Role Level I: Point of Injury Care:

- First Responder Care: First-aid and immediate lifesaving measures provided by; self-aid, buddy aid or combat lifesaver (Nonmedical team/squad member trained in enhanced first-aid).
- Care by the corpsman trained in TCCC. Additional battlefield providers, with various levels of training, include the SEALs (SEa, Air, Land), Independent Duty Corpsman, or Special Boat Corpsman.

Role Level I Care:

- Battalion Aid Station (BAS):
  - Includes Triage, Treatment, and Evacuation.
  - Care is provided by the physician, physician assistant, and/or corpsman.
  - Goals are to return to duty or stabilize and evacuate to higher level of care.
  - No surgical or patient holding capability.
- Shock Trauma Platoon (STP):
  - Small emergency medical unit that supports the Marine Expeditionary Force (MEF).
  - Includes stabilization and evacuation sections.
  - Staff consists of two emergency medicine physicians and supporting staff (total staff of 25 personnel)
  - No surgical capability.
  - Patient holding time limited to 48 hours.
Role Level II (Two):

- Includes basic primary care. May also include optometry, combat and operational stress control and behavioral health, dental, laboratory, radiographic, and surgical capabilities (when augmented).
- Has increased medical capability over Role I, but limited inpatient bed space.
- 100% mobile.

Role Level II (Two) care:

Casualty Receiving and Treatment Ship (CRTS). CRTS are part of an Amphibious Ready Group (ARG) and are usually comprised of one Marine amphibious assault ship (Tarawa class) or landing helicopter deck Wasp-class ship, whose primary mission is the transport and deployment of Marines and whose secondary mission is to function as a casualty-receiving platform. An ARG typically comprises three ships, with surgical capability only on the CRTS:

- Ships have 45 ward beds, 4 Ors (with Augmented Staff) and 17 ICU beds.
- A 176-person Fleet Surgical Team consists of 1 surgeon, 1 certified registered nurse anesthetist, 1 critical care nurse, 1 OR nurse, 1 general medical officer, and 12 support staff.
- A CRTS and the Fleet Surgical Team can be augmented with 84 additional personnel to increase capability from one OR to four, as well as provide the following specialties: 2 orthopaedic surgeons, and 1 oral and maxillofacial surgeon.
- Ships have laboratory, X-ray, and frozen blood capabilities.
- Designed for receipt and flow of casualties from helicopter flight deck and landing craft well deck.
- Have triage areas for 50 casualties.
- Doctrinal holding capability is limited to 3 days.

Aircraft carrier battle group:

- Includes 1 OR, 52 ward beds, and 3 intensive care beds.
- Staff includes 1 surgeon, and 5 additional medical officers.
- Medical assets aboard aircraft carriers are intended for use by the aircraft carrier and its task force. Aircraft carriers are not casualty-receiving ships and are not included in medical assets for support to ground forces.
Surgical Company – US Marine Corps:
- Provides surgical care for the Marine Expeditionary Force (MEF). Basis of allocation is one per infantry regiment.
- Provides stabilizing surgical procedures (damage control surgery).
- Doctrinally consists of 4 forward resuscitative surgical systems, 4 shock trauma platoons, and 4 en route care teams.
- Has 20-bed capability.
- Portable digital X-ray and minimal laboratory and blood banking capabilities.
- Patient holding capability up to 72 hours.

Forward Resuscitative Surgical System:
- Basic surgical capability module.
- Rapid assembly, highly mobile.
- Can provide resuscitative surgery for 18 patients within 48 hours without resupply.
- The 8-person team includes 2 surgeons, 1 anesthesiologist, 1 critical care nurse, 2 OR technicians, and 2 corpsmen.
- Holding capability of 4 hours.
- No intrinsic evacuation capability.
- Not a stand-alone organization.

En Route Care Team/Platoon/Systems (ERCS):
- Two-person team consisting of a critical care registered nurse and a corpsman.
- Provides transport of two critically injured or ill, but stabilized, postoperative casualties.
- Has own equipment package.
- Capable of transporting two patients, one ventilated.
- Dependent on opportune lift.
Role Level III (Three):

At Role III, the patient is treated in a medical treatment facility staffed and equipped to provide care to all categories of patients, including resuscitation, initial wound surgery, damage control surgery, and postoperative treatment. This role of care expands the support provided at Role II. Patients who are unable to tolerate and survive movement over long distances receive surgical care in a hospital as close to the supported unit as the tactical situation allows. This role includes provisions for:

- Evacuating patients from supported units.
- Providing care for all categories of patients in a medical treatment facility with the proper staff and equipment.
- Providing support on an area basis to units without organic medical assets.

Role Level III (Three) care:

- Expeditionary Medical Facility (EMF):
  - Standard configuration has 150 beds, including 40 ICU beds and 4 ORs.
  - Provides emergency treatment to receive, triage, and prepare incoming patients for surgery.
  - Has surgical capability, including general, orthopaedic, thoracic, urological, gynecological, and oral and maxillofacial, based on four OR tables staffed for 96 operating tables hours per day.
  - Consultation services for inpatients and outpatients include area support for units without organic medical services.
  - Also provides pharmacy, psychiatry, public health nursing, physical therapy, clinical laboratory, blood banking, radiology, and nutrition care services.
  - Stand-alone; full ancillary services.
  - Complete base operating support available.
  - Includes Class VIII support until theater is “mature” or approximately 60 days after operations commence.
  - Large holding capability.

NOTE: Based on the experiences of a decade of evolutionary operations, Navy Expeditionary Health Service Support is considering a dramatic change to the structure of expeditionary medical facilities. Determinations will be made regarding scalability, modularity, mobility, and deployable capability to improve and enhance Navy Medicine’s flexibility in providing medical support across the full range of military operations.
Hospital Ship (T-AH) – USNS Mercy and USNS Comfort:

- Each ship has 999 beds consisting of 88 ICU beds (68 general ICU, 20 postsurgical recovery beds). All 88 beds are equipped with piped in oxygen and suction, and cardiac monitoring capability. One ward is configured with 11 respiratory isolation beds.
- Inpatient ward capability includes 400 intermediate care and 500 minimal care/convalescence beds. The 500 minimal care beds are upper bunks, unsuitable for injury patterns related to fractures. Most upper bunks are typically used by escorts and patients ready to return to full duty.
- Each ship has support services for up to 12 ORs.
- Each ship has 1,216 medical staff (273 officers and 943 enlisted).
- Extensive laboratory and X-ray capabilities, including CT scan.
- Large blood bank with frozen blood capability.
- Patients are allowed a 5-day average stay in accordance with a baseline 7-day evacuation policy.
Role Level IV (Four):

Medical care is found in CONUS-based hospital and other safe havens. Mobilization requires expansion of military hospital capacities and the inclusion of the Department of Veterans Affairs and civilian hospital beds in the National Disaster Medical System to meet the increased demands created by the evacuation of patients from the area of operations.