



UNITED STATES SPECIAL OPERATIONS COMMAND
OFFICE OF THE CHIEF OF STAFF
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MACDILL AIR FORCE BASE, FLORIDA 33621-5323

MAR 03 2020

POLICY MEMORANDUM 20-03

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Trauma Documentation, After-Action Review, and Personnel Protective Equipment Recovery within U.S. Special Operation Command

1. References.

- a. Joint Publication 4-02, *Joint Health Services*, 11 December 2017, Incorporating Change 1, 28 September 2018.
- b. Department of Defense Instruction (DODI) 6040.45, *DOD Health Record Life Cycle Management*, April 11, 2017.
- c. DODI 1322.24, *Medical Readiness Training*, March 16, 2018.
- d. Defense Health Agency Procedural Instruction (DHA-PI) 6040.01, *Implementation Guidance for the Utilization of Department of Defense (DD) Form 1380, Tactical Combat Casualty Care (TCCC) Card*, June 2014, January 20, 2017.
- e. DODI 6040.47 *Joint Trauma System (JTS)*, 28 September 2016 as amended.
- f. DOD Directive 3000.06, *Combat Support Agencies*, June 27, 2013 as amended.

2. Purpose.

a. This policy outlines requirements for documentation and procedures following a casualty-producing event in order to reduce morbidity and mortality, and improve survivability for all trauma patients in wartime and peacetime. Capturing all trauma-related care in the Department of Defense Trauma Registry will establish a foundation for Performance Improvement, Training and Education, and Research and Development for trauma-management material solutions.

b. This policy outlines procedures for recovery of Special Operations (SO) - peculiar PPE following a casualty-producing event. To improve warfighter survivability through development of advanced PPE, it is critical that PPE (i.e. body armor, helmets, eye protection) return rates increase to aid forensic investigations of service members killed in action (KIA) or wounded in action (WIA), to improve war-fighter survivability through development of advanced PPE.

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Analysis of PPE and threat projectile information plays a critical role in the requirements refinement process; identification of gaps as well as to validate existing requirements. Special Operation Forces (SOF)-specific missions may experience different threat rounds, engagement stand-offs, and operating conditions than conventional forces.

3. Applicability. This policy memorandum is applicable to all USSOCOM Components, Joint Special Operations Command (JSOC), all Theater Special Operations Commands (TSOCs), and all units conducting operations, exercises, or training in support of USSOCOM.

4. Casualty Documentation and Reporting Procedures (Enclosure 1).

a. All Role 1 medical personnel supporting USSOCOM Components that render medical treatment, including Point of Injury (POI) care will:

(1) Document patient assessments, injuries identified, treatments rendered, and changes in a patient's status on DD Form 1380 TCCC card, dated June 2014, Standard Form 600 when applicable, DD 3073 Canine-Tactical Combat Casualty Care (c-TCCC) card, dated October 2019, or Joint Operational Medical Information System (JOMIS) - approved digital documentation device in accordance with (IAW) DODI 6040.45. This includes battle injury (BI), and serious non-battle injury (NBI). Forward DD Form 1380 to the next level of care upon hand-off.

(2) Within 24 hours' post-incident, submit a formal TCCC AAR and Tactical Evacuation (TACEVAC) AAR for both human and military working dogs (MWD) in standardized format on classification-appropriate electronic media via Non-classified Internet Protocol Router Network (NIPRNet), or Secret Internet Protocol Router Network (SIPRNet). Standardized format is outlined by DoD JTS, available at https://jts.amedd.army.mil/index.cfm/documents/forms_after_action.

(3) Flight Medics from the 160th Special Operations Aviation Regiment should submit TACEVAC AARs for all patients treated and transported.

(4) POI medic/provider will submit AAR within 24 hours post-operation, or as soon as operationally feasible, to the supervising provider/unit surgeon.

(a) All personnel who contributed to patient treatment and evacuation should be included in the AAR process.

(b) AAR should include feedback on equipment used, to include failures or recommended improvements.

(c) SOF medical personnel will annotate "SOF" on AAR after their name.

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b. All Role 2 medical personnel supporting USSOCOM Components that render medical treatment will:

(1) Document patient assessments, injuries identified, treatments rendered, and changes to patient status on Mass Casualty/Austere Trauma Team Resuscitation Record (MC/ATTR; or DD 3074), Canine Treatment and Resuscitation Record or JOMIS-approved digital documentation device IAW DODI 6040.45. This includes BI, and NBI. Forward MC/ATTR or DD 3074 to the next level of care upon hand-off.

(2) Submit a formal AAR on classification-appropriate electronic media via NIPRNet or SIPRNet. Standardized format is outlined by DOD JTS, https://jts.amedd.army.mil/index.cfm/documents/forms_after_action.

(3) Annotate "SOF" after name of submitting team member.

c. Supervising provider/task force forward surgeon, or equivalent will:

(1) Monitor adherence to documentation policy of subordinate personnel.

(2) Review AAR for uniform and consistent documentation of pre-hospital care prior to release to JTS.

(3) Verify that all personnel who contributed to patient care or evacuation are included in the AAR process.

(4) Submit AARs to: JTS-prehospital@usarmy.jbsa.medcom-aisr.list.jts-prehospital@mail.mil or usarmy.jbsa.medcom.list.joint-trauma-system-prehospital@mail.smil.mil. Submit TACEVAC AAR to usarmy.jbsa.medcom-aisr.list.jts-prehospital@mail.mil.

(a) If the casualty is admitted to a military treatment facility (MTF), use the hospital name on the AAR.

(b) If the casualty is a local national, the Role 1 medic/provider will make every attempt to contact the Role 2/3 MTF to ensure that the name/alias assigned is congruent. Home station units and component command surgeons will be courtesy copied for situational awareness.

(c) Submit AARs to TSOC Command Surgeon, as the TSOC Commanders (CDR) delegate within 24 hours.

d. Unit CDRs will:

(1) Direct all SOF medical personnel to be trained, familiar with, and comply with the requirements of this policy.

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(2) Ensure uniform and consistent documentation of prehospital care through the full utilization of the DD Form 1380 (TCCC Card), within their respective areas of responsibility IAW DHA-PI 6040.01.

(a) Percent compliance will be reported to Component Command Surgeons quarterly.

(b) Compliance will be monitored by: AARs received at JTS/total reported casualties (x 100). If compliance is less than 85%, Component Command Surgeons will report to USSOCOM Command Surgeon rates and recommendations for improvement.

(c) USSOCOM Command Surgeon will report discrepancies in the USSOCOM CDR situation report, as required.

(d) May delegate supervision to the unit surgeon for authority to enforce adherence to and report compliance with this policy.

e. TSOCs, JSOC, Special Operations Joint Task Force, and Joint Special Operations Task Force CDRs will:

(1) Direct and coordinate with forward task force elements, and deployed SOF elements, to receive submitted POI Casualty TCCC AARs.

(2) May delegate supervision to the Command Surgeon for authority to enforce adherence to this policy. TSOC Command Surgeons will:

(a) Review TCCC AARs for trends and concerns.

(b) Mitigate and/or report issues to the Geographic Combatant Command (GCC) Surgeon.

(c) Forward the Casualty/Medical Incident TCCC AAR to the GCC and USSOCOM Surgeon IAW GCC Trauma System procedures, outlined in DODI 6040.47.

5. Reporting Inclusion Criteria.

a. **Battle Injuries (Combat Casualty):** Any injury of a SM (U.S., coalition, or partner nation), civilian, or MPC that occurs during infiltration, actions on the objective, consolidation, relief-in-place, defense and/or exfiltration that requires any prehospital care including KIA and died of wounds. A battle injury/combat casualty is further expanded to include any casualty awarded a Purple Heart or meeting normal Purple Heart criteria regardless of declared level of hostilities.

b. **Non-Battle Injuries:** Any serious non-battle injuries involving trauma where pre-hospital care is provided that involves evacuation/hospitalization to higher level of care.

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6. PPE Recovery Procedures.

a. Responsibility: Unit CDRs will determine and direct their local PPE and sensitive item recovery process from the POI to the next level of care, and in conjunction with the theater standard operating procedures for both ground and aeromedical evacuation.

b. SM KIA:

(1) All PPE on the individual shall be shipped with the remains to the Office of the Armed Forces Medical Examiner (OAFME), Dover Air Force Base (AFB) Delaware.

(2) PPE shall be undisturbed to the maximum amount practical following life-saving medical procedures.

(3) The owning unit/command shall fill out the incident reporting requirements (Enclosure 2).

(4) When the forensic investigation is complete, OAFME will return PPE to Program Manager – SOF Survival, Support and Equipment Systems (PM-SOF SSES), USSOCOM, MacDill AFB, Florida, in the as-received condition for further materials analysis.

(5) Upon completion of PPE materials analysis, PPE will be returned to the owning command or destroyed after analysis.

c. Damaged PPE from an in-theater or training incident resulting in a WIA:

(1) PPE shall be shipped directly to PM-SOF SSES for materials analysis.

(2) Upon completion of PPE materials analysis, PPE will be returned to the wounded SM or owning command in the as-received condition.

(3) The owning unit/command shall fill out the incident reporting requirements (Enclosure 2).


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7. **Proponent.** The proponent for this policy is USSOCOM Special Operations Command Support Directorate (SOCS), Office of the Command Surgeon (SOCS-SG). This policy expires 2 years from the date of publication or upon inclusion into the creation of a USSOCOM publication.

(SOCS-SG)

2 Encl
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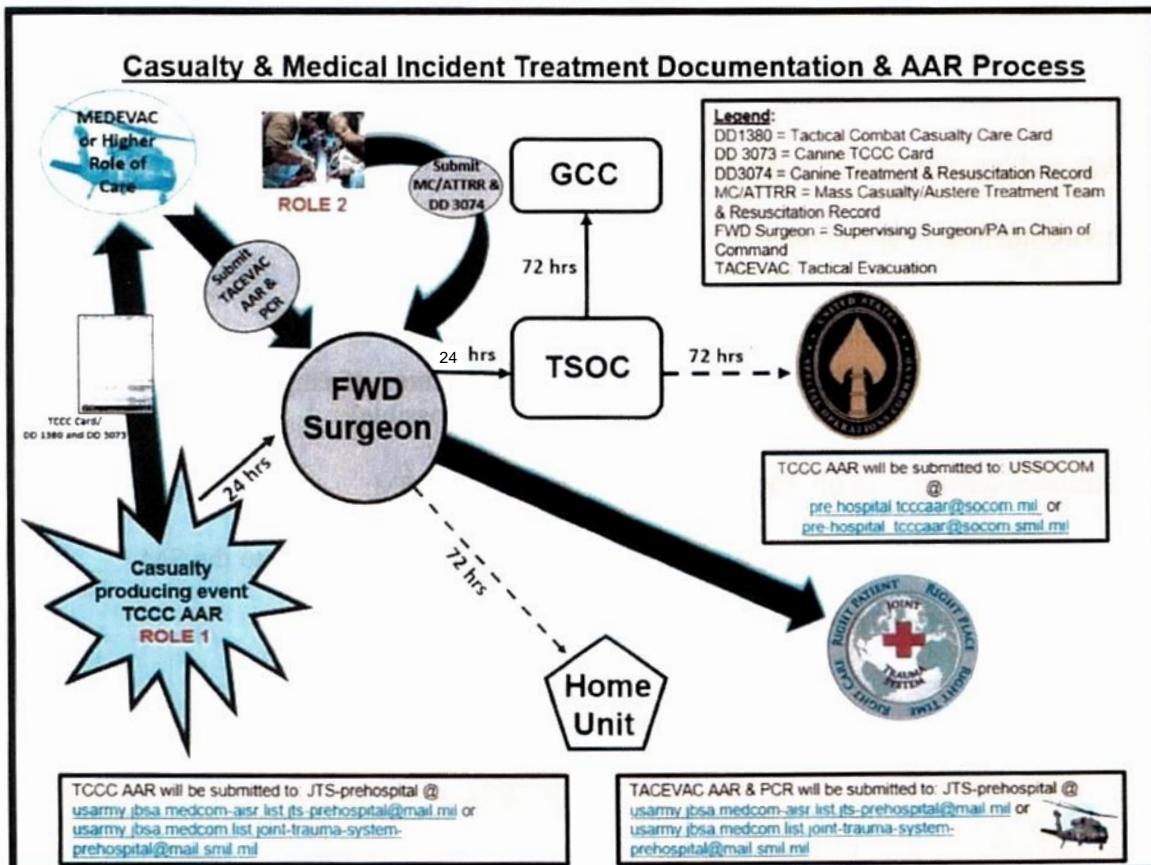
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ENCLOSURE 1

Casualty & Medical Incident Treatment Documentation & AAR Process



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ENCLOSURE 2

Incident Reporting Requirements (PPE Recovery Procedures)

1. Summary report describing the incident will be sent via SIPRNet to PM-SOF SSES:

SIPRNet: Peo-sw.org@socom.smil.mil

- a. Date and location of the incident:
- b. Environmental/weather conditions during the incident:
- c. Type of threat weapon system, if applicable (e.g. AK-47):
- d. Threat ammunition information, if applicable (e.g. pictures of empty cartridge head-stamp and full cartridge from enemy combatant magazine if possible):
- e. Estimated engagement distance from enemy combatant to SM:
- f. Estimated angle of impact or position of the enemy combatant relative to the SM:
- g. Name of the SM and the medical outcome: