

BATTLE TASK STANDARDS – MEDICAL

(ENGLISH)

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MEDICAL - BATTLE TASK STANDARDS

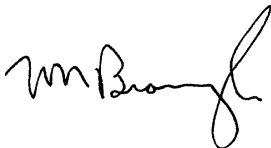
FOREWORD

Medical Battle Task Standards, B-GL-383-002/PT-023 , is issued under the authority of Commander Land Force Doctrine and Training System, and is effective upon receipt for use in regular and militia units.

The development of these Battle Task Standards has been in concert with approved doctrine and is part of the Army training strategy to implement a systems approach to collective training. Each battle task outlined in this document provides commanders with common standards against which performance can be measured and can be used to assist commanders in providing direction and guidance in the planning and conduct of collective training.

Direction for the conduct, evaluation and resourcing of collective training is contained in Field Training Regulations, B-GL-304-002/PT-001. The Director Army Training is responsible for the content, production and publication of this document. Comments and suggestions are solicited using the format on page ii. Direct your comments and suggestions to the following address:

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MEDICAL - BATTLE TASK STANDARDS

INTRODUCTION

FIELD AMBULANCE BATTLE TASK STANDARDS - GENERAL

INTRODUCTION

1. The Land Force must maintain an all arms combat capability to prepare, project, apply and sustain an effective force in support of government policy. In accordance with Field Training Regulations and the Land Force Training Directive, Army training activities will focus on general purpose forces, the essence of which is to maintain a full range of combat functions and the ability to integrate them into operations. The basic requirement for Army medical services is to retain the ability to regroup, deploy and employ medical elements to optimize medical support to a formation.

REQUIREMENT FOR STANDARDS

2. These Battle Task Standards (BTS) provide direction and guidance for unit, sub-unit and sub-sub-unit commanders. They have been developed in concert with current approved doctrine and provide a common standard not only for the evaluation of the performance of a Field Ambulance (Fd Amb) and its elements but also for the planning and the execution of training activities.

3. In these BTS, the focus is on collective activities. Individual professional judgement of duly licensed practitioners is not assessed. The extent to which the clinical decisions of practitioners are carried out by subordinates will be assessed.

4. In providing medical care, the quality of decisions taken as a result of experience and judgement can not always be assessed through a checklist approach. There will remain a requirement to select medical umpires and evaluators carefully, to ensure their level of expertise and experience at least matches that of the leaders being assessed.

5. These Fd Amb BTS emphasize aspects unique to the provision of medical support. Combat Service Support BTS 1001, 1002, 3001, 4101, 4309, 4316, 4391, 4392, 5001, 5002, 5003, 5004, 5006, 5008, 6001, 6002, and 6003 are of great relevance to Fd Amb operations and should be consulted where more detailed breakdown of certain tasks is desired.

GENERAL CONDITIONS OF EMPLOYMENT

6. The following medical conditions are assumed to apply for Fd Amb operations:
 - a. the tasks associated with evacuation and treatment of patients are continuous and do not change with the phase of battle. However, the optimum relative positioning of medical elements on the battlefield does change with the phase of battle;
 - b. movement of Fd Amb elements will occur at the start of a Brigade operation and may occur thereafter as the tactical situation changes. Each move will be preceded by battle procedure, terrain coordination, and liaison at appropriate levels; and
 - c. supported UMSs and supporting operational level medical units will usually be notional during training for these BTS.

THREAT

7. Development of Fd Amb BTS has assumed that Canadian Forces will face a highly trained enemy possessing modern weapons and technology. NBC and EW threats are assumed to exist. Exact knowledge of the air situation is not critical to the design of these BTS. Enemy threat to the rear area is assumed to consist of:
 - a. small special forces elements;
 - b. indirect fire/air strikes;
 - c. Fifth columnists; and
 - d. Airborne/airmobile assaults on key targets.
8. Other possible causes of disruption to operations in the rear areas include disorderly movement and desperate behaviour of refugees or displaced persons.

MEDICAL - BATTLE TASK STANDARDS

FIELD AMBULANCE BATTLE TASKS: THE FIELD AMBULANCE IN WAR

1. The role of the Fd Amb is to preserve the manpower of the formation. In carrying out this role within a brigade group, the Fd Amb will perform tasks in the following broad categories:
 - a. tasks related to its own survival on the battlefield;
 - b. tasks involving the evacuation of patients, which preserves manpower by freeing forward units of the burden of caring for them;
 - c. tasks involving the treatment (both medical and dental) of patients, which may save life, limb or other functions or speed return to duty; and
 - d. sustainment tasks, including medical re-supply of the formation and own integral support.

EVALUATION SYSTEM

2. A three level evaluation system has been adopted:
 - a. Effective. An 'Effective' (Eff) rating indicates task performance met the standards in all respects;
 - b. Needs Practice. A 'Needs Practice' (NPrac) rating indicates only minor shortcomings in task performance which are expected to be corrected in subsequent evaluation iterations with little or no further training required; and
 - c. Ineffective. An 'Ineffective' (Ineff) rating indicates significant shortcomings in task performance requiring further training before re-evaluation.

NUMBERING SYSTEM

3. A letter suffix to each BTS number is used to define the unit level at which each task may be conducted. When the task is suitable for training and evaluation at a variety of levels, those levels are listed together and separated by back slashes. For example BTS M6704 B/C/D, Coordinate Air Evacuation, indicates that this task can be

performed at either the detachment, platoon or company level. The letter suffixes used to define the level at which each task may be conducted are as listed below:

- a. A - individual (only used in IBTS)
- b. B - section/crew/detachment
- c. C - platoon/troop
- d. D – sub-unit
- e. E - combat team
- f. F – battalion/regiment/battle group
- g. G - brigade group.

BATTLE TASKS

4. The prefix indicator "M" is employed to identify those battle tasks that are unique to medical field organizations. To achieve success in its role the Fd Amb must be able to accomplish the following battle tasks:

- a. BTS [M6701](#) F: Manage Medical Resources;
- b. BTS [M6702](#) B/C/D/F: Siting, Layout, Deployment and Defence of Medical Facilities;
- c. BTS [M6703](#) D: Operate an Ambulance Shuttle;
- d. BTS [M6704](#) B/C/D: Coordinate Air Evacuation;
- e. BTS [6705](#): Conduct Casualty Sweeps;
- f. BTS [M6706](#) B/C: Operate a Staging Facility;
- g. BTS [M6707](#) B/C: Operate a Holding Facility;
- h. BTS [M6708](#) F: Provide Area Medical Support;
- i. BTS [M6709](#) F: Provide Medical Re-Supply to the Formation; and

MEDICAL - BATTLE TASK STANDARDS

- j. BTS [M6710](#) C: Provide Dental Support to the
 Brigade Group.

CONCLUSION

5. The BTS contain sufficient detail and are formatted in order that they can be used as the actual marking guide during evaluations. While they are authoritative, they nevertheless still require judgement in application as training must be performance oriented and performance must be judged on task accomplishment, not just process.

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MEDICAL BATTLE TASK STANDARDS

BTS M6701 F – MANAGE MEDICAL RESOURCES

ELEMENT: FIELD AMBULANCE

ITERATION: 1 2 3 4 5 (circle)

CONDITIONS

The formation is either planning for or engaged in operations. This task applies to all operations across the spectrum of conflict.

TASK STANDARD

Efficient utilization of all formation medical resources in support of the overall mission. Clear, concise and timely passage of orders and information through the chain of command. The medical technical net is employed to ensure the interface between tactical and operational level medical support is as smooth as possible.

Sub-Tasks and Standards	Eff	Nprac	Ineff
1. Participates in OPP at formation level. <ul style="list-style-type: none"> a. the Brigade surgeon: <ul style="list-style-type: none"> (1) performs a mission analysis (2) does a medical estimate (3) writes the medical paragraph for brigade orders. 			
2. Conducts unit battle procedure (for more detail see CSS BTS 1001). <ul style="list-style-type: none"> a. receives a warning order and acknowledges b. conducts a reconnaissance c. conducts planning at all levels 			

MEDICAL - BATTLE TASK STANDARDS

Sub-Tasks and Standards	Eff	Nprac	Ineff
<ul style="list-style-type: none"> d. issues orders at all levels e. conducts internal administrative preparations for battle f. conducts movement and deployment of troops into the battle area. <p>3. Performs integral sustainment IAW CSS BTS 6001, 6002 and 6003.</p>			

BTS M6702 B/C/D/F – SITING, LAYOUT, DEPLOYMENT AND DEFENCE

ELEMENT: ANY FIELD AMBULANCE ELEMENT

ITERATION: 1 2 3 4 5 (circle)

CONDITIONS

The field ambulance is supporting the formation in operations. To optimize support, it becomes necessary to move a sub-unit or sub-sub-unit. A suitable new area is available. This task must be carried out by both day and night, under all environmental conditions and in any phase of war.

TASK STANDARD

Medical elements site, deploy and defend medical facilities whilst ensuring the highest possible standards of medical care for their patients.

Sub-Tasks and Standards		Eff	Nprac	Ineff
1.	Deploys a medical facility. <ul style="list-style-type: none"> a. adheres to battle procedure as detailed in CSS BTS 1001 b. upon receipt of a warning order, conducts the following sequence of events: <ul style="list-style-type: none"> (1) map reconnaissance (2) time appreciation (3) issues a warning order (4) conducts reconnaissance IAW siting factors as detailed in paragraph 2 (5) conducts an orders group 			

MEDICAL - BATTLE TASK STANDARDS

Sub-Tasks and Standards	Eff	Nprac	Ineff
<ul style="list-style-type: none"> (6) dispatches the advance party (7) adheres to notice to move as specified in unit SOPs (8) conducts a deliberate move out of location IAW B-GL-313-001/FP-001, Medical Services in Battle (9) moves the main body c. conducts occupation drills as detailed in unit SOPs or as outlined in unit orders. 			
<p>2. Sites a medical facility.</p> <ul style="list-style-type: none"> a. reconnaissance officer sites medical facility IAW factors as detailed in B-GL-313-001/FP-001, Chapter 7, Section 2, Medical Services in Battle: <ul style="list-style-type: none"> (1) mission (2) availability (3) space (4) vulnerability (5) protection (6) evacuation routes (7) landing areas (8) buildings (9) water (10) hard-standing 			

Sub-Tasks and Standards	Eff	Nprac	Ineff
<ul style="list-style-type: none"> (11) health hazards (12) meteorology (13) communications (14) alternative site (15) conformity (16) concealment (17) publicity (18) relativity 			
<p>3. Lays out the medical facility.</p> <ul style="list-style-type: none"> a. layout adheres to basic principles as detailed in B-GL-313-001, Chapter 7, Section 3, Medical Services in Battle, namely: <ul style="list-style-type: none"> (1) patient flow (2) simplicity (3) efficient use of space b. facility is laid out IAW figures 7-3-1 and 7-3-2 of B-GL-313-001/FP-001, Medical Services in Battle. 			
<p>4. Provides defence of the medical facility.</p> <ul style="list-style-type: none"> a. provides protection (under the provisions of the Geneva Conventions) of medical personnel, facilities and equipment IAW CFP (J) 5(4) Chapter 17, Medical Support to Joint Operations 			

MEDICAL - BATTLE TASK STANDARDS

Sub-Tasks and Standards	Eff	Nprac	Ineff
<p>b. adheres to essentials of defence IAW B-GL-313-001/FP-001, Medical Services in Battle to include:</p> <ul style="list-style-type: none"> (1) skilled use of personal weapons (2) rehearsal of defensive actions (3) detailed defensive plans (4) proper use of camouflage and concealment (5) enforcement of movement, track, light and noise discipline (6) proper sentry and warning drills (7) coordination of defence plans (8) establishment where necessary of listening posts, observation posts or standing patrols (9) dispersion (10) protection against indirect fire 			

BTS M6703 D - OPERATE AN AMBULANCE SHUTTLE**ELEMENT: AMBULANCE COMPANY****ITERATION: 1 2 3 4 5 (circle)****CONDITIONS**

The brigade group is deployed in a mid-intensity conflict and is sustaining casualties not to exceed 5% of overall strength per day. The brigade area of responsibility does not exceed 30 kms frontage by 60 kms depth and contains a reasonable network of passable roads. All integral medical elements are operable. Aeromedevac is not available forward of the BSA.

TASK STANDARD

All patients are evacuated without causing additional injury or wasting resources.

Sub-Tasks and Standards	Eff	Nprac	Ineff
1. The company operates an Ambulance Loading Point (ALP) <ul style="list-style-type: none"> a. conducts hasty camouflage of ambulance upon arrival and full camouflage if required within 15 minutes of arrival b. reports to supported UMS and exchanges the following information as a minimum: <ul style="list-style-type: none"> (1) stand-to responsibilities (2) location of supported medical platoon (3) location of flanking UMSS (4) status of evacuation routes (5) location of ambulance relay points 			

MEDICAL - BATTLE TASK STANDARDS

Sub-Tasks and Standards	Eff	Nprac	Ineff
<p>(ARPs)</p> <ul style="list-style-type: none"> c. stocks ambulance properly IAW unit load plan d. passes a SITREP to Ambulance Company HQ within 20 minutes of arrival e. loads patients in proper sequence IAW A-MD-114-000/FP-000, Manual of Transportation of the Sick and Wounded f. conducts medical property exchange g. informs the ARP of the current UMS location on rearward passage. <p>2. The company operates an Ambulance Relay Point (ARP).</p> <ul style="list-style-type: none"> a. deploys to the correct location b. performs hasty camouflage of ambulance upon arrival and full camouflage, if required, within 15 minutes of arrival c. establishes a work/rest routine with one member or team remaining awake at all times d. stocks ambulance properly IAW unit load plan e. knows location of supported UMS f. knows location of supporting medical platoon g. reacts correctly to call forward signal when ambulance passes 			

Sub-Tasks and Standards	Eff	Nprac	Ineff
<p>h. tears down camouflage within 5 minutes.</p> <p>3. The company operates an Ambulance Control Post (ACP).</p> <p>a. Establishes communications with the Ambulance Company HQ or Field Ambulance HQ</p> <p>b. maintains location states for all ambulance assets and medical facilities</p> <p>c. provides SITREPs to the Field Ambulance HQ every 12 hours</p> <p>d. obtains information on the tactical situation and patients awaiting evacuation from rearward moving ambulances</p> <p>e. directs replenishment ambulances forward along correct routes</p> <p>f. maintains proper number of ambulances in each leg of shuttle</p> <p>4. The company operates a Basic Relay Point (BRP).</p> <p>a. re-fuels and re-supplies ambulances</p> <p>b. maintains vehicles IAW vehicle maintenance book</p> <p>c. camouflages and conceals vehicles adequately</p> <p>d. establishes a work/rest cycle to make maximum use of available rest time</p> <p>e. posts sentries and ensures their employment IAW Infantry Battle Task Standards</p>			

MEDICAL - BATTLE TASK STANDARDS

Sub-Tasks and Standards	Eff	Nprac	Ineff
f. adopts a defensive posture according to the tactical situation			

BTS M6704 B/C/D – COORDINATE AIR EVACUATION**ELEMENT: SECTION/PLATOON/COMPANY****ITERATION: 1 2 3 4 5 (circle)****CONDITIONS**

The brigade group is conducting medium intensity operations. Radio silence has been lifted. Local air superiority is assumed to exist. This task should take place at a deployed medical facility of at least section, preferable platoon-size with a suitable LZ.

TASK STANDARD

Patients are evacuated without causing additional injury or wasting resources.

Sub-Tasks and Standards	Eff	Nprac	Ineff
1. The senior medical person present selects patients who meet the criteria for aeromedevac as stipulated in Field Ambulance orders. 2. Composes and transmits a HELQUEST. a. employs correct format as per SOPs b. composes and transmits within 4 minutes c. employs proper voice procedure IAW ACP 125, RadioTelephone Procedures for the Canadian Forces (Land Supplement) 3. Prepares patient for evacuation. a. ensures documentation (CF 2050, Field Register and CF 2046, Field Medical Card) is completed and CF 2046 is tagged on patient b. collects medical supplies required for			

MEDICAL - BATTLE TASK STANDARDS

Sub-Tasks and Standards	Eff	Nprac	Ineff
<p>treatment en-route</p> <p>c. senior medical person designates medical assistants to accompany as required</p> <p>4. Loads helicopter.</p> <p>a. loads patients in correct order IAW A-MD-114-000/FP-000, Manual of Transportation for the Sick and Wounded</p> <p>b. secures patients properly</p> <p>c. follows embarkation drills</p> <p>d. sends evacuation report to patients' destination via most viable means within 2 minutes of helicopter departure</p> <p>5. Unloads helicopter.</p> <p>a. briefs receiving unit on patients' status</p> <p>b. off-loads patients in correct order IAW A-MD-114-000/FP-000, Manual of Transportation for the Sick and Wounded</p> <p>c. follows disembarkation drills</p> <p>d. exchanges medical property</p>			

BTS 6705 – CONDUCT CASUALTY SWEEPS

ELEMENT: ANY ELEMENT (NOT RESTRICTED TO MEDICAL UNITS)

ITERATION: 1 2 3 4 5 (circle)

CONDITIONS

A unit of the formation, (or possibly an enemy unit), has sustained multiple casualties distributed across a given area. The parent unit is unable to assist in their recovery, due to becoming operationally ineffective or to being fully committed to another task. The area is secured from direct fire threats.

TASK STANDARD

The element conducts a sweep of an area in search of casualties. The element collects casualties, provides combat first aid and prepares for evacuation.

Sub-Tasks and Standards	Eff	Nprac	Ineff
1. Command and control is provided. <ul style="list-style-type: none"> a. the on-scene commander (OSC) assumes command immediately upon arrival. The OSC does not need to be the most medically qualified person b. OSC ensures he and his CP are identifiable within one minute of arrival c. OSC obtains a brief from a contact person (if any) within four minutes of arrival d. OSC sends a LOCREP within 5 minutes of arrival e. OSC sends an initial SITREP within 5 minutes of arrival 			

MEDICAL - BATTLE TASK STANDARDS

Sub-Tasks and Standards	Eff	Nprac	Ineff
<ul style="list-style-type: none"> f. OSC assigns personnel to: <ul style="list-style-type: none"> (1) sweep line (2) treatment line (3) triage officer (who should be the most medically qualified person) g. OSC requests additional resources if required 			
<ul style="list-style-type: none"> 2. Conducts casualty location and treatment. <ul style="list-style-type: none"> a. starts sweep line within 8 minutes of arrival b. starts treatment line within 10 minutes of arrival c. spaces sweep and treatment lines appropriate to terrain d. adequately marks casualties to allow identification by treatment line e. triage officer assigns appropriate priorities to casualties f. treatment personnel provide emergency first aid g. sweep line extends search in wider arc if reasonable possibility of further casualties exist. 			
<ul style="list-style-type: none"> 3. Conducts casualty evacuation. <ul style="list-style-type: none"> a. moves casualties to a collection area. Area should be sub-divided by priority 			

Sub-Tasks and Standards		Eff	Nprac	Ineff
b.	re-evaluates casualties			
c.	evacuates casualties in order of priority using all available resources			
d.	sends an evacuation report within 5 minutes of last casualty leaving.			

MEDICAL - BATTLE TASK STANDARDS

BTS M6706 B/C – OPERATE A STAGING FACILITY

ELEMENT: SECTION/PLATOON

ITERATION: 1 2 3 4 5 (circle)

CONDITIONS

The formation is conducting operations. All major unit UMSs are functioning and the ambulance shuttle is in operation. The medical facility undertaking the task is at 30 minutes or more notice to move.

TASK STANDARD

Patients are staged as required. Specifically, appropriate decisions are made regarding the need to off-load patients.

Sub-Tasks and Standards		Eff	Nprac	Ineff
1.	In-route sentry conducts operations. <ul style="list-style-type: none">a. challenges IAW Infantry Battle Task Standardsb. determines number and type of patientsc. determines whether patients are clean or contaminated and determines the type of agent if knownd. if patients are contaminated, directs ambulance to the designated 'dirty' facility or to patient decontamination centere. directs ambulance to facility, if not obviousf. relays information to facility within 1 minute of initial contact			
2.	The ambulance's load is re-sorted. <ul style="list-style-type: none">a. triage officer meets ambulance and receives			

Sub-Tasks and Standards	Eff	Nprac	Ineff
<p>report from medical assistant in the back</p> <p>b. triage officer determines who needs to be off-loaded and in what order. Time limit is 4 minutes.</p> <p>3. Conducts off-loading.</p> <p>a. follows assigned orders as per triage officer's instructions</p> <p>b. employs correct stretcher techniques IAW A-MD-114-000/FP-000, Manual of Transportation of the Sick and Wounded</p> <p>c. places patient in correct resuscitation bay</p> <p>d. conforms to 3 minute time limit per patient</p> <p>4. Conducts a primary survey.</p> <p>a. team leader ensures clearly defined tasks for each team member</p> <p>b. team identifies critical problems and institutes corrective action by following BTLs protocol</p> <p>c. completes the CF 2046, Field Medical Card and the CF 2050, Field Register, concurrent with paragraph 4b.</p> <p>5. Transfers to holding facility.</p> <p>a. moves to designated place in holding facility within 2 minutes of declaring stable</p> <p>b. passes accurate report to medical assistant responsible for holding</p>			

MEDICAL - BATTLE TASK STANDARDS

Sub-Tasks and Standards		Eff	Nprac	Ineff
6.	<p>Conducts sustainment tasks.</p> <ul style="list-style-type: none"> a. conducts medical property exchange for each incoming ambulance b. replenishes own medical supplies between ambulance loads c. provides for patient well-being IAW B-GL-313-001/FP-001, Volume 1, Chapter 10, Medical Services in Battle d. segregates deceased, following procedures IAW SOPs and ABCA QSTAG 470, Documentation Relative to Medical Evacuation, Treatment and Cause of Death of Patients e. ensures efficient use of evacuation resources f. transmits evacuation report within 5 minutes of each ambulance departing. 			

BTS M6707 B/C – OPERATE A HOLDING FACILITY**ELEMENT: SECTION/PLATOON****ITERATION: 1 2 3 4 5 (circle)****CONDITIONS**

The formation is conducting operations. All major unit UMSs are functioning and the ambulance shuttle is in operation. The medical facility undertaking the task is at 60 minutes or more notice to move.

TASK STANDARD

The section/platoon ensures that patients continue only as far rearward as the patient's medical condition warrants or the military situation dictates.

Sub-Tasks and Standards		Eff	Nprac	Ineff
1.	Lays out and organizes the facility. <ul style="list-style-type: none"> a. ensures for logical patient flow b. ensures that patients awaiting further evacuation are located near the exit by priority c. ensures patients expected to return to their unit are kept segregated d. ensures efficient use of available space 			
2.	Provides patient care. <ul style="list-style-type: none"> a. ensures correct execution of medication orders b. ensures frequent monitoring of patients' condition IAW treatment orders: <ul style="list-style-type: none"> (1) implements dietary orders correctly 			

MEDICAL - BATTLE TASK STANDARDS

Sub-Tasks and Standards	Eff	Nprac	Ineff
<ul style="list-style-type: none"> (2) checks dressings for soaking or slipping (3) checks immobilized patients for pressure points and circulation and re-positions if necessary c. maintains a confident, caring, calm and discrete manner (in judgement of senior evaluator) d. as time permits, attends to patient well-being IAW B-GL-313-001/FP-001, Medical Services in Battle e. provides accurate documentation on the CF 2046, Field Medical Card and the CF 2050, Field Register 			
<p>3. Conducts sustainment tasks.</p> <ul style="list-style-type: none"> a. maintains the stock control system and re-orders as required IAW the unit pannier checklist b. enforces sustainable staff work/rest cycles c. uses stress defusing techniques when required d. uses all available medevac resources efficiently. 			

BTS M6708 F – PROVIDE AREA MEDICAL SUPPORT**ELEMENT: FIELD AMBULANCE****ITERATION: 1 2 3 4 5 (circle)****CONDITIONS**

A brigade group is conducting independent operations. The type of operation, climate and terrain is not limited except that this task should not be assessed in MOPP 3 (Mask).

TASK STANDARD

Units of the brigade group with insufficient medical support will receive medical care on an area basis from accessible Field Ambulance elements.

Sub-Tasks and Standards		Eff	Nprac	Ineff
1.	Provides ambulatory care.			
a.	greet patients within 1 minute of arrival unless multiple patient situation exists			
b.	initiates documentation (CF 2046, Field Medical Card)			
c.	screens promptly IAW priority of presentation			
d.	where possible, provides for privacy of patient			
e.	documents findings in "SOAP" format			
f.	consults MO if required. Explains delay if MO is unavailable due to other duties			
g.	fills prescriptions accurately			
h.	gives clear instructions to patients re:			

MEDICAL - BATTLE TASK STANDARDS

Sub-Tasks and Standards	Eff	Nprac	Ineff
<p>medications, rest, exercises, follow-up</p> <p>i. records visit in sick parade register, CF 2050</p> <p>2. Provides evacuation outside established ambulance shuttle.</p> <p>a. upon initial contact:</p> <p>(1) receives required information from requesting unit:</p> <p>(a) number of patients by priority</p> <p>(b) location of patients and contact point</p> <p>(c) tactical situation/threat</p> <p>(d) special instructions or equipment required</p> <p>(2) passes to Ambulance Company through Field Ambulance HQ:</p> <p>(a) timely reports (2 minutes unless higher priority traffic is on the net)</p> <p>(b) employs correct use of low level codes</p> <p>(c) enters correctly in the log</p> <p>b. Ambulance Company HQ:</p> <p>(1) receives and records information as identified in paragraph 2a.(2) above</p> <p>(2) dispatches ambulance from</p>			

Sub-Tasks and Standards	Eff	Nprac	Ineff
<p>appropriate ARP</p> <p>(3) backfills from ACP or BRP</p> <p>(4) re-establishes normal shuttle on completion of task</p> <p>(5) if recurrent, considers re-design of shuttle arms</p> <p>c. conducts individual ambulance tasks:</p> <p>(1) de-camouflages the vehicle within 5 minutes</p> <p>(2) correctly locates the grid on the map</p> <p>(3) correctly plans the route</p> <p>(4) arrives in a timely fashion at the contact point (depends on route and tactical situation)</p> <p>(5) loads patients in the correct order</p> <p>(6) monitors patients en-route</p> <p>(7) passes a SITREP through the ACP on completion of task</p> <p>3. Provides preventive medicine services.</p> <p>4. Provides medical re-supply to minor units.</p> <p>5. Reinforces or replaces existing UMS when dictated by tactical situation or casualties sustained by the UMS.</p>			

MEDICAL - BATTLE TASK STANDARDS

BTS M6709 F - PROVIDE MEDICAL RE-SUPPLY TO THE FORMATION

ELEMENT: FIELD AMBULANCE

ITERATION: 1 2 3 4 5 (circle)

CONDITIONS

The formation is conducting operations. All medical elements are deployed and functioning normally. This skill is to be practised under conditions of radio silence.

TASK STANDARD

Formation medical elements are kept supplied with essential medical items.

Sub-Tasks and Standards	Eff	Nprac	Ineff
<p>1. Medical field sub-elements carry out re-supply responsibilities.</p> <p>a. the ambulance detachment:</p> <ul style="list-style-type: none">(1) receives demands (any format) from the unit, noting time and location(2) submits the demand to the nearest medical platoon along shuttle(3) if an AXP exists between the ALP and the medical platoon, hands-over the demand along with the patient <p>b. the medical platoon:</p> <ul style="list-style-type: none">(1) receives demand from the ambulance crew(2) searches platoon panniers for items, fills as much of the demand as possible and sends the items forward			

Sub-Tasks and Standards	Eff	Nprac	Ineff
<p>in the returning ambulance</p> <p>(3) records the items that were issued</p> <p>(4) submits the list of items unable to be filled along with the Record of Issues to Medical Company HQ</p> <p>c. the Medical Company HQ:</p> <p>(1) passes the information from paragraph 1b.(4) to the Pharm O</p> <p>(2) fills outstanding unit demands, substitutes within reason if unable to fill as written (e.g. Normal Saline for Ringer's, Morphine for Demerol) and sends forward in ambulance</p> <p>(3) re-supplies medical platoon according to their Record of Issues</p> <p>(4) IAW re-order stock levels, demands own re-supply from FMED or other designated Medical Supply Point</p> <p>(5) reconciles supplies received to demands</p> <p>(6) maintains narcotic security</p> <p>(7) maintains the narcotic register.</p> <p>d. the Ambulance Control Point:</p> <p>(1) ensures supplies are directed down the correct branch of the ambulance shuttle towards originating UMS.</p>			

MEDICAL - BATTLE TASK STANDARDS

**BTS M6710 C - PROVIDE DENTAL SUPPORT TO THE
BRIGADE GROUP**

ELEMENT: DENTAL PLATOON

ITERATION: 1 2 3 4 5 (circle)

CONDITIONS

The brigade group is deployed in mid-intensity conflict.

TASK STANDARD

Dental patients are treated IAW their dental condition without wasting resources and while minimizing patients' time away from their unit.

Sub-Tasks and Standards	Eff	Nprac	Ineff
<p>1. The Dental Plan is prepared by the platoon commander IAW B-GL-303-002/FP-000, Operational Staff Procedures, to include.</p> <ul style="list-style-type: none">a. Maintenance of a high standard of oral health and prevention of dental diseaseb. Provision of emergency and routine dental treatmentc. Management of dental suppliesd. Coordination of dental patient evacuatione. Administration of dental documentsf. Provision of para-medical assistance to the Medical Company during periods of intense combat <p>2. The platoon commander ensures implementation of the Dental Plan as outlined in paragraph 1.</p>			

Sub-Tasks and Standards	Eff	Nprac	Ineff
3. Dental resources are managed IAW B-GL-313-001/FP-001, Medical Services in Battle, to include the doctrinal deployment method for the dental platoon.			

GLOSSARY

Reference:

B-GL-313-001/FP-001, Volume 1, Medical Services in Battle

B-GG-005-004/017 - Health Services Support For Canadian Forces Joint And Combined Operations (Second Draft)

Aeromedical Evacuation (AME)

The movement of patients under medical supervision to and between medical treatment facilities by air transportation.

Ambulance (amb)

A ground, air or sea conveyance manned and equipped to provide in-transit care, for the sick, injured and wounded:

Ground:

To include road/off road vehicles (wheeled/tracked) and railways.

Air:

Fixed and rotary wing aircraft equipped and designated for medical evacuation.

Sea:

Any vessel (ship, boat, hovercraft, but not hospital ships) intended for medical evacuation to a medical treatment facility. See also Casualty Transport Ship.

Ambulance Control Post (ACP)

This is placed at a road junction or intersection where the main evacuation route divides into two or more routes going forward. The ambulance control point serves to direct replacement ambulances to the forward areas along the correct route, and thus maintain the proper number of ambulances in each leg of the shuttle. The ambulance platoon headquarters is often used to carry out the ACP function.

Ambulance Exchange Point (AXP)

An ambulance exchange point is a post where patients may be transferred from one type of ambulance to another. This point is normally established by a UMS, in order to transfer patients from tracked to wheeled vehicles.

Ambulance Loading Point (ALP)

This point is a location in the ambulance shuttle, usually at a UMS, where at least one empty ambulance is ready to receive patients for evacuation.

Ambulance Relay Point (ARP)

This point is located where one or more ambulances wait ready to go forward to another ambulance relay point or to an ambulance loading point.

Ambulance Shuttle

System of controlling the movement of ambulances, whereby an ambulance is sent forward to the location of a supported element, and automatically replaced by the supporting medical unit when the ambulance leaves the supported location.

Area Medical Support

Units/Sub-units with insufficient organic medical support will receive medical care on an area basis, from facilities within the immediate vicinity.

MEDICAL - BATTLE TASK STANDARDS

Battle Casualty (BC)

Any casualty incurred as the direct result of hostile action, sustained in combat or relating thereto or sustained going to or returning from a combat mission. Included in this category, in relation to personnel, are: Killed-in-Action (KIA), Missing-in-Action (MIA), Captured-in-Action (CIA), Wounded-in-Action (WIA), Died of Wounds (DOW), Combat Stress Reaction (CSR), Nuclear, Biological and Chemical (NBC) Casualties.

Basic Relay Point (BRP)

The BRP is where the bulk of any uncommitted ambulances are stationed. Routine maintenance, crew rest, and frequently feeding take place here. It will usually be located towards the rear of the Brigade Group area of operations, and is normally collocated with either ambulance company headquarters, or elements of medical company, for reasons of security.

Casualty (cas)

In relation to personnel, any person who is lost to the organization by reason of having been declared dead, wounded, injured, diseased, detained, captured or missing.

Caterpillar Movement

Process whereby a medical facility moves to a location adjacent to a second facility and opens. This allows the second facility to hand over to the new facility, close, and move to a new distant location. This technique is employed mostly for Role 1 and Role 2 treatment facilities in order to maintain the relationship with the supported unit.

Combat Stress Reaction (CSR)

A disorder of psychological function which is a normal response to an abnormal situation experienced during combat. It may cause a temporary inability to perform duties.

Died of Wounds (DOW) Casualty

A battle casualty who dies of wounds or other injuries received in action, after having entered the medical care system.

Disease and Non-Battle Injury (DNBI) Casualty

A grouping of casualties which are due to disease or injury not acquired in battle action.

Evacuation (evac)

The medically controlled process of moving any person who is wounded, injured or ill to and/or between medical treatment facilities.

Evacuation Policy

A command decision, indicating the maximum period that patients may be planned to be held within the command for treatment. Patients who, in the opinion of the responsible medical officer, cannot be returned to duty status within the period prescribed are evacuated, provided the travel involved will not aggravate their disabilities. The evacuation policy designates the maximum number of days that patients may be held by each role of medical support.

First Aid

The first measures to assist or relieve individuals suffering from injuries, wounds, diseases, and NBC contamination. Initial treatment is usually provided through self/buddy aid or rendered by medical personnel.

Forward Aeromedical Evacuation

That phase of evacuation which provides airlift for patients between points within the battlefield, from the battlefield to the initial point of treatment, and to subsequent points of treatment within the Combat Zone.

MEDICAL - BATTLE TASK STANDARDS

Hospital (hosp)

A medical treatment facility capable of providing inpatient care. It is appropriately staffed and equipped to provide diagnostic and therapeutic services, as well as the necessary supporting services required to perform its assigned mission and functions.

Killed in Action (KIA) Casualty

A battle casualty who is killed outright or who dies as a result of wounds or other combat related injuries before entering the medical system.

Leapfrog Movement

Process whereby a medical facility moves from a distant location, past an existing facility and opens at a new distant location.

Mass Casualty Situation

One in which an excessive disparity exists between the casualty load and the medical capabilities locally available for its conventional management.

Minor Units

Minor units may not have a medical officer, but that expertise will be provided by the supporting second line medical unit. See area medical support.

Non-Battle Casualty

A person who is not a battle casualty, but is lost to the organization from disease or injury, including persons dying from disease or injury, or by reason of being missing where the absence does not appear to be voluntary or due to enemy action or to being interned.

Non-Battle Injury (NBI)

Trauma, such as a fracture, wound, sprain, dislocation, or concussion, not acquired in battle action.

Patient

Any person who has entered the medical care system for diagnosis and/or treatment.

Patient Disposition

The removal of a patient from a medical treatment facility by reason of return to duty, transfer to another treatment facility, death or other termination of medical case.

Role of Medical Support

A numeric designation which identifies the clinical capability a medical facility can provide.

Strategic Aeromedical Evacuation

Airlift for patients out of the theatre of operations.
Synonymous with intertheatre aeromedical evacuation.

Tactical Aeromedical Evacuation

Airlift for patients from the Combat Zone to and between points within the Communication Zone. Synonymous with intratheatre aeromedical evacuation.

MEDICAL - BATTLE TASK STANDARDS

Tailgate Operations

Providing basic patient care directly from vehicles without setting up a facility, in order to maintain maximum mobility.

Triage

The evaluation and classification of casualties for purposes of treatment and evacuation. It consists of the immediate sorting of patients according to type and seriousness of injury, and likelihood of survival, and the establishment of priority for treatment and evacuation to ensure medical care of the greatest benefit to the largest number. Also called "sorting".

Unit Medical Station (UMS)

Medical facility fully integrated in a land force unit and operated under the command of the responsible medical officer of the unit. As a rule, the UMS is the first medical facility where a sick or wounded casualty receives medical treatment carried out by or under the supervision of a physician.

Wounded-In-Action (WIA) Casualty

A person suffering from battle-related trauma, including all kinds of wounds and other injuries incurred in action, whether there is a piercing of the body, as in a penetrating or perforated wound, or none, as in the contused wound; all fractures, burns, blast concussions, all affects of biological and chemical warfare agents, the effects of exposure to ionizing radiation, or any other destructive weapon or agent.

ACRONYMS AND ABBREVIATIONS

LIST OF ACRONYMS AND ABBREVIATIONS

Reference:

B-GL-313-001/FP-001, Volume 1, Medical Services in Battle

B-GG-005-004/017 - Health Services Support For Canadian Forces
Joint And Combined Operations (Second Draft)

ACP	Ambulance Control Post
ALP	Ambulance Loading Point
amb	ambulance
AME	Aeromedical Evacuation
ARP	Ambulance Relay Point
ASC	Advanced Surgical Centre
ASF	Aeromedical Staging Facility
AXP	Ambulance Exchange Point
BC	Battle Casualty
BMS	Brigade Medical Station
BRP	Basic Relay Point
CCP	Casualty Collecting Post
CMG	Canadian Medical Group
Comd	Commander
Comm Z	Communications Zone
CSR	Combat Stress Reaction
CZ	Combat Zone
det	detachment

MEDICAL - BATTLE TASK STANDARDS

DMS	Division Medical Station
DNBI	Disease and Non-Battle Injury
DOW	Died Of Wounds
FCZ	Forward Combat Zone
FEBA	Forward Edge of the Battle Area
hosp	hospital
KIA	Killed In Action
MIA	Missing In Action
PW	Prisoner of War
resus	resuscitation
strat	strategic
sup	supply
tmt	treatment
tpt	transport
UMS	Unit Medical Station
WIA	Wounded In Action