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Tactical Doctrine

AEROMEDICAL EVACUATION COMMAND SQUADRON (FFQCC)

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The Air Force Tactics, Techniques and Procedures (AFTTP) 3-42 series of publications is the primary reference for medical combat support capabilities. This document builds upon AFTTP 3-42.5, *Aeromedical Evacuation*, by providing Tactics, Techniques and Procedures (TTP) for the Aeromedical Evacuation Command Squadron (AECS) identified by Unit Type Codes (UTC) FFQCC. This publication applies to all Air Force military personnel in the Regular Air Force, Air Reserve Component (ARC), and Air Force civilian personnel (Air National Guard [ANG] is considered to be a Major Command [MAJCOM] in this publication). The doctrine in this document is authoritative but not directive. Ensure all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual 33-363, *Management of Records*, and disposed of in accordance with the Air Force Records Disposition Schedule located in the Air Force Records Information Management System. 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 Form 847 through the appropriate chain of command and parent MAJCOM. This publication requires the collection and/or maintenance of information protected by Title 5 United States Code (U.S.C.) Section 552a, *The Privacy Act of 1974*. The authorities to collect or maintain the records prescribed in the publication are 10 U.S.C. § 8013, *Secretary of the Air Force*; Executive Order 9397 (SSN), as amended; and AFI 36-2101, *Classifying Military Personnel (Officer and Enlisted)*. The applicable system of records notice (SORN), F036 AF PC C, *Military Personnel Records System*, is available at: **https://dpcld.defense.gov/**. The use of the name or mark of any specific manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by the Air Force.

Chapter 1

OVERVIEW

1.1. Purpose. This FFQCC TTP describes command relationships and furnishes guidance for the development and operation of the AECS in support of operations envisioned in regional Operational Plans (OPLANS) and contingency/humanitarian operations.

1.1.1. This document: (a) identifies and defines responsibilities; (b) ensures tasks, functions and responsibilities are properly assigned; (c) ensures adequate resources are defined to support global military operations associated with regional plans; (d) provides a source document for developing standard operating instructions (OIs), and training programs; and (e) validates future requirements and revisions appropriate to planning and training concepts.

1.1.2. Information in this TTP should be tailored and augmented with additional information found in related Aeromedical Evacuation (AE) instructions, publications, TTPs, Technical Orders (TOs), Operations Plans (OPLAN), Special Instructions (SPINS), Flight Crew Information Files (FCIF), and other theater directives/instructions.

1.2. Caution. Do not use this instruction as permission to move patients (AFI 48-307V1, *En Route Care and Aeromedical Evacuation Medical Operations*). Patients must be eligible for aeromedical transportation according to Department of Defense (DOD) Instruction 4515.13, *Air Transportation Eligibility* (additionally reference AFI 24-101, *Passenger Movement*, and any current, operational DOD, AF, or theater-specific directives).

1.3. Mission/Capabilities. The USAF AE system provides fixed-wing movement of patients requiring in-flight care and supervision by AE crew members to locations offering appropriate roles of medical care. It is comprised of Active Duty (AD), Air Force Reserve Command (AFRC), and Air National Guard (ANG) personnel. The AE system is designed to be flexible enabling it to operate as far forward as aircraft are able to conduct air operations, across the full range of military operations, and in all operating environments.

1.4. General. The AECS is a critical component of the Theater Aeromedical Evacuation System (TAES) which directly supports the En Route Casualty Care System (ERCCS).

1.4.1. The AECS:

1.4.1.1. Provides command to assigned AE Forces.

1.4.1.2. Can deploy in advance of other AE Unit Type Codes (UTC) to provide the support required for AE forces and establishment of a TAES.

1.4.1.3. Has the ability to rapidly deploy within 24 hours, and is operationally capable upon arrival as soon as communications are established. ARC UTCs deploy within 72 hours.

1.4.1.4. Will advise Wing and Operations Group commanders, as well as other appropriate personnel/agencies, on policy, doctrine, capabilities, and requirements.

1.4.1.5. Provides procedural guidance, technical guidance and management oversight for assigned, attached, and transiting AE components. The AE Operations Team (FFQNT), AE Manpower Augmentation Team (FFQCM), AE Liaison Team (FFQLL) or AE Communications Team (FFQCR) UTCs may augment the AECS as required.

1.5. Risk. Mission responsibilities for the AECS may expose the team to a wide variety of threats that include non-battle injury (flight-line injuries, endemic disease, climate, terrain, and socio-economic conditions), conventional and unconventional weapons, weapons of mass destruction, chemical/biological agents, and assault by hostile forces. The AECS may be placed at secure airfields that remain close to, or surrounded by, hostile areas. Personnel need to be fully versed in the Law of War (LoW), Conduct After Capture, and theater specific rules of engagement (ROE).

1.6. Team Composition. FFQCC positions and grade/skill level requirements can be found in mission capability statements (MISCAPS) at **https://cs2.eis.af.mil/sites/12956/default.aspx**. All grade/skill level substitutions will be in accordance with (IAW) AFI 10-403, *Deployment Planning and Execution*, and *War and Mobilization Plan, Volume 1 (WMP-1), Annex F, Medical Service.* Lower rank substitution is not advised due to level of responsibility and supervision exercised over other UTCs within the squadron.

1.7. Team Member Selection. As the command component for an AE unit, UTC personnel assigned must be experienced and knowledgeable in AE operations and personnel support processes. Home station squadron commanders are responsible for the selection and training of team members assigned to the AECS. Commanders must fully consider a member's AE knowledge, AE experience, deployment history, and management capabilities when filling FFQCC deployment positions. **Note:** Deployments are unpredictable; therefore, X-prefix AFSC members should be equipped to deploy and in-process as would any other Aeromedical Evacuation Crew Member (AECM), as well as maintain currency/qualifications and go/no-go's in order to be able to assume flight duties in the event of crew deficiencies from circumstances such as Duties Not to Include Flying (DNIF) status or necessary crew augmentation. Squadron commanders will ensure all mandatory flight requirements, readiness training, UTC-specific training, and AFSC skill-level training is accomplished and current prior to, and for the duration of, the deployment IAW AFI 10-2912, *Aeromedical Evacuation Readiness Programs*, AFTTP 3-42.5, and other applicable instructions. Non-current or unqualified X-prefix AFSC personnel must have prior approval by HQ AMC Aeromedical Evacuation Operations Branch (HQ AMC/A3OE) before being assigned to an AECS deployment tasking (route request through appropriate chain of command).

1.7.1. AECS positions:

1.7.1.1. Commander. The commander is the highest-ranking officer on the team. The commander briefs the deployed OG/CC on AECS operations, ensures team needs are addressed and met, manages day to day AECS operations and keeps all commanders informed about the personnel and assets available. The commander may be on G-series orders. An experienced squadron commander is preferred, and should have extensive experience in a deployed AE management position.

1.7.1.2. Director of Operations. The senior Medical Service Corps (MSC) serves as either the commander or Director of Operations. As the Director of Operations (DO), provides unit-level command oversight for administrative, logistics and communications support to AE operational activities, AE crew management and coordination with flight line support agencies. Unit level experience as a Director of Operations or deployed experience in an Aeromedical Evacuation Operations Teams (AEOT), Aeromedical Evacuation Liaison Teams (AELT), or AECS is preferred.

1.7.1.3. Chief Nurse. The Flight Nurse (FN) is the senior nurse on the team and will function as the squadron Chief Nurse (CN). It is recommended that candidates for this position have served on the senior staff of a squadron and have experience in Standards/Evaluations (Stan/Eval), Aircrew Training, patient safety and nursing management.

1.7.1.4. Aerospace Medical Service Superintendent. The senior Aeromedical Evacuation Technician (AET) assigned to this position functions as the deployed AE unit Superintendent and must have a solid background in Stan/Eval, Aircrew Training, AE mission operations and enlisted personnel issues. When a unit first sergeant is not deployed IAW the FFQCC MISCAPS, this individual may be assigned first sergeant duties for all assigned personnel.

1.7.1.5. Cyber Operations Officer and Superintendent. Coordinates all communication issues and has overall responsibility of assigned communication personnel and equipment. A solid knowledge of aeromedical evacuation is required and prior deployment experience preferred.

1.7.1.6. Medical Materiel Craftsman. Medical logistics support is essential to AE mission success. They manage, provide guidance, technical support, and coordinate resupply support channels for both AE and En Route Critical Care (ERCC) items. Ensures inventories are completed as required and functions as equipment custodian for assigned UTCs including Litter Station Augmentation Set (LSAS) and Stanchion Litter System (SLS). A solid knowledge of the Patient Movement Items (PMI) and logistics systems used in a contingency environment is required (reference AFTTP 3-42.8, *Expeditionary Medical Logistics (EML) System*). Logistics support personnel will be qualified to certify hazardous cargo associated with AE equipment UTCs IAW AFMAN 24-204, *Preparing Hazardous Materials for Military Air Shipments*, Attachment 25.

1.8. Allowance Standards.

1.8.1. The AECS (FFQCC) deployment equipment package is UTC FFQC1.

1.8.2. The FFQC1 is stored as War Reserve Materiel (WRM) and deploys with sufficient supplies and equipment to operate for 30 days without re-supply.

1.8.3. The most up-to-date Allowance Standards information is available on the Air Force Medical Logistics web page: **https://medlog.us.af.mil/** (account necessary). Copies may also be found on the MEFPAK SharePoint at **https://cs2.eis.af.mil/sites/12956/default.aspx**.

Chapter 2

COMMAND AND CONTROL

2.1. General. The AECS should be aligned under an Air Expeditionary Group (AEG), typically under an Air Expeditionary Wing (AEW) under the Operational Control (OPCON) of the Commander, Air Force forces (COMAFFOR). The AEW Commanders may appoint the AECS Commander on appropriate G-Series Orders, giving the commander Uniform Code of Military Justice (UCMJ) authority. The FFQCC will appoint leaders for subordinate AE components.

2.2. Command and Control (C2). When AECS are deployed for contingency AE operations in support of a Geographic Combatant Commander (GCC), the Expeditionary Aeromedical Evacuation Squadron (EAES) will typically be attached under the OPCON or Tactical Control (TACON) of the theater COMAFFOR and take direction from the theater Component-Numbered Air Force (C-NAF) staff and Air Operations Center (AOC). When deployed in support of USTRANSCOM AE operations, the AECS will typically fall under the OPCON or TACON of the 18 AF (AFTRANS)/CC and operate under the guidance of the 618 AOC (TACC). For command authorities and Administrative Control, refer to Air Mobility Command Instruction (AMCI) 10-202V1, *Presentation of Air Mobility Forces*.

2.3. Transfer of Forces. 18 AF (AFTRANS)-managed theater airlift assets are routinely transferred to the appropriate GCC as directed by the Secretary of Defense (SecDef), with OPCON typically delegated to the COMAFFOR. United States Air Force in Europe (USAFE) and Pacific Air Forces (PACAF) theater airlift assets may also be transferred to another GCC as directed by the SecDef. Airlift elements transiting another GCC's area of responsibility (AOR) will be monitored by the appropriate AOC. However, transiting forces will not normally be under the control of the theater commander, except when that commander is exercising TACON authority for force protection purposes.

2.4. AECS Command Structure. AE assets will typically fall under the AEG. AE components as assigned will report to the AECS to include: AEOT; AE crews; AELT; Critical Care Air Transport Team (CCATT) and other En Route Critical Care (ERCC) teams (reference AFI 48-307V2, *En Route Critical Care)*; communication teams; manpower augmentation teams; and possibly an En Route Patient Staging System 10 (ERPSS-10/UTC FFEPS and ERPSS-P/UTC FFPPS) (Reference AFTTP 3-42.57, *En Route Patient Staging System*).

Chapter 3

COMMUNICATIONS AND INFORMATION SYSTEMS SUPPORT

3.1. Communications/Information System Operational Management. The AECS will deploy with organic communications personnel and equipment as a primary resource to provide secure/unsecure voice and data communication links capable of sustaining C2, patient movement data, and general message traffic capabilities. An AE communication system consisting of primary and secondary links is established to process and track requests for AE, follow mission progress, and maintain situational awareness. Secondary communication links, such as Local Area Network (LAN) are obtained upon arrival in theater depending on the maturity of the theater communication infrastructure and the availability of commercial or military service provided circuits. Communication capabilities need to be reliable, and capable of supporting AECS operations for any theater along with the full spectrum of contingencies.

3.1.1. Some of the variables that affect the establishment of an AECS communication system include the intensity of the conflict, governing laws of the host nation regarding spectrum and communication management, climate and geography, electromagnetic environment, propagation conditions, and real estate (on-site) availability. AECS communication systems planning and implementation procedures contained in the OPLAN and/or ANNEX-K must be thoroughly presented and widely disseminated among element Officer-in-charge (OIC), Non-Commissioned Officer-in-charge (NCOIC) and communication operators.

3.1.2. The AECS currently uses satellite communications for its primary C2 system. With this media the AECS establishes a closed, directed communications net and performs as the Net Control Station (NCS) to ensure proper net procedures, protocols, and radio operator discipline as stated in applicable directives, such as Allied Communications Publication (ACP) 125 and ACP 130. The NCS also designates an alternate to assure continuity of mission requirements in contingencies affecting the net.

3.2. Message Precedence. All message traffic transmitted is assigned precedence. It serves as a guide to communication personnel to indicate the order of handling and notifies the addressee of the significance or urgency of the content of the message. All messages are sent as soon as possible, however, the one with the higher precedence is sent first.

3.2.1. FLASH. This precedence is reserved for alerts, warnings, and other emergency actions having immediate bearing on national, command, or area security. FLASH messages are hand carried, processed, transmitted, and delivered immediately ahead of all other messages.

3.2.2. Immediate. This precedence is reserved for vital communication having immediate operational effect on tactical operations; communication directly concerning safety or rescue operations; and communication affecting the intelligence community operational role.

3.2.3. Priority. This precedence is reserved for calls that require prompt completion for national defense and security, the successful conduct of war, or to safeguard life or property. Normally, priority is the highest precedence that may be assigned to administrative matters for which speed of handling is of vital importance. Maximum delivery time is 24 hours.

3.2.4. Routine. This precedence is reserved for all official communications to which all of the above listed precedence does not apply. Routine messages are handled in the order received

and after all messages of a higher precedence have been sent. Maximum delivery time is 72 hours.

3.3. Message Traffic. There are four basic message types in use in the Aeromedical Evacuation System. They are Patient Movement Requests (PMR), AE mission messages, AE operations reports, and general messages. AE operational reports consist of the Situation Report (SITREP) and any other as requested reports or messages. SITREPs are used to report the status of readiness of your element to the chain of command within the theater. Refer to AFI 10-206, *Operational Reporting (OPREP),* and specific joint task force (JTF), and COMAFFOR guidance.

3.4. Communications Systems Operations. The AE system uses organic Very High Frequency (VHF), Ultra High Frequency (UHF), and Satellite Communication (SATCOM) radio assets as a means of providing communications capability to the AE system. Trained AE RF Transmission personnel are assigned to set up and initiate communications between elements.

3.4.1. Secure Communications. Secure and non-secure systems may be available during contingencies. The mode of transmission is dependent on availability and the classification/sensitivity of the information being passed. The degree to which the information needs to be protected will dictate the type of system that should be utilized.

3.5. Communication Equipment.

3.5.1. Secure/Non-secure Communication. Any classified information must be transmitted by secure means. SITREPs, medical surveillance, site locations, and compiled patient data are all examples of information that can be classified and will need safeguarding. The types of secure communication equipment usually available include secure telephone equipment (STE) and various other encryption devices. Medical or casualty information becomes an OPSEC issue when linked to a particular military mission or operation. While medical information itself is not normally classified, in the context of a mission, it should be protected as part of the theater overall OPSEC program to deny information to the enemy. Radio equipment, COMSEC, and classified material will be destroyed IAW current directives.

3.5.2. Computer systems. The AECS deploys with organic computer hardware and software, which provide word-processing, database management, and graphics. If available, LAN connectivity such as Non-Secure Internet Protocol Router Network (NIPRNET) and Secure Internet Protocol Router Network (SIPRNET) may be obtained through the user service. If LAN capable, the AECS will use TRANSCOM Regulating Command & Control Evacuation System (TRAC2ES) to maintain oversight for regulated patient needs. SITREPs must be transmitted through a secure connection. Access to both secure and non-secure communication networks will allow the team a direct connection to obtain operational, administrative, and clinical input from the airlift operations center, C2 authorities and geographically separated units, Patient Movement Requirement Center (PMRC) access, and secure internet sites for publications, forms, and operating instructions.

3.5.3. Telephones/Radios. The AECS may be required to maintain radio communication and 24-hour operations using satellite radios and phones.

3.5.4. Iridium Phones with secure sleeve. Iridium phones are handheld satellite phones that work anywhere in the world. It is larger than a typical mobile phone, but still small enough to carry in a backpack, and is very simple to use. Provides secure/unsecure voice telephone capabilities through satellites. For secure communications, a secure sleeve must be attached to

the phone handset. Each Unit will use their local Program Designator Code (PDC) for the purchase and activation of SIM cards for training and exercises. Wartime Readiness Material Subscriber Identity Module (WRM SIM) cards *will not* be used for unit training or exercises. When iridium phones are deployed the WRM SIM card will be activated using the appropriate contingency operation consolidated PDC.

3.5.5. Broadband Global Area Network (BGAN). Portable and easy to setup, the BGAN is another satellite phone that uses satellites located around the earth for worldwide telephone capabilities. This system can also interface with the STE to provide secure communications. Each unit will use their local PDC for BGAN terminal activation to support training/exercise operations. Upon deployment, the PDC will need to be switched to the operations consolidated PDC.

3.5.6. PRC-117. Provides breakthrough wideband data performance and legacy narrowband interoperability in one lightweight package. Covering the 30 MHz to 2 GHz frequency range, this single-channel radio is 30% smaller and 35% lighter than currently fielded multiband manpack radios and operates off a single standard battery. This device can be used to pass secure information as well as data transfer of sensitive material and documents such as PMRs and Situation Reports.

Chapter 4

OPERATIONS

4.1. Introduction. The AECS, as a component of the TAES, provides unit level C2 within a defined AOR in support of contingency or HA/DR operations. Assigned AECS personnel are trained and capable of fully supporting the AE requirements of the component services within the defined AOR. AECS leadership will ensure necessary processes and resources are implemented and available to fully execute this life saving mission. AECS personnel will maintain training and skill competency to effectively perform their missions. All AE UTCs are demand force team (DFT) UTCs, a uniquely categorized force that provides support to authorized organizations within and outside of the DOD.

4.2. Operational Readiness. The active duty component AECS has the ability to rapidly deploy within 24 hours, and will be operationally capable within 4 hours. Air Reserve Component (ARC) UTCs deploy within 72 hours and are operationally capable on arrival.

4.2.1. Deployment Readiness. Personnel will have completed UTC specific training per AFI 10-2912 and AFTTP 3-42.5. The AE Mission Essential Task Listing (METL) by UTC is located at **https://cs2.eis.af.mil/sites/12956/default.aspx**.

4.2.2. Equipment and Supplies. AECS Equipment Package (FFQC1). This UTC provides equipment necessary to establish a rapid response AECS in support of contingency or HA/DR operations. This UTC requires 1000 square feet for operating space and 100 square feet for antenna assembly. This UTC must deploy with a High Mobility Multipurpose Wheeled Vehicle (HMMWV) UTCs (UFMVE). It will be inventoried at least annually IAW AFI 41-209, *Medical Logistics Support*. The FFQCC commander is responsible for the familiarity of all members with the equipment package contents. Teams will deploy with either an electronic or hard-copy listing of Allowance Standard (AS) 903Z for re-supply actions. It is imperative that personnel are familiar with associated equipment as situations may occur where AECS personnel may not palletize their own equipment. Unfamiliarity with either of these issues could delay initial operational capability. When notified of a possible deployment, FFQCC teams will assemble, and if available, perform an inventory of all supply and equipment assemblages to ensure the package is complete.

4.3. Pre-deployment. Upon notification of deployment, the deploying AECS team leader will coordinate with their assigned AES Readiness Office staff, schedule a pre-deployment meeting, and then review key documents and responsibilities. Key documents include: deployment orders, time-phased force deployment data (TPFDD), force protection threats, medical intelligence reports, and overall intelligence reports. Reporting Instructions are available in the Air Force Reporting Instruction Tool (AFRIT) link on AEF Online at **https://aefonline.afpc.randolph.af.mil**. The AECS should ensure they are familiar with the operation orders (OPORD) for the deployment location and any applicable MAJCOM waiver guidance. Requirements for employment of AECS and equipment packages will be identified and requested by the theater A3. In order to support initial operating capabilities during the opening phases of an operation, AECS, their equipment, and the support packages should be marshaled together at specific Contiguous United States (CONUS) or overseas locations.

4.3.1. Intelligence. During the pre-deployment phase, the AECS commander will obtain a detailed intelligence assessment for pre-deployment briefings and inclusion in the force protection plan. Sources for this information may include MAJCOM Readiness divisions, host base and theater intelligence, Air Force Office of Special Investigations (AFOSI), airfield survey reports, previous after action reports, Joint Lessons Learned Information System (JLLIS) (and other published lessons learned), Department of State and any in-country U.S. embassy or consulate.

4.4. Deployment. Deployment readiness, both personnel and equipment, is the responsibility of the Designed Operational Capability (DOC) assigned AES Commander. Once deployed, the AECS is required to be self-sufficient until support can be established. In a contingency operation, flexibility and adaptability are required as each scenario or operation is different.

4.4.1. General. AECS leadership must interface with all local and host activities that provide ancillary AE mission support services. This relationship is critical to ensure that the AECS and its assigned components can provide effective AE support to user service medical teams, and that reciprocal support needed to sustain operations is provided. AECS leadership must also review applicable TTPs for assigned UTCs to ensure they are properly prepared to support all assigned UTCs.

4.4.2. Open and Establish the Air Base. The AECS may perform the function of Advance Echelon (ADVON) or it may have been performed by the MAJCOM through separate tasking. If the AECS is deploying as part of a base opening package ensure that leadership is in communication with the ADVON team to ensure a clear understanding of the limitations to the location of employment.

4.4.2.1. Implement TAES functional support according to OPLAN and OPORD.

4.4.2.2. Execute command authority and functions over assigned personnel.

4.4.2.3. Establish processes to institute clinical policies and procedures.

4.4.2.4. Establish processes for management of classified/unclassified information and information systems, Flight Crew Information File (FCIF)/Special Instructions (SPINs), Notices to Airman (NOTAMs), Intelligence Data, etc. and assigned manpower and equipment.

4.4.2.5. Establish an AE logistics network for obtaining Class VIII medical supplies through AF AE Patient Movement Items (PMI) Teams (UTC: FFLG1), the host Medical Treatment Facility (MTF), or through the Single Integrated Medical Logistics Management (SIMLM) system. ADVON team will turn over maintenance of this process to the AEOT upon their arrival.

4.4.2.6. Establish independent cost center(s) for purposes of acquisition and re-supply.

4.4.2.7. Establish Memorandums of Agreement for PMI in-kind, logistics, aircrew flight equipment, and weapons and narcotic storage/security, as needed. Refer to AFI 25-201, *Intra-Services, Intra-Agency, and Inter-Agency, Support Agreements Procedures*.

4.4.2.8. When deploying to an established DOD base, the AECS Commander will assign a Government-Wide Purchase Card (GPC) card holder. Individuals identified to perform deployed GPC management functions will receive appropriate training IAW AFI 64-117, *Government Purchase Card Program,* prior to departing from home station, and will be

appointed in writing IAW AFI 64-117, upon arrival at the deployed location. In addition to AFI 64-117, operation and management for the deployed GPC program will be conducted IAW DOD Purchase Card guidance at **https://www.acq.osd.mil/dpap/pdi/pc/** and other applicable DOD, Air Force and Combatant Commander's (CCDR) policies and procedures.

4.4.2.9. There are no medical supplies inherent in the FFQC1. It is important to ensure that when the FFQDM/FFCC4 (AE/CCATT inflight kits) is tasked, that the FFQDH/FFCCB (AE/CCATT inflight kit resupply) is tasked at the same time. AEOT logistics personnel are encouraged to immediately develop a supply shelf stock to support these taskings.

4.4.2.10. PMI in-kind equipment will be part of the AE/CCATT In-flight Kit. During the employment phase it is essential to establish a shelf stock of replacement equipment for scheduled and unscheduled maintenance of assigned equipment.

4.5. Mission Operations. The AECS directs and ensures quality AE patient care and coordinates support for unit AE functions and personnel. This UTC provides leadership to the TAES and is key to effective mission execution. Patients are validated and regulated for AE by the applicable PMRC for the theater of operations. When a movement requirement is established, the AE Control Team (AECT) tasks an AE unit to perform the mission. The AECS provides oversight of the personnel and equipment that execute the AE mission.

4.5.1. General Site Survey and Selection. Aspects of Site/Selection Survey apply to all deployed components. AECS will use buildings of opportunity to conduct operations and housing. AECS personnel must recognize that some areas are not appropriate for set up, operation and housing. In considering possible locations, team personnel should first contact the host user service or organization informing them of AECS operating requirements. In this process, a map survey can prove very helpful identifying potential sites.

4.5.2. Emergency Communications. AECS team members should coordinate with user service the type of communications available for early warning of chemical and Force Protection Condition (FPCON) (i.e. flags, Land Mobile Radios [LMR], sirens, horns, whistles, voice) as well as type of land line or field phones that can be installed in the bunkers for emergency use. When personnel are required to gather in one or more bunkers or a Shelter in Place situation, an emergency communication system is essential to ensure that all personnel are accounted for. The Team Chief of the element should establish procedures of notification, accounting, and evacuation of personnel.

4.5.3. Fire Evacuation Plan. Each deployed element should develop a fire evacuation plan. This plan should include at a minimum a plan to egress the physical structure or location, assembly point, and personnel accountability. Additionally, the plan should address the accountability for classified documents, encryption devices and weapons.

4.5.4. Base Recovery after Attacks. Designate specific sweep areas, sector assignments, and marking procedures for your recovery teams. Assure that processes are in place to quickly notify your area control element on the status of the recovery assessments and accountability of all personnel.

4.5.5. Element Establishment/Redeployment/Re-employment Plans. AECS personnel should have a plan for rapidly setting up and taking down all equipment. When possible, pack equipment like radios where they will be quickly assessable when arriving at the deployed site.

This allows the element to become operational and begin casualty flow at the earliest possible time.

4.6. Key Programs. The following programs will be established and maintained at the local level. Appointments will be made by the AECS Commander or Chief Nurse.

4.6.1. Standards and Evaluation. The deployed EOG will have oversight of the Stan/Eval function, issuing local guidance via local FCIF's, flight crew bulletin (FCB), and SPINS. AECS Commander or Chief Nurse (or AEOT OIC/Senior Nurse) may appoint an X-prefix AFSC to the Stan/Eval Liaison Officer (SELO) role, ideally a member with a Stan/Eval background. The SELO will be responsible for maintaining the AMC AE Deployed Library IAW 11-202V2, *Aircrew Standardization/Evaluation Program*, Table 9.2. Additionally, the SELO will maintain the unit SPINS Library. Guidance for FCIF management is outlined in AFI 11-202V2. Additionally, the SELO will maintain the medical read file that includes other items deemed clinically relevant by the AE/CC or Chief Nurse.

4.6.2. Patient Safety. The AECS CC/CN will appoint a FN as the Patient Safety Manager, who will be responsible for compliance with the policies outlined in AFI 48-307V1.

4.6.3. Infection Control. The AECS CC/CN will appoint an infection control monitor who will ensure compliance with infection control policies outlined in AFI 44-108, *Infection Prevention and Control Program*, and AFI 48-307V1.

4.6.4. Narcotics Management. The AECS CN will appoint a Narcotics Management Officer. The officer will establish, maintain, and annually review the medication and controlled substance procedures as well as ensure policy and procedure compliance IAW with AFIs 31-101, *Integrated Defense*, 44-102, *Medical Care Management*, 41-209, and 48-307V1.

4.6.5. Equipment Custodian. The AECS Commander (or AEOT OIC, where delegated or as required) will appoint an equipment custodian, who will ensure proper safeguard/control and mission readiness of assigned equipment. Equipment inventories should be done at the beginning of every rotation to include accounting for medical equipment, litter station augmentation set, stacking litter systems, walk around bottles, Patient Movement Item Tracking Systems, life support kits, non-medical equipment, and automated data processing equipment (ADPE). The equipment custodian should perform periodic inventories to ensure proper safeguard/control of assigned equipment and mission readiness capability IAW AFI 41-209.

4.6.6. Go/No-Go Process. The Sq/CC is responsible for ensuring AE crews and CCATTs/ERCC teams meet currency and qualification requirements prior to assigning them to a mission. The local OG will identify a specific Go/No-go process that includes operational risk management (ORM), currency and qualifications, and professional gear. Personnel will be appointed by the OG as authorizing officials. The final authority in the Go/No-Go process is the Authenticating Official (AO) on the Flight Authorization. These duties must be delegated in writing by the OG/CC and should be limited to only personnel understanding the scope and responsibilities.

4.6.7. Other Programs. Depending upon support capabilities at the deployed location, the AECS Commander (or AEOT OIC, where delegated or as required) should consider assigning unit personnel to additional program management duties, including but not limited to: Patient

Movement Item Tracking System Custodian, ADPE Custodian, Records Custodian, Vehicle Control Officer/NCO and Flight/Ground Safety.

4.6.8. Required Appointment Letters. Depending upon support capabilities at the deployed location, the AECS Commander (or AEOT OIC, where delegated or as required) will designate in writing AE unit personnel authorized to perform functions including, but not limited to:

- Request and Receive Narcotics
- Authorization to Sign AF IMT 4327a, *Crew Flight (FA) Authorization*
- Controlled Area Monitor
- Key Custodian
- Records Custodian
- Entry Authorization to Narcotics Storage Office and Safes
- Weapons Custodian Appointment Letter
- Individual Equipment Representative[s]
- Facility Manager
- Information Assurance Monitor
- Mail clerk

4.7. Management of AE assets. When appropriately and legally authorized, Memorandums of Understanding (MOU) and Memorandums of Agreement (MOA) will be drafted and maintained by the AECS (Commander or AEOT OIC, where delegated or as required) to ensure all equipment maintenance responsibilities are clarified.

4.7.1. Litter Support Augmentation Set (LSAS). LSASs are managed by the Aircraft Maintenance Squadron and the establishment of bench stock via a Special Purpose Recoverable Authorized Maintenance (SPRAM) account. Mission readiness of the LSAS should be closely monitored by the AEOT where the LSAS is assigned. The AEOT will establish procedures to track assets ensure securely stored, report asset damage; submit for repair/replacement parts and required annual/biannual inspections with home station Aircraft Maintenance Squadron custodian, as needed. Reference LSAS CONOPS available on the A3VM "Master Library Verified AE" SharePoint site (see Attachment 2, "Additional Resources" for URL).

4.7.2. SPECTRUM Series. The SPECTRUM Series patient care module is routinely used on operational support aircraft to support urgent, single patient requirements (including infant isolette). The aircraft usually requires modification to accept the SPECTRUM Series. The litter system has self-contained oxygen, vacuum, compressed air, electrical power and an overhead light. Reference Chapter 7 in AFI 11-2AEV3 Addenda-A, *Aeromedical Evacuation Operations Configuration/Mission Planning*.

4.7.3. Stanchion Litter System (SLS). The Stanchion Litter System is a stand-alone stationary, non-mechanical structure that attaches to the existing aircraft attachment hard points and consists of three basic components, the vertical support stanchions, lower base frame, and the litter platforms. The litter platform assemblies provide a surface to support non-ambulatory occupants. The NATO stretcher is placed into the four litter pockets located at the side of the litter platform. The litter pole clamp fittings are then secured to the ends of the litter poles. Each litter platform assembly locks into the track on the vertical support arms of these stanchions and base frame.

4.7.4. Walk Around Bottles. Walk around bottles are supported and maintained by the Dash-21 Electrical and Environmental section of Aircraft Maintenance. AEOT personnel must ensure bottles are mission ready by checking pressure and proper functioning before and after each mission

4.7.5. PTLOX/NPTLOX. Portable Therapeutic Liquid Oxygen (PTLOX)/Next Generation Portable Therapeutic Liquid Oxygen (NPTLOX). LOX units will be serviced in the same manner that aircraft LOX systems are serviced and supported. Timing and location of recharging LOX units will need to be arranged with Electrical and Environmental (E&E) from aircraft maintenance. Additional coordination with aircraft maintenance and Cryogenics is needed for management, readiness, an annual purging. Calibration of the valves is supported by Biomedical Equipment Maintenance.

4.8. Base Operating Support. The AECS equipment support package (FFQC1) is not designed to provide essential basic operating space and equipment storage for the AECS. The AECS and supported UTCs rely on base operating support (BOS) for operating space, billeting, food, water, power, transportation, oxygen support, communications and computer support. Support requirements are to be arranged for and provided by the host component service. If operating location cannot provide billeting ensure an FFEC1 UTC is tasked.

4.9. Support Agreements. Support agreements will be established with all local agencies for base operating support of all supported UTCs. This is normally an ADVON function and could be deleted from the AEOT, if no requirement for an AECS exists.

4.9.1. Host Medical Facility.

4.9.1.1. Biomedical Equipment Support. Calibration and repair of medical equipment is supported through the local AF MTF biomedical maintenance operation IAW 41-209, *Medical Logistics Support,* Chapter 8. If local support is not available, scheduled and unscheduled maintenance will be through the regional PMI Center and/or Cell (reference AFTTP 3-42.8). Per Joint Publication 4-02, *Joint Health Services*, United States Transportation Command (USTRANSCOM) is the PMI system manager and HQ AMC/SGXM is the program management office.

4.9.1.2. Medical Supply Support. Resupply of kits is normally accomplished by establishing a customer account via Defense Medical Logistics Standard Support.

4.9.1.3. Linen Supply/Laundry. Blankets will need to be washed. Long turnaround times may require acquisition of additional stock of blankets.

4.9.1.4. Narcotics Management. Resupply of kits should be accomplished via the Pharmacy or Medical Logistics. Regardless of the arrangement, the Sq/CC is responsible for monthly disinterested inventories (member of the host MTF).

4.9.2. Aircrew Flight Equipment (AFE). When available a 9ALAE AE AFE UTC will be tasked to support, otherwise the AECS should establish agreement[s] with local AFE sections to build, store, maintain and issue AFE equipment IAW AFI 11-301V1, *Aircrew Flight Equipment (AFE) Program,* and AFI 11-301V2, *Management and Configuration Requirements for Aircrew Flight Equipment (AFE).*

4.10. Weapons Security, Storage, and Handling. All individuals assigned to the AECS subordinate UTCs will be held personally responsible for the proper functioning, safety, security, and use of their assigned weapon(s) and ammunition.

4.10.1. The AECS will accommodate weapons storage, based on local policy, rules of engagement, and SPINS. There must be 24-hour support available to meet the requirement of on-demand AE missions. Ammunition re-supply accounts must be established for AE crews, CCATTs and other AE components where applicable.

4.10.2. Security and Defense. The AECS will be integrated into the host base to the maximum extent possible. Team personnel are responsible for ensuring equipment and weapons/ ammunition accountability, and personnel accountability, and for establishing/following "bug out" procedures. Team personnel may be required to prepare defensive positions and camouflage/harden AECS facilities. AECS personnel should refer to AFTTP 3-4, *Airman's Manual* and the AF Combat Support TTP Repository for detailed information on these subjects (see Attachment 2, "Additional Resources" for URL).

4.11. Aerospace Ground Equipment (AGE). AGE includes generators and environmental conditioning. Team members must have knowledge about placement, set up and operation of the equipment, recognize gauge readings and know normal and emergency shutdown procedures.

4.12. Intelligence. The Expeditionary OG's Intelligence Flight will provide SPINS which covers arming requirements, escape and evasion maps, blood chits, evasion radios and frequencies, preflight intelligence briefings, and translation tools as required by the AE crew and CCATT. The Wing Intelligence Section will maintain a system of accountability for all such assets. Wing Intelligence personnel will conduct pre-flight post flight debriefs to AECMs as needed.

4.13. General Evasive Plan of Action (Bug-Out). During contingency operations, escape and evasion (E&E) routes and procedures must be established with other elements at the deployed location to ensure all personnel are prepared in case of an emergency. All AE elements must coordinate with the supporting collocated user service to see if an evasive plan of action has been established. AECS personnel must be identified and included in the plans. Sq/CC must ensure the security of AECS personnel and equipment are taken into consideration by the user service. If one has not been developed, assure that when accomplished it is simple and direct. Disseminate this to all personnel on what items to take, which vehicles or aircraft to go in, and make sure routes are specifically drawn out.

4.14. Redeployment. During redeployment, AECS equipment will be cleaned, repackaged, and prepared for transportation by UTC personnel. If there is chemical/biological/radiological/nuclear (CBRN) contamination, prior to striking the equipment must be certified decontaminated from Nuclear Biological Chemical (NBC) hazards by the designated agencies responsible for this activity at the deployed location. At least one person within this UTC (usually the 4A171) will be Hazardous Materials Declaration (HAZDEC) certified and will be trained and certified with pallet building procedures IAW AFMAN 24-204 to help direct the palletizing and shipping. If the personnel are redeploying and the equipment is remaining, it should be inventoried and turned over to replacement personnel in good condition.

Chapter 5

EDUCATION AND TRAINING

5.1. Introduction. It is the responsibility of the home station AES Commander to ensure their personnel are trained prior to deployment. It is difficult to provide sufficient training without the benefit of operating in a full TAES environment. All training will be IAW AFI 10-2912. It is highly recommended that personnel participate in joint exercises at least annually to ensure competency.

5.2. Contingency Training. AECS personnel will undergo initial contingency operations training at the Aeromedical Evacuation Patient Staging Course (AEPSC) located at Camp Bullis, TX. Primary introduction to AECS integration into deployed AE operations as well as hands-on experience with the AECS equipment package (FFQC1) will occur at AEPSC. All AECS personnel must complete initial AEPSC IAW AFI 10-2912.

5.3. Requirements. It is essential that non-flying personnel have a firm knowledge of AE operations to include but not limited to: launch/recovery procedures, AE medical equipment, mission management, C2 systems, narcotic management and mission documentation. These skills are not a part of readiness skills verification (RSV) or AFSC training. All AECS personnel will have airfield driving qualification at the airfield of operation, be licensed to support ramp operations, and be familiar with aircraft configurations found in AFI 11-2AEV3 Addenda-A, *Aeromedical Evacuation Operations Configuration/Mission Planning*. Formal local training programs and AE training missions should be utilized to train, test and reinforce the deployed knowledge base.

MARK D. KELLY, Lt Gen, USAF
Deputy Chief of Staff, Operations

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

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AFI 10-2912, *Aeromedical Evacuation Readiness Programs*, 20 June 2018

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

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AFI 24-101, *Passenger Movement*, 28 April 2017

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DODI 4515.13, *Air Transportation Eligibility*, 31 August 2018

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Abbreviations and Acronyms

ACP—Allied Communications Publication

AD—Area Denial

ADCON—Administrative Control

ADPE—automated data processing equipment

ADVON—Advanced Echelon

AE—Aeromedical Evacuation

AECM—Aeromedical Evacuation Crewmember

AECS—Aeromedical Evacuation Command Squadron

AECT—Aeromedical Evacuation Control Team

AEF—Air Expeditionary Forces

AEG—Air Expeditionary Group

AELT—Aeromedical Evacuation Liaison Team

AEOT—Aeromedical Evacuation Operations Team

AEPSC—Aeromedical Evacuation and Patient Staging Course

AES—Aeromedical Evacuation Squadron

AET—Aeromedical Evacuation Technician

AEW—Air Expeditionary Wing

AF—Air Force

AFE—Aircrew Flight Equipment

AFI—Air Force Instruction

AFMAN—Air Force Manual

AFOSI—Air Force Offices of Special Investigations

AFPD—Air Force Policy Directive

AFRC—Air Force Reserve Command

AFRIMS—Air Force Records Information Management System

AFRIT—AF Reporting Instruction Tool

AFSC—Air Force Specialty Code

AFTRANS—Air Forces Transportation

AFTTP—Air Force Tactics, Techniques and Procedures

AGE—Aerospace Ground Equipment

AMCI—Air Mobility Command Instruction

ANG—Air National Guard

AO—Authorizing Official

AOC—Air Operations Center

AOR—Area of Responsibility

ARC—Air Reserve Component

AS—Allowance Standard

BGAN—Broadband Global Area Network

BOS—Base Operating Support

CBRN—Chemical, Biological, Radiological, and Nuclear

CCATT—Critical Care Air Transport Team

CCDR—Combatant Commander

CN—Chief Nurse

C-NAF—Component-Numbered Air Force

COMAFFOR—Commander Air Force Forces

COMSEC—Communications Security

CONOPS—Concept of Operations

CONUS—Continental United States

DFT—Demand Force Team

DNIF—Duties Not to Include Flying

DO—Director of Operations

DOC—Designed Operational Capabilities

DOD—Department of Defense

DSCA—Defense Support of Civil Authorities

EAES—Expeditionary Aeromedical Evacuation Squadron

EML—Expeditionary Medical Logistics

ERCC—En Route Critical Care

ERCCS—En Route Casualty Care System

ERPSS—En Route Patient Staging System

FA—Flight Authorization

FCB—Flight Crew Bulletin

FCIF—Flight Crew Information Files

FN—Flight Nurse

FPCON—Force protection Condition

GCC—Geographic Combatant Commander

GPC—Government Purchase Card

HA/DR—Humanitarian Assistance or Disaster Response

HAZDEC—Hazardous Materials Declaration

HMMWV—High Mobility Multi-purpose Wheeled Vehicle

HQ AMC—Headquarters Air Mobility Command

IAW—In Accordance With

JLLIS—Joint Lessons Learned Information System

JTF—Joint Task Force

LAN—Local Area Network

LMR—Land Mobile Radio

LOAC—Law of Armed Conflict

LOX—Liquid Oxygen

LSAS—Litter Station Augmentation Set

MAJCOM—Major Command

METL—Mission Essential Task Listing

MISCAP—Mission Capabilities Statement

MOA—Memorandums of Agreement

MOU—Memorandums of Understanding

MSC—Medical Service Corps

MTF—Military Treatment Facility

NATO—North Atlantic Treaty Organization

NBC—Nuclear Biological Chemical

NCO—Non-Commissioned Officer

NCOIC—Non-Commissioned Officer in Charge

NCS—Net Control Station

NIPRNET—Non-classified Internet Protocol Router Network

NOTAM—Notice to Airman

NPTLOX—Next Generation Portable Therapeutic Liquid Oxygen

OG—Operations Group

OG/CC—Operations Group Commander

OIC—Officer In Charge

OPCON—Operational Control

OPLAN—Operation Plan

OPORD—Operation Order

OPR—Office of Primary Responsibility

OPSEC—Operations Security

ORM—Operational Risk Management

PACAF—Pacific Air Forces

PDC—Program Designator Code

PMI—Patient Movement Item

PMR—Patient Movement Request

PMRC—Patient Movement Requirements Center

PTLOX—Portable Therapeutic Liquid Oxygen

RF—Radio Frequency

ROE—Rules of Engagement

RSV—readiness skills verification

SATCOM—Satellite Communication

SELO—Stan/Eval Liaison Officer

SIM—Subscriber Identity Module

SIMLM—Single Integrated Medical Logistics Manager

SIPRNET—Secret Internet Protocol Router Network

SITREP—Situation Report

SLS—Stanchion Litter System

SORN—System of Records Notice

SPINS—Special Instructions

SPRAM—Special Purpose Recoverable Authorized Maintenance

STE—Secure Telephone Equipment

TACON—Tactical Control

TAES—Theater Aeromedical Evacuation System

TPFDD—Timed-Phased Force and Deployment Data

TTP—Tactics, Techniques and Procedures

UCMJ—Uniform Code of Military Justice

UHF—Ultra High Frequency

USAFE—United States Air Forces in Europe

USTRANSCOM—United States Transportation Command

UTC—Unit Type Code

VHF—Very High Frequency

WMP—War and Mobilization Plan

WRM—War Reserve Materiel

Attachment 2

ADDITIONAL RESOURCES

Aeromedical Evacuation References

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AFI 10-2909, *Aeromedical Evacuation (AE) Equipment Standards*, 13 March 2019

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Aeromedical Evacuation Resources

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Aeromedical Evacuation Medical Equipment Compendium, 14 March 2019, and Medical Equipment Manuals may be found at the HQ AMC, Aircrew Standardization & Evaluation, Aeromedical Airlift (A3VM) SharePoint site.

AEF Online Personal Deployment Preparedness Tool (PDPT) (e-deployment folder, e-readiness tracker [After signing in, click "PDPT," populates information from ADLS, ASIMS, MILPDS]): **https://aefonline.afpc.randolph.af.mil/personalprep.aspx**

AF Combat Support Tactics, Techniques, and Procedures (TTP) Repository: **https://cs2.eis.af.mil/sites/10070/default.aspx**

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AF Medical Readiness Decision Support System (MRDSS-Ultra): **https://mrdss1.gunter.af.mil/ultra4/login**

AF Medical Service Knowledge Exchange Nurse Corps Consultants (including AE): **https://kx.afms.mil/kj/kx2/AFNCConsultantsCorner/Pages/home.aspx**

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Joint Electronic Library Plus (JEL+): **https://jdeis.js.mil/jdeis/**

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Safe to Fly SharePoint: **https://cs2.eis.af.mil/sites/10567/sitepages/home.aspx**

TRANSCOM Regulating and Command & Control Evacuation System (TRAC2ES): **https://www.trac2es.ustranscom.mil/**

USAF Individual Medical Readiness (IMR) Status: **https://imr.afms.mil/imr/myIMR.aspx**