

Training
MEDICAL SUPPORT REQUIREMENTS FOR TRAINING

Summary. This regulation provides guidance on establishing Medical Support required to conduct training on Fort Carson and at Piñon Canyon Maneuver Site.

Applicability. This regulation applies to all Active, Reserve, and National Guard Component organizations conducting training at Fort Carson or Piñon Canyon.

Proponent and Exception Authority: The proponent agency for this regulation is the G3/DPTM PLEX Division. Authority to approve any exception to this regulation is vested with the Deputy Commanding General.

Suggested Improvements. Users are invited to send comments and suggested improvements on DA Form 2028 to Commander, 7th Infantry Division (Integrated) and Fort Carson, ATTN: AFZC-DT-PL, Fort Carson, CO 80913-5000.

(AFZC-DT-PL)

FOR THE COMMANDER:

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*This regulation replaces FC Regulation 350-1-1, dated 31 July 2000.

1. References. See Appendix A.

2. Purpose. This regulation informs all units and agencies planning to conduct training at Fort Carson and/or Piñon Canyon Maneuver Site of medical and safety requirements that will be met in order to conduct planned training. These requirements are in addition to other established Fort Carson training and safety requirements.

3. Intent. To provide immediate, accurate, and responsive medical support in the event a training casualty occurs during training conducted at Fort Carson, Piñon Canyon, or enroute between the two. This level of medical support will be achieved through strict adherence to this regulation and through detailed planning and coordination conducted by the training unit or agency.

4. Policy. Failure to comply with this regulation will result in training requests being disapproved. Training in progress will be halted until compliance is reestablished. Continued failure to comply with this regulation may result in administrative or UCMJ action against the training unit's chain of command and leadership.

5. Responsibilities.

a. Deputy Commanding General (DCG), 7th Infantry Division (Integrated) and Fort Carson will:

(1) Ensure command compliance with instructions published in this regulation.

(2) Approve or deny unit requests for exemption from any provisions of this regulation.

b. Chief of Staff, 7th Infantry Division (Integrated) and Fort Carson will:

(1) Recommend approval or denial to DCG of unit requests for exemption from any provisions of this regulation.

(2) Direct revision of this regulation as required or upon annual review.

c. G-3, 7th Infantry Division (Integrated) and Fort Carson will:

(1) Establish, publish, and maintain this regulation.

(2) Schedule annual review of this regulation. Publish changes to this regulation based upon annual review, medical support lessons learned, or as directed.

(3) Schedule annual Level III casualty treatment and evacuation exercise from the Fort Carson and/or Piñon Canyon maneuver training areas to ensure treatment and evacuation standards remain responsive and in accordance with this regulation.

(4) Conduct After Action Review (AAR) of all training accidents and medical support provided in order to identify possible methods of preventing future accidents and to incorporate medical support lessons learned into this regulation.

(5) Process written requests for exceptions to this regulation.

d. Fort Carson MEDDAC S2/S3 in conjunction with 7th Division Surgeon's Office will:

(1) Review and approve medical support plans of non-installation units training at Fort Carson and/or Piñon Canyon to ensure their compliance with this regulation. Units must submit their medical support plan NLT 60 days before their anticipated training dates.

(2) Serve as the Fort Carson point of contact for units desiring to coordinate medical support for training at Fort Carson and/or Piñon Canyon. MEDDAC S2/S3 can assist units in determining medical support requirements. However, after consultation, units must submit a formal request for this support through Fort Carson's G3/DPTM NLT 90 days before the training period. MEDDAC S2/S3 phone number is (719) 526-7270. Office is located in Evans Army Community Hospital, Room 2479.

(3) Obtain list of healthcare providers that visiting units are bringing to support training. Ensure Fort Carson Reserve Component Support Division (RCSD) has this list as well for all National Guard and Reserve component units planning and conducting training at Fort Carson and/or Piñon Canyon.

(4) Ensure that visiting medical personnel are credentialed to practice at Fort Carson and/or Piñon Canyon.

e. Installation Safety Office will ensure that training units have completed a Risk Assessment for the planned training in accordance with the Fort Carson Risk Management Guide for Leaders (see Appendix B).

f. Training Units and Agencies will:

(1) Comply with this regulation at all times while planning and conducting training on Fort Carson and/or Piñon Canyon.

(2) Ensure that their subordinate units and soldiers are aware of and comply with the requirements and procedures in this regulation.

(3) Request in writing for exception to any provisions of this regulation. Requests will be made to: Commander, 7th Infantry Division (Integrated) and Fort Carson, ATTN: AFZC-DT (G-3), Fort Carson, CO 80913-5000.

(4) Conduct a Risk Assessment for the planned training in accordance with the Fort Carson Risk Management Guide for Leaders (Appendix B).

6. Procedures.

a. Units will plan for medical support during all aspects of training to include movement to and from the training site. The unit's medical support plan (see paragraph 8) will comply with the requirements of this regulation and will be disseminated as part of the training unit's Exercise Directive, Operation Plan, and/or Operation Order.

b. Once non-installation units have developed their unit medical support plan, they will attend required briefings and obtain

required signatures on the Fort Carson Installation Training Checklist (see Appendix G). Fort Carson MEDDAC S2/S3 in conjunction with 7th ID Division Surgeon's Office will not approve a unit training request that does not comply with this regulation without written approval for exception by the DCG, 7th Infantry Division (Integrated) and Fort Carson. This exception should be available for review NLT 60 days before the scheduled training.

c. Units may coordinate for installation medical support at Fort Carson and/or Piñon Canyon thru the Fort Carson MEDDAC S2/S3 in conjunction with 7th Division Surgeon's Office. MEDDAC S2/S3 can assist units in determining medical support requirements. However, after consultation, units must submit a formal request for this support through Fort Carson's G3/DPTM NLT 90 days before the training period. Non-installation unit medical support requests and approval will be written and available for review during the briefing/signature processing of the Installation Training Checklist (Appendix G).

d. Non-installation units will be authorized to conduct planned training on Fort Carson and/or Piñon Canyon once the G-3 training representative signs block 5 of the FC Form 40-E. The G-3 training representative will only sign after all other briefings and signatures have been obtained.

e. Non-installation units may conduct planned and approved training on Fort Carson and/or Piñon Canyon as long as they remain in compliance with this and other applicable regulations. See also Fort Carson Regulation 350-1, especially Chapter 8 and paragraph 9-4, for additional medical requirements.

f. If the training unit is unable to comply with this regulation at any point in time, training will stop, regardless of prior approval, until compliance is gained. No soldier or civilian's life will be jeopardized due to lack of appropriate medical support.

7. Medical Support Available.

a. Fort Carson has the following medical support facilities:

(1) Evans Army Community Hospital (EACH) is located in Building 7500. EACH Emergency Room is a Level III facility and can be reached by phoning (719) 526-7111 on a 24-hour daily basis. Primary medical care for rotating units will be determined by the MEDDAC S2/S3 at (719) 526-7270 and is located in Building 7500, Room 2479. Director of Health Services (DHS) phone number is (719) 526-7500. After normal duty hours, the Administrative Officer on Duty (AOD) can be reached at (719) 526-7000.

(2) Troop Medical Clinics. Fort Carson has two troop medical clinics (TMC). Units should determine which TMC will be their servicing TMC at least 60 days prior to the scheduled training. No TMC is regularly open on weekends. For medical care on weekends go to EACH Emergency Room.

(a) TMC 9 (formerly #6) phone number is 526-3510 and is located in Building 1007 at the intersection of O'Connell and Wetzel. Hours of operation are 0700-1600, M-F.

(b) TMC 10 phone number is 524-4142 and is located in Building 7490. Hours of operation are 0700-1600, M-F.

(3) Dental treatment. Fort Carson has four dental clinics. No dental clinic is regularly open on weekends. For dental care on weekends go to EACH Emergency Room, and they can contact the dentist on call.

(a) Larson Dental Clinic is located in building 1227 and is the primary dental clinic for visiting training units on Fort Carson. The phone number is 526-3330. Hours of operation are:

M-W, F 0630-1600

TH 1200-1600

(b) Dental Clinic #1 is located in building 2356 and the phone number is 526-2200. Hours of operation are:

M-W, F 0630-1600

TH 0700-1600

(c) Smith Dental Clinic is located in building 1855. The phone number is 526-5400. Hours of operation are:

M-TH 0700-1630

F 0700-1530

(d) EACH Dental Clinic is located in building 7500, and the phone number is 526-7100. Hours of operation are:

M-TH 0700-1630

F 0700-1530

b. Piñon Canyon Maneuver Site (PCMS) Medical Support Facilities.

(1) There are no permanently staffed medical support facilities at PCMS. Units seeking to conduct training at PCMS must coordinate medical support for TMC 8 during the planning process. Staff and equipment must be requested through the Fort Carson G3/DPTM. Coordination for TMC 8, the building only, will occur through the Fort Carson MEDDAC S2/S3 in conjunction with 7th Division Surgeon's Office. TMC 8 is located in Building 300, phone number (719) 524-0102, and has limited Class VIII and limited emergency equipment. Units may sign for and staff TMC 8 or coordinate through G3/DPTM for Fort Carson medical personnel and medical officers to operate TMC 8. Requesting units must provide Class VIII and required emergency equipment for their planned training exercise.

(2) PCMS has no dental facilities. Patients requiring dental treatment will be returned to Fort Carson unless the training unit coordinates for dental support at Piñon Canyon. Dental support may be provided by the training unit or requested from Fort Carson.

c. Aeromedevac. The 571st Air Ambulance Company will provide air MEDEVAC support both at Fort Carson and Piñon Canyon. Required medical equipment is listed at Appendix D.

(1) Fort Carson Fire Department answers local 911 calls and will dispatch MEDEVAC flights requested on Ft Carson.

(2) Piñon Canyon Range Control will dispatch MEDEVAC flights requested on PCMS.

d. Patients at PCMS who cannot be treated at TMC 8 will be evacuated by ground to EACH or to a nearby Civilian Medical Treatment Facility if they are Convenience, Routine, or Priority patients.

They will be air evacuated if they are Urgent or Urgent Surgical patients.

e. If patients are air evacuated and no MEDEVAC helicopters remain at Piñon Canyon, training at Piñon Canyon will stop until a minimum of one fully mission capable MEDEVAC helicopter and crew return to Piñon Canyon.

f. Patients that require a level of care that cannot be provided by EACH will be taken to Memorial Hospital in Colorado Springs. Memorial Hospital is located at 1400 East Boulder Street, and the point of contact there is the Emergency Room at (719) 365-6820.

8. Unit Support Plan Requirements.

a. General. All maneuver area and live-fire range training requires the following at a minimum:

(1) A unit safety officer with current Range Certification Card. Certification is good for one year.

(2) The training unit's safety officer must receive the Mountain Post Safety Office briefing prior to initiation of training. This briefing is conducted at the Safety Office (526-2123), Building 1550, Room 2120, and is good for one year. The briefing may be previewed on the Fort Carson website at:

www.carson.army.mil/SAFETY/Page1.html.

(3) Training unit safety officers will conduct a range/maneuver area safety briefing for all personnel prior to initiating cold status on the range or to entering the training area. Range Control will not grant an initial cold/occupy status until this briefing has been conducted. This briefing will include the following information:

(a) The range/maneuver area number where training is being conducted.

(b) Location of the range or maneuver area medical support personnel and CASEVAC vehicle.

(c) Route to EACH (or TMC 8) from the range/maneuver area where training is being conducted.

(d) Range Control frequencies and phone numbers (see Appendix C).

(e) Range/maneuver area safety measures and considerations.

(4) Maintain continuous communications and conduct hourly radio checks with Range Control. If a radio check cannot be made, then unit will contact Range Control by telephone. Failure to maintain these hourly communications checks will result in training being suspended until communications with Range Control are restored. Units that cannot communicate with Range Control will self-initiate a cold status until communications are restored.

b. Live-Fire Range Training. On ranges of all calibers and type weapons, and in addition to the preceding general requirements, units must have:

(1) A range OIC who also possesses a current Range Certification Card.

(2) Range layout and operation to include locations of ammo point, CASEVAC vehicle, administrative area, and concurrent training stations if applicable.

(3) For .50 caliber ranges and below, training units will have one combat lifesaver (CLS) or medic present at all times. The CLS or medic will have a complete aid bag with non-expired supplies (see Appendix D), be knowledgeable of Range Control frequencies and phone number (Appendix C), and possess a strip map to EACH. A dedicated, litter-capable, CASEVAC vehicle will be present at the range. Should the CLS, medic, or CASEVAC vehicle depart the range, the range will go to a cold status until return or replacement of departed medical personnel or equipment.

(4) For ranges above .50 caliber, a medic equipped as described in the preceding subparagraph must be present. All of other provisions of the preceding subparagraph also apply.

(5) Units conducting NBC training at Range 72 must have a minimum of one medic and one CASEVAC vehicle present throughout training.

c. Maneuver Area Training on Fort Carson. In all training areas, and in addition to the preceding general requirements, units ensure that:

(1) Platoon size and below units training in a maneuver area will have a minimum of one dedicated, litter-capable, CASEVAC vehicle and one CLS with complete, non-expired, aid bag (see Appendix D). CLS must be knowledgeable of Range Control frequencies and phone number (Appendix C) and possess a strip map to EACH or TMC 8 as appropriate.

(2) In addition to the preceding subparagraph requirements, company-size units must have at least one medic ILO the CLS present.

(3) Units larger than company size must meet all requirements of the two preceding subparagraphs as well as deploy with additional medical support personnel and equipment. Otherwise units must submit a formal request for this support through Fort Carson's G3/DPTM NLT 90 days before the training period.

d. Maneuver Area Training at Piñon Canyon. In all training areas, and in addition to the preceding general requirements, units ensure that:

(1) Training at Piñon Canyon for company-sized units and below must be supported by a minimum of one fully mission capable MEDEVAC helicopter and crew. The crew must be equipped IAW Appendix D and trained IAW with provisions of Appendix E. For units larger than company size, training must be supported by a minimum of two fully mission capable MEDEVAC helicopters and crews. Training units must submit a formal request for this support through Fort Carson's G3/DPTM NLT 90 days before the training period.

(2) If no MEDEVAC helicopters remain at Piñon Canyon as the result of aeromedical evacuation, training at Piñon Canyon will stop until a minimum of one fully mission capable MEDEVAC helicopter and crew returns there.

e. Civilian organizations conducting training on Fort Carson or PCMS must have a tenant Fort Carson unit sponsor. The sponsoring unit is responsible for arranging OIC's and RSO's as well as medical and communication support.

f. Personnel utilizing Fort Carson or PCMS recreation areas for hunting and fishing can request emergency assistance by calling Range Control (operational 24 hours daily) or the Fort Carson Division of Wildlife (579-9088 during normal duty hours).

g. Personnel utilizing the privately owned weapons range (Range 19) will request emergency assistance by calling Range Control.

9. Convoy Operations.

a. Movement Clearance. Units that plan to move between Fort Carson and Piñon Canyon will follow the procedures of Fort Carson Reg 56-7 and coordinate with the Fort Carson Installation Transportation Office (ITO) for convoy clearance(s). The ITO POC phone number is (719) 526-1159.

b. Movement Times.

(1) No convoy will depart Fort Carson for Piñon Canyon prior to 0900 hours. Requests for exception to this not-earlier-than (NET) departure time must be submitted through the G3 for approval.

(2) No convoy will depart Piñon Canyon for Fort Carson prior to having 24 hours rest after their last mission at Piñon Canyon. Requests for exception to this NET departure time must be submitted through the G3 for approval.

c. Briefing Requirements. Prior to departure, convoy commanders will:

(1) Brief all convoy members on convoy route and destination.

(2) Provide all vehicles in the convoy with a copy of the strip map and checkpoints (Appendix F), if traveling between Fort Carson and Piñon Canyon. If convoy is traveling other than between Fort Carson and Piñon Canyon, an appropriate strip map showing route and checkpoints will be provided.

(3) Brief all convoy members on convoy speed limit (45 mph), catch up speed limit (50 mph), convoy following distance between vehicles (100 meters), and rest stop locations. Rest stops will last for 15 minutes. During rest stops perform during-operations PMCS and check load plans.

(4) Direct that all vehicles travel with service drive on while on public roads.

(5) Brief convoy frequencies and call signs.

(6) Brief location of convoy commander's cell-phone and alternate method of contacting unit higher HQ or Fort Carson Emergency Operations Center (EOC).

(7) Brief breakdown procedures.

(8) Brief location of medical personnel and equipment in the convoy.

(9) Brief medical procedures to be followed in the event of an accident.

d. Reporting Requirements. Units will report movement to the Fort Carson EOC via cell-phone utilizing the checkpoints and phone numbers in Appendix F for convoy movements between Fort Carson and Piñon Canyon. Units will report start time, number and type of vehicles in convoy, number of personnel in convoy, convoy commander's name and rank, crossing all checkpoints, rest stops, and closure of entire convoy at the release point. Convoy commanders will report breakdowns and accidents when they occur and render a situation report to the Fort Carson EOC including actions being taken to remedy the problem.

e. Obtaining Cell-phones. Units may coordinate through the Fort Carson Directorate of Information Management (DOIM) for cellular phones to be used during movement between Fort Carson and Piñon Canyon. DOIM wireless services manager can be reached at 526-5710.

f. Enroute Medical Support. CLS or medical personnel in the convoy will initially provide medical support between Fort Carson and Piñon Canyon. Subsequent medical support will be provided by local and/or state medical response teams until casualties can be safely transferred to military medical care. Medical support for major emergencies or accidents between Fort Carson and Piñon Canyon will be obtained by calling 911 and reporting appropriate information to the 911 dispatcher. Following the call to 911, the convoy commander or representative will call and notify the Fort Carson EOC.

10. Railhead Operations.

a. Units conducting railhead operations or training at Fort Carson or PCMS will have a minimum of one CLS with complete, non-expired, aid bag (Appendix D); knowledge of appropriate Range Control frequencies and phone number (Appendix C); strip map to EACH or TMC 8 as appropriate; and one dedicated, litter-capable, CASEVAC vehicle.

b. Units will maintain communications with the appropriate Range Control during railhead operations and training.

11. Casualty Reporting.

a. The casualty reporting procedure on Fort Carson is as follows:

(1) Training unit reports casualty status, diagnosis, location, and desired method of evacuation to Fort Carson Range Control. Advance Trauma Life Support (ATLS) is initiated or requested by on-site medical personnel.

(2) Fort Carson Range Control reports casualty information to Fort Carson Fire Department (911) and then notifies the Fort Carson EOC.

(3) Fort Carson Fire Department notifies and dispatches appropriate MEDEVAC system provider if unit is unable to conduct evacuation or if situation requires higher-level evacuation capability than the unit has on hand. MEDEVAC system may be ground ambulance, 571st air evac, or civilian Flight for Life.

(4) Fort Carson EOC notifies EACH of impending casualty arrival. Following EACH notification, EOC tracks status and location of casualty through the EACH Personnel Administration Division (PAD).

b. The casualty reporting procedure for Piñon Canyon is as follows:

(1) Training unit reports casualty status, diagnosis, location, and desired method of evacuation to Piñon Canyon Range Control. ATLS support is initiated or requested by on-site medical personnel.

(2) Piñon Canyon Range Control notifies the appropriate MEDEVAC system provider when unit is unable to conduct evacuation or if situation requires higher-level evacuation capability than the unit has on hand. MEDEVAC system may be ground ambulance, 571st air evac, or civilian Flight for Life.

(3) Following notification of MEDEVAC system provider, Piñon Canyon Range Control notifies Fort Carson Range Control, which notifies the Fort Carson EOC.

(4) Fort Carson EOC notifies EACH of impending casualty arrival. Following EACH notification, EOC tracks status and location of casualty through the EACH PAD.

c. Fatality or VSI reporting. In the unfortunate event of a fatality or very seriously ill/injured soldier, the chain of command, and/or the EACH PAD once informed, must notify the Fort Carson Casualty Office at 526-5614/3144.

Appendix A

References

US Army Accident Report on Camp Blanding Incident.

FORSCOM Command Inspector General Assessment Report "Camp Blanding Lessons Learned".

FORSCOM Inspector General Medical Support Plan – Installation Checklist FAX.

Fort Carson Regulation 350-1, Mountain Post Training.

Fort Carson Regulation 350-4, Piñon Canyon Maneuver Site (PCMS).

Fort Carson Regulation 56-7, Road Clearance and Convoy Operations.

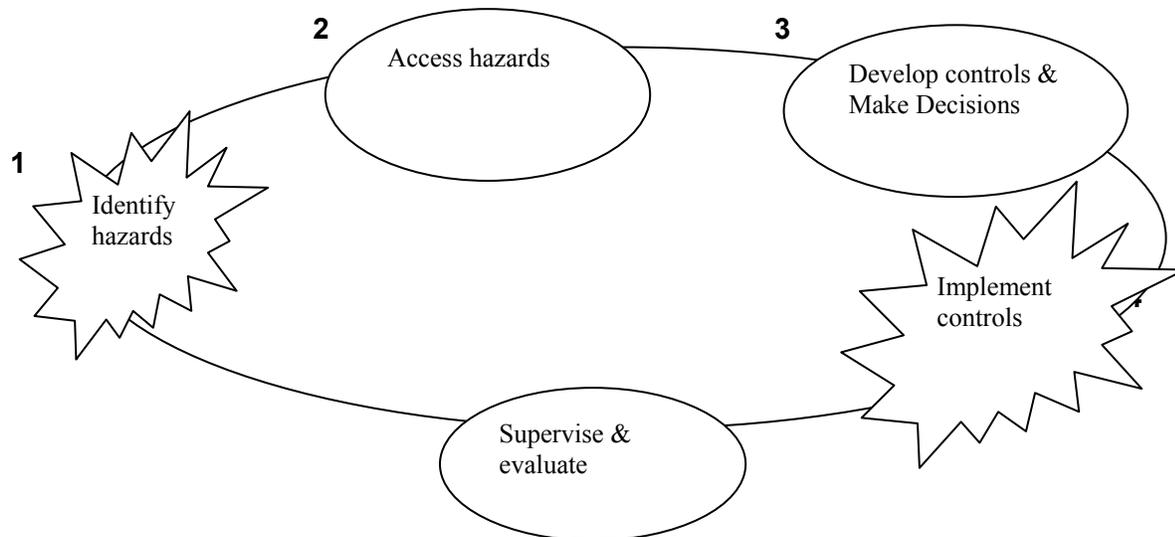
7th Infantry Division (Integrated) and Fort Carson Inspector General Assessment Report "Camp Blanding Lessons Learned".

FM 8-10, Health Service Support in a Theater of Operations.

Appendix B

*Fort Carson Risk Management Guide for Leaders***RISK MANAGEMENT PROCESS**

Risk management is a simple 5-step problem solving process based on standard army decision-making techniques. It is easily integrated into the decision making process, as is shown in the following pages of this handout. The focus of risk management is on identifying hazards and developing and implementing controls.



Step 1. Identifying Hazards. Hazards are conditions that can lead to accidents. That means loss of combat power valuable resources. Look for conditions that can lead to injury of soldiers, damaged equipment, lost material or reduced ability to accomplish the mission. Look for things that can keep you from reaching your objective with ALL of your combat power.

Step 2. Assess the Hazards. Once you've identified the potential problem areas, you must determine to what extent they can affect your mission. A matrix is one way of gauging the hazard. Regardless of what method you use, it must be tailored to your unit and mission.

Step 3. Select Controls and Make a Decision. Operations in war and in training will NEVER be risk free. The leader must eliminate unnecessary risks and reduce all other risks to an acceptable level in the chain of command.

Step 4. Implement Controls. Control measures MUST be a part of the OPOD or FRAGO. Controls are not add on features, but are integrated throughout the order during the planning phase of the operation. Leaders must know what all the hazards are and ensure their soldiers know the corrective measures to be taken.

Step 5. Supervise. Strong command and high degrees of discipline during training or war lessen the risks associated with OPTEMPO operations. Knowing the standard and enforcing the standard will support boldness, protect the force from accidental losses, and contribute to a decisive victory.

Appendix B (continued)

Fort Carson Risk Management Guide for Leaders

**RISK MANAGEMENT
INTEGRATION into DECISION MAKING**

MISSION RISK MANAGEMENT

Perform Risk Assessment

Gather and analyze METT-T factors to identify hazards.
Complete risk assessment for each course of action (COA).
Use risk level of each COA as a decision criteria.

Perform Risk Management

Make risk decision for selected COA-accept risk level or elevate decision.
Identify and select controls for hazards.

Communicate and implement controls-integrate into paragraphs and graphics of OPORD.

Supervise-monitor and enforce controls.

DECISION MAKING

1. Receive mission.
2. Gather and consider information.
3. Complete mission analysis, restate mission and issue planning guidance
4. Complete staff estimates:
Develop, analyze, and compare COAs.
5. Complete Commander's estimate:
Analyze COAs. Make decision.

Concept of operations (Make risk decision and select controls.

- | | |
|------------|------------------|
| 6. Prepare | |
| 7. Approve | Plans/ Orders |
| 8. Issue | |

9. Supervise

Appendix B (continued)***Fort Carson Risk Management Guide for Leaders*****RISK MANAGEMENT RULES**

- 1.** Integrate risk management into planning. Identify hazards and controls early in the planning process. Continue to look for hazards and controls as the plan is developed, published and executed.
- 2.** Accept no unnecessary risks. Audacity is bold action in concert with calculation of risk.
- 3.** Make risk decisions at the proper level. When risk is too great (potential resource losses exceed the benefits) for a decision at your level, take it up the chain of command.
- 4.** Accept risk if benefits outweigh the potential losses. Boldness and the force protection are both necessary for decisive victory.
- 5.** A risk is a calculated action taken once all the known hazards are identified. A gamble is an action taken without consideration to the possible outcome. **KNOW THE DIFFERENCE BETWEEN A RISK AND A GAMBLE.**

Appendix B (continued)

Fort Carson Risk Management Guide for Leaders

RISK MANAGEMENT WORKSHEET

| | | | | | |
|---|-----------------------|-----------------------|------------------------|------------------------------------|----------------------|
| 1. MSN/TASK | | 2. DTG BEGIN: END: | | 3. DATE PREPARED | |
| 4. PREPARED BY _____ RANK/LAST NAME/DUTY POSITION | | | | | |
| 5. HAZARDS | 6. INITIAL RISK LEVEL | 7. CONTROLS | 8. RESIDUAL RISK LEVEL | 11. HOW TO IMPLEMENT | 12. HOW TO SUPERVISE |
| | | | | | |
| 9. OVERALL RISK LEVEL AFTER CONTROLS ARE IMPLEMENTED (CIRCLE ONE) | | | | | |
| LOW | MODERATE | HIGH | EXTREMELY HIGH | 10. RISK DECISION AUTHORITY: _____ | |

Appendix B (continued)***Fort Carson Risk Management Guide for Leaders*****FACTORS TO CONSIDER WHEN IDENTIFYING HAZARDS**

- Time for mission preparation and execution.
- Critical accident problem areas.
- Terrain (rough, hills, swamp, etc.)
- Transportation to and from the operation site.
- Long hours and probability of fatigue (length of operations, inadequate sleep.
- Intensity of operation (probability of taking shortcuts).
- Competition for time (some activities may be considered unimportant, e.g., instruction, safety briefings, etc.).
- Physical fitness of personnel (potential heat injuries, cold weather injuries, lifting injuries, etc.).
- Personal attitudes (macho, poor/bad motivation, etc.).
- Skill level of personnel (training, experience, degradation overtime, proficiency, etc.).
- Range operation hazards.
- Maintenance operational hazards.
- Water operational hazards (identify weak swimmers, water temperature, etc.).
- Building conditions (fire hazards, structural integrity, etc.).
- Road conditions (narrow, congested, curvy, hilly, slippery, etc.).
- Convoy route (sufficient room for rest/halt areas, etc.).
- Communication/coordination requirements (within units, between units, with joint services, counter-fratricide measures).
- Logistical support.
- Weather (existing forecast).
- Animal, plant, insect and reptile hazards.
- Equipment condition (age, maintenance status, etc.).
- Day versus night operations.
- Cargo (type, quantity, security).
- Speed limits.
- Hazardous material (fuel points, ammunition supply, etc.).
- Supervision (direct and indirect).
- Enemy.

Appendix B (continued)

Fort Carson Risk Management Guide for Leaders

| | | | HAZARD PROBABILITY | | | | | | | | | |
|---------------|--------------|-----|---------------------------|---|------------|---|------------|--|------------|--|----------|--|
| | | | Frequent | | Likely | | Occasional | | Seldom | | Unlikely | |
| | | | A | B | C | D | E | | | | | |
| IMPACT | Catastrophic | I | Extremely High | | | | High | | | | Medium | |
| | Critical | II | High | | Medium | | Low | | Negligible | | | |
| | Moderate | III | Medium | | Low | | Negligible | | | | | |
| | Negligible | IV | Low | | Negligible | | | | | | | |

RISK ASSESSMENT LEVELS

| Level of Risk | Authority to Accept Risk |
|----------------|----------------------------------|
| Extremely High | First GO in Chain of Cmd |
| High | 06 Level CDR |
| Medium | As Delegated by 05/06 Commanders |
| Low | |

Appendix B (continued)***Fort Carson Risk Management Guide for Leaders*****RISK MANAGEMENT
HAZARD SEVERITY DEFINITIONS****EFFECT**

CATASTROPHIC Death or permanent disability, system loss, major property damage.

CRITICAL Permanent partial disability, temporary total disability in excess of 3 months, major System damage, significant property damage.

MODERATE Minor injury, lost workday accident, compensable injury or illness, minor system damage, minor property damage.

NEGLIGIBLE First aid or minor supportive medical treatment, minor system impairment.

PROBABILITY

FREQUENT...Individual soldier...Occurs often in career/equipment service life. All soldiers exposed or item inventory...Continuously experiences exposure.

LIKELY...Individual soldier...Occurs several times in career/equipment service life. All soldiers exposed or item inventory.....Occurs frequently.

OCCASIONAL...Individual soldier...Occurs sometimes in career/equipment service life. All soldiers exposed or item inventory...Occurs sporadically, or several times in inventory service life.

SELDOM...Individual soldier...Possible to occur in career/equipment service life. All soldiers exposed or item inventory.... Remote chance of occurrence; expected to occur sometime in inventory service life.

UNLIKELY...Individual soldier...Can assume will not occur in career/equipment service life. All soldiers exposed or item inventory...Possible, but not probable; occurs only very rarely.

RISK LEVEL

EXTREMELY HIGH Loss of ability to accomplish mission.

HIGH RISK Significantly degrades mission capabilities in items of required mission standards.

MEDIUM RISK Degrades mission capabilities in terms of required mission resources.

LOW RISK Little or no impact on mission accomplishment.

Appendix B (continued)

MEDEVAC REQUEST FORM (GTA 08-01-004)

A. **LINE ITEM EVACUATION REQUEST MESSAGE**

- 1 Location of Pickup Site.
- 2 Radio Frequency, Call Sign, & Suffix.
- 3 Number of Patients by Precedence.
- 4 Special Equipment Required.
- 5 Number of Patients by Type.
- 6 Security of Pickup Site (Wartime), or
- 6 Number and Type of Wound, Injury, or Illness (Peacetime).
- 7 Method of Marking Pickup Site.
- 8 Patient Nationality and Status.
- 9 NBC Contamination (Wartime), or Terrain Description (Peacetime).

B. **LINE ITEM EXPLANATION**

1. **Location, Pickup Site.** Encrypt grid coordinates. When using *DRYAD Numeral Cipher*, the same *SET* lines will be used to encrypt *grid* zone letters and coordinates. To preclude misunderstanding, a statement is made that grid zone letters are in the message (unless unit SOP specifies its use at all times).
2. **Radio Frequency, Call Sign, Suffix.** Encrypt the radio frequency at the pickup site, *not* a relay frequency. The call signs (and suffix, if used) of person to be contacted at the pickup site may be transmitted in the clear.
3. **No. of Patients by Precedence.** Report only applicable information and encrypt the brevity codes. A = urgent, B = urgent- surg, C = priority, D = routine, E = convenience. (If 2 or more categories must be reported in the same request, insert the word "*break*" between each category.)
4. **Special Equipment.** Encrypt the applicable brevity codes. A = none, B = hoist, C = extraction equipment, D = ventilator.
5. **Number of Patients by Type.** Report only applicable information and encrypt the brevity code. If requesting medevac for both types, insert the word "*break*" between the litter entry and ambulatory entry: L + # of Pnt = litter; A + # of Pnt = ambul (sitting).
6. **Security, Pickup Site (Wartime).** N = no enemy troops in area, P = possibly enemy troops in area (approach with caution), E = enemy troops in area (approach with caution), X = enemy troops in area (armed escort required).
7. **Number / type Wound Injury, Illness (Peace).** Specific information regarding patient wounds by type (gunshot or shrapnel). Report serious bleeding, along with patient blood type, if known.
8. **Marking Method, Pickup Site.** Encrypt the brevity codes. A = panels, B = pyrotechnic signal, C = smoke signal, D = none, E = other.
9. **Patient Nationality and Status.** Number of patients in each category need not be transmitted. Encrypt only applicable brevity codes. A = US military, B = US civilian, C = non-US mil, D = non-US civilian, E = EPW.
10. **NBC Contamination, War.** Include this line only when applicable. Encrypt the applicable brevity codes. N = nuclear, B = biological, C = chemical.
11. **Terrain Description (Peacetime).** Include details of terrain features in and around proposed landing site. If possible, describe the relationship of site to a prominent terrain feature (a lake, mountain, tower).

Appendix C

Frequencies and Phone Numbers

1. Fort Carson Range Control Frequencies.

| | |
|------------------|----------------------------|
| Primary: 38.80 | New Squelch On, Non-Secure |
| Alternate: 39.60 | New Squelch On, Non-Secure |

2. Fort Carson Range Control Phone Number.

(719) 526-5698

3. Piñon Canyon Range Control Frequencies.

| | |
|------------------|----------------------------|
| Primary: 30.30 | New Squelch On, Non-Secure |
| Alternate: 39.60 | New Squelch On, Non-Secure |

4. Piñon Canyon Range Control Phone Numbers.

(719) 524-0112
(719) 524-0124

5. Fort Carson EOC.

(719) 526-5914
(719) 526-3400
(719) 526-9446

Appendix D

Required Medical Equipment**1. Combat Life Saver.**

a. All CLSs will have the following, serviceable equipment:

Medical Equipment Set Packing List: NSN 6545-01-254-9551

| National Stock # | Nomenclature | Unit of Issue | Quantity |
|------------------|------------------------------|---------------|----------|
| 6505-00-926-9083 | Atropine inj 0.7 ml | EA | 5 |
| 6515-01-282-4878 | Catheter & NDL 18ga50 | PG – 0.04 | 2 |
| 6505-01-312-7873 | Ringer inj 24's | PG – 0.08 | 2 |
| 6510-01-010-0307 | Pad POV-IOD Impreg 100 | PG – 0.12 | 12 |
| 6505-00-148-7096 | Povidone-iodine OINT 144's | PG - 0.06 | 7 |
| 6510-00-926-8882 | Adh tape 1 in x 10 yds 12's | PG – 0.04 | 1 |
| 6510-00-913-7909 | Band adh 0.75 x 3 in | BX – 0.06 | 18 |
| 6515-00-115-0032 | Intravenous injection | PG – 0.04 | 2 |
| 6505-01-017-1625 | Acetaminophen tab | BT – 2.00 | 2 |
| 6510-00-159-4883 | Dressing first aid | EA | 6 |
| 6510-00-201-1755 | Bandage muslin | EA | 4 |
| 6515-00-958-2232 | Airway pharynx 80mm | EA | 1 |
| 6515-00-687-8052 | Airway pharynx 100mm | EA | 1 |
| 6515-00-935-7138 | Scissors bandage 7.25 in | EA | 1 |
| 6515-01-225-4681 | Splint univ 36 x 4.5 in 12's | PG – 0.08 | 1 |
| 6545-00-912-9870 | Case medical instrument | EA | 1 |
| 6505-01-274-0951 | Diazepam inj 2 ml unit | EA | 5 |
| 6505-00-149-0098 | Pseudoeph HCL tab | CO | 1 |
| 6510-01-164-2694 | Bandage gauze | PG – 0.04 | 3 |
| 6515-00-226-7692 | Glove exam large | PG – 0.06 | 2 |
| 6515-01-146-7794 | Tourniquet adult | EA | 1 |

Highlighted Blocks: NOT FILLED FOR TRAINING EXERCISES

2. Medic. All Medics will have the serviceable equipment listed below. Exceptions must be approved and signed by the Battalion/Squadron Commander after consultation with the Battalion/Squadron or Brigade/Regimental Surgeon. A copy of these exceptions must be submitted to the Division Surgeon's Office 60 days before deployment and stored by the deployed medical unit/ platoon OIC.

a. Items Carried by Medic:

- 1) 5110-01-279-9332 Knife Pocket 2.5 EA 1
- 2) 6135-00-835-7210 Battery Non-elec 1.5v EA 2
- 3) 6230-00-264-8261 Flashlight 3volt DC EA 1
- 4) 7520-00-935-7135 Pen Ball Point Black EA 1

Appendix D (continued)**b. Items in M17 Aid Bag**

- 1) 6510-00-202-0800 Gauze 18x3" EA 4
- 2) 6510-00-926-8882 Adhesive Tape Surg 1" RL 2
- 3) 6510-01-408-1920 Dressing Chest Seal WD EA 4
- 4) 6515-00-226-7692 Gloves Exam Large PR 4
- 5) 6515-00-687-8052 Airway Pharyn 100mm EA 2
- 6) 6515-00-958-2232 Airway Pharyn 80mm EA 2
- 7) 6510-00-721-9808 Sponge Surg 4x4" EA 16
- 8) 6510-01-452-1743 Pad Cotton EA 2
- 9) 6515-01-225-4681 Splint Univ 36x4.5" EA 2
- 10) 6545-00-853-6309 First Aid Kit Eye Drs EA 4
- 11) 6510-00-159-4883 Dressing First Aid EA 12
- 12) 6510-00-935-5823 Bandage Elastic 6"x4.5yd EA 4
- 13) 6510-00-201-1755 Bandage 37x37x52" EA 12
- 14) 6510-00-201-7425 Dress FLD 11-3/4" EA 2
- 15) 6515-00-201-7430 Dress FLD 7-1/2X8" EA 2
- 16) 6515-00-935-7138 Scissors Bandage 7.25" EA 1
- 17) 6510-00-058-3047 Bandage Gauze 4-1/2" EA 3
- 18) 6515-00-333-3600 Forceps Dressing 5.5" EA 1
- 19) 6505-01-330-6267 Ringer's Inj 1000ml 12s EA 3
or 6505-01-330-6266 Ringer's INJ 500ml EA 4
- 20) 6510-00-111-0708 Pad Non-adh 4.125x3.125 EA 12
- 21) 6510-01-010-0307 Pad Pov-Iod Impreg EA 20
- 22) 6515-00-115-0032 Intravenous INJ SE EA 7
- 23) 6515-01-146-7794 Tourniquet Adult 14x1" EA 1
- 24) 6515-01-239-2494 Catheter & Needle 14ga EA 8
- 25) 6515-01-282-4878 Catheter & Needle 18ga EA 8
- 26) 6530-01-249-6670 Disposal Container EA 2
- 27) 6515-00-334-4900 Forceps Hemo Halsted EA 1
- 28) 6515-00-334-5600 Forceps Hemo STR 5" LG EA 1
- 29) 6515-00-334-9500 Forceps Hemo 9" Pean EA 1
- 30) 6515-00-337-9900 Forceps Tissue 5.5" LG EA 1
- 31) 6515-00-365-1820 Scissors Blunt/Sharp EA 1
- 32) 6515-01-313-9633 Knife General Surg EA 20
- 33) 6545-00-113-3722 Case 7-1/2 x 4-12 x 2 3/4 EA 1
- 34) 6135-00-835-7210 Battery Non-elec 1.5V EA 4
- 35) 6515-00-935-4088 Stethoscope Adult sz EA 1
- 36) 6515-01-039-0164 Case Sphygmomanometer EA 1
- 37) 6515-01-039-4884 Sphygmomanometer EA 1
- 38) 7210-00-935-6666 Blanket Light Weight EA 2
- 39) 7520-00-935-7135 Pen Ball-Point Black EA 1
- 40) 6510-00-913-7909 Band ADH .75X3" EA 10
- 41) 6515-00-149-1405 Thermometer Clin Oral EA 2
- 42) 6515-00-324-5500 Depressor Tongue 100s EA 20
- 43) 6510-00-786-3736 Pad Isopropyl-Alcohol EA 20

Appendix D (continued)**c. Drugs**

- (1) 6505-00-926-2095 Hydrocortisone CRM 1OZ TU 4
- (2) 6505-00-299-9535 Dibucaine Oint 1oz PG 2
- (3) 6505-00-491-7557 Povidone IOD CLN 4 oz BT 1
- (4) 6505-01-023-5011 Clotrimazole CRM 15 gr TU 2
- (5) 6505-00-116-8350 Diphenhydramine Caps EA 1
- (6) 6505-00-149-0098 Pseudoeph HCL Tabs EA 4
- (7) 6505-01-017-1625 Acetaminophen Tabs BT 2
- (8) 6505-01-214-9061 Ibuprofen Tabs BT 1

d. Miscellaneous.

- (1) Pad Heating Chemical Ea 2
- (2) Pad Cooling Chemical Ea 2
- (3) Chap Stick Ea 2
- (4) Foot Powder Ea 1
- (5) Sun Screen Ea 1
- (6) Moleskin Roll 1
- (7) Cotton Tip Applicator Ea 20

3. MEDEVAC Ground Ambulance. All MEDEVAC ground ambulances will have the following serviceable equipment and personnel qualified to use the equipment:

- a. All equipment in the Medical Equipment Sets
- b. Cervical Collars (Hard and Soft)
- c. Back Boards (short and long) with straps
- d. Suction with suction catheters
- e. Oxygen with functional regulator, mask/canula adapter, and designated wrench.
- f. Oxygen non-rebreather mask and nasal canula
- g. MAST Trousers
- h. Intravenous (IV) solution, catheters, tubing, etc (in MES)
- i. Litters (4) and straps
- j. KEDS (in MES)
- k. HARE Traction Splint (in MES)
- l. 5 gallons of potable water

4. MEDEVAC Air Ambulance. All MEDEVAC air ambulances will have the following serviceable equipment:

- a. Medical Equipment Set (MES) for air ambulance
- b. MEDEVAC Kit installed (UH-60)
- c. Other special medical equipment as required for the mission.

Appendix E

Required Medical Certifications and Sustainment Training

1. Combat Lifesaver. Initial CLS training certification followed by annual sustainment training and recertification.

2. Medics.

a. All Medics will have the following required current medical certifications:

(1) BLS - Basic Life Support (CPR) - NO EXCEPTIONS

(2) EMT-B = Emergency Medical Technician - Basic or more advanced NLT 1 October 2002 (Exceptions must be approved by the Division Surgeon).

(3) Pre-Hospital Trauma Life-Support (PHTLS) or Basic Trauma Life Support (BTLS) NLT 1 October 2002 (Exceptions must be approved by the Division Surgeon).

(4) Annual IV certification NLT 1 October 2001.

b. All Medics will have the following required medical sustainment training:

(1) Annual validation of Trauma Casualty Assessment and Management.

(2) Annual validation of medical evacuation procedures to include MEDEVAC and CASEVAC.

3. Air Evacuation Ambulance Crews.

a. All Air Evacuation Ambulance Flight Medics will have the following certification and sustainment training:

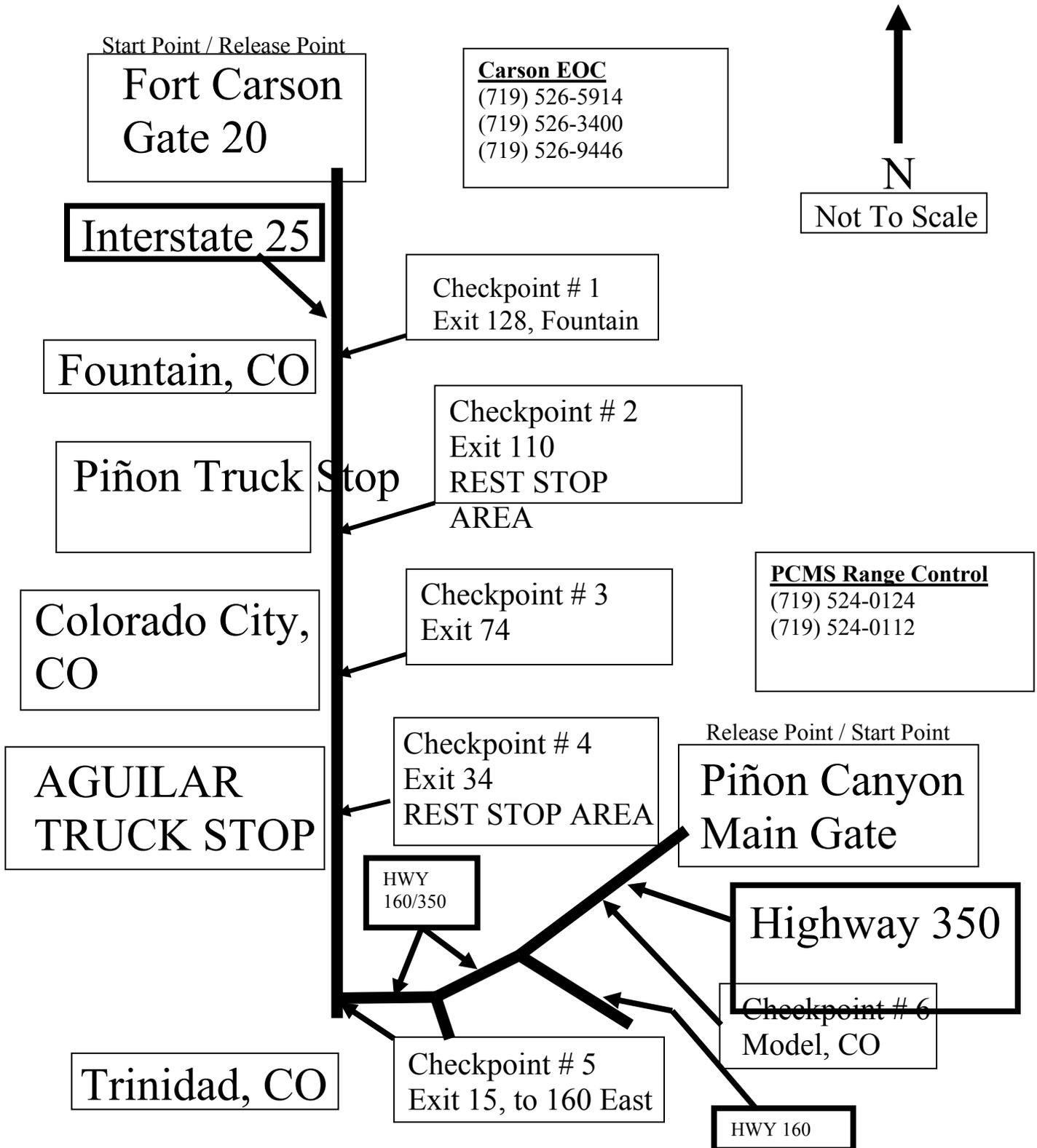
(1) All medics performing flight duties will have at a minimum an EMT basic certification.

(2) Will maintain biannual national registry EMT rectification.

(3) Will maintain flight currency which includes meeting annual aircrew physical and readiness training (APART) requirements IAW TC 1-212, written medical proficiency test, hands-on medical practical test and no notice evaluations.

Appendix F

Standard Checkpoints Between Fort Carson and Piñon Canyon
(Supersedes Checkpoints in FC Reg 350-4, dtd 4 January 1999)



Appendix G

INSTALLATION TRAINING CHECKLIST

NON-INSTALLATION ACTIVE UNITS AND ALL RESERVE COMPONENTS

UNIT: _____ UNIT POC: (Print Grade/ Name): _____

UNIT COMMANDER'S NAME: (Print Grade/ Name): _____

UNIT HOME STATION PHONE: _____ E-MAIL: _____

TRAINING DATES: _____ TYPE OF TRAINING: _____

All non-installation units prior to conducting training on Fort Carson or Piñon Canyon Maneuver Area must receive briefings from the agencies below. Once the unit has been briefed and understands their duties and responsibilities, as they pertain to Safety and Medical Support, then the unit will be allowed to train. **This checklist must be submitted NLT seven (7) days prior to training. Units must provide a memorandum outlining their Medical Support Plan, signed by either the Commander or the Medical Officer, prior to processing this training checklist.** Once units have been briefed by G-3 RCS, they will receive a copy of this form to show Range Control they have authorization to train.

This is the Commanding General's Policy for Fort Carson and will be strictly enforced. Units that fail to comply with this policy will be denied the use of all training facilities.

1. **G-3 Reserve Component Support:** POC: Operations Officer/NCO Phone: 526-2168/8381
Location: Bldg. 1666 Rm. 115 (1st Floor)
Range/TA Contracts: _____ TA Clearance Plan: _____ Medical Support Plan: _____

Briefed By: _____
(PRINT RANK/ NAME) (SIGNATURE) (DATE)

2. **Installation Safety Office:** Phone: 526-2123/2109
Location: DOIM Bldg. 1550 Rm. 2120 (2nd Floor)
Unit's Safety Officer/ NCO: _____

Briefed By: _____
(PRINT RANK/ NAME) (SIGNATURE) (DATE)

3. **MEDDAC S2/S3:** POC: Operations Officer/NCO Phone: 526-7270
Location: Evans Army Hospital 2nd Floor West Wing Rm. 2479
Medical Officer: _____ # of Medics/ Combat Lifesavers: _____ # of Aid Bags: _____

Briefed By: _____
(PRINT RANK/ NAME) (SIGNATURE) (DATE)

4. **G-3 Range Control Division:** POC: Mr. Greg Ellis: Phone: 526-6330/5597
Location: Range Control Bldg. 9550
Range Safety Class Date: _____ # of Range Safety Officers for Trng: _____

Briefed By: _____
(PRINT RANK/ NAME) (SIGNATURE) (DATE)

5. **G-3 Reserve Component Support:** POC: RCS NCOIC Phone: 526-5101
Location: Bldg. 1666 Rm. 112 (1st Floor)

Briefed By: _____
(PRINT RANK/ NAME) (SIGNATURE) (DATE)

"THIS CONCLUDES THE CHECKLIST"