BY ORDER OF THE COMMANDER
59TH MEDICAL WING

59TH MEDICAL WING INSTRUCTION 10-2901

27 APRIL 2023

Operations

EN ROUTE CRITICAL CARE TEAM POLICY, PROCEDURES, AND OPERATION

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This instruction implements Air Force Policy Directive 10-29, *Worldwide Aeromedical Evacuation Operations.* This Instruction provides guidelines and procedures for the operation of the 59th Medical Wing (MDW) En-Route Critical Care (ERCC) Pilot Unit and applies to all members assigned to the ERCC Unit Type Codes (UTC) to include Critical Care Air Transport Team (CCATT), and related advanced en-route care teams i.e. Acute Lung Rescue Team (ALRT). These management guidelines and procedures are primarily intended for use during peacetime operations, as when tasked by United States Transportation Command (USTRANSCOM) including missions generated by the 59 MDW. Missions for Aerospace Expeditionary Forces (AEF) requirements are worked through medical readiness. Medical considerations relating to standards of care and minimum required training apply regardless of mission type. This instruction applies to all personnel assigned to the 59 MDW. This instruction does not apply to the Air National Guard or Air Force Reserve. This publication requires the collection and or maintenance of information protected by the Privacy Act of 1974 authorized by 10 U.S.C. 55, *Medical and Dental Care*, and E.O. 9397 (SSN). The applicable SORN F044 AF SG D, and Automated Medical/Dental Record System is available at: **http://dpclo.defense.gov/Privacy/SORNs.aspx**. Refer recommended changes and questions about this publication to the Office of Primary Responsibility using the AF Form 847, *Recommendation for Change of Publication*. Ensure all records generated as a result of processes prescribed in this publication adhere to Air Force Instruction 33-322, *Records Management and Information Governance Program*, and are disposed in accordance with the Air Force Records Disposition Schedule, which is located in the Air Force Records Information Management System.

SUMMARY OF CHANGES

This publication has been revised. This rewrite of 59 MDWI 10-2901 includes; change in title of CCATT Pilot Unit to ERCC Pilot Unit, added references to Sustainment Training and the Validated Assessment Program for Operational Readiness (VAPOR). Clarified ERCC Coordinator and Quality Improvement/Process Improvement (QI/PI) program as described in DAFI 48-107v2, *En Route Critical Care.*

1. Program Overview.

1.1. The 59th Medical Wing ERCC Program supports the Pilot Units for the Critical Care Air Transport Team UTCs, and provides critical care specialty teams for the transport of critically ill patients by air and ground.

1.1.1. The 59 MDW ERCC Program also provides direct medical, logistical, and equipment support for the ALRT missions for patients needing Extracorporeal Membrane Oxygenation by all means of transportation.

1.2. The ERCC Pilot Unit in its primary role supports the Manpower and Equipment Force Packaging (MEFPAK) System process for ERCC teams under the direction of Air Mobility Command (AMC), the MEFPAK Responsible Authority, and in coordination with the Aeromedical Evacuation (AE) System. The 59 MDW ERCC Pilot Unit also provides operational, administrative, and planning support to the 59 MDW and the Air Force Personnel Center (AFPC).

1.3. Specific duties of the ERCC Pilot Unit include:

1.3.1. Regular review and coordination of changes to ERCC Allowance Standards (ASs) through AMC/SG. The pilot unit works collaboratively with appropriate agencies in the development and use of new technology for AS consideration.

1.3.2. Review and monitor the adequacy of initial and sustainment training as technologies and environments change.

1.3.3. Participation in ERCC meetings and every other week ERCC/CCATT telephone conference.

2. 59 MDW ERCC Assignments.

2.1. The 59 MDW ERCC members are assigned to the ERCC UTCs through coordination through their chain of command, the 59 MDW ERCC Pilot Unit Manager, and 59 MLRS Medical Readiness. Required Air Force Specialty Codes (AFSC) for ERCC positions are listed in the UTC Mission Capability Statement.

2.2. Other specialized medical personnel can accompany an ERCC Team as medical attendants, as deemed necessary for mission success by the ERCC Pilot Unit Director/Medical Director and/or 59MDW/SGO, and the Patient Movement Center (PMC) validating flight surgeon.

2.3. Team members are considered mission capable when they meet the criteria outlined in Air Force Instruction (DAFI) 48-107v2, *En Route Critical Care*, Chapter 5, paragraphs 5.3.5. and 5.9.5..

3. Pilot Unit Management.

3.1. ERCC Pilot Unit Director and 59 MDW ERCC Medical Director.

3.1.1. The ERCC Pilot Unit Director must be classifiable as a 44Y3 AFSC. This position is recommended by 59 MDOG/CC or 959 MDG/CC but is officially appointed by the 59 MDW Commander.

3.1.1.1. The Pilot Unit Director may also be dual-hatted as the Medical Director. If not dual-hatted, the Medical Director is nominated by the Pilot Unit Director, approved by 59 MDW/SGO and appointed in writing by the 59 MDW/CC in coordination with the 59 MDOG/CC or 959 MDG/CC.

3.1.1.2. Both the Pilot Unit Director and the Medical Director are expected to be actively practicing and current in all training previously listed in **paragraph 2.3** of this instruction. Additionally, all members of the Pilot Unit must maintain a current Center for Sustainment of Trauma and Readiness Skills (CSTARS) certificate.

3.1.2. Additional responsibilities of the Pilot Unit Director/Medical Director include:

3.1.2.1. Participation in the CCATT Executive Council, Utilization and Training Workshop, and other AMC required meetings.

3.1.2.2. Coordinate with the data base manager to ensure that worldwide 3899Ls are correct and that physicians are compliant with documentation requirements.

3.2. The 59 MDW ERCC Pilot Unit Manager.

3.2.1. The Pilot Unit Manager is a validated CCATT Nurse Corps Officer. This position is nominated by the ERCC Pilot Unit Director in coordination with the 959 IPTS/CC, approved by the 59MDW/SGO and appointed in writing by the 59 MDW/CC.

3.2.2. The Pilot Unit Manager is and unfunded position and considered an additional duty.

3.2.3. Pilot Unit Manager will:

3.2.3.1. Maintain competency in critical care nursing practice. This can be accomplished by working shifts with one of the critical care units and through clinical instruction of Advance Cardiac Life Support/Trauma Nurse Core Curriculum (TNCC)/CSTARS/CCATT schoolhouse.

3.2.3.2. Maintain currency in all training previously listed in **Paragraph 2.3** of this instruction and maintain a current CSTARS certificate.

3.2.3.3. Actively participate in national and international organizations that promote the practice of medical transport standards and clinical practice excellence, such as the American Association of Critical Care Nurses and Air and Surface Transport Nursing Association.

3.2.3.4. Participate in continuing education programs related to the field of critical care transport medicine/nursing. He/she should also actively promote ERCC Nurse Corps members to seek credentials such as certification in critical care nursing and Certified Flight Registered Nurse.

3.2.4. The Pilot Unit Manager’s duties and responsibilities include:

3.2.4.1. Review of documentation of patient care administered by ERCC Teams.

3.2.4.2. Review of Pilot Unit peacetime supply and equipment kit inventories with the account custodian and oversee maintenance of Patient Movement Items (PMI) by the 59 MDW ERCC Noncommissioned Officer in Charge (NCOIC).

3.2.4.2.1. Along with the ERCC Pilot Unit NCOIC, manage the plan for emergency preparedness and humanitarian relief missions, to include 2 allowance standards for the purpose of disaster response.

3.2.4.3. Maintain the ERCC Team on-call schedules and ensure the schedules are distributed to on-call personnel, their supervisors, and commanders.

3.2.4.3.1. On-call schedules must ensure a complete ERCC Team is available for missions. The Manager will also ensure appropriate personnel have up-to-date rosters.

3.2.4.4. Maintain training records for personnel assigned to ERCC Teams. ERCC members are still responsible for tracking their own training.

3.2.4.5. Advise the Pilot Unit Director/ Medical Director, Commanders, and Medical Readiness on ERCC related issues.

3.2.4.6. Develop and maintain expertise necessary to oversee the administrative aspects of pilot unit management, including formation of policies and procedures, enforcement of pilot unit policies, and education of ERCC members.

3.2.4.7. Work with the Pilot Unit NCOIC to ensure coordination of sustainment training for ERCC members.

3.3. 59 MDW ERCC Pilot Unit NCOIC.

3.3.1. The Pilot Unit NCOIC is a cardiopulmonary laboratory technician noncommissioned officer with appropriate knowledge and skills and is nominated by the Pilot Unit Director in coordination with the 959 MDOS/CC, 59 MDOG/CC or 959 MDG/CC, approved by the 59 MDW/SGO and appointed by the 59 MDW/CC. The NCOIC is expected to:

3.3.1.1. Remain competent in clinical practice. This can be accomplished by coordinating to work shifts with the Respiratory Department and through clinical instruction of Basic Life Support/CSTARS/CCATT schoolhouse. This position will be considered full time as ERCC duties allow. Additionally, the Pilot Unit NCOIC will maintain a current CSTARS certificate and hold a Certified Respiratory Therapy/Registered Respiratory Therapy certificate.

3.3.1.2. Manage all ERCC training courses and assist the Manager in ERCC missions and equipment.

3.3.1.3. Assist in coordination of training and exercises (e.g. Joint Readiness Training Center, Mobility Guardian Exercise, Validated Assessment Program for Operational Readiness, Training Resilience in an Aeromedical Interoperable Learning System, etc.).

3.3.1.4. Coordinate in-processing of all ERCC members to the Host Aviation Resource Management (HARM) office (502 OSS/OSO) and assist in maintenance of flight records of all deployed/deploying members.

3.3.1.5. Act as the PMI custodian, ensuring proper function of all peacetime equipment and coordinating repair/replacement of equipment with biomedical engineering as needed.

3.3.1.6. Update the medical readiness database with the status of training for all ERCC members.

3.4. ERCC Coordinator.

3.4.1. The ERCC Coordinator is a Nurse Corps officer or civilian equivalent with appropriate en-route critical care knowledge and skills and is nominated by the Pilot Unit Director in coordination with the 959MDOS/CC, 59 MDOG/CC or 959 MDG/CC, approved by the 59 MDW/SGO and appointed by the 59 MDW/CC. The ERCC Coordinator as described in DAFI 48-107V2 is expected to:

3.4.1.1. Nursing Corps Officer(s) will maintain clinical skills working shifts either in the critical care or emergency medicine sections.

3.4.1.2. The coordinator will maintain clinical skills.

3.4.1.3. The coordinator is responsible for:

3.4.1.3.1. Maintain training records for personnel assigned to ERCC Teams. **Note**: ERCC members are still responsible for tracking their own training.

3.4.1.3.2. Ensuring ERCC members are scheduled for all required ERCC training to include CCATT initial, CCATT advanced and Sustainment training.

3.5. CCATT Quality Improvement and Performance Improvement Manager.

3.5.1. Per DAFI 48-107v2 (see 4.12) 59th Medical Wing is the central manager for the AF ERCC QI/PI program. The CCATT QI/PI program is a patient safety program and peer review activity under DAFI 48-107v3, *En Route Care Documentation* (see 2.7).

3.5.2. QI/PI Program Manager works with 59 MDW SGO to perform peer review of every ERCC record worldwide and report statistics back to AMC for quality improvement.

3.6. CMRP checklists are maintained by respective functional managers. CAT1/CAT2 CMRPs are primarily accomplished through working in critical care/in-patient settings. CAT3 is only accomplished by completing CCATT Initial/Advanced, or authorized exercises. Sustainment Training requirements defined in DAFI 48-107, Volume 4, Ch 5.

4. Mission Recall Process.

4.1. Requests for assistance with patient transport, typically through the USTRANSCOM and/or 59 MLRS Medical Readiness, are directed to Pilot Unit personnel or designated on call ERCC physician. Outside Continental United States (OCONUS) airlift requirements are initiated at Theater Patient Movement Requirements Centers (TPMRC-E or TPMRC-P).

4.2. The Pilot Unit personnel work collaboratively to ensure that patient movement is conducted in a safe and efficient manner. They ensure appropriate personnel and equipment for the mission and strive to provide newly assigned personnel opportunities to accompany the primary team for training and orientation.

4.3. The on-call ERCC physician for the proposed mission provides consulting services to USTRANSCOM when the movement of a patient necessitates a critical care physician consult.

5. Mission Management.

5.1. Pre-mission preparation includes, but is not limited to:

5.1.1. Communicating with all coordinating agencies.

5.1.2. Coordinating with En-Route Patient Staging System (ERPSS) personnel for administrative, logistical, and ground transportation.

5.1.2.1. As part of the AE system, ERCC missions are supported by the ERPSS. This includes transport of patient and baggage between the aircraft and the ERPSS or the facility receiving the patient supported by the ERCC Team.

5.1.3. Notifying the on-call ERCC members and gathering all pertinent patient/mission information and appropriate equipment.

5.1.3.1. Pediatric Intensive Care Transports. ERCC PU will identify ERCC members who are appropriately trained and credentialed to care for pediatric patients. CCATT MISCAP/MEFPAK identifies pediatrics as a limited capability. Members are not trained/validated to care for pediatrics within the training pipeline. Local policy is necessary to ensure qualified members are identified to transport this high-risk population. MDWI can serve to better outline/identify the requirements for team members.

5.1.3.1.1. Physician. Physician should be Pediatric Critical Care trained. Under special circumstances, EM physicians or anesthesiologist may also be tasked. Member must have a current Pediatric Advanced Life Support (PALS) certification.

5.1.3.1.2. RN must have current PALS certification. Recent Pediatric Intensive Care Unit (PICU) experience and Pediatric Fundamentals of Critical Care Support (PFCCS) are highly encouraged.

5.1.3.1.3. RT should have a current PALS certification. Recent PICU experience is highly encouraged.

5.1.3.2. Neonatal Intensive Care Transports. Support Neonatal Intensive Care Unit (NICU) Transport team members. Non-UTC ERCC Special Medical Attendant Teams, such as the NICU, augment ERCC UTCs by providing the subspecialty knowledge and skill required to care for special patient populations. ERCC DAFI does not provide input on make-up or qualifications for the team.

5.1.3.2.1. NICU Physician. (Requirements per NICU/MDOS)

5.1.3.2.2. NICU RN. (Requirements per NICU.)

5.1.3.2.3. RT will be CCATT/CSTARS validated with recent NICU experience. NRP certification highly encouraged. (Additional input/requirements per NICU).

5.1.4. For peacetime missions, transmitting a roster with the names of all activated ERCC members to USTRANSCOM so that team members are manifested on the flight by TACC (Tanker Airlift Control Center). Also transmits the roster to the PMC, where the team orders are produced. The team(s) roster is provided to 59 MLRS Medical Readiness office who will in turn notify unit commanders that their personnel have been tasked.

5.1.5. Coordinate travel order(s) generation through the PMC. Ensuring the inclusion of authorizations for travel variations, transportation of narcotics, excess baggage for the purpose of transporting medical equipment, civilian return flight and billeting as necessary.

5.1.5.1. For missions leaving out of San Antonio International Airport, commercial ground transportation may be obtained. The cost of transportation will be claimed on the travel voucher of the team leader.

5.1.6. Coordinate waivers required for special mission equipment items through TPMRC-A, who then initiates the waiver process with AMC/DOV.

5.1.7. Review of preflight guidelines and procedures with the ERCC Team(s) per AFMAN 10-2909, *Aeromedical Evacuation Equipment Standards* and ERCC Mission Operation Guideline. The ERCC physician flying the mission will ensure that he or she reviews the information in the FCIF (Flight Crew Information Files) part B as well as the "Read File" with the aircrew and briefs the rest of the ERCC Team as necessary.

5.1.8. Verifying the PMC has obtained fund cite information from the origin facility or TPMRC. This process must not delay the mission when life or limb is at risk (i.e. patient precedence of Urgent/Priority).

5.1.9. Ensuring all PMI equipment is hand-receipted by an ERCC Team member prior to departure, and that aeronautical orders (AOs) requests are submitted to the HARM office for all departing personnel. IAW AFI 11-401, *Aviation Management* written AOs will be confirmed and generated within three duty days.

5.2. Post mission actions will include, but are not limited to:

5.2.1. Ensuring all equipment is recovered and disinfected; and that broken equipment is identified, tagged for maintenance and transported to 59 MDW Biomedical Engineering for repair. The ERCC Team members who flew the mission will notify the NCOIC on any items requiring repair or servicing.

5.2.2. Ensuring the ERCC mission team leader(s) finalizes 3899Ls and submits them to the data base manager.

5.3. ERCC Team members will:

5.3.1. Notify his/her immediate supervisor upon being tasked for a mission. Relevant clinics, intensive care units, and clinical areas will backfill personnel with their on-call pool. ERCC Team members are not responsible to find their own replacements for coverage.

5.3.2. Team members who participate in a mission shall be excused from normal clinical duties on the day after returning in order to assist in reconstitution of medical equipment, stocking medical bags, completion of mission documents/reports, and filing of travel vouchers. The day of the mission and any return travel day will be considered a duty day for all team members. Personnel on duty when called for a mission should be authorized a day off when time on duty plus mission time equals more than 16 continuous hours. It is recommended that members called in from leave or on their day off for a mission work to coordinate proportional time off with their immediate supervisors as the mission and patient census allows.

6. ERCC On-Call Rosters.

6.1. The Pilot Unit Manager and NCOIC ensure ERCC physicians, nurses and technicians maintain an up to date on-call roster that contains the name(s), address(es), and current telephone number(s) of the member(s) on-call.

6.2. ERCC Pilot Unit Director will:

6.2.1. Ensure there is an up to date on-call roster.

6.2.2. Determine how the on-call roster is developed and maintained. Names of physicians with mobile phone numbers and pager numbers for each on-call physician are to be listed on the roster.

6.3. The 59 MDW ERCC Manager will:

6.3.1. Ensure there is a current on-call roster on file in the On-Call Binder located in the ERCC office.

6.3.2. Ensure nursing on-call assignments consider leave, planned temporary duty, and unit manning.

6.4. The 59 MDW ERCC NCOIC responsibilities:

6.4.1. Ensure a current on-call roster is on file and provided to the Manager with other rosters at the ERPSS nurse's station. The call roster must be updated and provided to the Manager at least monthly.

7. ERCC Personnel On-Call Responsibilities.

7.1. Participation is mandatory for all members assigned to a CCATT UTC. Members who meet all CCATT requirements but are not assigned to a UTC may volunteer for CCATT Call.

7.1.1. There will be one ERCC Teams on call at all times with varying recall times as outlined in the current call schedule.

7.1.2. ERCC members must ensure they are ready to fly while on call. This includes refraining from consuming alcohol, maintaining adequate sleep, refraining from the use of over-the-counter medications that impact their ability to perform their job (AFI 11-202V2, *Aircrew Standardization/Evaluation Program*, paragraph 2.7).

7.1.3. On the first day of an On-Call period the On-Call ERCC team will inventory the AS, function check relevant PMI, and ensure all No-Go items are current.

7.2. ERCC members will have all items identified below. They will adhere to relevant AFTTP, applicable AFIs, and AMC instructions and policies prior to and during all missions.

7.2.1. Government Passport (OCONUS Missions).

7.2.2. Government Travel Card (Ensure it is activated and usable).

7.2.3. Uniform appropriate to mission and season.

7.2.4. Reflective Belt.

7.2.5. Dog Tags.

7.2.6. Personal Protective Equipment/Gloves.

7.3. The Primary ERCC Team is responsible for:

7.3.1. Responding within 1 hour to pages/calls and must report as directed by the ERCC Pilot Unit Manager, NCOIC or other directive authority (eg. Medical Control Center).

7.3.2. Inventorying at least one of the Allowance Standards within 3 days of becoming the Primary on-call team. This will be tracked and coordinated with the ERCC Pilot Unit Manager or NCOIC.

7.4. In the event of an emergency, *ALL* eligible UTC members may be recalled.

7.5. Although ERCC members are not aircrew, they are Operational Support (9C) Flyers (OSF) and augment the Aeromedical Evacuation Crew when the team is requested for patient transport.

8. ERCC Personnel Requirements.

8.1. All ERCC members will maintain competency in their respective disciplines in addition to maintaining currency in all ERCC required training as outlined below.

8.1.1. ERCC Teams are an integral part of the AE system. Personnel assigned to ERCC Teams are responsible for maintaining complex training criteria outlined in DAFI 41-106 107v2, Chapter 5 section 5.3.5.5 and DAFI 48-107, Volume 4.

8.1.2. All members assigned to ERCC UTCs will attend the initial CCATT course (B3OZYCCATT) within six months of assignment. All members assigned to ERCC UTCs will initiate training within 60 days of assignment. This can be accomplished either through formal training courses or through local UTC sustainment activities (CCATT Initial requirement).

8.1.3. All members assigned to ERCC UTCs will attend the advanced CCATT course (B4OZYCINCY) within twelve months of assignment (CCATT Advanced requirement).

8.1.4. All ERCC members will participate in mandatory quarterly ERCC specific sustainment training in addition to maintaining their CMR list. Sustainment training by attending a C-STARS Cincinnati course will be required once every 36 months.

8.1.5. All ERCC members will maintain currency of Advanced Cardiac Life Support training. TCCC is mandatory prior to deployment, Pediatric Advanced Life Support is not mandatory at this time but it is highly encouraged before deployment.

8.1.5.1. ERCC physicians will complete Advanced Trauma Life Support one time.

8.1.5.2. ERCC nurses will maintain currency in TNCC/Advanced Trauma Care for Nurses training.

8.1.5.3. ERCC cardiopulmonary laboratory technicians are required to maintain Certification through the National Board for Respiratory Care.

8.2. All ERCC personnel must meet all criteria necessary for OSF status.

8.3. All ERCC personnel will obtain the following information from virtual Military Personnel Flight or the Commander’s Support Staff and provide it to the Manager to facilitate completion of Aeronautical Orders:

8.3.1. Personnel Accounting System code.

8.3.2. Position number.

8.3.3. Total Active Federal Military Service Date.

8.3.4. Date of Separation.

8.3.5. Duty AFSC.

8.3.6. Security clearance documentation from the unit security manager.

8.4. All ERCC personnel must have a current DD Form 2992, *Medical Recommendation for Flying or Special Operational Duty*; AF Form 1274, *Individual Physiological Training Record*, and a certificate of completion from the CCATT course, or grandfathered letter from a CCATT Course Director. All three forms must be presented to the ERCC NCOIC, who will initiate the opening of Aviation Jump Records, through the 502 OSS/OSO HARM office.

8.5. The Manager or NCOIC will instruct the newly assigned members on the tasks required in order to meet OSF requirements. Digital copies of all OSF documents will also be maintained in the ERCC member's individual training records in the ERCC office. Individual training records include items such as the following:

8.5.1. All documentation of sustainment training.

8.5.2. Records of participation in training exercises.

8.6. The Manager will review information with the HARM office to assess currency and pending expiration dates. Man-month reports from the 502 OSS/OSO HARM will be reviewed and forwarded onto the medical director and MXS Operations Flight Commander.

8.7. AFTO Form 781, *ARMS Aircrew/Mission Flight Data Documents* from ERCC members returning from missions are copied and is turned into the HARM office to process flight pay.

8.8. All ERCC members must have in their possession while flying a copy of their AOs (may be verbal AOs IAW AFI11-421 para 4.5.1.2) , AF Form 1274 and DD Form 2992.

8.9. All ERCC members will participate in 59 MDW ERCC sustainment training.

9. War Reserve Materiel (WRM) Equipment Management. The ERCC Manager works collaboratively with the AFMOA/SGALW on all WRM matters related to use of WRM assets for training. The Manager and NCOIC will keep the 59 MLRS informed of what actions are being taken. Two complete CCATT AS, one Pediatric AS, and one ALRT set will be kept at 59 MDW ERCC storage for training and operational purposes which should be kept ready at all times

10. Peacetime Equipment and Supply Management.

10.1. The 59 MDW ERCC NCOIC is the equipment custodian for the ERCC PMI equipment account 15522D (tracking purposes only, no budget attached).

10.2. The NCOIC coordinates all maintenance on the equipment and turns in equipment that has exceeded its useful life span.

10.3. As part of quarterly sustainment training, and after mission completion ERCC personnel will inspect and restock expired items in the peacetime medical bags.

10.4. Prior to departure the On-Call CCAT team is responsible for ensuring the Operational Medical kit is mission ready.

10.5. The Manager and NCOIC maintain supplies in the ERCC storage area, and ensures they are in a mission ready status.

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Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

AFPD 10-29, *Worldwide Aeromedical Evacuation Operations,* 13 February 2019

AFTTP 3-42.5, *Aeromedical Evacuation,* 23 July 2019

AFMAN 11-402, *Aviation and Parachutist Service,* 24 January 2019

AFI 41-106, *Air Force Medical Readiness Program,* 29 July 2020

AFMAN 10-2909, *Aeromedical Evacuation Equipment Standards,* 13 March 2019

DAFMAN 48-123, *Medical Examinations and Standards,* 8 December 2020

DAFI 48-107v2, *En Route Critical Care*, 23 November 2020

DAFI 48-107v3, *En Route Care Documentation*, 17 December 2020

Adopted Forms

AFTO Form 781, *ARMS Aircrew/Mission Flight Data Document*

AF Form 847, *Recommendation for Change of Publication*

DD Form 2992, *Medical Recommendation for Flying or Special Operational Duty*

AF Form 1274, *Individual Physiological Training Record*

Abbreviations and Acronyms

AE—Aeromedical Evacuation

AEF—Aerospace Expeditionary Forces

AFI—Air Force Instruction

AFPC—Air Force Personnel Center

AFSC—Air Force Specialty Code

ALRT—Acute Lung Rescue Team

AMC—Air Mobility Command

AO—Aeronautical Orders

AS—Allowance Standard

CCATT—Critical Care Air Transport Team

CMR—Comprehensive Medical Readiness

CSTARS—Center for Sustainment of Trauma and Readiness Skills

ERCC—En-Route Critical Care

ERPSS—En-Route Patient Staging System

HARM—Host Aviation Resource Management

IAW—In Accordance With

MDW—Medical Wing

MEFPAK—Manpower Equipment Force Package

NCOIC—Noncommissioned Officer in Charge

NICU—Neonatal Intensive Care Unit

OCONUS—Outside CONUS

OSF—Operational Support Flyers

PMC—Patient Movement Center

PMI—Patient Movement Items

QI/PI—Quality Improvement/Process Improvement

TNCC—Trauma Nurse Core Curriculum

TPMRC—Theater Patient Movement Requirements Centers

USTRANSCOM—United States Transportation Command

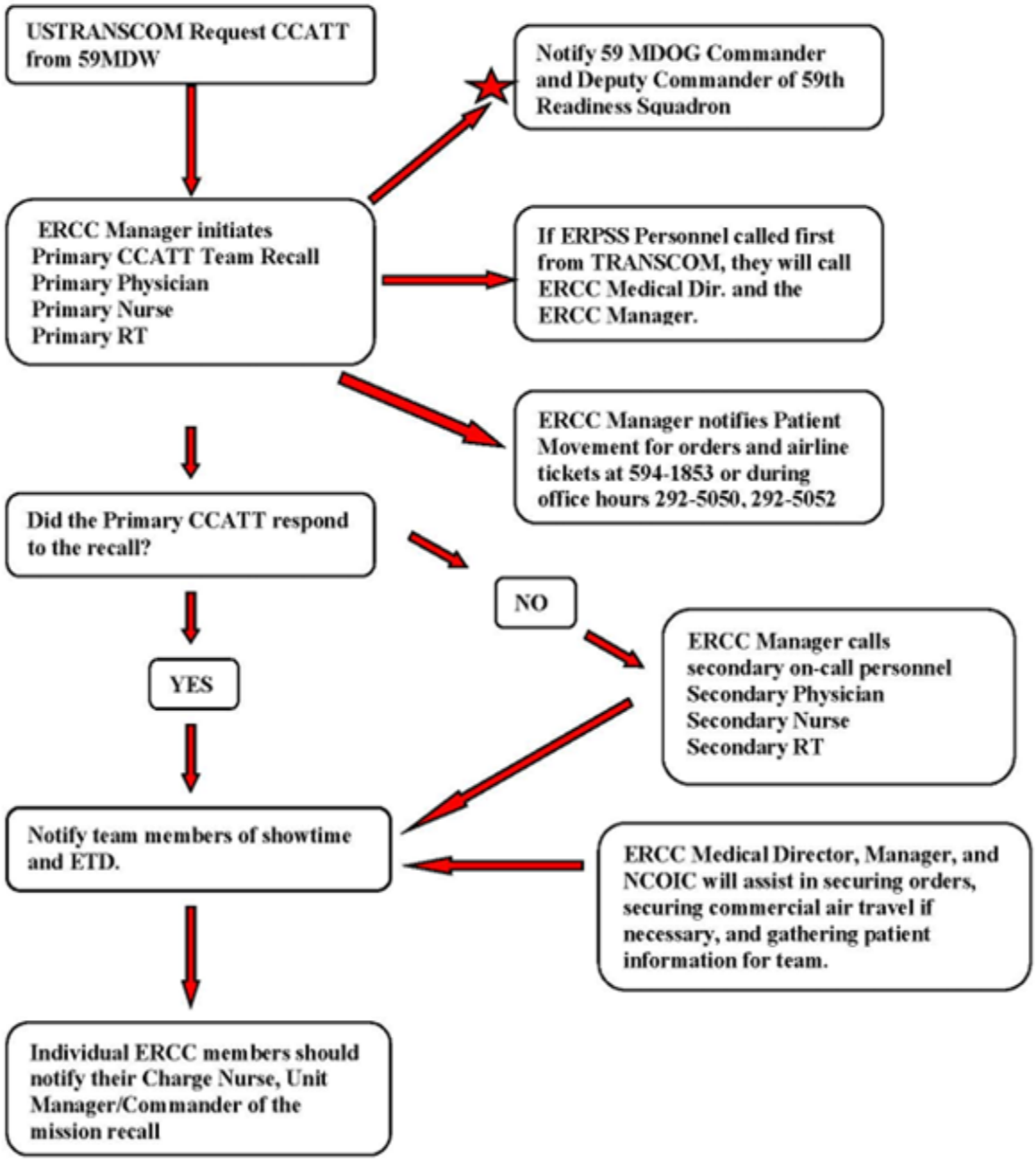
UTC—Unit Type Code

WRM—War Reserve Material

Attachment 2

RECALL PROCESS

Figure A2.1. CCATT Recall Process.



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