

**Joint Logistic Support Group Standard Operating Procedure**

**707**

**Medical Support**

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<b><u>References:</u></b>	
<b>A</b>	AJP 4.10 (A) - Allied Joint Medical Support Doctrine, 03 Mar 2006
<b>B</b>	AJP 4.10.2 - Medical Evacuation, COMEDS endorsement draft
<b>C</b>	AJP 4.10.3 - Medical Intelligence
<b>D</b>	MC 326/2 - NATO Principles and Policies of Operational Medical Support
<b>E</b>	AD 80-96 - ACO NRF Directive , Annex XX – medical support, 10 May 2010
<b>F</b>	AD 83-1 (Edition2) - Medical Support to Operations
<b>G</b>	JHQ SOP 500 - FE General
<b>H</b>	JHQ SOP 403 - Resources Directorate Medical
<b>I</b>	JLSG SOP 704 - JLSG Operations
<b>J</b>	Position Paper - Medical C2 within DJSE concept. ACO Medical Branch, 20 Feb 08

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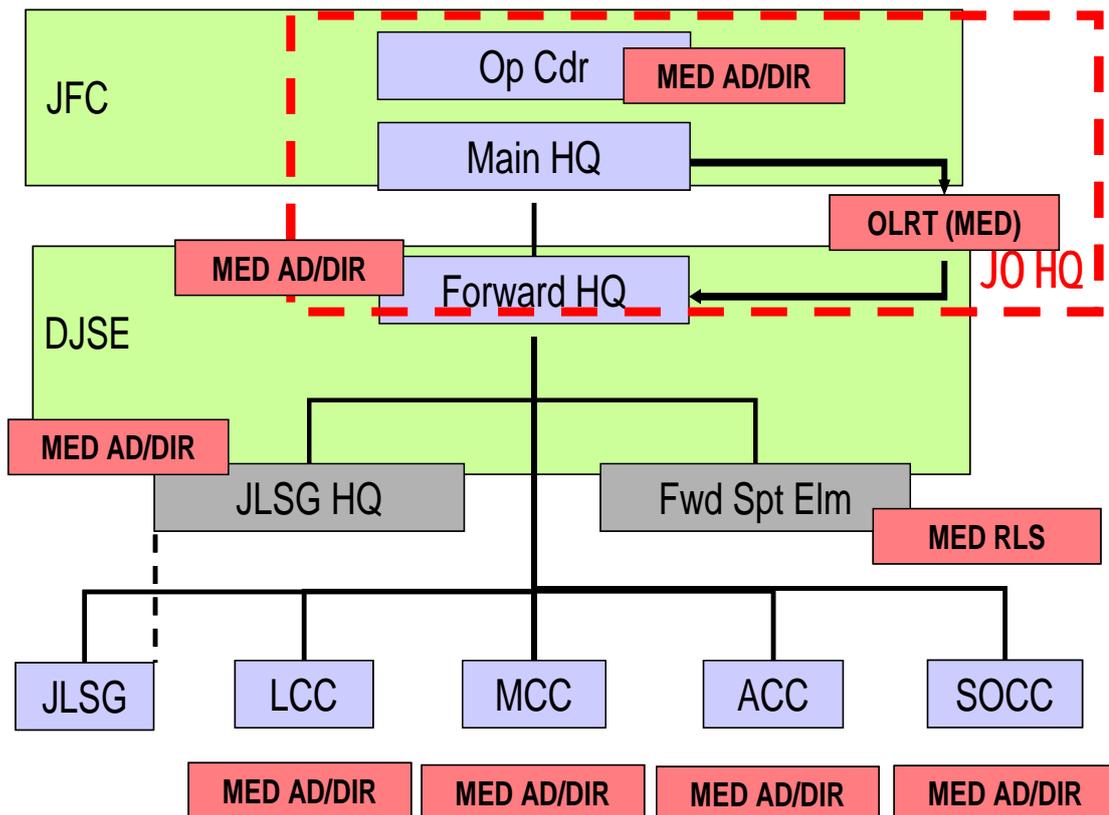
<b><u>Related SOP:</u></b>	
704	JLSG Operations
403	JHQ – Resources Directorate - Medical
500	JHQ FE General

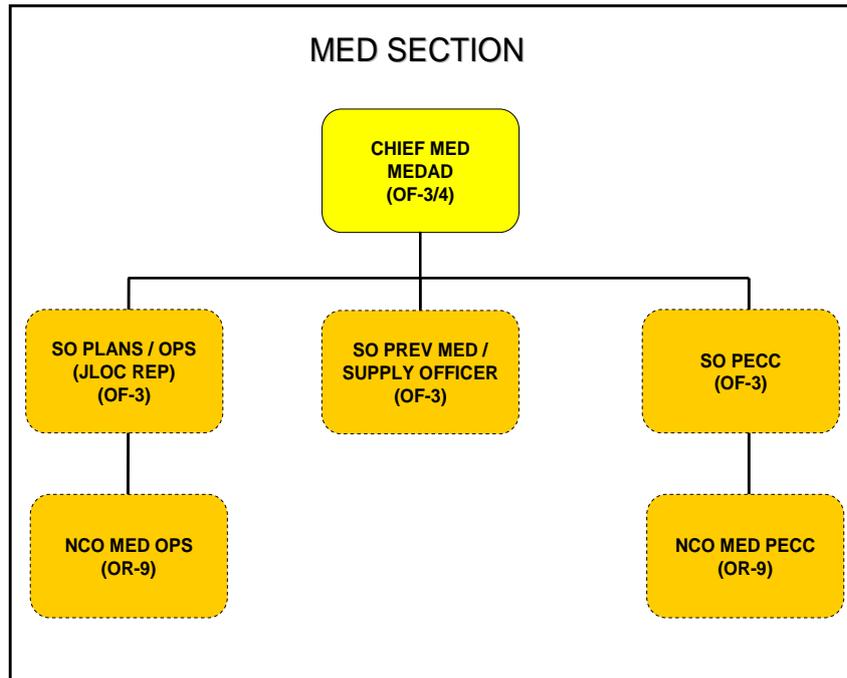
**AIM**

1. The aim of this SOP is to explain responsibilities, tasks and procedures of Medical Section within the JLSG HQ. Because comprehensive guidance and reference documents already exist (see references), this document will only be focussing on the internal organisation within the Medical Section. For more detailed information, these other existing documents should be consulted.

**STRUCTURE & C2 RELATIONS**

2. According to the DJSE concept there is a single medical post-JLSG Medical Advisor/Director (JLSG MED AD/DIR) within JLSG HQ CSE. His mission is to provide medical inputs for operational planning, participate in JLRT, if it is compliant with Main HQ MEDAD decision, for medical intelligence collection and provide core manning for functional medical staff element. Under the lead of the Operational Medical Director, the JLSG Medical Director is responsible to coordinate with the Component Commands Medical Directors, particularly during the medical support of the RSOM phase for the overall theatre.





### **TASKS AND RESPONSIBILITIES**

3. The Medical Section deals with all medical issues within the JLSG. It is responsible for all pre-deployment medical planning within the JLSG scope and provides medical advice to COM JLSG.
4. SO Preventive Med designated from Medical Section takes part as a member of JLRT in preparation of the deployment of the force. He identifies and assesses risks and medical threats and additionally identifies medical local resources that can be used during a mission.
5. Control of the JLSG Medical Treatment Facilities (MTF). The MTFs under the command of the JLSG assure its own support. Role 2 if assigned to JLSG, assure medical support for logistic base, not for the theatre as whole. JLSG MED AD/ DIR coordinates medical support with other CCs MED AD/ DIR.
6. When deployed the Medical Section coordinates all medical support during the RSOM phase until MEDADs of the CCs can take over their responsibility.
7. The Medical Section coordinates medical support provided by medical units under OPCON of the JLSG, implements and controls the JFC Medical Director's Force Health protection plan, MEDEVAC plan and mass casualty plan for the JLSG.
8. Medical Resupply. The coordination of specialist medical materiel such as pharmaceutical drugs, controlled substances, blood and blood products and specialist medical equipment is a primary activity of this post. The unique nature of these items generates important logistical considerations with immense life-saving consequences on delivery. If required the Medical Section provides assistance and coordination for the Medical Resupply at the Joint Level.

9. Medical Requirements to ITAS. The coordination function for the generation of 'spec air' requests to meet Priority 1 aero medical evacuation requirements is a key component of the life-saving functions of this medical post. The Medical Section establishes and maintains a JLSG Patient Evacuation Coordination Centre (PECC) and contributes to patient tracking and the flow of medical information.
10. When required, the Medical Section will establish and maintain liaison with local medical authorities and local HN local facilities in collaboration with the JHQ Main medical representative deployed in theatre.

#### **DEPLOYMENT, REDEPLOYMENT AND RSOM**

11. The Medical Section must be involved early in pre-deployment planning and preparation phase and, IOT coordinate medical support during early deployment phases, Medical Section representatives must be deployed at the initiation of the Reception, Staging and Onward Movement (RSOM) process.
12. Operational medical support assets should deploy with the forces they are tasked to support. Robust and comprehensive capability must be available at the initiation of operations, expand progressively as force strength expands and risks increase, and be reduced progressively as the force strength and risks decrease.
13. The SO Prev Med Section may be required to be ready in 5 days NTM IOT contribute to the JLRT in case of an upcoming mission.
14. When JLSG Role 2 E (Enhanced) and/or JLSG Role 3 MTF capabilities will be deployed, this unit will then be under JLSG control.