

**BY ORDER OF THE COMMANDER  
LOS ANGELES AIR FORCE BASE**

**LOS ANGELES AIR FORCE BASE  
INSTRUCTION 41-101**



**2 JANUARY 2013**

**Health Services**

**EMERGENCY CARE AND TRANSPORT OF  
PATIENTS**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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This instruction establishes guidelines for base personnel when requesting emergency medical assistance and policy for the transportation and transfer of patients from the 61st Medical Squadron (61 MDS) clinics at Los Angeles AFB and Fort MacArthur. It also delineates the scope of practice to be provided by the 61 MDS when there is a perceived medical emergency outside the clinics located on Los Angeles AFB in El Segundo and Fort MacArthur in San Pedro. This instruction applies to all personnel assigned to Los Angeles AFB and the Fort MacArthur annex. Documents handled under this instruction are covered by the Privacy Act of 1974. Health records handled under this instruction are covered by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF IMT 847, *Recommendation for Change of Publication*; route Air Force IMT 847s from the field through the appropriate career field functional manager's chain of command. Ensure all records created as a result of processes prescribed in this publication are maintained in accordance with AFMAN 33-363, *Management of Records*, and disposed of in accordance with the Air Force Records Disposition Schedule (RDS) located at <https://www.my.af.mil/afirms/afirms/afirms/rims.cmf>.

**SUMMARY OF CHANGES**

This revision replaces 61 Air Base Wing (61 ABW) with 61st Air Base Group (61 ABG), 61st Medical Group (61 MDG) with 61st Medical Squadron (61 MDS). The standard document handling and disposition statement was added to the introductory paragraph. Information on contacting the EMS in paragraph 1.3 was moved into Paragraph 1.4, subparagraphs 1.4.1 and 1.4.2. Additional detail on how to direct first responders to the site of the emergency was also

added in paragraph 1.4, subparagraphs 1.4.1 and 1.4.2. Paragraph 1.5 was added to include additional detail about how non-medical personnel trained in Self Aid Buddy Care can provide assistance in an emergency while awaiting the arrival of EMS. Paragraph 1.6 was added to provide direction to lay persons not trained in CPR to provide “Hands Only” CPR in a cardiac arrest situation. A clarification note was added to paragraph 2.6 regarding TRICARE coverage of non-emergency ambulance transport. Paragraphs 2.7, 2.7.1 – 2.7.4 were added to clarify retention of records of emergency treatment and transport from the 61 MDS. Paragraph 4 was deleted, the wording was revised and moved to paragraph 1.5. Paragraph 4.3 was added to clarify the POC for the Public Access Defibrillation program. Attachment 1, Glossary of References and Supporting Documentation was added.

## **1. REQUESTS FOR EMERGENCY SERVICES OUTSIDE OF THE CLINIC.**

1.1. There will be occasions when medical emergency conditions occur on Los Angeles AFB and the Fort MacArthur annex outside the clinics, or individuals may present to the clinic for treatment of problems that are beyond the capability or scope of care of these facilities. Neither clinic has an emergency room, ambulance service, or Advanced Cardiac Life Support capability.

1.2. The best emergency medical response for Los Angeles AFB and at Fort MacArthur is by contacting the Los Angeles County Emergency Medical System (EMS) directly so emergency personnel, vehicles, and equipment are not delayed in being dispatched to the site of the emergency.

1.3. While 911 can be dialed directly from any office at Los Angeles AFB or Fort MacArthur, the location registered with the EMS is the base telephone operator, not the site of the emergency.

1.4. To expedite an emergency response and increase the victim’s chance of survival, personnel should initiate the following steps:

1.4.1. Call 911 to initiate EMS. Give the following information to the 911 operator:

1.4.1.1. Describe the medical emergency (i.e., fall, unresponsive victim, severely ill, choking).

1.4.1.2. Request an ambulance is dispatched to the base address of where the medical emergency is located:

1.4.1.2.1. Los Angeles AFB – 200 N. Douglas St., El Segundo, CA 90245

1.4.1.2.2. Fort MacArthur – 2400 S. Pacific Ave., San Pedro, CA 90731

1.4.1.3. Give specific details (Building #\_\_\_\_ Floor #\_\_\_\_ Room #\_\_\_\_ and/or other landmarks to identify victim location).

1.4.1.4. Provide a good “call back” telephone number.

1.4.1.5. Get the nearest automated external defibrillator (AED).

1.4.1.6. Send a runner to the front of the building to guide EMS and Security Forces to the victim’s location.

1.4.2. Call Security Forces. Dial 116 if calling from a base land line or (310) 653-2121 if calling from a mobile phone. Give the following information to Security Forces:

- 1.4.2.1. Describe the medical emergency (i.e., fall, unresponsive victim, severely ill, choking).
  - 1.4.2.2. Inform Security Forces of information provided to EMS. If EMS has not been called, follow guidance in paragraph 1.4.1.
  - 1.4.2.3. Request escort of EMS to the location of the medical emergency. Give specific details (Building #\_\_\_\_\_ Floor #\_\_\_\_\_ Room #\_\_\_\_\_ and/or other landmarks to identify victim location).
  - 1.4.2.4. Provide a good “call back” telephone number.
- 1.5. Non-medical base personnel trained in Self Aid Buddy Care may provide care within the scope of their training until EMS arrives.
- 1.5.1. Check the victim’s response - tap and shout.
  - 1.5.2. If the victim is unresponsive, yell for help and send someone to do the following:
    - 1.5.2.1. Call 911.
    - 1.5.2.2. Call Security Forces.
    - 1.5.2.3. Get the AED.
    - 1.5.2.4. Send a runner to the building entrance to guide EMS and Security Forces to victim’s location.
  - 1.5.3. Check for breathing. If the victim is not breathing or is only gasping, start CPR.
  - 1.5.4. Give 30 chest compressions; push hard and fast.
  - 1.5.5. Open the airway and give two breaths.
  - 1.5.6. Repeat sets of 30 compressions and two breaths.
  - 1.5.7. When the AED arrives, turn it on and follow the prompts to defibrillate the victim if needed.
- 1.6. Personnel not trained in CPR may provide “Hands Only” CPR for victims who are unresponsive (i.e., unconscious, not moving and talking).
- 1.6.1. Check responsiveness by tapping victim and shouting “Are You Okay?”
  - 1.6.2. Position hands in the center of the chest.
  - 1.6.3. Give chest compressions; push hard and fast with minimal interruptions.
  - 1.6.4. Do not stop chest compressions except in one of these conditions:
  - 1.6.5. Obvious signs of life (breathing).
  - 1.6.6. Another trained responder arrives and takes over.
  - 1.6.7. EMS personnel arrive and take over.
  - 1.6.8. An AED is ready for use.

## **2. 61 MDS INITIATED EMS/TRANSPORT.**

2.1. The 61 MDS health care provider is responsible for determining whether a patient's condition requires care beyond the capability of the clinic and initiates the transfer of a patient to a referral facility for further treatment.

2.2. Life threatening emergencies and potentially disabling conditions of sudden onset requires activation of the EMS within the clinic. 61 MDS staff will:

2.2.1. Call for appropriate emergency transportation (Los Angeles County Paramedics, EMS 911), as determined by the attending health care provider, give the patient's location as the clinic at Los Angeles AFB or Fort MacArthur clinic and the patient's name, if known.

2.2.2. Immediately notify the Security Forces (116 or (310) 653-2121) of the request for an ambulance.

2.3. For non-emergency patients requiring transfer, the patient's duty section or family member may drive the patient to the referral facility or the 61 MDS can arrange transportation by a ambulance transport service.

2.4. Documentation.

2.4.1. The attending health care provider must annotate the patient's pertinent history and physical findings, working diagnosis, and treatment rendered on the Standard Form (SF) 600, *Chronological Record of Medical Care*.

2.4.2. The provider will brief the referral physician on the patient's status, as needed, and notify appropriate 61 MDS personnel of the transportation requirements.

2.4.3. The completed DD Form 2870, *Authorization for Disclosure of Medical or Dental Information* will be completed and accompany the patient on the transfer.

2.4.4. Administrative support staff will make copies of pertinent documents to accompany the patient to the receiving facility. If an electrocardiogram, laboratory result, or any portion of the medical record must be sent with patient, an annotation will be noted in the patient's medical record (SF 600).

2.5. The healthcare provider will provide a detailed report of the patient's clinical condition, diagnosis/symptoms, treatment, and other pertinent information to EMS.

2.6. The nursing or provider staff will coordinate the transfer for non-emergency patients to include ambulance transport service or by providing friends or family members with driving instructions. **NOTE:** Non-emergency ambulance transport is not a covered TRICARE benefit.

2.7. Filing of Documentation Related to Emergency Treatment/Care: A copy of documents created as a result of emergency treatment at the 61 MDS Clinic may be maintained by medical records for quality assurance purposes. When possible, the documents will be incorporated into the patient's medical record as follows:

2.7.1. Patients enrolled in TRICARE Prime with 61 MDS Primary Care Manager (PCM): The original documentation about the emergency treatment is filed in the paper medical record. If the patient currently does not have a medical record, a record will be created or requested from the patients losing base as applicable.

2.7.2. Patients enrolled to TRICARE Prime at another MTF: If the patient is enrolled to another MTF, the original documentation will be sent to the patient's PCM.

2.7.3. TRICARE eligible patients - not enrolled to the 61 MDS (TRICARE Standard, Medicare, etc.): When an eligible patient receives emergency treatment but is not enrolled as a patient to a 61 MDS PCM, a record is created/requested and maintained/retired IAW AFI 41-210 by medical records. Laboratory tests, radiology procedures and medications may be a part of the existing Composite Healthcare System (CHCS) record. IAW AFI 41-210, a copy of the documentation will be provided to the patient's provider upon request.

2.7.4. Non-TRICARE eligible patients: When a civilian (federal employee, contractor, visitor, etc.) receives emergency treatment, a record is created under the "civilian emergency" category in the CHCS. The record will be maintained/retired IAW AFI 41-210.

**3. REPORTING OF EMERGENCY EVENTS AND REQUESTS FOR AMBULANCES.** Base personnel at Fort MacArthur and LAAFB should notify the 61 MDS Business Office at (310) 653-5041 as soon as possible and/or the next duty day to explain what occurred so the 61 MDS can provide follow-up on the patient.

**4. SELF AID BUDDY CARE AND PUBLIC ACCESS DEFIBRILLATION PROGRAMS.**

4.1. Questions regarding the Self Aid Buddy Care program should be directed to the 61 MDS Self Aid Buddy Care Program Monitor or the base Self Aid Buddy Care monitors.

4.2. Questions regarding the Public Access Defibrillation program should be directed to the 61 MDS Education and Training Office, (310) 653-6673.

ELLEN M. PAWLIKOWSKI, Lt Gen, USAF  
Commander

**Attachment 1****GLOSSARY OF REFERENCES AND SUPPORTING DOCUMENTATION*****References***

Public Law 106 – 505, Public Health Improvement Act, *Cardiac Arrest Survival Act of 2000*, November 13, 2000

41 C.F.R. 102-79.115, *Guidelines for Public Access Defibrillation Programs in Federal Facilities*, 2001

***Prescribed Forms***

No forms are prescribed in this publication

***Adopted Forms***

DD Form 2870, *Authorization for Disclosure of Medical or Dental Information*

Standard Form 600 (SF 600), *Chronological Record of Medical Care*

AF Form 847, *Recommendation for Change of Publication*

***Acronyms***

**AED**—Automatic External Defibrillator

**AFB**—Air Force Base

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

**BLS**—Basic Life Support

**CHCS**—Composite Healthcare System

**CPR**—Cardiopulmonary Resuscitation

**EMS**—Emergency Medical Services

**HIPAA**—Health Insurance Portability and Accountability Act

**LAAFB**—Los Angeles Air Force Base

**MDS**—Medical Squadron

**PAD**—Public Access Defibrillation

**OPR**—Office of Primary Responsibility

**RDS**—Records Disposition Schedule

***Terms***

**Automated External Defibrillator**— is a portable electronic device that automatically diagnoses the potentially life threatening cardiac arrhythmias of ventricular defibrillation and ventricular tachycardia in a patient, and is able to treat them through defibrillation.

**Defibrillation**— the application of electrical therapy which stops the arrhythmia, allowing the heart to reestablish an effective rhythm.

**Public Access Defibrillation**— the deployment of automatic external defibrillators in public facilities for the use by laypersons to provide early intervention to victims of cardiac arrest.