

**BY ORDER OF THE SECRETARY
OF THE AIR FORCE**

AIR FORCE POLICY DIRECTIVE 10-29

13 FEBRUARY 2019



Operations

**WORLDWIDE AEROMEDICAL
EVACUATION OPERATIONS**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This directive establishes policy and assigns responsibilities for Aeromedical Evacuation operations, implements DoDI 6000.11, *Patient Movement*, and is consistent with DoDI 4515.13, *Air Transportation Eligibility*. It applies to the Active Component, the Air Force Reserve, and the Air National Guard. Aeromedical Evacuation is a unique Air Force mission and one modality of the larger Department of Defense patient movement enterprise. USAF Aeromedical Evacuation provides a critical patient movement capability that cuts across traditional service lines. It is a Total Force mission requiring continuous collaboration between the operations (A3) and medical (SG) communities. This directive specifies roles and responsibilities, notes policy interfaces, and defines key terms. Refer recommended changes and questions about this publication to the Office of Primary Responsibility using the AF Form 847, *Recommendation for Change of Publication*; route AF Forms 847 from the field through appropriate functional's chain of command. Ensure that all records created as a result of processes prescribed in this publication are maintained IAW Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of IAW Air Force Records Information Management System Records Disposition Schedule.

SUMMARY OF CHANGES

This document has been substantially revised and must be completely reviewed. Major changes include clarification of authorities and responsibilities in support of Aeromedical Evacuation operations.

1. Policy.

1.1. Aeromedical Evacuation provides time-sensitive en route care of casualties to and between medical treatment facilities using USAF aircraft and/or contracted aircraft with medical aircrew trained explicitly for the mission. Aeromedical Evacuation forces can operate as far forward as aircraft are able to conduct air operations, across the full range of military operations, and in all operating environments. Aeromedical Evacuation will strive to ensure the rapid evacuation of patients during contingencies as necessary to prevent undue suffering and preserve military strength. Specialty medical teams may be assigned to work with the Aeromedical Evacuation aircrew to support patients requiring more intensive enroute care.

1.2. The Air Force will ensure Aeromedical Evacuation unit mission readiness by conducting operational and training missions. These missions require Aeromedical Evacuation clinical personnel to maintain currency and proficiency. Although not resourced for humanitarian assistance, disaster response, or defense support to civil authorities, the Air Force will be prepared to provide Aeromedical Evacuation for these operations as directed by the National Command Authority.

2. Roles and Responsibilities:

2.1. The Air Force Deputy Chief of Staff, Operations (AF/A3) serves as lead for all airlift aspects of Aeromedical Evacuation and maintains overall responsibility for assigned Aeromedical Evacuation forces and missions. This designation streamlines operational aircraft and personnel assigned to the Aeromedical Evacuation squadrons under the same authority. AF/A3 is responsible for establishing and implementing operational training and evaluation guidance for Aeromedical Evacuation as outlined in the 10- and 11-series of Air Force publications.

2.2. The Air Force Surgeon General (AF/SG) serves as lead for the medical aspects of Aeromedical Evacuation. AF/SG will provide qualified personnel and equipment for basic, intermediate, or advanced life support care within the scope of Aeromedical Evacuation responsibilities; provide clinical training for Aeromedical Evacuation medical personnel; ensure qualified medical personnel accompany all patients for whom commercial movement is not medically appropriate; standardize Aeromedical Evacuation medical and nursing policies; manage Aeromedical Evacuation medical logistics, medical equipment, and War Reserve Materiel programs; evaluate Aeromedical Evacuation clinical training, practice, and outcomes; facilitate Aeromedical Evacuation process improvement via high-reliability-organization principles; forecast and plan for future Aeromedical Evacuation clinical requirements; and ensure integration of the Aeromedical Evacuation system into the multi-modal patient-movement system. AF/SG is responsible for establishing and implementing clinical training and standards guidance for Aeromedical Evacuation as outlined in the entire 40-series of Air Force publications.

2.3. Air Mobility Command (AMC) serves as the lead command for Aeromedical Evacuation. As outlined in AFPD 10-21, *Air Mobility Lead Command Roles and Responsibilities*, AMC will manage and coordinate with the other commands involved in air mobility operations, to include Aeromedical Evacuation, those processes designated to

enable the interoperability of air mobility forces regardless of the command. AMC will maintain clear, detailed, and accountable standards in this mission area to ensure efficient resource employment and interoperability. AMC ensures that appropriate forces are organized, trained, and equipped to perform the Aeromedical Evacuation mission across the full spectrum of operations to meet global Aeromedical Evacuation requirements. All Aeromedical Evacuation forces will comply with lead MAJCOM readiness standards addressing operational and clinical requirements. Aeromedical Evacuation will be fully coordinated through AMC and supporting MAJCOMs to ensure needs are identified and policies and procedures are thoroughly formulated.

2.4. MAJCOMs will forward to AMC for action recommendations of Aeromedical Evacuation commanders and Aeromedical Evacuation functional experts pertaining to training, standardization, equipment, clinical, communications, and planning issues based on current day practices and/or shortfalls.

HEATHER WILSON
Secretary of the Air Force

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

DoDI 4515.13, *Air Transportation Eligibility*

DoDI 6000.11, *Patient Movement*

AFMAN 33-363, *Management of Records*

AFPD 10-21, *Air Mobility Lead Command Roles and Responsibilities*

Prescribed Forms

None

Adopted Forms

AF Form 847, *Recommendation for Change of Publication*

Abbreviations and Acronyms

AFMAN—Air Force Manual

AMC—Air Mobility Command

DoDI—Department of Defense Instruction

IAW—In Accordance With

MAJCOM—Major Command

SG—Surgeon General