




CASUALTY ASSESMENT AND EVACUATION

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EVALUATION OF CASUALTY	TYPES OF CARRIES	PLANNING CONSIDERATIONS
<ul style="list-style-type: none">• A - Alert• V - Verbal• P - Pain• U - Unresponsive <ul style="list-style-type: none">• M – Major Hemorrhaging• A – Airway• R – Respiratory• C – Circulation• H – Head trauma• E – Re-evaluate	 Two-man assisted carry	<ul style="list-style-type: none">• Aid and Litter teams• Equipment/Distribution• CCP/AXP/HLZ• Workable CASEVAC plan• Rehearsals
	 Two-man carry	LEADER RESPONSIBILITIES SQUAD LEADER- Assessing the situation, receiving updates from TL's, maintaining control, selecting extraction site, reports to higher/9-Line Medevac ALPHA TEAM LDR- Security, land navigation, route selection, assist SL in planning
	 Fireman's carry	BRAVO TEAM LDR- Security, establishing CCP, casualty assessment, casualty transportation, updates to SL on casualty/s, marks extraction site

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1. Eliminate the threat
 2. Care under Fire / Transport
 3. Establish CCP
 - Security
 - Treatment (M.A.R.C.H.E.)
 4. Planning / 9 line medevac first 5 lines
 - Determine extraction site (AXP, HLZ)
 5. Consolidate and Re-Organize
 6. Movement/Transport
 - Fire Team Wedge
 - 1 Casualty
 - 2 or more casualties
 - Complete 9-Line MEDEVAC
 7. Actions at Extraction site
 - Security
 - Prepare casualty/s for exchange
 - Mark site and exchange casualties
 - Report to higher and continue mission
- NOTE: Injured personnel and status will dictate changes to formation seen.

