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**AEROMEDICAL EVACUATION
READINESS PROGRAMS**

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This instruction provides guidance for Aeromedical Evacuation (AE) unit readiness planning, training, exercising, and reporting in support of worldwide operations, and implements Air Force Policy Directive (AFPD) 10-29, *Worldwide Aeromedical Evacuation Operations*. It applies to all Department of the Air Force units, including the Air Force Reserve and Air National Guard, and may be supplemented by major command (MAJCOM) specific guidance as necessary. 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. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*; route AF 847 from the field through the appropriate chain of command to AMC/A3O, Scott AFB, IL. Send proposals for amending existing course prerequisites or recommendations to change or delete obsolete courseware through the appropriate MAJCOM training staff to the OPR. The OPR address is AMC/A3O, 402 Scott Drive, Unit 3A1, Scott AFB, IL, 62225-5302, AMC.A33@us.af.mil. 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 Department of the Air Force Instruction (DAFI) 33-360, *Publications and Forms Management*, **Table 1.1** 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. The use of the name or mark of any specific

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SUMMARY OF CHANGES

This interim change revises AFI 10-2912 by (1) appointing HQ AMC/SG and HQ AMC/A3/10 to the Co-Chairs of the Aeromedical Evacuation Council and (2) authorizing HQ AMC/SG and HQ AMC/A3/10 to appoint the Co-Chairs of the Aeromedical Evacuation Board in writing. Changed material is marked with a margin bar (|).

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Chapter 1

THE AEROMEDICAL EVACUATION MISSION

1.1. Mission Overview. Aeromedical Evacuation (AE) is one of Air Mobility Command's (AMC) four primary responsibilities as described in Air Force Doctrine Document (AFDD) 3-17, *Air Mobility Operations*. Worldwide AE provides expedient evacuation of patients to save life, limb, and eyesight; prevent undue suffering; and preserve military strength. AE has proven to be a critical capability supporting overseas contingency operations, enabling the mobility airlift system to move casualties with improved effectiveness and efficiency, rapidly delivering access to higher-level medical care. In addition, this capability is being fully integrated into plans supporting homeland defense, humanitarian assistance, disaster response, and Defense Support of Civil Authorities (DSCA) requirements, as directed by the National Command Authority. The Operations (AF/A3) community partners with the Air Force Medical Service (AFMS) to provide AE capability for contingency and in-garrison operations.

1.1.1. Capabilities. AE provides time-sensitive enroute care of regulated casualties to and between roles of care using organic aircraft with Aeromedical Evacuation Crew Members (AECM) specifically trained for the mission. AE forces can operate across the full range of military operations and in all operating environments. Specialty medical teams may be assigned to work with the AE aircrew to support patients requiring more specialized enroute care.

1.2. Readiness Training. AE personnel require highly specialized initial, sustainment, and theater-specific training to respond to a variety of missions and environments. A continual assessment and evaluation process ensures this training remains relevant and effective.

1.2.1. Current Training. Provided for individuals, teams (collective training), and leaders preparing personnel to integrate themselves into joint platforms and operations. These training platforms include formal courses, clinical currency, local courses, briefings, and exercises.

1.3. Readiness Resourcing. To maintain a robust AE readiness capability, A3 partners with the AFMS to provide AE capability for global operations IAW AFPD 10-29, *Worldwide AE Operations*.

1.3.1. Lead Command. Headquarters Air Mobility Command (HQ AMC) is the Lead Command for AE. Air Force Reserve Command (AFRC), Air National Guard (ANG), Pacific Air Forces (PACAF), and United States Air Forces in Europe (USAFE) receive AE guidance and support from AMC. PACAF and USAFE maintain responsibility for theater-unique capabilities. HQ AMC/A3/10 serves as the Functional Area Manager (FAM) for AE Unit Type Codes (UTCs) and has overall responsibility for AE management. HQ AMC/A3/10 coordinates changes to AE UTCs with AMC/SG for Manpower and Equipment Force Packaging (MEFPAK) changes. Within HQ AMC, SG serves as the MEFPAK Responsible Agency (MRA) for all AE UTCs. Pilot units work closely with the MRA to construct UTCs, associated Mission Capability Statements (MISCAPs), and manpower details.

1.4. Readiness Reporting. Realistic, comprehensive plans that describe responsibilities and procedures to perform the unit's mission are critical in building and maintaining highly effective AE response. Reporting systems, such as Air Force Input Tool (AFIT), Defense Readiness Reporting System (DRRS), and Air Expeditionary Force (AEF) Reporting Tool (ART) provide planners at Combatant Commands (COCOM), MAJCOMs, and the Air Staff valuable data with which to make planning and resourcing decisions relevant to the myriad of Air Force taskings. Unit planning and readiness reports for AE management are discussed in **Chapter 3** of this AFI.

1.5. AEF Tempo Band/Reserve Component Periods (RCP) Construct. All Active Component (AC) and Air Reserve Component (ARC) Aeromedical Evacuation UTCs are postured as Demand Force Teams (DFT) under the Air Mobility Operations Enabler-Global Reach Laydown (E-GRL), and are not aligned into a Tempo Band/RCP; therefore, AE personnel must be prepared to deploy at all times. For additional information, reference AFI 10-401, *Air Force Operations Planning and Execution*, and other guidance issued by the Headquarters Air Force (HAF) AE FAM.

Chapter 2

ROLES AND RESPONSIBILITIES

2.1. Purpose. This chapter provides the responsibilities for Aeromedical Evacuation (AE) readiness programs, including responsibilities at the Air Force, MAJCOM, installation and unit levels.

2.2. United States Air Force Director of Training and Readiness (HAF/A3T)

2.2.1. Advocate for, obtain and allocate resources for AE activities and operations.

2.2.2. Ensure AE policy, guidance, and doctrine are written to support the full spectrum of military operations.

2.2.3. Organize, train, and equip AE Forces.

2.3. United States Air Force Surgeon General (HAF/SG).

2.3.1. Establish medical guidance.

2.3.2. Advocate for, obtain and allocate resources for AE equipment, clinical, and support activities.

2.3.3. Establish and disseminate clinical training and assessment guidance.

2.3.4. Provide clinical guidance/policy and fund War Reserve Materiel (WRM) and equipment.

2.4. Air Mobility Command Director of Operations, Strategic Deterrence, and Nuclear Integration (HQ AMC/A3/10).

2.4.1. Establish doctrine and guidance to support AE operations, in coordination with owning MAJCOM/A3s and AMC/SG for clinical guidance.

2.4.2. Establish and disseminate operational training and assessment guidance.

2.4.3. Advocate for, obtain, and allocate resources for AE equipment, exercises, and training.

2.4.4. Execute AE Lead Command operational functions.

2.4.5. Co-Chair the Aeromedical Evacuation Council (AEC).

2.4.6. Appoint AE representatives to the Readiness Training Oversight Committee (RTOC) for participation as directed by committee charter. The AE representatives will provide AE training and exercise priorities and schedules to the RTOC.

2.4.7. Appoint a member of the HQ AMC/A3/10 and owning MAJCOM/A3 staff as the Program Element Monitor (PEM) for AE Program Element (PE).

2.4.8. Establish, review, and approve AE formal courses under HQ AMC/A3/10 purview in coordination with the Air Reserve Component (ARC).

2.4.9. Identify AE WRM requirements and coordinate with AMC/SG for funding.

2.4.10. Coordinate with AMC/SG on all changes affecting the Medical Resource Letter (MRL) of AE squadrons. Implement changes to the MRL for personnel Unit Type Codes (UTCs) assigned to AE squadrons. Will appoint Co-Chair of the Aeromedical Evacuation Board (AEB) in writing.

2.5. Air Mobility Command Surgeon General (HQ AMC/SG).

2.5.1. Provide clinical guidance for AE operations IAW AFI 48-307v1, *Enroute Care and Aeromedical Evacuation Medical Operations*.

2.5.2. Advocate for, obtain, allocate, and coordinate with HQ AMC/A3/10 for WRM AE operations.

2.5.3. Executes lead command functions in the area of clinical standards and policy.

2.5.4. Coordinate, establish and disseminate clinical training and assessment of medical policies for AE specific Air Force Specialty Codes (AFSCs) to ensure clinical competencies are maintained in coordination with HQ AMC/A3/10.

2.5.5. Provide medical planning and logistics in support of AE operations.

2.5.5.1. Develop policies and procedures with concurrence of A3 for equipping all AE medical equipment and AE support UTCs to include procuring, storing, sustaining, reporting, and updating AE Readiness program equipment and supplies.

2.5.6. Co-Chair the Aeromedical Evacuation Council (AEC).

2.5.7. Coordinate with AMC/A3O on all changes affecting the MRL of AE squadrons. Implement changes to the MRL for equipment UTCs assigned to AE squadrons. Will appoint Co-Chair of the Aeromedical Evacuation Board (AEB) in writing.

2.6. Functional Area Manager (FAM) and Manpower and Equipment Force Packaging (MEFPAK) Responsible Agency (MRA). FAM and the MRA will comply with all MEFPAK requirements identified in AFI 10-401, *Air Force Operations Planning and Execution*, AFI 41-209, *Medical Logistics Support*, and AFI 10-403, *Deployment Planning and Execution*. HQ AMC is delegated as the MRA for AE. Within HQ AMC, AMC/A3/10 retains full FAM responsibilities and delegates MRA functions to AMC/SG. AMC/SG has MEFPAK responsibility for the management and administration of all AE equipment UTCs while AMC/A3/10 functions as the FAM for personnel UTCs assigned to the AE squadrons. MEFPAK changes proposed by either directorate will be coordinated with the other to ensure all operational and clinical concerns are addressed. HQ AMC/A3/10 and HQ AMC/SG will coordinate on all changes to pilot unit requirements and collaborate to ensure all aircrew and aircraft interface aspects have been considered in the administration of all AE UTCs. In addition, as the MRA, HQ AMC directorates will collaborate with all owning MAJCOMS to:

2.6.1. Appoint pilot units for each UTC.

2.6.2. Prepare monthly status report on assigned UTCs. This report should include current status of on-hand systems and personnel, modernization efforts and concerns, and is completed on an established schedule via Air Force Input Tool (AFIT), AEF Reporting Tool (ART) and/or Defense Readiness Reporting System (DRRS).

2.6.3. For any AE WRM information please refer to AFI 41-209.

2.7. Owning MAJCOM A3 Responsibility. Owning MAJCOM A3s are responsible for the manning and training of their personnel and UTCs to meet COCOM requirements.

2.7.1. Each MAJCOM A3 will be full partners in MAJCOM Boards, committees or other venues where 2 digit decision bodies are comprised.

2.7.2. Lead command should fully coordinate and adjudicate with owning MAJCOMs to minimize disruption to training and operations, reporting, funding and policies and procedures to fully capitalize on the experiences of each force provider. This also allows for total force cooperation.

2.8. Aeromedical Evacuation Squadron (AES) Commander will:

2.8.1. Ensure qualified personnel are assigned to UTCs apportioned to the unit IAW AFI 10-401 *Air Force Operations and Planning Execution*. All personnel will be trained on total force approved AE UTC Mission Essential Tasks Lists (METLS), appropriate Tactics, Techniques and Procedures (TTPs) and AFIs, which can be accessed via the MEFPAK SharePoint link: [\(https://cs2.eis.af.mil/sites/12956/default.aspx\)](https://cs2.eis.af.mil/sites/12956/default.aspx). **(T-3)**.

2.8.1.1. Personnel in AFSCs aligned with multiple UTCs on a Mission Capability Statement (MISCAP) will be trained to deploy in all of those UTCs **(T-2)**.

2.8.2. Chair the squadron Executive Management Committee (EMC) or equivalent committee charged with executive oversight of all AE readiness activities. Examples of equivalent executive-level committees include the Readiness Committee and Education & Training Committee. For the purposes of this instruction, EMC will refer to any committee charged with this function, unless specifically noted. Meeting frequency for Active Component (AC) units will be every other month, at a minimum **(T-3)**. Meeting frequency for ARC units will be quarterly, at a minimum **(T-3)**. Meeting minutes will be approved by the AES commander **(T-3)**. The readiness activities portion of the minutes will be submitted to owning MAJCOM on a quarterly basis **(T-3)**.

2.8.3. Conduct annual review of the UTCs postured as enablers to the unit.

2.8.4. Provide an assessment of the unit's readiness to perform its tasked missions, as applicable, in ART IAW AFI 10-244, *Reporting Status of Air and Space Expeditionary Forces*. Report unit readiness status in AFIT IAW AFI 10-201, *Force Readiness Reporting* **(T-3)**.

2.8.5. Identify training and exercise funding requirements to wing/installation leadership and owning MAJCOM.

2.8.6. Appoint, in writing, a primary and alternate for each position below **(T-3)**:

2.8.6.1. Readiness Officer, Readiness Non-Commissioned Officer (NCO), as appropriate.

2.8.6.2. Unit Deployment Manager (UDM).

2.8.6.3. Unit Reports Monitors, including AFIT, DRRS, and ART monitor. N/A for ARC.

2.8.6.4. Medical Readiness Decision Support System-Unit Level Tracking and Reporting Application (MRDSS-ULTRA) unit-level system administrator.

2.8.6.5. Squadron level Wing Inspection Team (WIT) Chief and team members.

2.8.6.5.1. Team should consist of: members from each AFSC, top stratified subject matter experts, and unit AFSC Functional Area Managers (FAMs).

2.8.7. At the AES commander's discretion, properly formatted electronic signatures may be utilized on appointment letters.

2.9. The Director of Operations (DO), will:

2.9.1. Maintain oversight of readiness requirements.

2.9.2. Ensure readiness requirements are updated in MRDSS.

2.9.3. Ensure SQ/CC and EMC are briefed on readiness status.

2.10. The Chief Nurse (CN)/Senior 4N0, will:

2.10.1. Maintain oversight of clinical proficiency.

2.10.2. Ensure clinical requirements are updated in MRDSS.

2.10.3. Ensure SQ/CC and EMC are briefed on clinical readiness status.

2.11. Clinical Management Flight/CC, will:

2.11.1. Update CN on clinical readiness and proficiency status.

2.11.2. Manage the scheduling of clinical training.

2.11.3. Be responsible for the update of MRDSS with applicable data.

2.12. Readiness Officer, Readiness NCO (RO/RNCO) will:

2.12.1. Provide readiness input to the Executive Management Committee (EMC) at a minimum quarterly.

2.12.2. Provide readiness input to the squadron training plan.

2.12.3. Ensure readiness training is properly documented in MRDSS-ULTRA.

2.12.4. Conduct all operational readiness reporting IAW AFI 10-201, *Force Readiness Reporting*, AFI 10-244 *Reporting Status of Air and Space Expeditionary Forces*.

2.12.5. Monitor the status of War Reserve Materiel (WRM), if assigned, through MRDSS-ULTRA, based upon input provided by medical logistics staff. Ensure the unit commander and the EMC are briefed on logistics.

2.12.6. Identify unit readiness program resource requirements for inclusion in owning MAJCOM Program Objective Memorandum (POM) process and execution year budget submission (**T-3**). Refer to owning MAJCOM for specific POM processes.

2.12.7. Brief the EMC on readiness self-inspection results/compliance/high risk issues on a routine basis as determined by unit CC.

2.12.8. Ensure all readiness related appointment letters are current, updated, and maintained as required.

2.12.9. Work with the WIT Chief and Training flight to design exercises that meet objectives as outlined in the annual training plan.

2.12.10. Ensure the EMC minutes document and track exercise participation to include discrepancies through resolution (T-3).

2.12.11. Ensure training gap analysis is completed annually.

2.12.12. Ensure a risk assessment is completed IAW AFI 90-802, *Risk Management*, and AF Form 4437 for all squadron level exercises.

2.13. Unit Deployment Manager (UDM) will:

2.13.1. Perform duties IAW AFI 10-401, AFI 10-403, and the Installation Deployment Plan.

2.13.2. Maintain a current copy of the Installation Deployment Plan, which is published by the Installation Deployment Officer.

2.13.3. Upon notification of a potential deployment, enter tasked member's anticipated deployment date and estimated tour length in MRDSS-ULTRA. Update the data as necessary if the individual deploys on a different date or does not deploy. Coordinate all deployments with local Logistics Readiness Squadron (LRS) and owning MAJCOM FAMS (T-2).

2.13.4. Coordinate pre-deployment notification with the appropriate AFSC Functional Managers and Unit Training Managers (UTMs).

2.13.5. Upon return from deployment update MRDSS-ULTRA.

2.14. Logistics will:

2.14.1. For units that possess War Reserve Materiel (WRM) Unit Type Code (UTC) equipment assemblages, ensure equipment sets are operationally tested on an annual basis (T-3). WRM assemblages should be fully set-up with equipment turned on, validating that all necessary pieces are available and in working condition. Following completion of training event, assemblage must be re-packed for future operational use. ART/AFIT should be updated to reflect assemblage is off-line. When the base is host to Air Reserve Component (ARC) or other Active Duty Aeromedical Evacuation (AE) units with similar UTCs, the unit will ensure the tenant or supporting units are given the opportunity to train with the host unit's UTCs; however, those units have ultimate responsibility for operationally testing their own equipment (T-3). Refer questions to the MRA through owning MAJCOM. See AFI 41-209, *Medical Logistics Support*, Chapter 13, for WRM assemblage access.

2.14.2. Host Medical/Aeromedical units that maintain WRM assemblages for AE units will provide opportunities for those units to train, exercise with, and/or operationally test the equipment annually. However, the host unit is not responsible for ensuring the training and exercising of WRM is accomplished. When AE units train, exercise, or inventory assigned WRM, comments concerning the event, including current status, should be included in the EMC minutes.

2.14.3. The assigned operational In-Flight Kits (IFKs) will be the primary resource AE units use when deployed to support exercises, training and CONUS based deployments. Each organization will provide adequate storage and management to ensure operational kits are maintained in a "ready" state to include medications (T-3).

2.14.4. WRM In-Flight Kit (IFK) assets may be requested through appropriate channels for extenuating circumstances IAW AFI 41-209.

2.15. Training Flight. The Training Flight is responsible for the aircrew and operational support UTC specific training requirements of all assigned personnel. Training will be based on current UTC Mission Essential Tasks Lists (METLs), TTPs and AFIs. The training flight commander will:

2.15.1. Conduct, document, and track UTC specific training requirements. The training flight will ensure all personnel are trained on their primary UTC to which they are assigned, plus any other UTCs they may be assigned based on the UTC availability (**T-2**). UTC training for mission ready individuals will be completed within 120 days of UTC assignment for the Active Component (AC) and within 180 days for the Air Reserve Component (ARC) (**T-2**). Training Flight personnel will work to establish mechanisms to identify mission ready individuals who require make-up training, including newly assigned members who have missed previous training events, and ensure make-up training is conducted within 120 days for the AC and within 180 days for the ARC. Effective management of the UTC specific training program requires close collaboration between the training flight and readiness staffs. This cooperation includes taking the necessary actions to ensure completion of UTC specific training events is annotated in required reporting systems (**T-3**).

2.15.2. Readiness staff will provide the training flight a list of personnel and associated UTCs they are assigned to, and ensure training is tracked in MRDSS-ULTRA (**T-3**).

2.16. Squadron level Wing Inspection Team Chief.

2.16.1. Coordinate exercise goals and objectives with the Wing Inspection Team (WIT) Chief, AES/CC, AES/DO, Chief Nurse, Training flight and Readiness Officer/NCO.

2.16.2. Develop AE portions of exercise scenarios. Encompassing AFIs, METLs, Concept of Operations (CONOPs), and Tactics, Techniques, and Procedures (TTPs).

2.16.3. Facilitate AE portions of exercises according to the exercise schedule of events.

2.16.4. Evaluate AE aspects of Wing/Squadron level exercises using established criteria, as appropriate and submit After Action Report (AAR) to Readiness office for inclusion into the WG AAR.

2.16.5. Provide input to the commander for inclusion in the unit's training plan.

2.16.6. Brief exercise results to the EMC at the next meeting following the exercise (**T-3**).

Chapter 3

AEROMEDICAL EVACUATION READINESS PROGRAM MANAGEMENT

3.1. The Readiness Office. The readiness office is the hub for readiness activities at the unit level. Personnel assigned to this office manage programs spanning the full range of global aeromedical evacuation operations.

3.1.1. Tenure. The RO/RNCO (if employed) should serve in their positions for a minimum of 24 (36 for ARC) months after completion of required training.

3.1.2. Required Training. Successfully complete the Medical Readiness Management Course or equivalent course within 12 months for AC and 24 months for ARC (**T-3**).

3.2. Readiness Program Management Functions. The following functions are also managed by the Readiness office.

3.2.1. In-processing and Out-processing. Conduct readiness in-processing and out-processing for assigned personnel.

3.2.1.1. Establish standardized in-processing procedures for all newly assigned personnel. Develop an orientation checklist to include: in-processing in MRDSS-ULTRA if applicable to AFSC; Unit Mission Brief; UTC assignment and deployment requirements; training requirements; names and duty sections of team chiefs; and current readiness/training status. Assign training classes, in coordination with Aircrew Training, Clinical Management, and provide a checklist of all items to be accomplished by member. Schedule appointment to complete Isolation Personnel Report (ISOPREP).

3.2.1.2. Personnel assigned to Aeromedical Evacuation Squadron (AES) UTCs are postured as Demand Force Teams (Enablers) and are not restricted for use by Air Expeditionary Force (AEF) tempo association or deployment tour length. Official (maroon) government passports are required for all personnel assigned to any AES UTCs, due to their worldwide deployability for short notice military or humanitarian response missions (**T-2**).

3.2.1.3. Establish standardized out-processing procedures for permanent change of station, or separating/retiring personnel including out-processing in MRDSS-ULTRA. Print out training data if necessary and provide the individual with their deployment folder.

3.2.2. After Action Reports (AAR). After Action Reports are prepared IAW AFI 90-1601, *Air Force Lessons Learned Program*. All AARs will be forwarded to owning MAJCOM for resolution (**T-2**). Owing MAJCOMs will forward AARs as necessary to the AMC/A3OE organizational account for further resolution, if needed. AMC/A3OE, in turn will acknowledge receipt of AARs and will input and/or coordinate AARs with appropriate agencies when necessary.

3.2.3. Manage deployment weapon and munition requirements. Munition authorizations for internal security, protection, and personal defense are found in Air Force Catalog (AFCAT) 21-209, *Ground Munitions*. Additionally, schedule combat arms training for AE CAT A and CAT B personnel in accordance with established guidance in: Air Force Policy Directive (AFPD) 16-8, *Arming of Aircrew; Mobility, and Overseas Personnel*; AFI 31-117, *Arming and Use of Force by Air Force Personnel*; AFI 36-2654, *Combat Arms Program*, and this instruction (T-2). There must be a minimum of one qualified individual for each weapon required. The ammunition authorized for each weapon is based on the personnel arming requirement. For medical personnel specified here, munition authorizations for internal security, protection, and personal defense are found in AFCAT 21-209, Volume 1, *Ground Munitions*, 9 November 2007. AFCAT 21-209, Volume 1, also serves as the source document for ground munition authorizations.

3.2.3.1. Standard Weapon Authorizations per AE UTC. Reporting instructions will dictate the precedence as to what type and how many weapons will be deployed per UTC and may supersede this table (T-2).

Table 3.1. Standard Weapon Authorizations per AE UTC.

AEROMEDICAL UTC	#OFF	#ENL	M-9	M-16/ M-4	TOTAL Qualified
FFQCC	4	4	4	4	8
FFQCM	2	4	2	4	6
FFQCR	0	2	0	2	2
FFQDE	2	3	5	0	5
FFQLL	2	0	0	2	2
FFQNT	4	6	4	6	10
FFQSC	0	4	0	4	4

3.2.4. Unit Reports Monitor or designated personnel. The Unit Reports Monitor is responsible for determining the unit's mission preparedness and providing the information to the unit commander for assessment and approval.

3.2.4.1. Overall guidance for preparing and submitting Air Force Input Tool (AFIT) reports is provided in AFI 10-201, *Force Readiness Reporting*.

3.2.4.2. The Defense Readiness Reporting System (DRRS) for all commands can be accessed through the Secret Internet Protocol Router Network (SIPRNET) secure website at: <https://drrs.ffc.navy.smil.mil/drrs/default.aspx>. Additional guidance may be provided by owning MAJCOM and AMC/A3/10.

3.2.4.3. AEF Reporting Tool (ART). Overall guidance on preparing and submitting ART reports is provided in AFI 10-244, *Reporting Status of Air and Space Expeditionary Forces*. Training version can be used for familiarization, using notional data, before submission of the actual unit ART report via SIPRNET at the following secure website: <https://aef.afpc.randolph.af.smil.mil/default.aspx>

3.2.4.4. Individual Training Summary (ITS); located in the Aviation Resource Management System (ARMS) can be used as a source of information regarding flyer readiness. ITS products are the primary tools to track reportable data for flyers.

3.3. Squadron Readiness Training Plan. As directed by their owning MAJCOM, each squadron Readiness Office will develop and maintain a squadron readiness training plan that incorporates all training requirements from all flights/sections of the unit (**T-2**). This plan is the primary resource for the management and scheduling of unit training and exercise requirements. The Executive Management Committee (EMC) approves the training plan and will provide a copy to the owning MAJCOM (**T-3**). The readiness section is responsible for incorporating all training requirements, exercise requirements, and consideration for make-up training requirements into the plan (**T-3**). Format is up to the unit.

3.3.1. The Readiness Office will provide the plan to the EMC to allow adequate time for approval prior to the upcoming Fiscal Year (FY) to support resourcing requirements submissions as appropriate (i.e., Operations Group/Wing/MAJCOM) (**T-3**).

3.3.1.1. Based on gap analysis, include whether the training can be accomplished locally or will require funding for outside training sourcing. It is understood that readiness may not be the source of all training directed by this AFI, but readiness will be responsible for ensuring all training required by this AFI is captured (**T-3**). Note: For the Air Reserve Component (ARC) it is recommended that the plan for readiness also include known training requirements for the next four years with consideration given to deployment schedules and keeping personnel ready for upcoming AEF rotations.

3.4. Readiness Input to the EMC

3.4.1. The EMC provides executive oversight for all Aeromedical Evacuation (AE) readiness issues to include the organizing, training, and equipping of all assigned personnel, to ensure the unit is able to meet its assigned missions. RO/RNCO will provide inputs to the EMC in accordance with meeting frequency as outlined in [para 2.12](#) (**T-3**).

3.4.2. Inputs will include the following:

3.4.2.1. Unit Plans Review. Plans will be reviewed as specified by Wing or base plans office.

3.4.2.2. Exercise Update. The Wing Inspection Team (WIT) Chief will present and track exercises via AARs and, when required, Post Incident Exercise Summaries (PIES) that include findings, discrepancies and deficiencies. The EMC will track findings until completion and prescribe corrective actions.

3.4.2.3. Unit Type Code (UTC) Update. Address UTC shortages, vacancies, and their effect on AFIT and ART to include equipment UTCs if applicable. Also address the status of deployed personnel and upcoming deployments. Deployment AARs should be presented and discussed as well.

3.4.2.4. Meeting Minutes. The RO/RNCO will ensure all Readiness updates are included in the EMC meeting minutes and will maintain documents IAW the AF Records Disposition Schedule in Air Force Records Information Management System (AFRIMS) (**T-3**).

Chapter 4

READINESS TRAINING PROGRAM REQUIREMENTS AND REPORTING

4.1. Training Philosophy. All Aeromedical Evacuation (AE) personnel must be fully trained to meet the task requirements associated with Combatant Command (COCOM) operations (initial, steady-state, retrograde), homeland defense, humanitarian assistance, and Defense Support of Civil Authorities (DSCA) operations.

4.2. Training Requirements. Specific training requirements for all AF personnel are contained in AFI 36-2201, *Air Force Training Program*. The Unit Deployment Manager (UDM) and Unit Training Manager (UTM) must be fully aware of requirements contained in AFI 36-2201 to ensure compliance. In addition, personnel maintaining flight qualification must ensure compliance/currency with AFI 11-2AE series publications. Upon notification of deployment, personnel will complete further training required by line remarks and reporting instructions (**T-2**). Active Component (AC) personnel will accomplish additional training IAW local Wing guidance and Air Reserve Component (ARC) personnel will follow owning MAJCOM guidance (**T-2**).

4.2.1. Manage AFSC program IAW Air Force Medical Service (AFMS) Knowledge Exchange only applicable to medical AFSCs. Personnel assigned to a standard UTC must complete the Readiness Skills Verification (RSV) training for their Control AFSC (CAFSC) for enlisted and Duty AFSC (DAFSC) for officers. In addition, enlisted personnel who are utilized as authorized substitutes on a standard UTC must complete RSV training for the AFSC they are filling to meet their role on the UTC, as well as their control or duty AFSC (**T-3**).

4.2.2. Aeromedical Evacuation and Patient Staging Course (AEPSC): For initial training on the integration of all AE UTC capabilities comprising the Theater Aeromedical Evacuation System (TAES), all personnel assigned to an Aeromedical Evacuation Squadron (AES) will complete AEPSC (**T-2**).

4.2.2.1. All Aeromedical Evacuation Crew Members (AECMs) will complete initial AEPSC within 12 months of aircrew qualification or prior to deployment in a ground UTC (**T-2**).

4.2.2.2. AC non-AECM personnel will complete initial AEPSC within 12 months of assignment or prior to deployment. Newly accessed ARC non-AECM personnel will complete initial AEPSC within 12 months of completion of Basic Military Training or Commissioned Officer Training, AFSC formal course training or prior to deployment (**T-2**).

4.2.2.3. To sustain currency and proficiency of TAES operations, all personnel assigned to an AES will repeat AEPSC every 60 months at a minimum. Participation in Lead Command and owning MAJCOM approved readiness exercises where TAES is implemented, or participation in a deployment supporting ground AE operations in the last 60 months may satisfy the sustainment training requirement. To meet MAJCOM sustainment requirements, exercises must meet all current METs for assigned UTCs.

4.2.2.4. Parent MAJCOMs are granted sustainment waiver authority and will copy all requests for sustainment training credit to HQ AMC/A3OE (T-2). As lead command, HQ AMC/A3OE has overall authority for all AE squadron waiver requests, and documentation will be kept on file at the unit for duration of waiver exemption. HQ AMC/A3OE is the waiver authority for required initial training prior to deployment in any ground UTC (T-2). Initial training waivers will only be granted for extenuating circumstances.

4.2.3. Unit level Unit Type Code (UTC) Training: Training for each UTC will consist of review and training on AE Air Force Tactics, Techniques and Procedures (AFTTPs), Mission Essential Tasks Lists (METLs), Mission Capability Statements (MISCAPs), Manpower and Logistics Force Package, Concept of Operations, Air Mobility Command (AMC) Concept of Employment, and associated equipment UTC. Training will include applicability/utilization in exercise, contingency, homeland defense, humanitarian assistance, and DSCA operations. This training is required prior to the member's initial deployment as part of the UTC, with frequency as directed by the unit training plan. Training sustainment will be set at 24 months for AC and 48 months for the ARC forces.

4.2.4. Defense Support of Civil Authorities (DSCA) Preparedness: Due to increased support of DSCA operations AE personnel should be familiar with Department of Defense (DoD) DSCA guidance, 18 AF planning factors, the National Incident Management System (NIMS), and the AFIMS. Recommend all personnel take the Federal Emergency Management Agency (FEMA) IS-100, IS-200 and IS-700 computer based training (CBTs) courses and review AFI 10-801, *Defense Support of Civil Authorities (DSCA)*.

4.2.5. All AFMS personnel assigned to AE units will accomplish the appropriate Medical Chemical, Biological, Radiological, Nuclear, and Explosives (CBRNE) and Emergency Preparedness Response Courses. Flight nurses will accomplish the Clinical/Provider Course, the AES/CC will accomplish the Executive/Commander Course, while all other AFMS personnel assigned to the AES will complete the Operator/Responder Course.

4.3. Office of Primary Responsibility (OPR). The Readiness Office serves as the primary focal point for unit readiness training activities.

4.4. Documentation. Units will document readiness training in Medical Readiness Decision Support System-Unit Level Tracking and Reporting Application (MRDSS-ULTRA) (T-2). Supporting documentation, including military or civilian certificates, professional certification, waiver letters, or after-action reports should be cited and maintained if practical. Equivalency credit must be annotated when awarded (T-2).

JOSEPH T. GUASTELLA Jr., Lt Gen, USAF
Deputy Chief of Staff, Operations

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

AFDD 3-17, *Air Mobility Operations*

AFCAT 21-209v1, *Ground Munitions*

AFI 10-201, *Force Readiness Reporting*, 3 March 2016

AFI 10-244, *Reporting Status of Aerospace Expeditionary Forces*, 16 June 2019

AFI 10-401, *Air Force Operations Planning and Execution*, 7 December 2006

AFI 10-403, *Deployment Planning and Execution*, 20 September 2012

AFI 31-117, *Arming and Use of Force by Air Force Personnel*, 2 February 2016

AFI 33-360, *Forms and Publications*, 1 December 2015

AFI 36-2201, *Air Force Training Program*, 15 September 2010

AFI 36-2654, *Combat Arms Program*, 13 January 2016

AFI 41-209, *Medical Logistics Support*, 6 October 2014

AFI 48-307v1, *Enroute Care and Aeromedical Evacuation Medical Operations*, 9 January 2017

AFI 90-1601, *Air Force Lessons Learned Program*, 18 December 2013

AFI 90-802, *Risk Management*, 11 February 2013

AFMAN 33-363, *Management of Records*, 1 March 2008

AFPD 10-29, *Worldwide Aeromedical Evacuation Operations*, 6 November 2012

AFPD 16-8, *Arming of Aircrew, Mobility, and Overseas Personnel*

Prescribed Forms

None

Adopted Forms

AF Form 797, *Job Qualification Standard Continuation/Command JQS*

AF Form 847, *Recommendation for Change of Publication*

AF Form 1098, *Special Task Certification and Recurring Training*

AFTR/AF Form 623A, *On-the-Job Training Record-Continuation Sheet*

Abbreviations and Acronyms

AAR—After Action Report

AFPD—Air Force Policy Directive

AC—Active Component

AE—Aeromedical Evacuation
AEB—Aeromedical Evacuation Board
AEF—Air Expeditionary Force
AES—Aeromedical Evacuation Squadron
AECM—Aeromedical Evacuation Crew Member
AFI—Air Force Instruction
AFIT—Air Force Input Tool
AFDD—Air Force Doctrine Document
AFRC—Air Force Reserve Command
AFSC—Air Force Specialty Code
AFTR—Air Force Training Record
AFTTP—Air Force Tactics, Techniques and Procedures
AFMAN—Air Force Manual
AFMS—Air Force Medical Service
AFRIMS—Air Force Records Information Management System
AMC—Air Mobility Command
ANG—Air National Guard
ARMS—Aviation Resource Management System
ARC—Air Reserve Component
ART—AEF Reporting Tool
CAFSC—Control Air Force Specialty Code
CBRNE—Chemical, Biological, Radiological, Nuclear, Explosive
CBT—Computer Based Training
COCOM—Combatant Command
CONOPs—Concept of Operations
DoD—Department of Defense
DRRS—Defense Readiness Reporting System
DSCA—Defense Support of Civil Authorities
E-GRL—Enabler-Global Reach Laydown
EMC—Executive Management Committee
FAM—Functional Area Manager
FEMA—Federal Emergency Management Agency

FY—Fiscal Year
HQ—Headquarters
HAF—Headquarters Air Force
IAW—In Accordance With
IFK—In-Flight Kit
ISOPREP—Isolation Personnel Report
ITS—Individual Training Summary
LRS—Logistics Readiness Squadron
MAJCOM—Major Command
MEFPAK—Manpower and Equipment Force Packaging
MISCAPs—Mission Capability Statements
MET—Mission Essential Tasks
METL—Mission Essential Task Lists
MRA—MEFPAK Responsible Agency
MRDSS—Medical Readiness Decision Support System
MRL—Medical Resource Letter
NCO—Non-Commissioned Officer
NIMS—National Incident Management System
OPR—Office of Primary Responsibility
PACAF—Pacific Air Forces
PEM—Program Element Monitor
PIES—Post Incident Exercise Summaries
RCP—Reserve Component Period
RDS—Records Disposition Schedule
RNCO—Readiness Non Commissioned Officer
RTOC—Readiness Training Oversight Committee
SG—Surgeon General
SIPRNET—Secret Internet Protocol Router Network
TAES—Theater Aeromedical Evacuation System
TTP—Tactics, Techniques and Procedures
UDM—Unit Deployment Manager
ULTRA—Unit Level Tracking and Reporting Application

USAF—United States Air Force

USAFE—United States Air Forces in Europe

UTC—Unit Type Code

UTM—Unit Training Manager

WIT—Wing Inspection Team

WRM—War Reserve Materiel