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SECRETARY OF THE AIR FORCE**

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**Medical Services**

**ADMINISTRATION OF THE EN ROUTE  
PATIENT STAGING SYSTEM**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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This Instruction implements Air Force Policy Directive (AFPD) 41-1, *Health Care Programs and Resources* and DoD Instruction (DOD I) 1322.24, *Medical Readiness Training*. It sets procedures for medical readiness planning, training, exercising and reporting in support of the full spectrum of medical operations, including expeditionary, humanitarian assistance, disaster response, global health engagement and stability operations. This instruction applies to Active Component (AC) and Air Reserve Component (ARC) units and may be supplemented at any level, but all direct supplements must be routed to the Office of Primary Responsibility (OPR) of this publication for coordination prior to certification and approval. **Note:** Guidance in this Instruction applicable to Major Commands (MAJCOM), Air National Guard (ANG), and Air Force Reserve Command (AFRC) unless otherwise indicated. The authorities to waive wing/unit level requirements in this publication are identified with a Tier (“T-0, T-1, T-2, T-3”) number following the compliance statement. See Air Force Instruction (AFI) 33-360, *Publications and Forms Management*, for a description of the authorities associated with the Tier numbers. Submit requests for waivers through the chain of command to the appropriate Tier waiver approval authority, or alternately, to the Publication OPR for non-tiered compliance items. In addition, copies of all submitted waiver documents for this Instruction will be provided to the parent MAJCOM/SGX, regardless of Tier waiver approval authority. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of in accordance with the Air Force Records Disposition Schedule (RDS) located in the Air Force Records Information Management System (AFRIMS), or any updated statement provided by the AF Records Management office (SAF/CIO A6P). **(T-1)**. Refer recommended changes and questions about this publication to the OPR using the AF Form 847, *Recommendation for*

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**SUMMARY OF CHANGES**

This AFI has been substantially revised and must be completely reviewed. Major changes include: changing the title of this AFI and clarifying the support requirements for the Military Treatment Facility (MTF). It also describes the En Route Patient Staging System (ERPSS) capabilities and configurations, adjusts the scope of care and functions of the ERPSS, phases of deployment and updates forms, abbreviations and acronyms. Changes to this document also include the deletion of Global Expeditionary Medical System (GEMS), the addition of the Theater Medical Information Program (TMIP), and includes eliminating the Defense Message System (DMS) program. The Air Force Network Integration Center (AFNIC) will no longer provide DMS services for official messaging to AF organizations. Alternative message coordination methods will be organizational Common Access Card (CAC) Public Key Infrastructure (PKI) signed and encrypted e-mail on the Non-Secure Internet Protocol Router Network (NIPRNET) and organizational e-mail on the Secret Internet Protocol Router Network (SIPRNET). “How to” information has been removed from this instruction and added to the ERPSS AF Tactics, Techniques and Procedures (TTP) 3-42.53.

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## Chapter 1

### EN ROUTE PATIENT STAGING SYSTEM (ERPSS)

**1.1. Mission Overview.** The ERPSS has a two-fold mission: to provide support and continuity of medical care for patient movement (PM) IAW AFI 41-307, *Aeromedical Evacuation Patient Considerations and Standards of Care*, and serve as an integral patient interface to the En Route Care Capability (ERCC). The ERPSS provides personnel and equipment necessary for 24-hour patient staging operations, patient transportation to/from aircraft, and administrative processes for tracking patients transiting the ERCC worldwide. Note: The ERPSS has no surgical, lab, dental, mental health, x-ray, or blood bank capabilities. Thus, it should be co-located with an MTF capable of providing required inpatient and outpatient services. Critically ill patients and inpatient psychiatric patients must be staged/held at the co-located or supporting MTF. The co-located or supporting inpatient MTF is responsible for holding/staging all patients with medical care requirements outside the scope of the ERPSS. **(T-2)**

**1.2. En Route Patient Staging Facility.** The staging facility is a key healthcare component of the ERCC, and provides temporary holding capability for patients transiting the system. All ERPSS facilities (with the exception of the tactical ERPSS 10) should be co-located with a bedded facility in order to maximize its capability to care for patients. Primary medical/surgical and other ancillary services must be available 24 hours/day for patients in the staging facility. **(T-2)** If the staging facility is not co-located with an MTF that can provide the required clinical support, arrangements must be in place to meet the clinical support levels needed for patients transiting the facility. **(T-3)**

1.2.1. The ERPSS Control Center will communicate directly with the Staging Facility OIC any changes to the patient manifest or patient condition to ensure the most current medical information is available to the AE crew. **(T-3)**

**1.3. Interface Requirements.** The leadership element of the ERPSS (Officer in Charge (OIC), Senior Flight Surgeon, Administrator, and Chief Nurse) will: **(T-3)**

1.3.1. Coordinate with the supporting MTF to establish administrative, ancillary service, and clinical support requirements. **(T-3)**

1.3.2. Establish communications with the appropriate Patient Movement Requirements Center (PMRC), 618th Air Operations Center/Tanker Airlift Control Center (TACC) and appropriate Aeromedical Evacuation (AE) Squadron(s). **(T-2)** The ERPSS – 10 Team Chief may request the sourcing of a flight nurse (e.g. pare and tailor line 001 from UTC FFQLL, AE Liaison Team [AELT]), to serve as liaison between the ERPSS -10 and the AE system.

1.3.3. Establish communications with all supported service tactical evacuation assets/units. **(T-2)**

1.3.4. Establish communications with all MTFs moving patients to the ERPSS to ensure transportation and continuity of patient care is maintained. **(T-2)**

1.3.5. Establish communications with the base commander (deployed) and airfield manager. The ERPSS leadership team should also develop a relationship with the Air Terminal Operations Center (ATOC), Civil Engineering (CE), communications, transportation, dining

facilities (DFAC), flight safety, fire and force protection units. These units should be notified of the presence of a Staging Facility on the base and the mission support requirements inherent in the patient movement system. **(T-3)**

## Chapter 2

### ROLES AND RESPONSIBILITIES

#### 2.1. Staging Facility personnel will:

- 2.1.1. Receive regulated/unregulated patients and provide continuing and supportive care IAW AFI 41-307 . (T-2)
- 2.1.2. Prepare and clear patients for flight to ensure suitability for movement under the guidance of the PMRC validating flight surgeon. (T-2)
- 2.1.3. Brief patients and accomplish documentation IAW regulatory guidance. (T-2)
- 2.1.4. Provide, or make arrangements for, ground transportation between the staging facility and the aircraft. (T-2)
- 2.1.5. Provide facility security for the protection of assets, personnel and entry control. (T-2)

#### 2.2. Staging Facility OIC/Commander.

- 2.2.1. The staging facility/ERPSS OIC, if not established as a Commander on G Series orders, OPORD or appointment by the supporting MTF, will be the senior medical officer of the team assembled regardless of AF Specialty Code (AFSC). (T-3)

#### 2.3. Chief of Medical Services. Supporting MTF responsibility.

- 2.3.1. Provides oversight to flight medicine, pharmacy, and nutritional medicine. (There are no credentialed providers in an ERPSS-10).
- 2.3.2. Coordinates with the validating flight surgeon to recommend whether patients should be admitted to the supporting MTF or civilian facility.
- 2.3.3. Ensures appropriate clinical/surgical/ancillary support services are available as required to meet the patient care needs for patients in RON status in the staging facility. (T-2)

#### 2.4. ERPSS Chief Nurse/Nurse Manager.

- 2.4.1. IAW AFI 46-101, *Nursing Services*, will appoint a nurse as the Patient Safety Manager (PSM), who will be responsible for compliance with the policies outlined in AFI 41-307. The PSM will review all DD Form 2852s, *Near Miss Events*, and ensure submission to the Patient Movement Quality-Report (PMQ-R) System. The PSM will ensure training of all assigned personnel on how to report a patient safety event. The PSM will additionally interface with the supporting MTF PSM as well as the Command AE/ERC PSM. (T-2)

#### 2.5. ERPSS Administrator.

- 2.5.1. Provides oversight to staging facility/ERPSS Control Center of personnel, logistics, biomedical equipment repair, facility manager, security, transportation personnel and disaster response planning and coordination.

#### 2.6. Pharmacy. Supporting MTF responsibility unless pharmacy personnel are assigned to Staging Facility.

2.6.1. Outpatients may carry their own supply of controlled substances, if determined by the sending provider to be competent to self-medicate. **Note:** Outpatient mental health patients (5C) will only be cleared to self-medicate after consultation with a provider licensed or credentialed in mental health. **(T-2)** Prior to flight, a registered nurse must personally interact with the patient to verify the patient's understanding and knowledge, and provide additional education as appropriate, on proper self-administration of medications. Healthcare professionals must remain cognizant of potential abuse and misuse of controlled medications. **(T-2)**

2.6.2. The formulary must be approved by the Medical Group Commander (MDG/CC) and the MTF Pharmacy and Therapeutics Committee/Function. **(T-3)**

**2.7. Nutritional Medicine Support.** Supporting MTF responsibility unless nutritional medicine personnel are assigned to staging facility.

2.7.1. Nutritional Medicine coordinates patient feeding requirements with Base Operating Support (CONUS) elements. Nursing service orders patient meals three to four times a day on AF Form 1094, *Diet Order*. The form is completed by Nursing Services, and all patient meals must be annotated on the diet order form. **(T-3)**

2.7.2. In the event of altered transportation plans, the staging facility shall obtain adequate nutritional provisions for patients and shall obtain and provide one-day tube feeding supply for intra-theater patient movement and three-day supply for inter-theater PM. **(T-2)**

**2.8. Transportation.**

2.8.1. Staging facilities at strategic hubs are responsible for the transportation of patients between their facility and the evacuation asset/aircraft. The appropriate vehicle support UTCs must be tasked in addition to the ERPSS personnel and equipment UTCs. Fixed staging facilities must have adequate AMBUS assets assigned to support patient movement requirements. **(T-2)**

2.8.2. The ERPSS-10 must deploy with two High Mobility Multipurpose Wheeled Vehicles (HMMWV) packed out with AS 903I medical equipment IAW approved pack-out guidance. Because the ERPSS-10 only has two HMMWVs, it is critical that the ERPSS-10 be placed very near the flight line to facilitate loading/unloading patients from the aircraft. **(T-2)**

2.8.3. The ERPSS OIC will appoint a Vehicle Control Officer(VCO)/Vehicle Control Non Commissioned Officer (VCNCO) in writing. The VCO/VCNCO will manage the vehicles IAW AFI 24-301, *Vehicle Operations*, AFI 24-302, *Vehicle Management*, and local directives. The VCO/VCNCO will ensure appropriate personnel are trained to operate assigned vehicles and will verify certification for flight line vehicle operations. The VCO/VCNCO will prepare and submit vehicle reports according to local directives. **(T-1)**

## Chapter 3

### COMMAND AND CONTROL

**3.1. Unit Type Codes (UTCs) ERPSS 10 (FFEPS) and ERPSS Provider (FFPPS).** When the ERPSS-10 and ERPSS-P are deployed, they may fall under the Operational Control (OPCON) and Tactical Control (TACON) of the Joint Force Air Component Commander (JFACC)/Commander Air Force Forces (COMAFFOR) exercised through the Director of Mobility Forces-Air (DIRMOBFOR-AIR) and may be assigned to a deployed AE element.

3.1.1. When deployed in support of AMC AE operations, the ERPSS-10 and ERPSS-P, fall under the OPCON or TACON of the 618 AOC (TACC).

3.1.2. The ERPSS-50/ERPSS-100 UTCs, which include FFEPS and FFPPS as part of the modular build, shall be under the command of the EMEDS/MTF commander and follow the EMEDS or Sister Service command structure as outlined in the Operations Order (OPORD). If there is a requirement for an ERPSS commander, this person will be placed on G-series orders and it will be identified in the OPORD. **(T-2)**

3.1.3. The ERPSS-50/ERPSS-100 UTCs will fall under TACON of the AF Air Expeditionary Wing (AEW)/Air Expeditionary Group (AEG) commander or the commander of the MTF (if other than AF) IAW the OPORD, which will define specific command relationships. **(T-1)** OPCON will remain with the theater AF commander. For AF Reserve Command (AFRC) personnel, under full mobilization, full Administrative Control (ADCON) authority goes to the Commander of the Air Force Forces (COMAFFOR). Under less than full mobilization, the COMAFFOR receives specified ADCON that includes Uniform Code of Military Justice (UCMJ) authority, force protection requirements, and other specified authorities written in G-series orders. AFRC retains all other ADCON authorities (AFTTP 3-42.1, *Health Service Support Command and Control in Expeditionary Operations*). For ANG personnel, the member is assigned to the 201 MSS, ANGRC, Andrews AFB, MD for ADCON, and attached for a Federal Operations Mission to HQ AIR MOBILITY COMMAND (HQ AMC) for OPCON and Specified ADCON. Intelligence reports, including medical intelligence, will be forwarded through the medical group. **(T-1)** All medical reports such as Situation Reports (SITREPS) are submitted IAW AFI 10-206, *Operational Reporting* and specific Combatant Commander, Joint Task Force (JTF), and MAJCOM directives.

**3.2. Communications.** The ERPSS-50 and 100 UTCs will deploy with radio equipment, organic to the equipment UTCs, to be operated by ERPSS personnel. The radio equipment will be the AF current model and type with appropriate encryption capability as defined by the Combatant Commander. Support for this radio system will be required from base and/or expeditionary combat support communication resources for initial setup as well as ongoing support for telephone, local area network (LAN), and internet and worldwide web access. **(T-2)**

3.2.1. If the ERPSS-10 is tasked, the AE communications team (FFQCR) UTC must be tasked to provide manpower to provide communication operations. **(T-3)**

**3.3. Security/Weapons storage.** Upon arrival to the deployed location, the senior officer will establish Plans, Policies, Procedures, and Processes (P4), for weapons handling and storage procedures. Weapons are defined as any device which may be used to inflict injury or death, to

include, but not limited to, firearms, explosives, ammunition, knives, aircrew knives, etc. P4 for weapons handling and storage procedures will include: (T-2)

- 3.3.1. Ensuring the proper control of weapons when temporarily stored in the facility. (T-3)
- 3.3.2. Outlining the proper storage and distribution procedures for weapons that are ERPSS assets. Establish secure site for ERPSS defensive weapons and ammunition. (T-3)
- 3.3.3. Establishing clear policies defining personnel authorized to carry weapons: members of security forces or Military Police (MP) performing official duties are authorized to carry a firearm while in the ERPSS. The ERPSS senior officer or Wing commander may issue written authorization to other individuals with specific mission requirements to carry weapons into the ERPSS. (T-3)
- 3.3.4. Determining and establishing a secure weapons storage area and log. Ensure that persons unauthorized to carry firearms or other weapons in the facility are identified and disarmed. (T-3)

**3.4. P4 will be implemented relative to the establishment and supervision of entry control points (ECP) to include entry, exit and firearm management.** ECP policy will include: (T-3)

- 3.4.1. Personnel identification (photo ID, passwords, protective barriers, etc.). (T-2)
- 3.4.2. Positioning of clearing barrel. (T-2)
- 3.4.3. Collection, securing and storing patient weapons to include firearms, grenades and explosives. Weapons will be identified and inventoried using AF IMT 1297. (T-2)
- 3.4.4. Establishing and managing the disposal of collected weapons and ammunition with security forces and/or armory. (T-2)

**3.5. P4 will be established for the temporary storing of weapons for redeploying staging personnel to include:** (T-3)

- 3.5.1. Securing and reclaiming weapons to and from security forces. (T-3)
- 3.5.2. Securing weapons in approved travel case or storage.

**3.6. P4 will be firmly established regarding the issuance of firearms to Unexploded Ordinance UXO sweep teams, to include:** (T-1)

- 3.6.1. Number of weapons and ammunition issued to staging personnel members. (T-1)
- 3.6.2. Ascertaining the weapons qualification of the individual. (T-1)
- 3.6.3. Proper loading and clearing of weapons. (T-1)

**3.7. Force Protection.**

- 3.7.1. CE has the primary responsibility to provide facility hardening (sandbagging) for the staging facility and ancillary structures associated with it (e.g. logistics storage, laundry, latrines, anti-hijacking areas, patient leisure areas). In the event CE does not provide support, staging personnel will harden their own facilities. **Note:** For ERPSS 10 in a tactical environment, team will be responsible for hardening their facility. (T-3)

### 3.8. Training.

3.8.1. Unit training and deployment requirements will be maintained IAW AFI 41-106 *Medical Readiness Program Management*. The staging mission is a unique role integral to the successful movement of patients. All personnel assigned to an ERPSS UTC will attend the Aeromedical Evacuation and Patient Staging Course (AEPSC) at Camp Bullis, TX. Individual readiness skills verification (RSV) and other AFSC-specific training requirements will be current prior to attending AEPSC training. Training requirements will be current prior to deployment. Smaller personnel packages supporting expeditionary operations will require personnel to perform a variety of functions (multi-tasking) which may not be in their specific AFSC responsibilities. Accordingly, training shall emphasize a breadth of talents, skills and be appropriate to the mission. A flexible approach to patient care, movement, staging, administration, facility management, and security is essential for success. (T-2) AFI 41-106 remains the governing AFI for ERPSS training.

### 3.9. Expeditionary Medical Logistics.

3.9.1. The ERPSS-10 initially deploys with a seven day supply and the ERPSS-50 and ERPSS-100 a 30-day supply of expendable items. Orders will flow from the deployed unit through the Operations Group to the AF Reach Back office at Port San Antonio, Texas. Port San Antonio will remain the initial source supply until mature DoD logistical supply chains are established. Once the theater has sustained operations, the Theater Lead Agent for Medical Materiel (TLAMM) system will become the source for all joint medical supply needs. Fixed Staging Facilities will be supported by the base MTF. (T-2)

### 3.10. Patient Movement Items (PMI).

3.10.1. All Medical personnel must be familiar with the many aspects of the theater's PMI program, to include obtaining, storing, maintenance, tracking, and recycling practices of the PMI commodities. The PMI Tracking System is the Joint tool for asset visibility and essential for timely AE equipment recycle support to prevent degradation of forward element medical capability. Personnel must work with the AE community in tracking assets for optimal use. Guidance for PMI is located in AFI 41-209, *Medical Logistics Support*.

3.10.2. AMC/SG is the Manpower Equipment Force Packaging (MEFPAK) Responsible Agency (MRA) for the Global PMI Program and will provide funding, management direction and oversight in support of PMI Centers, PMI operational support, PMI training platforms and will develop and maintain the PMI Concept of Operations (CONOPS). (T-2)

3.10.3. All personnel working in an ERPSS 50/100, PMI Centers, theater PMI Cell, and AE units will scan all PMI equipment in their area of responsibility to READY/OUT/QUALITY ASSURANCE status as applicable. PMI Equipment must be scanned each time it moves or changes category. (T-2)

3.10.4. All personnel working in PMI Centers, theater PMI Cell AE units, plus identified ERPSS personnel, will complete PMI training on the Military Health Services (MHS) Learn website: <https://mhslearn.csd.disa.mil/ilearn/en/learner/mhs/portal/home.jsp>. Once logged in select "Staff Training" and search for "Patient Movement Items Tracking System, (PMITS)," then select "PMITS Overview and Basics Training." (T-2)

3.10.5. Personnel with questions regarding the PMI program should contact HQ AMC/SGXM at 1-877-286-1931 / DSN: 779-6952 or email [hqamcpmi@us.af.mil](mailto:hqamcpmi@us.af.mil).

## Chapter 4

### EN ROUTE PATIENT STAGING SYSTEM ADMINISTRATION.

**4.1. Maintain, IAW AF and local directives, a comprehensive events log documenting activities, correspondence, communications and facility issues.** The events log provides chronological documentation of all activities within the facility and should the need arise can be used to verify activities, as well as actions taken by unit personnel.

**4.2. Maintain a status board displaying information, such as mission, estimated time of arrival (ETA), estimated time of departure (ETD), patient loads, and aircraft data.**

**4.3. Verify mission information, including patient information, load data, special equipment requirements and aircraft information with appropriate agencies as directed by higher headquarters and local directives.** Coordinate patient and mission changes with appropriate Patient Movement Requirements Center (PMRC) and Aeromedical Evacuation Control Team (AECT) to ensure lift and crews meet mission requirements.

**4.4. Coordinate mission requirements such as launch and recovery times, staffing and, vehicle and or driver needs with necessary personnel.** Also, provide clinical points of contact for MTF(s) and supporting agencies specific to the mission.

**4.5. Establish procedures to ensure the physician at the originating facility completes documentation.**

4.5.1. The staging facility clinical staff will document patient assessment and care.

4.5.2. Patient Administration or Medical Regulating Office will provide appropriate documentation from TRAC2ES to meet mission requirements, such as Patient Movement Request (PMRs), patient manifest, and patient baggage list. AF Form 3899s and Standard Form 600 (SF 600), *Chronological Record of Medical Care*, will be available for ongoing documentation of patient care.

4.5.3. The flight surgeon clears the patient for movement and documents appropriately.

**4.6. Ensure patients and attendants are briefed regarding AE and staging policies and procedures, including at a minimum, force protection issues, unauthorized items in the facility, as well as on aircraft and anti-hijacking requirements.** Unauthorized items will be confiscated and documented on AF Form 1297, *Temporary Issue Receipt*. Weapons and ammunition, whenever possible, should be given to the patient's unit LNO for storage and/or return to home station, with appropriate documentation in the Events Log or on an AF Form 1297. (T-2)

**4.7. Ensure patient accountability is maintained at all times.** Patient accountability can be maintained on status boards or log sheets, provided they are compliant with the Health Insurance Portability and Accountability Act (HIPAA) and personnel are briefed on use, maintenance, and compliance issues.

**4.8. Placing patients on medical hold.** In the event of changes in the patient's condition, the flight surgeon may place a patient on medical hold, not to exceed 72 hours. Patients with severe conditional changes may require admission to an MTF whereupon the flight surgeon will arrange

for hospitalization and the PMR will be updated to reflect the change in medical condition.. ERPSS personnel will notify the PMRC of interruption of PM. (T-2)

**4.9. Remain overnight (RON) in the MTF or other agency.** If patients need to RON in the MTF or other agency while transiting the ERCC, they need not be formally admitted to the MTF. The MTF flight surgeon or designee will manage the medical care of such patients and will reaffirm their readiness for flight. Patients in RON status at a civilian medical facility may be admitted, but the ERPSS will retain them as ERPSS RON patients. (T-3)

#### **4.10. Flight Surgeon.**

4.10.1. Post patient arrival to the staging facility, the Flight surgeon will review the patient's records, prescribed medications, treatments, diet and special interest items and address any current medical complaints. Assessment findings and orders for any new medications and/or treatments will be documented on the patient's AF Form 3899. The Flight Surgeon will determine whether each patient can remain in the staging facility or must be transferred to the supporting MTF for medical care. If the determination is made that the patient needs to be transferred or RON, coordination with the MTF Chief of Medical Services will occur. **Note:** A flight surgeon will evaluate and document the patient's condition every 24 hours, will consult with medical specialists as needed and will be available on a 24-hour basis. All entries will be recorded in ZULU time (example: 1837Z or 0245Z). (T-2)

4.10.2. Doctor's Orders. Physicians will order en route treatment on continuation sheets attached to the AF Form 3899 and sign the order. (T-2)

4.10.3. Will make rounds with the staging nurse at a minimum every 24 hours and update the AF Form 3899. In the event of a patient status change, report the change through staging facility leadership and/or PMRC for updating TRAC2ES. (T-2)

4.10.4. With assistance of the supporting MTF Chief of Medical Services and PMRC Validating Flight Surgeon, determine whether each patient can remain in the staging facility or must be transferred to the MTF for medical care or other healthcare/specialty care facility . (T-3)

#### **4.11. Nursing Services.**

4.11.1. Nursing services will document all patient care on AF Form 3899 or other AF approved computer based charting. All entries will be recorded in ZULU time. At a minimum, charting is required upon admission, once a shift and upon discharge from a Staging Facility. Triage starts with review of the patient manifest and PMR and continues through the patient's arrival and nursing report. (T-2)

4.11.2. Ensure all patients have a patient identification (ID) bracelet. The ID bracelet may be printed or typed, and will include last name, first name, middle initial, date of birth, and TRAC2ES cite number. (T-2)

#### **4.12. Medication Management.**

4.12.1. Nurses are responsible for daily accountability of patient narcotics on each applicable AF Form 3899. Annotate drug and number available on the AF Form 3899 or PMR during patient handoff.

4.12.2. Patients may self-medicate with controlled medications if determined by the sending provider as competent to self-medicate and when designated by the clearing flight surgeon. Self-medication orders will be documented on the AF Form 3899 by the nurse on duty. The nurse, with assistance from pharmacy personnel, when available, will provide an adequate supply of medications and an AF Form 3899I, *Medication Record*, for identifying dosages and schedules for self-administered medication. The pharmacy technician will provide instruction and information regarding their prescribed medication; such education will be documented on the AF Form 3899 by the staging nurse. (T-2)

4.12.3. Unaccompanied controlled medications (schedule II, III, IV) will be turned into the pharmacy and documented on AF IMT Form 3859, Turn-In of Unaccompanied Narcotics. (T-2)

4.12.4. If controlled medication is stored at a remote location other than a pharmacy (i.e. a nurse's station), a nurse and another qualified person must count narcotics at change of shift and document on AF IMT Form 579, *Controlled Substances Register* or in automated equipment logs (e.g. Pyxis® log), as appropriate. (T-2)

4.12.5. Providers must use electronic order entry for prescriptions whenever available, IAW AFI 44-102, *Medical Care Management*. (T-2) If not using electronic order entry, use AF Form 781, *Multiple Item Prescription*, or equivalent computer-generated means via an AF Electronic Health Record.

4.12.6. If a patient arrives without an AF Form 3899, for example, arrives with a DD Form 602, *Patient Evacuation Tag* or a DD Form 1380, *US Field Medical Card*, information from those documents will be transcribed onto an AF Form 3899 and the original documentation will be attached to the AF Form 3899 and then will become a permanent part of the patient's medical record. (T-2)

4.12.7. Prior to departing the staging facility for the aircraft, the patient will be assessed for pain and, if required, administered medication prior to departure from staging area. (T-2)

**4.13. Patient Documentation.** When preparing patients for departure, the nurse will complete the Patient Handoff Checklist, *Identify, Situation, Background, Assessment, and Recommendation* (I-SBAR). This form should be used when delivering and receiving report from the Flight Nurse onboard the aircraft IAW AFI 41-307, *Aeromedical Evacuation Patient Considerations and Standards of Care* (T-2)

4.13.1. Place all medical records (clinical records, outpatient treatment records, X-rays, and any other pertinent patient information) in an envelope. The following information will be printed on the outside of each patient envelope: patient name, rank or status, patient classification, Self-Administering Medications (SAM) or Non-SAM Status, allergies, last five numbers of Social Security Number (SSN), cite number for patients without SSN, nationality (if not a US citizen), organization, date of departure, and destination. All medical records, X-rays, medications and supplies will be placed in a secure records container carrier and transported to and from the aircraft. This carrier will be exchanged with the MCD at origin and each end of the mission. All information regarding patient information must follow AFI 33-332, *Air Force Privacy and Civil Liberties Program*. (T-2)

4.13.2. All special diets will be ordered by the physician and documented on the AF Form 3899. Ensure all patients are allocated a meal for flight except for NPO patients. (T-2)

**4.14. Mission Launch and Recovery.** Plans, policies, procedures, and processes (P4) will be in place to include the following: **(T-2)**

- 4.14.1. Management and control of medical attendants, which includes: **(T-2)**
  - 4.14.1.1. Stresses of flight. **(T-2)**
  - 4.14.1.2. Billeting and recall. **(T-2)**
  - 4.14.1.3. Attendants responsibility of patients. **(T-2)**
- 4.14.2. Inventory and management of special equipment. **(T-2)**
- 4.14.3. Delivery and recovery of patient to and from aircraft. **(T-2)**
- 4.14.4. Medical and medication documentation to MCD. **(T-2)**
- 4.14.5. Special diet, patient medical records, X-rays, SF 600. **(T-2)**
- 4.14.6. Proper handling of litters, North Atlantic Treaty Organization (NATO) carriers. **(T-2)**
- 4.14.7. Management of administrative processes including: **(T-2)**
  - 4.14.7.1. Reviews of AF Form 3899 and TRAC2ES PMR. **(T-2)**
  - 4.14.7.2. Preparation of baggage list provided by TRAC2ES and patient baggage tag (DD Form 600). **(T-2)**
  - 4.14.7.3. Anti-hijacking process and presentation. **(T-2)**
  - 4.14.7.4. Vehicle control including drivers. **(T-2)**
  - 4.14.7.5. Flight line authorization, chocks, and radios. **(T-2)**
  - 4.14.7.6. Configuration of Ambulance Bus (AMBUS), ambulance, or opportune conveyance. **(T-2)**
  - 4.14.7.7. Vehicle mechanical and security checks. **(T-2)**
  - 4.14.7.8. Flight line safety and security. **(T-2)**
- 4.14.8. Management of all documentation including: **(T-2)**
  - 4.14.8.1. Patient classification changes on PMR (can only be changed by flight surgeon). **(T-2)**
  - 4.14.8.2. Completion of AF Form 3899 or AF approved computer based charting, to include vital signs, ensure medication requirements are properly documented on AF Form 3899, AF Form 3899I, and AF Form 781, if appropriate or required. **(T-2)**
  - 4.14.8.3. Completion AF 3838, *Do Not Resuscitate (DNR) Certification for Aeromedical Evacuation*, if required. **(T-2)**
- 4.14.9. Ensuring adequate medication supply for patient. **(T-2)**
- 4.14.10. Briefing of patients scheduled for departure to include: **(T-2)**
  - 4.14.10.1. Potential for unscheduled overnight stops. **(T-2)**
  - 4.14.10.2. Possession of authorized/unauthorized articles. **(T-2)**

4.14.10.3. Use of restrooms. (T-2)

4.14.10.4. Hand carrying luggage, X-rays, medical records, and medications. (T-2)

4.14.10.5. Sequence and order of patient loading. (T-2)

4.14.10.6. Procedure and patient requirements during transport to aircraft. (T-2)

#### **4.15. Conducting Anti-Hijacking Procedures and Security.**

4.15.1. All patients, attendants, and baggage to be placed aboard AF aircraft or Air Mobility Command (AMC) contract aircraft must be anti-hijack checked by staging facility personnel. (T-1) A staging facility representative will provide the MCD with a signed statement listing the names of the individuals searched and that anti-hijacking measures have been accomplished. (T-2) This statement will be accomplished per AFI 13-207, *Preventing and Resisting Aircraft Piracy (Hijacking)*.

4.15.2. During contingencies, when performing anti-hijacking procedures, personnel will wear personnel protective equipment (i.e. helmet, flack vest, etc...). (T-3)

#### **4.16. Medical Reports and Communication.** All medical reports are submitted IAW AFI 10-206 and specific Combatant Commander, Joint Task Force (JTF) and Air Force Forces (AFFOR) guidance provided in theater. (T-2)

4.16.1. Expeditionary (deployed) units will report IAW Component Numbered Air Force (C-NAF) guidance. In-garrison medical units will report impact IAW the Operations Event/Incident Report (OPREP) (Matrix, Rules 13A – 13C). For further guidance, see AFI 41-106. (T-2)

4.16.2. The SITREP will be completed by the deployed medical commander (senior medical officer) to provide daily medical input for inclusion in the deployed wing's SITREP . Any ERPSS may be required to provide information for this report. Refer to AFI 10-206, Chapter 4 for further guidance.

#### **4.17. Scope of Care.** Staging facilities provide a primary level of care. Critically ill patients will be cared for at either the nearest/supporting MTF with required capability or on a short-term basis by a Critical Care Air Transport Team (CCATT) at the staging facility for patients awaiting airlift. Provisions must be in place to address support services and additional clinical care required by patients in the staging facility due to patient condition changes or mission delays/cancellations. The primary supporting MTF is responsible for providing all clinical, surgical, and ancillary support required for patients in the staging facility. (T-3)

## Chapter 5

### MTF SUPPORT REQUIREMENTS AND THE CO-LOCATED STAGING FACILITY

**5.1. Medical Support.** The MTF provides the supported staging facility with medical, mental health, administrative, logistical, pharmaceutical, nutritional medicine, radiology, laboratory, and other support services as needed. Advanced medical/surgical and other ancillary services must be available 24 hours/day for patients in the staging facility. Critically ill patients and inpatient psychiatric patients must be staged/held at the co-located or supporting MTF. The co-located or supporting inpatient MTF is responsible for holding/staging all patients with medical care requirements outside the scope of the ERPSS. (Unless otherwise designated, the Chief of Aerospace Medicine or Chief of Medical Services, has oversight of clinical care functions). (T-2)

**5.2. Administrative and Logistical Support.** The supporting MTF provides medical materiel support for patients transiting the continuum of medical care. The MTF shall provide supplies, equipment, linen, and custodial services and the subsequent accounting for such materiel IAW AFI 41-209. (T-3)

**5.3. Resource Management.** The MTF Resource Management Office (RMO) will include reports from the supported staging facility as part of the MTF's reporting requirements. The MTF will assist the staging facility with personnel, Unit Manning Document (UMD), funding requests, requirements, and other services as needed. (T-3)

**5.4. TRAC2ES.** The MTF will support network and terminal connectivity to TRAC2ES providing patient demographic, transportation, and clinical information. (T-3)

**5.5. Operational Footprint.** The MTF will ensure the staging facility has enough physical space to accommodate patient loads, infection control processes, readiness requirements, and AE mission or transportation surges. (T-3)

**5.6. Vehicles.** The MTF VCO/VCNCO will provide appropriate vehicles for transportation needs and will serve as the liaison to the vehicle operations flight and the staging facility VCO/VCNCO. (T-3)

**5.7. Orderly Room.** The MTF will provide Commander's Support Staff (CSS) support of (ISO) disciplinary actions, career training, and leave monitoring. (T-3)

**5.8. The MTF will provide trained and proficient personnel for patient loading teams as required.** (T-3)

**5.9. Clinical/Ancillary Support.** Staging personnel provide nursing care for patients who have been transferred to the staging facility awaiting transportation. Patients on life support systems or cardiac monitors, as well as inpatient mental health patients are provided care in adjacent MTF, or local community medical facilities, as appropriate. In the event additional care/support is required for patients in the staging facility, the supporting MTF must have provisions in place to provide the clinical/surgical interventions or other ancillary care as required. Considerations and requirements that must be met include the following: (T-3)

5.9.1. MTF Pharmacy support will be available 24 hours/day either in-house or available within one hour as deemed appropriate for scope of care by the MTF commander. (T-3)

5.9.2. Radiology support including: Magnetic Resonance Imaging (MRI), Computerized Axial Tomography (CT) Scan and Ultrasound will be available within one hour, 24 hours/day. **(T-3)**

5.9.3. Mental health support will be available within one hour, 24 hours/day. Mental health support will be prepared to respond and assess/treat patients as needed. **(T-3)**

5.9.4. Surgical support will be available within two hours, 24 hours/day. Surgical consultants will be available within one hour, 24 hours/day. **(T-3)**

5.9.5. Nutritional services will be available 24 hours/day. **(T-3)**

5.9.6. Immediate/in house access to Medical Emergency (Code) support 24 hours/day. **(T-3)**

5.9.7. Intensive Care Unit (ICU) support and critical care specialist will be available 24 hours/day. **(T-3)**

5.9.8. Emergency medicine support will be available 24 hours/day. **(T-3)**

5.9.9. Ambulance support will be available within 20 minutes, 24 hours/day. **(T-3)**

5.9.10. Hospital physician support will be available 24 hours/day. **(T-3)**

5.9.11. Laboratory services will be available within one hour, 24 hours/day. **(T-3)**

#### **5.10. Medical Logistics.**

5.10.1. During peacetime operations the staging facility property custodian orders medical and non-medical supplies through the medical logistics function of the supporting MTF. Local policies need to be followed regarding item selection, sources of supply, and funding support. Equipment will be requested through the medical equipment management office of the supporting MTF. **(T-3)**

5.10.2. During contingency operations, the staging facility property custodian orders supplies using the procedures established by the responsible theater medical logistics offices, and/or as directed in the OPOD/Operations Plan (OPLAN) for resupply procedures. Resupply procedures follow para 3.9.1. of this instruction.

THOMAS W. TRAVIS  
Lieutenant General, USAF, MC, CFS  
Surgeon General

**ATTACHMENT 1****GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFPD 41-1, *Health Care Programs and Resources*, 15 April 1994  
DODI 1322.24, *Medical Readiness Training*, 6 October 2011  
AFI 33-360, *Publications and Forms Management*, 25 September 2013  
AFMAN 33-363, *Management of Records*, 1 March 2008  
AFI 41-307, *Aeromedical Evacuation Patient Considerations and Standards of Care*, 20 August 2003  
AFI 46-101, *Nursing Services and Operations*, 28 October 2011  
AFI 24-302, *Vehicle Management*, 26 June 2012  
AFI 24-301, *Vehicle Operations*, 1 November 2008  
AFTTP 3-42.1, *Health Service Support Command and Control in Expeditionary Operations*, 14 May 2004  
AFI 10-206, *Operational Reporting*, 6 September, 2011  
AFI 41-106, *Medical Readiness Program Management*, 1 July 2011  
AFI 41-209, *Medical Logistics Support*, 13 August 2013  
AFI 33-332, *Air Force Privacy and Civil Liberties Program*, 5 June 2013  
AFI 13-207, *Preventing and Resisting Aircraft Piracy (Hijacking)*, 26 June 2010  
AFI 44-102, *Medical Care Management*, 20 January 2012

***Prescribed Forms***

None

***Adopted Forms***

DD Form 600, *Patient's Baggage Tag*  
DD Form 602, *Patient Evacuation Tag*  
DD Form 1348-6, *Single Line Item Requisition System Document (Manual Long Form)*  
DD Form 2852, *Patient Movement Event/Near Miss Report*  
AF Form 79, *Headcount Record*  
AF Form 129, *Tally In/Out*  
AF Form 579, *Controlled Substances Register*  
AF Form 781, *Multiple Item Prescription*  
AF Form 847, *Recommendation for change of Publication*  
AF Form 1052, *Envelope for Storing Patient's Valuables*

AF Form 1053, *Record of Patient Storing Valuables*

AF Form 1094, *Diet Order*

AF Form 1297, *Temporary Issue Receipt*

AF Form 2383, *Prescriber's Information*

AF Form 3838, *Do not Resuscitate (DNR) Certification for Aeromedical Evacuation*

AF Form 3851, *Patient Baggage Data*

AF Form 3859, *Turn in of Unaccompanied Narcotics*

AF Form 3899A, *Patient Movement Record Progress Notes*

AF Form 3899B, *Patient Movement Physician Orders*

AF Form 3899C, *Patient Movement Physical Assessment*

AF Form 3899E, *Patient Movement Intake and Output*

AF Form 3899I, *Patient Movement Medication Record*

AF IMT 1297, *Temporary Issue Receipt*

SF 600, *Chronological Record of Medical Care*

***Abbreviations and Acronyms***

**AC**—Active Component

**ADCON**—Administrative Control

**AE**—Aeromedical Evacuation

**AES**—Aeromedical Evacuation System

**AECT**—Aeromedical Evacuation Control Team

**AEG**—Air Expeditionary Group

**AEPSC**—Aeromedical Evacuation and Patient Staging Course

**AEW**—Air Expeditionary Wing

**AF**—Air Force

**AFFOR**—Air Force Forces

**AFI**—Air Force Instruction

**AFMAN**—Air Force Manual

**AFNIC**—Air Force Network Integration Center

**AFPAM**—Air Force Pamphlet

**AFPD**—Air Force Policy Directive

**AFRC**—Air Force Reserve Command

**AFRIMS**—Air Force Records Information Management System

**AFSC**—Air Force Specialty Code  
**AFTTP**—Air Force Tactics, Techniques and Procedures  
**AMBUS**—Ambulance Bus  
**AMC**—Air Mobility Command  
**ANG**—Air National Guard  
**ANGRC**—Air National Guard Reserve Center  
**AOR**—Area of Responsibility  
**ARC**—Air Reserve Component  
**AS**—Allowance Standard  
**ATOC**—Air Terminal Operations Center  
**BOS**—Base Operating Support  
**CAC**—Common Access Card  
**CCATT**—Critical Care Air Transport Team  
**CE**—Civil Engineering  
**C-NAF**—Component-Numbered Air Force  
**COMAFFOR**—Commander of the Air Force Forces  
**CONOP**—Concept of Operations  
**CONUS**—Continental United States  
**CSS**—Commander’s Support Staff  
**DFAC**—Dining Facility  
**DMS**—Defense Messaging System  
**DNR**—Do Not Resuscitate  
**DOD**—Department of Defense  
**DODI**—Department of Defense Instruction  
**ECP**—Entry Control Point  
**ECS**—Expeditionary Combat Support  
**EMEDS**—Expeditionary Medical Support  
**ERPSS**—En Route Patient Staging System  
**ERCC**—En Route Care Capability  
**EXORD**—Execution Order  
**ETA**—Estimated Time of Arrival  
**ETD**—Estimated Time of Departure

**FAA**—Federal Aviation Administration  
**FM**—Force Module  
**GEMS**—Global Expeditionary Medical System  
**HIPAA**—Health Insurance Portability and Accountability Act  
**HMMWV**—High Mobility Multipurpose Wheeled Vehicle  
**IAW**—In Accordance With  
**ICU**—Intensive Care Unit  
**ID**—Identification  
**I-SBAR**—Identify-Background, Assessment, Recommendation/Request  
**ISO**—In Support Of  
**JTF**—Joint Task Force  
**LAN**—Local Area Network  
**LNO**—Liaison Officer  
**MAJCOM**—Major Command  
**MCD**—Medical Crew Director  
**MDG/CC**—Medical Group Commander  
**MEFPAK**—Manpower Equipment Force Packaging  
**MP**—Military Police  
**MRI**—Magnetic Resonance Imaging  
**MTF**—Military Treatment Facility  
**NATO**—North Atlantic Treaty Organization  
**NGB**—National Guard Bureau  
**NIPRNET**—Non-Secure Internet Protocol Router Network  
**NPO**—Nothing by Mouth  
**OCONUS**—Outside the Continental United States  
**OIC**—Officer In Charge  
**OPCON**—Operational Control  
**OPLANS**—Operational Plans  
**OPORD**—Operational Order  
**OPR**—Office of Primary Responsibility  
**OPREP**—Operations Event/Incident Report  
**P4**—Plans, Policies, Procedures and Processes

**PKI**—Public Key Infrastructure  
**PM**—Patient Movement  
**PMI**—Patient Movement Items  
**PMQ—R**—Patient Movement Quality Report  
**PMR**—Patient Movement Request  
**PMRC**—Patient Movement Requirements Center  
**PSM**—Patient Safety Manager  
**RDS**—Records Disposition Schedule  
**RDY/OUT/QA**—Ready/OUT/Quality Assurance  
**RMO**—Resource Management Office  
**RON**—Remain Overnight  
**RSV**—Readiness Skills Verification  
**SAM**—Self Administering Medications  
**SIPRNET**—Secret Internet Protocol Router Network  
**SITREP**—Situational Report  
**SSN**—Social Security Number  
**TACON**—Tactical Control  
**TLAMM**—Theater Lead Agent for Medical Materiel  
**TMIP**—Theater Medical Information Program  
**TRAC2ES**—TRANSCOM Regulating and Command and Control Evacuation System  
**TRANSCOM**—Transportation Command  
**TTP**—Tactics, Techniques and Procedures  
**UCMJ**—Uniform Code of Military Justice  
**UMD**—Unit Manning Document  
**UTC**—Unit Type Code  
**UXO**—Unexploded Ordinance  
**VCO**—Vehicle Control Officer  
**VCNCO**—Vehicle Control Non Commissioned Officer  
**WRM**—War Reserve Materiel

*Terms*

**Aeromedical Evacuation**— The movement of patients under medical supervision to and between medical treatment facilities by air transportation.

**Air Expeditionary Wings/Groups (AEW/AEG)** Concepts used by the United States Air Force. These units are activated under temporary orders by the owning MAJCOM for a specific purpose or mission. Once the subject mission is completed, these units are inactivated.

**Air Terminal Operations**— Focal point through which all information relating to airlift traffic flow is received and processed.

**Ancillary Services**— An ancillary service provider extends and facilitates the primary care provided by doctors, dentists and nurses.

**En Route Care**— Continuation of the provision of care during movement (evacuation) between the health service support capabilities in the roles of care, without clinically compromising the patient's condition.

**Force Protection**— Preventive measures taken to mitigate hostile actions against Department of Defense personnel (to include family members), resources, facilities, and critical information.

**Health Insurance Portability and Accountability Act**— The HIPAA Privacy Rule institutes business processes to protect the use and disclosure of protected health information (PHI).

**Joint Task Forces**— A joint force that is constituted and so designated by the Secretary of Defense, a combatant commander, a sub unified commander, or an existing joint task force commander.

**Medical Logistics**— A functional area of logistics support for the joint force surgeon's health service support mission and that includes supplying Class VIII medical supplies (medical material to include medical peculiar repair parts used to sustain the health service support system), optical fabrication, medical equipment maintenance, blood storage and distribution, and medical gases.

**Military Treatment Facility**— A facility established for the purpose of furnishing medical and/or dental care to eligible individuals.

**Patient Movement**— The act or process of moving a sick, injured, wounded, or other person to obtain medical and/or dental care or treatment. Functions include medical regulating, patient evacuation, and en route medical care.

**Patient Movement Items**— The medical equipment and supplies required to support patients during aeromedical evacuation, which is part of a standardized list of approved **safe**—to-fly equipment.

**Patient Movement Items Tracking System**— A Department of Defense Military Health System application that electronically tracks medical equipment used during aeromedical evacuations.

**Patient Movement Requirements Center**— A joint activity that coordinates patient movement by functionally merging joint medical regulating processes, Services' medical regulating processes, and patient movement evacuation requirements planning.

**Situation Reports**— A report giving the situation in the area of a reporting unit or formation.

**Unit Type Code**— A Joint Chiefs of Staff developed and assigned code, consisting of five characters that uniquely identify a “type unit.” Also called **UTC**.