

**1ST MEDICAL BATTALION, 1ST MARINE LOGISTICS GROUP
CAMP PENDLETON, CALIFORNIA 92055**

COC SOP

March 5, 2026

From: Officer in Charge, Combat Operations Center

To: Commanding Officer, 1st Medical Battalion

Via: Company Commander

Subj: COMBAT OPERATIONS CENTER (COC) STANDARD OPERATING
PROCEDURES FOR HEALTH SERVICE SUPPORT COMMAND AND
CONTROL

- Ref: (a) NAVMC 3500.84A, Health Service Support (HSS) Training and Readiness (T&R) Manual
(b) MCRP 3-40A.5 (MCRP 4-11.1E), Health Service Support Field Reference Guide
(c) 1st Medical Battalion Blood Products, Walking Blood Bank (WBB), and Massive Transfusion Protocol (MTP) Standard Operating Procedures
(d) 1st Medical Battalion Mass Casualty (MASCAL) Standard Operating Procedures
(e) MCDP 1-0, Marine Corps Operations
(f) MCWP 4-11.1, Health Service Support Operations
(g) MCO 3502.6, Marine Corps Force Generation Process

- Encl: (1) COC Table of Organization - Deployment Configuration
(2) Watch Structure and Battle Rhythm
(3) COC Battle Drills
(4) Communications Equipment and Configuration

1. Purpose. To establish standard operating procedures for the Combat Operations Center (COC) in the execution of Health Service Support (HSS) command and control (C2) functions and Mission Essential Tasks (METs) as defined in reference (a). This SOP describes the COC deployment Table of Organization (T/O), watch structure, battle rhythm, battle drills, and communications configuration.

2. Cancellation. None.

3. Scope. This SOP applies to all personnel assigned to the COC, 1st Medical Battalion. The COC executes events HSS-OPS-7001 (Conduct COC operations), HSS-OPS-6001 (Provide command and control), and HSS-PLAN-7001 (Conduct planning). Per reference (a), these events collectively support METs 1 (Provide Task-Organized Forces), 3 (Conduct Temporary Casualty Holding), 4 (Conduct Casualty Evacuation), 5 (Conduct Mass Casualty Operations), and 7 (Conduct Medical Regulating Services). The COC has no dedicated Authorized Medical Allowance List (AMAL); communications and C2 equipment are addressed in enclosure (4).

4. Background

a. Per reference (a), the COC is the location where the aggregation and dissemination of information provides the commander and staff with situational awareness to facilitate the decision-making process. The COC integrates systems, personnel, and processes to execute C2 of HSS operations.

b. The COC manages the Common Operational Picture (COP), coordinates patient movement through the Medical Regulator function, synchronizes operations across all functional areas (Shock Trauma Platoon (STP), Forward Resuscitative Surgical System (FRSS), Holding, Ambulance, and supporting elements), and maintains communications with higher, adjacent, and subordinate units.

c. The Leading Petty Officer (LPO) / Blood Bank Lead is a hybrid position. In garrison, this individual serves as the traditional LPO managing administrative functions. In the field, this individual transitions to the primary Blood Bank Lead responsible for Walking Blood Bank (WBB) donor management, blood product inventory tracking, Armed Services Blood Program (ASBP) coordination, and Massive Transfusion Protocol (MTP) supply chain management per reference (c).

5. Mission Essential Task Execution

a. MET 1: Provide Task-Organized Forces (MCT 1.1.2). The COC is the primary executor of MET 1. The OIC leads the Marine Corps Planning Process (MCP) per reference (g), conducts problem framing, issues warning orders, creates operations orders (OPORDs) and fragmentary orders (FRAGOs), and coordinates planning with higher, adjacent, subordinate, and supporting units. The Operations Officer (OPS O) supports with timeline development and decision support tools. The Medical Regulators (MED REGs) provide patient flow data to inform task organization decisions.

b. MET 3: Conduct Temporary Casualty Holding (MCT 4.5.4). The COC supports MET 3 through battle rhythm management, bed status tracking, and information management. The

MED REG maintains the patient tracking system and coordinates with the Holding section for bed availability and evacuation priority.

c. MET 4: Conduct Casualty Evacuation (MCT 4.5.5). The COC is a primary executor of MET 4. The MED REG receives casualty evacuation requests from the STP, FRSS, and Holding; determines the means of casualty movement; coordinates with the Direct Air Support Center (DASC) for aeromedical evacuation; determines casualty destination facilities; and tracks casualty movement. The OPS O synchronizes evacuation operations with the broader operational timeline.

d. MET 5: Conduct Mass Casualty Operations (MCT 4.5.6). Upon Mass Casualty (MASCAL) declaration per reference (d), the COC activates the MASCAL plan, coordinates surge operations across all sections, directs WBB activation through the Blood Bank Lead per reference (c), and executes accelerated casualty reporting to higher. The MASCAL activation battle drill in enclosure (3) details the step-by-step actions.

e. MET 7: Conduct Medical Regulating Services (MCT 4.5.8). The COC is the primary executor of MET 7. The MED REGs maintain the COP, coordinate patient regulation and movement, execute information management procedures, maintain communications with HSS units and supported commands, and conduct cross-boundary coordination. The watch structure in enclosure (2) ensures continuous MET 7 execution across 24-hour operations.

6. Watch Structure. The COC operates on a 12-hour watch rotation. The two MED REG billets enable continuous patient regulation. The OPS O serves as watch supervisor during the day watch (0600-1800) and remains on call during the night watch, with the on-duty MED REG holding watch authority. The LPO / Blood Bank Lead maintains daytime presence and on-call availability for WBB activation during night operations. The complete watch schedule is detailed in enclosure (2).

7. Documentation

a. The COC maintains the following documentation:

(1) COP Status Board. Updated continuously. Includes: bed status by section, patients by triage category, blood product inventory, evacuation assets available, and communications status.

(2) Patient Tracking Log. All patients received, transferred, evacuated, returned to duty, or deceased. Maintained by the on-duty MED REG.

(3) Blood Product Inventory Report. Maintained by the LPO / Blood Bank Lead per reference (c). Updated at each battle rhythm cycle and upon any WBB activation or MTP event.

(4) Casualty Reports to Higher. Compiled and transmitted per the schedule and format in reference (d).

(5) Watch Log. Maintained by on-duty MED REG. Records all significant events, decisions, and communications during each watch.

8. Training

a. Required Certification. All COC personnel must maintain current Basic Life Support (BLS) certification.

b. Recommended Training Considerations:

(1) Tactical Combat Casualty Care (TCCC), Tier 3 or Tier 4. Recommended for all COC personnel to understand the clinical context of the information they manage.

(2) Joint Medical Planning Course. Recommended for the OIC and OPS O to enhance HSS planning capability for MET 1.

(3) WBB Donor Management and MTP Familiarization. Required for the LPO / Blood Bank Lead per reference (c). Recommended for MED REGs to enable backup.

c. Collective Training. The COC will train to HSS-OPS-7001, HSS-OPS-6001, and HSS-PLAN-7001 at a minimum sustainment interval of six months per reference (a). Battle drill rehearsals per enclosure (3) will be conducted monthly.

9. Administration and Logistics. This SOP will be reviewed annually or upon significant changes to references (a) through (d).

10. Command and Signal. The OIC retains C2 authority. In the absence of the OIC, authority passes to the OPS O, then to the Senior Enlisted Leader (SEL). The OIC establishes the battle rhythm and approves all operations orders and FRAGOs. The MED REGs execute patient regulation under the authority delegated by the OIC.

Officer in Charge
Combat Operations Center

DISTRIBUTION:

Copy to:

Company Commander

Battalion Surgeon

STP OIC

FRSS OIC

Holding OIC

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ENCLOSURE (1)
COC Table of Organization - Deployment Configuration

Position	Qty	Primary Role in MET Execution
OIC (Platoon Commander)	1	Overall C2 authority; MET 1 lead (MCP, task organization); coordinates with higher/adjacent/subordinate
Senior Enlisted Leader (SEL)	1	Administrative and logistical oversight; personnel accountability; liaison with Company and Bn staff
LPO / Blood Bank Lead	1	Hybrid role: Leading Petty Officer in garrison; WBB/blood logistics lead in field. Manages donor screening, blood inventory, ASBP coordination per reference (c)
Operations Officer (OPS O)	1	Watch supervisor; battle rhythm management; synchronizes section operations; information management
Medical Regulator (MED REG)	2	Patient regulation and movement coordination; evacuation request processing; bed status tracking; DASC coordination. Two billets enable 12-hour watch rotation.

ENCLOSURE (2)
Watch Structure and Battle Rhythm

Watch Rotation (12-hour shifts):

	Day Watch (0600-1800)	Night Watch (1800-0600)
Watch Supervisor	OPS O	OPS O (on call; MED REG has watch authority)
Medical Regulator	MED REG #1	MED REG #2
Blood Bank	LPO / Blood Bank Lead	LPO / Blood Bank Lead (on call)

Battle Rhythm:

0600 Watch turnover; outgoing MED REG briefs incoming on patient status, pending evacuations, blood inventory.

0630 Morning update brief: OIC, OPS O, MED REG, Blood Bank Lead. Review overnight events, current bed status, blood product inventory, anticipated operations.

0800 Casualty report to higher (Bn COC / MEF Surgeon).

1200 Midday update: bed status, blood inventory, evacuation asset status. Casualty report to higher if significant changes.

1600 Pre-watch-turnover update: OPS O reviews day operations, prepares night watch guidance.

1800 Watch turnover; day MED REG briefs night MED REG.

2000 Evening casualty report to higher.

As required: MASCAL activation, WBB activation, and displacement drills interrupt routine battle rhythm and take precedence.

ENCLOSURE (3)
COC Battle Drills

The following battle drills will be rehearsed monthly and executed when triggered. Each drill assigns specific actions to COC personnel. References (c) and (d) provide detailed procedures for blood product and MASCAL operations respectively.

Battle Drill	Actions
MASCAL Activation	1. Receive MASCAL declaration from STP OIC or supported unit. 2. Notify all sections (STP, FRSS, Holding, Ambulance). 3. Activate MASCAL SOP per reference (d). 4. Report to higher (Bn COC). 5. Begin accelerated patient tracking. 6. Coordinate surge evacuation assets via DASC. 7. Direct WBB activation via Blood Bank Lead per reference (c).
WBB Activation	1. Receive WBB activation request from STP Emergency Nurse or FRSS Anesthesiologist. 2. Blood Bank Lead initiates donor recall per reference (c). 3. Coordinate donor screening location with STP/supported unit. 4. Track blood product inventory and report consumption rate. 5. Coordinate resupply with ASBP/MLG. 6. Report WBB status to higher.
Degraded Communications	1. Identify communications degradation (loss of digital, radio, or network). 2. Activate backup communications per PACE plan. 3. Dispatch runners to STP, FRSS, and Holding with patient status. 4. Revert to manual patient tracking (paper-based). 5. Increase reporting frequency to higher via available means. 6. Request communications support from supported LCE.
Displacement / Retrograde	1. Receive displacement order from higher. 2. Issue FRAGO to all sections with movement timeline. 3. Coordinate patient evacuation priority with MED REG. 4. Direct sections to pack Essential AMAL items first. 5. Coordinate vehicle allocation with Ambulance section. 6. Establish communications at new site. 7. Report displacement status to higher.
Casualty Reporting to Higher	1. Compile casualty data from STP, FRSS, and Holding at reporting intervals per battle rhythm. 2. Format per reference (d) reporting template. 3. Include: total received, triage categories, dispositions (DCS, holding, evacuated, RTD, KIA). 4. Report blood product consumption and remaining inventory per reference (c). 5. Transmit to Bn COC/MEF Surgeon.

ENCLOSURE (4)
Communications Equipment and Configuration

The COC requires the following communications capabilities per references (a) and (b). The STP is dependent on the supporting Logistics Combat Element (LCE) for communications support, including Very High Frequency (VHF) and High Frequency (HF) single-channel radios and vehicular single-channel radios.

Primary Communications (P):

- VHF radio net (Bn Command Net) for coordination with higher, adjacent, and subordinate HSS units
- HF radio net (backup long-range) for communications with MEF Surgeon / MLG

Alternate Communications (A):

- Tactical data network (JOMIS or equivalent) for patient tracking and digital COP
- Satellite communications (SATCOM) for degraded VHF/HF environments

Contingency Communications (C):

- Runner system between COC and all sections (STP, FRSS, Holding)
- Wire/landline telephone between collocated sections

Emergency Communications (E):

- Visual signals (flag/panel) for immediate MASCAL or displacement notification
- Pre-coordinated frequency hop schedule for communications security

Equipment List:

- AN/PRC-117G or equivalent (VHF/UHF/SATCOM multiband) x2
- AN/PRC-150 or equivalent (HF) x1
- Laptop/tablet with JOMIS client x2 (MED REG and OPS O workstations)
- Whiteboard / status board for manual COP x1
- TA-312 field telephone set x2 (wire to STP and FRSS)
- DR-8 reel unit x2 (wire)
- Power distribution panel / generator access as provided by LCE