

Summary Report for Individual Task
805D-203-1136
Provide Religious Support to Wounded or Dying Soldiers
Status: Approved

Distribution Restriction: Approved for public release; distribution is unlimited.

Destruction Notice: None

Foreign Disclosure: FD5 - This product/publication has been reviewed by the product developers in coordination with the Fort Jackson foreign disclosure authority. This product is releasable to students from all requesting foreign countries without restrictions.

Condition: Given reports of casualties at a Battalion Aid Station (BAS) or tactical Casualty Collection Point (CCP), given assigned weapon, helmet, body armor, tactical load bearing equipment, medical gloves, eye protection, a Chaplain with chaplain kit, Soldiers with ID tags who are casualties, copies of DD 1380 (Field Medical Card) or DA 7656 Tactical Combat Casualty Care (TC3) card, printed emergency prayers from a variety of religious traditions and secure digital or voice communication. This task should not be trained in MOPP 4.

Standard: Provide religious support to wounded or dying Soldiers during operations, ensure all required information on the SITREP is completed accurately, and submitted in a timely manner.

Special Condition: None

Safety Risk: Low

MOPP 4: Never

Task Statements

Cue: Soldiers are cued to perform this action when given reports of casualties inbound or arriving at an aid station the UMT provides direct or area coverage for; visible signs of casualty activity at the UMT designated aid station; audible or visual signs of a direct or indirect fire attack on the local military facility.

DANGER
None

WARNING
None

CAUTION
All body fluids and body substances should be considered potentially infectious. Always observe body substance isolation (BSI) precautions by wearing medical gloves and eye protection as a minimal standard of protection.

Remarks: None

Notes: Religious support is never at the expense of medicine. UMT members should in no way compromise medical treatment by getting in the way of medical personnel. UMT members are strongly discouraged from performing religious support in the treatment area without prior coordination and rehearsal with medical personnel, particularly when medical personnel are performing lifesaving measures on patients. Conversely UMT members must be careful not to compromise religious support. As the situation allows, UMT members are encouraged to assist medical personnel as much as possible, but not at the expense of religious support or Unit Ministry Team integrity.

Performance Steps

1. Inform the chaplain that casualties are arriving.
2. Assess tactical situation.
 - a. Determine with the chaplain whether or not it is safe for the UMT to move to the casualty location.
 - b. Secure the chaplain and needed ministry items, take cover and return fire as necessary.
 - c. Observe if others are responding to the event. If medical personnel and other responders are moving, it is appropriate for the UMT to move.
3. Proceed to Triage area of the Aid Station as tactical situation allows.
 - a. If your chaplain is with you, move tactically as a buddy team to the aid station.
 - b. If you are separated from your chaplain, execute a pre-arranged plan for movement and rendezvous at the triage area.
4. Upon arrival at Triage, observe Body Substance Isolation (BSI) protocols by donning medical gloves and eye protection. Ensure other UMT members don gloves and eye pro.
5. Assist the chaplain in assessing the situation and establishing priorities for religious support.
 - a. Determine the religious support personnel assets available.
 - b. Plan and Coordinate execution of religious support with chaplain, using available assets.
 - c. Prioritize religious support to casualties with the least chance of survival.
 - (1) Expectant Patients (casualties who are so badly injured that only complicated or prolonged treatment can improve life expectancy) If the chaplain does not need your assistance here, assess other triage areas for next priority.
 - (2) Delayed (casualties who have less risk of loss of life or limb if treatment is delayed) Check on patients in this category to reassure them.
 - (3) Minimal (walking wounded; can be treated by self-aid or buddy aid).
 - (4) Immediate (casualties whose conditions demand immediate treatment to save their life) Life-saving resuscitative treatment is more critical now to immediate casualties than ministry. As casualties are prioritized for treatment and evacuation, notify the chaplain for religious support opportunities before or after the wounded Soldier receives medical care.
 - d. Survey the other triage areas to help the chaplain assess where he or she is needed next.
 - e. Routinely update the chaplain about Soldiers needing religious support in the other triage areas.
6. Provide religious support to casualties.
 - a. If the Soldier is conscious:
 - (1) Identify yourself as a Chaplain Assistant.

(2) Position yourself so that the patient does not have to strain to see you and out of the way of medical providers.

(3) Provide a reassurance that they are being well cared for.

(4) Provide encouraging conversation.

(5) Determine the Soldier's religious preference by asking how you can help them.

(6) Provide religious support as requested by the Soldier within the Soldier's faith tradition.

b. If the Soldier is unconscious:

(1) Determine Soldier's religious preference by reviewing their identification tags.

(2) Provide religious support for them according to the preference listed on their ID tags.

c. Be prepared to provide religious support to diverse religious traditions such as reading a prayer from the Soldier's faith tradition.

7. Obtain the services of another chaplain and or chaplain assistant or other qualified individual, if those assets are available.

8. Annotate the name(s) of responding UMT members, their faith groups, the date and time of the incident, and the nature of the religious support provided on a DD 1380 (FMC) or DA 7656 (TC3) in the event the casualty is deceased.

9. Update situational assessment as necessary and re-evaluate initial religious support plan ICW the chaplain.

a. Inform chaplain of any new casualties or any new expectant casualties.

b. Inform chaplain of any exceptional Soldier needs.

c. As the influx of new casualties subsides, shift religious support focus to other triage categories, ICW the chaplain.

d. Inform the chaplain of any casualties being prepared and prioritized for evacuation.

10. Shift ministry focus to ministration of human remains with special attention to the requirements of their religious tradition and to caring for providers ICW with the chaplain, when the medical emergency is over.

11. Observe the medical providers and inform the chaplain if any exhibit signs of distress.

12. Compile initial SITREP for the chaplain's review and send it to supervisory Unit Ministry Team or chaplain section using secure communication.

a. Describe the number of casualties for whom religious support was performed. (This number is not to be confused with the official casualty reports submitted by S1.)

b. Alert the higher headquarters UMT or chaplain section of issues that could be addressed by UMTs at the higher echelon medical treatment facility such as special requests from low density faith groups.

c. Request additional UMT assets if necessary.

(Asterisks indicates a leader performance step.)

Evaluation Guidance: Score the Soldier a GO if all performance steps are conducted and appropriate explanation is given for any steps omitted. Score the Soldier a NO GO if any step is failed. If the Soldier fails any step, retrain by showing and telling them what was done wrong and how to do it correctly.

Evaluation Preparation: Set-up: Replicate an aid station by having 3-4 Soldiers with ID tags simulate wounded Soldiers. At least one Soldier should be non-ambulatory and unresponsive. Another Soldier should be ambulatory and responsive. The rest may be non-ambulatory but responsive. Tell the Soldier: Demonstrate all performance steps or give appropriate explanation for any step omitted.

PERFORMANCE MEASURES	GO	NO-GO	N/A
1. Informed the chaplain that casualties are arriving.			
2. Assessed tactical situation.			
3. Proceeded to Triage area of the Aid Station as tactical situation allowed.			
4. Observed BSI protocols by donning medical gloves and eye protection. Ensured other UMT members don gloves and eye pro.			
5. Assisted the chaplain in assessing the situation and in establishing priorities for religious support.			
6. Provided religious support to casualties.			
7. Obtained the services of another chaplain, assistant or other qualified individual as required.			
8. Annotated the name(s) of responding UMT members, their faith groups, the date and time of the incident, and the nature of the religious support provided on a DD 1380 of DA 7656 in the case of deceased individuals.			
9. Updated situational assessment and re-evaluated initial religious support plan ICW the chaplain.			
10. Shifted religious support focus to ministration of human remains with special attention to the requirements of their religious tradition and to caring for providers, ICW the chaplain at the conclusion of the medical emergency.			
11. Observed the medical providers and informed the chaplain of any exhibiting signs of distress.			
12. Compiled initial SITREP for the chaplain's review and sent it to supervisory Unit Ministry Team or chaplain section using secure communication.			

Supporting Reference(s):

Step Number	Reference ID	Reference Name	Required	Primary
	ADP 5-0	The Operations Process	Yes	Yes
	AR 165-1	Army Chaplain Corps Activities	Yes	No
	ATP 1-05.01	RELIGIOUS SUPPORT AND THE OPERATIONS PROCESS http://armypubs.army.mil/doctrine/DR_pubs/dr_a/pdf/atp1_05x01.pdf	Yes	Yes
	ATP 4-02.3	ARMY HEALTH SYSTEM SUPPORT TO MANEUVER FORCES http://armypubs.army.mil/doctrine/DR_pubs/dr_a/pdf/atp4_02x3.pdf	Yes	Yes
	FM 1-05	Religious Support	Yes	Yes
	JP 1-05	Religious Affairs in Joint Operations	No	No
	RSOS	Religious Support Operational Systems (RSOS) https://www.us.army.mil/suite/grouppage/55152	No	No

Environment: Environmental protection is not just the law but the right thing to do. It is a continual process and starts with deliberate planning. Always be alert to ways to protect our environment during training and missions. In doing so, you will contribute to the sustainment of our training resources while protecting people and the environment from harmful effects. Refer to FM 3-34.5 Environmental Considerations and GTA 05-08-002 ENVIRONMENTAL-RELATED RISK ASSESSMENT. Environmental protection is a continual process. Always be alert to ways to protect our environment and

reduce waste.

Safety: In a training environment, leaders must perform a risk assessment in accordance with ATP 5-19, Risk Management. Leaders will complete the current Deliberate Risk Assessment Worksheet in accordance with the TRADOC Safety Officer during the planning and completion of each task and sub-task by assessing mission, enemy, terrain and weather, troops and support available-time available and civil considerations, (METT-TC). Note: During MOPP training, leaders must ensure personnel are monitored for potential heat injury. Local policies and procedures must be followed during times of increased heat category in order to avoid heat related injury. Consider the MOPP work/rest cycles and water replacement guidelines IAW FM 3-11.4, Multiservice Tactics, Techniques, and Procedures for Nuclear, Biological, and Chemical (NBC) Protection, FM 3-11.5, Multiservice Tactics, Techniques, and Procedures for Chemical, Biological, Radiological, and Nuclear Decontamination. Everyone is responsible for safety. A thorough risk assessment must be completed prior to every mission or operation.

Prerequisite Individual Tasks : None

Supporting Individual Tasks : None

Supported Individual Tasks : None

Supported Collective Tasks : None