Assignment of Precedence

Priority IV – Routine

- Evacuate within 24 hours.
- Condition not expected to deteriorate significantly.
9 Line MEDEVAC Request

Assignment of Precedence

Priority V – Convenience

- Evacuation is a matter of medical convenience rather than necessity.
Quick Question

Only medically trained personnel may assign precedence?

TRUE    FALSE
9 Line MEDEVAC Request

The decision to MEDEVAC is:

- Determined by the senior service member.
- Based on advice of the senior medical personnel.
- Based on the patients condition.
- Based on the tactical situation.
9 Line MEDEVAC Request

Special Equipment Required
Utilize proper brevity codes for the special equipment required. The codes are:

A - None
B - Hoist
C - Extraction equipment
D - Ventilator
9 Line MEDEVAC Request

Number of Patients by Type
Utilize proper brevity codes. Report only applicable information.
L- (Litter) Plus the number of patients
A- (Ambulatory) Plus the number of patients

Note: Insert the word “Break” between litter and ambulatory entries if both conditions exist.
9 Line MEDEVAC Request

Key Differences

- Peacetime – safety of US military and civilian personnel outweighs the need for security.
- Wartime – safety and survivability of the unit must be weighed against the need for the evacuation of the patient.
9 Line MEDEVAC Request

Number and Type of Wound, Injury, or Illness (Peacetime)

Provide specific information regarding:

- Patient wounds by type.
- Serious bleeding.
9 Line MEDEVAC Request

Security of Pick Up Site (Wartime)

Utilize proper brevity codes for the security of the pick up site. The codes are:

N - No enemy troops in the area.
P - Possible enemy troops in the area (approach with caution).
E - Enemy troops in the area (approach with caution).
X - Enemy troops in the area (armed escort required).
9 Line MEDEVAC Request

Method of Marking Pick Up Site

Utilize proper brevity codes for the method of marking the pick up site. The codes are:

A - Panels
B - Pyrotechnic Signal
C - Smoke Signal
D - None
9 Line MEDEVAC Request

Line 8

Patient Nationality and Status

Utilize proper brevity codes for patient nationality and status. The codes are:

A - U.S. Military
B - U.S. Civilian
C - Non U.S. Military
D - Non U.S. Civilian
E - Enemy Prisoner of War (EPW)
Key Differences

- Peacetime – provides the opportunity to give more detailed description of the evacuation site.
- Wartime – allows for clarification of any existing NBC conditions.
9 Line MEDEVAC Request

Terrain Description - Peacetime

Includes details of terrain features in and around proposed landing site. If possible, describe relationship of site to prominent terrain or manmade features (ex. Lake, mountain, or tower).
9 Line MEDEVAC Request

Line

9

NBC Contamination - Wartime

Utilize proper brevity codes to indicate contamination. The codes are:

N- Nuclear
B- Biological
C- Chemical

Note: Include this line only when contamination exists.
9 Line MEDEVAC Request

1. Location of the Pick Up site.
2. Radio frequency, call sign, and suffix.
3. Number of patients by precedence.
4. Special equipment required.
5. Number of patients by type.
6. Number and type of wounds (Peacetime).
7. Method of Marking Pick Up site.
8. Patient nationality and status.
9. Terrain description (Peacetime.)
9. NBC Contamination (Wartime).
Quick Question

IDENTIFY WHICH LINES IN THE 9 LINE MEDEVAC FORMAT DIFFER DURING PEACETIME AND WARTIME.

A  6 & 8
B  6 & 9
C  3 & 5
D  3 & 7
9 Line MEDEVAC Request

Key Differences

- Peacetime – safety of US military and civilian personnel outweighs the need for security.
- Wartime – safety and survivability of the unit must be weighed against the need for the evacuation of the patient.
9 Line MEDEVAC Request

Key Differences

- Peacetime – provides the opportunity to give more detailed description of the evacuation site.
- Wartime – allows for clarification of any existing NBC conditions.
Quick Question

- Radio Freq/call sign/ suffix
- Number of patients by type
- Number of patients by precedence
- Security of pickup site
- Method of marking pickup site
- Patient nationality and status
- Location of the pickup site
- Terrain description
- NBC contamination
- Special equipment required
- Number and types of wounds, injury, or illness

1  2  3  4  5  6P  6W  7  8  9P  9W
COURSE AGENDA

- Collect all pertinent information.
- Record the proper brevity codes for later transmittal
You are conducting a routine dismounted presence patrol with five other members of your squad. You are moving along the designated route that runs through an open field. While moving along the route, SFC Miller sees a shiny object lying in a ditch. Without CPT Duke's authorization, he leaves the road to retrieve it. Suddenly, a loud explosion is heard. SFC Remer has just stepped on an anti-personnel mine. His left leg is completely severed just inches above his ankle, SGT Smith receives a shrapnel wound across her face. A third soldier, PFC Morris, receives shrapnel wounds across his upper body. All casualties are conscious and in pain. It’s up to you to get these casualties evacuated.
Collect and Record Information

You begin to collect information

- Call sign: A6B88
- Frequency is: 53.80 MHz
- UTM Grid is: GF70296868
- Frequencies of your medical support unit are 49.90 MHz and 23.75 MHz
Collect and Record Information

You begin to collect information

Line 1 – Location of pick up site
GF70296868

Line 2 – Radio frequency, call sign, and suffix
53.80, A6B88

Line 3 – Patient Precedence Codes
Collect and Record Information

You begin to collect information

Line 4 – Special equipment needed
   B

Line 5 – Patients by type
   L1, A2

Line 6 – Number and type of wound or illness
   1 Lower left severed foot,
   1 Face shrapnel wound,
   1 Upper right torso shrapnel wound
All conscious, 1 B+ blood, 2 O+ blood
Collect and Record Information

You begin to collect information

Line 7 – Method of marking pick up site

C

Line 8 – Patient nationality and status

A3

Line 9 – Terrain description

Open field to the east of a cliff along route red
Collect and Record Information

You begin to collect information

Line 1 – GF70296868
Line 2 – 53.80, A6B88
Line 3 – A1, C2
Line 4 – B
Line 5 – L1, A2

Line 6 – (Peacetime) 1 Blood:
lower left foot severed; 2
O+blood: 1 face shrapnel
wound, 1 upper right torso
wound. All conscious.

Line 7 – C
Line 8 – A3

Line 9 – Open field to the east
of a cliff along route red.
When preparing a 9 Line MEDEVAC request, what is the only line that may ever be skipped?

A. Line 6, Number and Type of wound (Peacetime)

B. Line 6, Security of Pick Up site (Wartime)

C. Line 9, Terrain description (Peacetime)

D. Line 9, NBC contamination (Wartime)
9 Line MEDEVAC Request

Line 9

NBC Contamination - Wartime

Utilize proper brevity codes to indicate contamination. The codes are:

N - Nuclear
B - Biological
C - Chemical

Note: Include this line only when contamination exists.
Training Scenario

On 24 JAN 2015 reports of a downed helicopter were given to the TOC at grid PJ7639. The SAR Team was immediately activated and began their mission. Once on ground, HouseCat (TOC) made contact with FieldCat-6 (SAR PL) at GM67.550. After 20 minutes the SAR Team reached the downed helicopter at PJ 77334068 and set up initial security. Once the perimeter had been secure, they located the two pilots and one crew member. SAR-1-7 (Team Leader) evaluated the casualties and found one pilot had a fractured right forearm and minor lacerations on his face from the windshield when it broke. The second pilot had severe lacerations to the face and neck and was bleeding profusely. The crewman was knocked unconscious and suffered multiple contusions on his chest and breathing 5 breaths per minute. After initial treatment had been administered, the SAR Team departed to the LZ (PJ77404070) to wait for extraction. This was the only flat ground in the mountainous area south of the water tower. Once on site, the SAR PL contacted the TOC requesting a MEDEVAC. No hostile enemy forces have been seen up to this point. SAR-7 (SAR PLT SGT) popped green smoke to signal the LZ was clear.
Answer

You have collected your information

Line 1 – PJ77404070
Line 2 – 67.550, SAR-6
Line 3 – A2, C1
Line 4 – D
Line 5 – L2, A1

Line 6 – (Peacetime) 1 fractured right forearm with cuts to face; 1 severe cuts to face and neck and bleeding profusely; 1 unconscious with bruising to chest and extreme difficulty breathing

Line 7 – C

Line 8 – A3

Line 9 – (Peacetime) Flat ground south of the water tower
COURSE AGENDA

- Proper transmission techniques
- How to maintain communication
Proper Transmission Techniques

- Use standard radio phraseology
- State each line item as “Line #…”
- Transmit the first 5 lines initially within 25 seconds
- Complete the remaining lines and say “Over”
- Listen for acknowledgement
- When using multiple brevity codes within a line, separate the codes with the word “Break”
Maintain Communication

- Stand by and wait for unit to respond
- Don’t walk away from radio
- Don’t leave the radio unattended at any time
- Keep the radio on and listen for additional instructions or contact from the evacuation unit
Quick Question

When sending multiple brevity codes, separate them by:

- Pause
- Break
- Ummmmm
- Nothing
COURSE AGENDA

- Prepare for the MEDEVAC
- Assist the MEDEVAC
Prepare and Assist in Evacuation

Evacuation Preparation

- Safely move patient(s) to the pick up site
- Use approved methods for transporting a casualty
- Reconfirm tactical situation permits successful evacuation
- Be prepared to receive backhauled medical supplies
- Ensure that an English speaking representative is at the pick up site
Prepare and Assist in Evacuation

Assist the MEDEVAC Crew

- Update the evacuation crew on the position of enemy and friendly troops
- Provide the aerial MEDEVAC crew with a good LZ brief, to include surface conditions, weather, obstacles, dimensions, etc.
- If evacuation is by aerial means, take all instructions from the crew chief or flight medic
- Guide the helicopter using hand and arm signals during landing and take off, as the tactical situation permits
Quick Question

When the MEDEVAC aircraft lands, immediately approach it and begin to load patients?

TRUE
FALSE
Review

9 Line MEDEVAC Class

- Learned the definition of a MEDEVAC
- Reviewed the 9 Line MEDEVAC request
- Learned the pertinent information to collect as well as how to record it using brevity codes, when required
- Examined how to determine precedence
- Examined the difference between peacetime and wartime formats
- Learned how to transmit a proper 9 Line MEDEVAC
- Learned how to prepare for evacuation and assist the medical team during an evacuation
FINAL EXAM
1. MEDEVAC mission deals solely with the movement of personnel from the battlefield and other locations to medical treatment facilities? T/F
2. The same format is used to request evacuation by aerial or ground transportation assets? T/F
3. Priority is the highest precedence that can be assigned to a casualty? T/F
4. Which precedence no longer exists under NATO standards?
5. The welfare of the casualty always outweighs the need for security when requesting a MEDEVAC? T/F
6. When marking the pickup site, the evacuation crew should identify the color and type of marking and the unit requesting MEDEVAC should verify color? T/F
7. What are the correct codes for 1 Urgent and 2 Priority patients?

8. What are the correct brevity codes for 1 Litter and 2 Ambulatory?

9. You should use standard radio phraseology when requesting a MEDEVAC? T/F

10. The unit TACSOP is your only reference for attaining the proper MEDEVAC frequency? T/F

11. What is the time limit for sending the first 5 lines on a MEDEVAC?

12. After completing transmission of the MEDEVAC request, you should continue your previous mission and there is no longer a need for interaction with the MEDEVAC crew? T/F

13. The senior service member from the unit requesting MEDEVAC controls the pickup site, and the MEDEVAC unit takes all instructions from them? T/F
QUESTIONS?