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SECRETARY OF THE AIR FORCE**

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PROCEDURES 3-42.53**

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Tactical Doctrine



**AEROMEDICAL EVACUATION
OPERATIONS TEAM (FFQNT) AND
AEOT MANPOWER AUGMENTATION
TEAM (FFQCM)**

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Chapter 1

OVERVIEW

1.1. Purpose. This TTP describes AEOT (UTC: FFQNT) capabilities and its deployment, employment, and redeployment in support of Aerospace Expeditionary Forces (AEF), Humanitarian Assistance/Disaster Relief (HA/DR), Defense Support of Civil Authorities (DSCA), and other Aeromedical Evacuation (AE) scenarios across the spectrum of military operations.

1.1.1. This document: (a) identifies and defines responsibilities; (b) describes command relationships; (c) reviews general planning considerations; (d) ensures tasks, functions, and responsibilities are properly assigned; (e) describes AS, equipment, and resources available to support global AE operations; (f) provides a source document for developing standard operating instructions (OIs), and training programs; and (g) identifies training requirements and available AEOT training platforms/programs.

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

1.2. Caution. Do not use this instruction as permission to move patients (reference 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 24-602V1), *Passenger Movement*, Air Force Policy Directive [AFPD] 24-6, *Distribution and Traffic Management*, and any current, operational DOD, AF, or theater-specific directives).

1.3. Mission/Capabilities. The United States Air Force (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 AEOT constitutes a critical component of the Theater Aeromedical Evacuation System (TAES) which directly supports the En Route Casualty Care System (ERCCS).

1.4.1. AEOT (UTC FFQNT):

1.4.1.1. Has the ability to rapidly deploy within 24 hours (ARC UTCs deploy within 72 hours) and is operational within 4 hours of arrival. The AEOT equipment package (UTC: FFQN1) is stored as War Reserve Materiel (WRM) and deploys with sufficient supplies and equipment to operate for 30 days without re-supply. Planners will always deploy the FFQN1 UTC with the AEOT and also evaluate the communication capability at the deployed location and deploy the FFQCR (AE Communications Team) when necessary.

1.4.1.2. Is an AE support UTC employed within a defined Area of Responsibility (AOR) at secured airfields and does not provide patient care. It is dependent upon processes established by the Aeromedical Evacuation Command Squadron (AECS) or host service/unit for its support to include: work facilities, food service, billeting, transportation,

finance, security, Personnel Support for Contingency Operations (PERSCO), logistics and re-supply. It interacts with logistics agencies, medical equipment maintenance activity, Military Treatment Facility (MTF), and appropriate supply chains to support AEC and ERCC equipment and resupply.

1.4.1.3. Provides personnel management, in and out-processing, supervision and crew management for assigned, attached, or transiting Aeromedical Evacuation Crews (AEC) and En Route Critical Care (ERCC) teams such as the Critical Care Air Transport Team (CCATT). It ensures that AEC and ERCC personnel and equipment are mission ready, and performs scheduling, notification, and launch and recovery coordination. It contains sufficient personnel for 24-hour operations and can support up to 10 AECs and 4 ERCC teams. It interacts with other agencies (e.g. billeting, food service, transportation, finance, MTF, etc.) for support as necessary. NOTE: see current Mission Capabilities Statement (MISCAP) for further guidance or changes.

1.4.1.4. Manages information (e.g. classified/unclassified information and systems, patient privacy and confidential information, FCIFs, SPINS, Notices to Airmen [NOTAMs], intelligence data, etc.), assigned manpower, and facility and equipment resources. It disseminates and enforces regulations, required competencies, and clinical policies and procedures. It facilitates requests via appropriate chain of command to obtain authorizations and/or necessary waivers when there are deviations from normal operating procedures.

1.4.1.5. Manages launch, recovery, and tracking of assigned AE missions interfacing as necessary with medical and flight-line support/control agencies (e.g. En Route Patient Staging System [ERPSS], MTF, Air Operations Center [AOC], Intelligence Flight, Aircrew Flight Equipment [AFE], Command Post, Maintenance, Blood Bank, Air Terminal Operations Center [ATOC], etc.). It oversees flight-line activities and assists AECs with aircraft configuration during aircraft onload, patient enplaning, patient deplaning, and aircraft offload. In accordance with (IAW) current MISCAPs, it can manage 6 mission launches and recoveries in a 24-hour period.

1.4.1.6. Facilitates communication with all AE system components (e.g. Aeromedical Evacuation Control Team [AECT], Patient Evacuation Coordination Cell [PECC], 618 AOC Tanker/Airlift Control Center [TACC], Patient Movement Requirements Center [PMRC], strategic AE hubs, continental U.S. reception airfields, etc.) to safely manage and support assigned AE missions.

1.4.2. AE Communications Team (UTC FFQCR). Tasked to support the AEOT as required (e.g. bare base, HA/DR, etc.) For more information see Chapter 6.

1.4.3. AEOT Manpower Augmentation (UTC FFQCM). The AEOT Augmentation UTC supports 4 additional launches and recoveries per 24-hour period. Additional responsibilities beyond the MISCAP may require partial or full tasking of the FFQCM and its equipment package, FFQC2, to increase capabilities. HQ AMC/SG is the Manpower and Equipment Force Packaging (MEFPAK) responsible agency.

1.5. Risk. Mission responsibilities for the AEOT may expose the team to a wide variety of threats that include non-battle injuries (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 AEOT 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. History. In 2007, the AE Operations Team UTC was developed to replace the Crew Management Cell and AE Stage Management Team UTCs. This combined the activities of aircraft configuration, launch and recovery, and crew management into a single UTC. It originally operated in a hierarchical structure with a single AECS directing the entire theater's AE operations. Experience in Iraq and Afghanistan demonstrated that decentralized command was much more effective; thus, it was modified to mirror the operational structure employed by airlift squadrons. In 2010, command positions were developed in every location possessing an independent Wing structure. The change effected greater integration with the Wing and Operations Group which provided increased AE unit support. The Officer in Charge (OIC) and Non-Commissioned OIC (NCOIC) reported directly to the Operations Group Commander (OG/CC) and were given the authority to locally manage assigned and transiting AE personnel.

1.7. Composition. The AEOT is composed of 10 positions representing multiple Air Force Specialty Codes (AFSC). Positions and grade/skill level requirements may be found in the MISCAP at <https://cs2.eis.af.mil/sites/12956/default.aspx>. All grade/skill level substitutions will be IAW AFI 10-403, *Deployment Planning and Execution*, and *War and Mobilization Plan, Volume 1 (WMP-1), Annex F, Medical Service*.

1.8. Team Member Selection. Home station squadron commanders are responsible for the selection of team members assigned to the AEOT. Commanders must fully consider a member's AE knowledge, AE experience, deployment history, and management capabilities when filling FFQNT deployment positions. 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 AEOT deployment tasking (route request through appropriate chain of command).

1.8.1. AEOT leadership positions:

1.8.1.1. Officer in Charge. Candidates for this position must be experienced, and also well versed in aircrew management, mission management, and logistics. Demonstrating competency in the management of personnel and assets is vital to independently directing AE operations, particularly when directly reporting to the OG/CC. A senior ranking Medical Service Corps (MSC) Officer or Flight Nurse will be the OIC.

1.8.1.2. Flight Nurse (Senior Flight Nurse, AFSC: X046F3). Candidates for this position should have served on the senior staff of an Aeromedical Evacuation Squadron (AES) and have experience in Standardization and Evaluation (Stan/Eval), Aircrew Training, patient safety, and nursing management.

1.8.1.3. Medical Service Superintendent (Medical Technician, AFSC: X4N091). Candidates should have experience in Stan/Eval, Aircrew Training, and mission/operational management. In addition to management of mission operations, this individual may be assigned additional first sergeant duties or delegate these duties to another enlisted member IAW AFI 36-2113, *The First Sergeant*.

1.8.1.4. Medical Materiel Craftsman (Logistician, AFSC: 4A1). Medical logistics support is essential to AE mission success. They provide supply chain management, guidance, technical support, and resupply coordination for both AEC and ERCC team equipment and supplies. This individual must be skilled and able to function independently since only one medical logistician is assigned to this UTC. Skill-level substitution for this position is highly discouraged.

1.8.1.5. Squadron Aviation Resource Management (SARM, AFSC: 1C0). This individual coordinates Aviation Resource Management System (ARMS) input for crew members. They will have appropriate knowledge and experience to work independently within an AES. Skill-level substitution for this position is highly discouraged. For further description of SARM duties see Chapter 3.

1.8.1.6. Health Service Management Craftsman (AFSC: 4A0). This member should have experience working within the AE system to include mission management, knowledge of Command and Control (C2) systems, aircraft configurations, and planning.

Chapter 2

COMMAND AND CONTROL

2.1. General. Command and Control (C2) functions exercised over AE missions are consistent with those for all air mobility missions and are conducted IAW the C2 processes as described in Joint Publication 3-17, *Air Mobility Operations*, Air Force Doctrine Annex 3-30, *Command and Control*, Air Force Doctrine Annex 3-0, *Operations and Planning*, and Air Force Doctrine Annex 3-17, *Air Mobility Operations*, which includes specific sections on AE doctrine. In contingency operations, AE-specific items will be outlined in the military order (execute order [EXORD], deployment order [DEPOD], operation order [OPOD]) and may include references such as Annex C, Appendix 30, and Annex Q from supporting deliberate planning products (base plan [BPLAN], concept plan [CONPLAN], operation plan [OPLAN]). AE assets are integrated within the inherent mobility structure established to support airlift operations through the Air Mobility Division (AMD) to the wing and down to the assigned expeditionary AE squadron/element.

2.2. Command and Control. When AEOTs are deployed for contingency AE operations in support of a Geographic Combatant Commander (GCC), they will fall under the operational control (OPCON) or Tactical Control (TACON) of the theater Commander, Air Force forces (COMAFFOR)/Joint Force Air Component Commander (JFACC) and operate under the guidance of the theater Component-Numbered Air Force (C-NAF) Air Force forces (AFFOR) staff and AOC. When deployed in support of Headquarters Air Mobility Command (HQ AMC) AE operations, the AEOT will fall under the OPCON or TACON of the Air Forces Transportation (AFTRANS)/CC and operate under the guidance of the 618 AOC. For command authorities and Administrative Control (ADCON)/OPCON/TACON refer to Air Mobility Command Instruction (AMCI) 10-202V1, *Presentation of Air Mobility Forces*.

2.3. Change of Operational Control (CHOP). HQ AMC-managed theater airlift assets routinely CHOP to the appropriate JFACC/Air Force Component Commander (AFCC) as directed by the National Command Authority (NCA) during peacetime and contingencies. United States Air Force Europe (USAFE-AFAFRICA) and United States Indo-Pacific Command (INDO-PACOM) theater airlift assets will CHOP as directed by the NCA. Airlift elements transiting another unified command's area of responsibility (AOR) will be monitored by the appropriate AOC. Transiting forces will not normally CHOP to the theater commander, unless directed.

2.4. Command Structure. In a contingency setting, AE assets fall under the Expeditionary Operations Group (EOG). Typically, an AEOT will report to an AE Command Squadron (AECS) (FFQCC) when tasked. The AEOT OIC may be the senior MSC Officer or Flight Nurse as designated by the Expeditionary Aeromedical Evacuation Squadron Commander (EAES/CC), or EOG/CC of the parent wing. If the AEOT is a detachment and not co-located with an AECS, the AEOT may be termed an Expeditionary Aeromedical Evacuation Flight (EAEF), and the AEOT OIC will be the senior ranking AE officer at that location. Other AE components as assigned will report to the AEOT in the absence of an AECS to include other AEOTs, Aeromedical Evacuation Liaison Teams (AELTs), communication teams, manpower augmentation teams, AECs, and ERCC teams (reference AFI 48-307V2, *En Route Critical Care*).

Chapter 3

OPERATIONS

3.1. Introduction. The AEOT directly supports execution of the Aeromedical Evacuation mission and constitutes a critical component of the TAES. When mission requirements exceed the basic capabilities of the FFQNT UTC, it may be supported by additional UTCs.

3.2. Pre-deployment. Equipment packages have been centralized for storage and management and it is unlikely AEOT personnel will have the opportunity to assist in preparation of the package prior to deployment. The AEOT should ensure they are familiar with the OPOD for the deployment location and any applicable MAJCOM waiver guidance. Requirements for employment of the AEOT and associated 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, AEOTs, their equipment, and any support packages should be marshaled together at specific Continental United States (CONUS) or Outside the Continental United States (OCONUS) locations.

3.3. Deployment.

3.3.1. General. The AEOT is employed within a defined AOR. AEOT leadership must interface with all local and host activities providing ancillary AE mission support services. These relationships are critical to ensure that the AEOT can provide effective AE support to user service medical teams, and that reciprocal support needed to sustain operations is provided.

3.3.2. Open and Establish the Air Base. AEOTs deploying as part of a base opening package must ensure clear communication with the Advance Echelon (ADVON) team so as to have a clear understanding of limiting factors within the employment location.

3.3.2.1. AEOT personnel should be prepared to develop key programs identified in paragraph 3.5 of this TTP prior to deployment.

3.3.2.2. Base and MAJCOM level coordination for civil engineering support, fuel, transportation, communication, and billeting are essential to establishing operations. See Chapter 4, Planning and Support Considerations.

3.4. Mission Operations. Core duties of the AEOT include AEC/CCATT management and scheduling, launch and recovery operations, mission management, and logistical support for the AE/CCATT in-flight kits. Refer to chapter 3 of AFI 48-307V1, *En Route Care and Aeromedical Evacuation Medical Operations*, for a detailed explanation of the patient validation for flight process.

3.4.1. Crew Management. The AEOT's primary task is to ensure proper scheduling and management of AECs and CCATTs to enable them to respond to scheduled or unscheduled requirements. AEOT management of AECs and CCATTs must be in strict compliance with governing regulations and theater policies to include Operational Risk Management (ORM) and Go/No-Go guidance.

3.4.1.1. AEC Management. The AEOT must manage alert crews to ensure maximum coverage while minimizing crew ORM impact. Refer to Air Force Manual (AFMAN) 11-

2AEV3, *Aeromedical Evacuations (AE) Operations Procedures*, and AFI 11-202V3, *General Flight Rules*, regarding crew management practices and guidelines.

3.4.1.2. CCATT Management. Integration of deployed CCATTs is critical to successful AE operations. CCATTs are not stand-alone teams; they augment AECs during AE missions when manifested patients require en route critical care capabilities. During missions away from home base, CCATTs will receive support from the en route AE component. Refer to AFI 48-307V2 and AFTTP 3-42.51, *Critical Care Air Transport Team (CCATT)*, for further guidance on CCATT.

3.4.1.3. In-processing. Crew member in-processing needs to be a deliberate process including orientation to theater operations and C2 relationships, review of OPORDs and waiver guidance, intelligence briefings, flight crew information files (FCIF)/read files, narcotic/medication management, Patient Movement Item-Asset Tracking System (PMI-ATS), review of local Operating Instructions and policy letters, SPINS review, and review of current theater medical threats/issues. The AEOT must ensure AECMs and CCATTs are mission-ready and meet all Go/No-Go requirements before entering them into initial crew rest.

3.4.2. Launch and Recovery Operations. Close coordination is required between the AEOT, MTF, the ERPSS, base/flight-line support functions, and various other partners as required (e.g. HA/DR or DSCA point of contact, Special Operations Forces (SOF) medical teams, AECT, PECC, Expeditionary Blood Support Center [EBSC], etc.) in order to ensure safe and timely launch and recovery of AE missions. The AEOT will coordinate ground operations during patient enplaning/deplaning and will communicate with the Command Post, AFE, Intelligence Flight, the ATOC, host medical facility, and other agencies as necessary. For bare base operations, close coordination with the Contingency Response Element (CRE) is needed to effectively coordinate with airfield operations. For established locations, coordination with the ATOC may be required to determine additional cargo/passenger payload on AE missions. Use of an events log, establishment of Sequence of Events (SOE), and launch/recovery checklists are critical to success (current launch and recovery checklist examples may be found in the FFQNT area on the MEFPK SharePoint at <https://cs2.eis.af.mil/sites/12956/default.aspx>). Establishment of a single point of responsibility for launch processes will ensure support agencies and crews receive clear, coordinated direction.

3.4.3. Mission Management. Although the ultimate responsibility for providing updated information to medical facilities rests with the PMRC, the AEOT can assist in updating en route locations of changes in mission arrival/departure times. Mission tracking and visibility via Global Decision Support System (GDSS2) and/or Single Mobility System (SMS) is essential for situational awareness and AE mission success.

3.4.4. Liaison with Supported Medical Facilities and partners. A close relationship with the MTF, the ERPSS (reference AFTTP 3-42.57, *En Route Patient Staging System*), and SOF, if present (reference AFTTP 3-42.6, *USAF Medical Support for Special Operations Forces*), will foster key communication flow and ensure safe, expeditious patient movement and critical operations support. The AEOT is responsible for working with local partners and facilities on flight-line procedures, PMI levels, patient preparation, staff education and training, etc.

3.4.5. Aviation Resource Management System (ARMS). The AEOT SARM will ensure crew members meet qualification/currency requirements and update AEC/CCATT flying and training events via the ARMS database IAW AFI 11-401, *Aviation Management*. Deploying 1C0X2 personnel shall provide the deployed SARM office and supporting HARM office location with their ARMS user agreement and security clearance verification letters at least two weeks prior to arrival at deployed location, IAW AFMAN 11-421, *Aviation Resource Management*. The deployed SARM must request home station SARMS “loan” flyers to the deployed location through ARMS to allow deployed AECs and CCATTs flyers to have their individual flying hours updated.

3.5. Key Programs. The following programs listed below must be established and maintained at the local level. When a parent AECS exists, these programs will be reported to the Squadron. Otherwise, they are normally reported to the C2 agency responsible for the operation. Although some of these duties may use AECMs (UTC: FFQDE) to assist, each duty should always have an AEOT or AECS (if co-located) member assigned to them for continuity and oversight (action will not be delayed due to member’s flying schedule).

3.5.1. Standardization and Evaluation (Stan/Eval). EOG will have oversight of the Stan/Eval function issuing local guidance via local FCIFs, flight crew bulletin (FCB), and SPINS. The AEOT OIC will appoint an X-prefix member to the Stan/Eval Liaison Officer (SELO) role, ideally a member with a Stan/Eval background. The SELO will be responsible for maintaining the HQ AMC AE Deployed Library IAW AFI 11-202V2, *Aircrew Standardization and Evaluation Program*, Table 9.2, AFMAN 11-2AEV2, *Aeromedical Evacuation Aircrew Evaluation Criteria*, and AFMAN 11-2AEV3 (paragraph 6.8.). The SELO will maintain the unit FCIF and 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 Chief Flight Nurse (or delegated to the AEOT OIC/Senior Flight Nurse).

3.5.2. Patient Safety. The AEOT OIC/Senior Nurse (in the absence of an AES/CN) will appoint a flight nurse (FN) as the Patient Safety Manager (PSM) IAW AFI 48-307V1. This member will be responsible for compliance with requirements outlined in AFI 48-307V1 as well as the latest Centers for Disease Control and Prevention (CDC) guidelines and any local guidance. The PSM reviews and evaluates each DD Form 2852, Patient Movement Event/Near Miss Report, for completeness and entry into the USTRANSCOM Regulating Command & Control Evacuation System (TRAC2ES) Patient Movement Quality-Report (PMQ-R) web-based system. The PSM, AEOT OIC, or the Chief Flight Nurse will need the En Route Care Patient Safety Manager Training offered by HQ AMC/SG and obtain access to TRAC2ES PMQ-R tab through USTRANSCOM Command Surgeon (TCSG). **NOTE:** Patient safety reporting is transitioning to the Joint Patient Safety Reporting (JPSR) system.

3.5.3. Infection Control. The AEOT OIC/Senior Nurse (in the absence of an AES/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.

3.5.4. Medication/Controlled Substance Management. The AEOT OIC/Senior Nurse (in the absence of an AES/CN) will appoint a Controlled Substance Management Officer. This nurse will establish, maintain, and review current medication/controlled substance procedures.

Ensure required storage and access rosters/procedures are maintained and all processes are accomplished IAW applicable MTF policies, AFI 31-101, *Integrated Defense (ID)*, AFI 44-102, *Medical Care Management*, AFMAN 41-209, *Medical Logistics Support*, AFI 48-307V1, and current USTRANSCOM policy/guidance.

3.5.5. Equipment Custodian. The AEOT OIC (in the absence of an AES/CC) 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 deployment rotation to include accounting for medical equipment, PMI equipment, litter stanchion augmentation sets (LSAS), Stacking Litter Systems (SLS), walk-around bottles, PMI-ATS, AFE 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 IAW AFMAN 41-209. **NOTE:** SLS may also be referred to as Stanchion Litter System as per the manufactures manual.

3.5.6. Go/No-Go Process. The AEOT SARM and Authenticating Official (AO) are responsible for ensuring AECs and CCATTs meet currency and qualification requirements prior to assigning them to a mission. The local Operations Group (OG) will identify a specific Go/No-Go process to include ORM, currency and qualifications, and professional gear IAW current AFIs and SPINS. AOs will be appointed by the OG/CC. The final authority in the Go/No-Go process is the 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.

3.5.7. Appointment Letters. Consideration must be given to assigning additional duties. **NOTE:** Utilize locally established appointment letter format or refer to AFH 33-337, *The Tongue and Quill*. Depending upon support capabilities at the deployed location, the EAES/CC or AEOT OIC (where delegated or as required) will designate in writing AE unit personnel authorized to perform functions which may include the following:

- Airfield Driving Trainer/Monitor
- Communications Security (COMSEC)/Operations Security (OPSEC) Officer
- Controlled Area Monitor (Offices and Safes)
- Emergency Management Representative
- Entry Authorization to Controlled Substances Storage
- EOG/CC Authorization to Sign AF IMT 4327A, Crew Flight Authorization (FA)
- Facility Manager or Building Custodian
- Flight Safety Program Manager
- Individual Equipment and/or Night Vision Goggles (NVG) Custodian
- Intelligence Representative
- Key Custodian
- Medication Management / Request and Receive Controlled Substances
- Patient Safety Manager (TRAC2ES PMQ-R access required to enter DD Form 2852s, *Patient Movement Event/Near Miss Report*,)
- Records Custodian
- SELO/FCIF & Publication Custodian
- Unit Control Center (UCC)

- Unit Mail Clerk or Orderly
- Unit Safety Representative (USR)
- Unit Security Manager
- Vehicle Control Officer (VCO)
- Weapons Custodian or Monitor

3.5.8. Other Programs. In addition to the appointment letter items, these functions are often required in the deployed environment: PMI-ATS Custodian; ADPE Custodian, Mission Clinical Coordinator (MCC) program monitor; Support Agreements Monitor; and Self Inspection Monitor.

3.6. AE Asset Management. When appropriately and legally authorized, and upon coordination with the servicing Staff Judge Advocate (SJA), Memorandums of Understanding (MOU) and Memorandums of Agreement (MOA) will be drafted and maintained when appropriate by the AECS (Commander or AEOT OIC, where delegated or as required) to ensure all equipment maintenance responsibilities are clarified. Reference AFI 25-201, *Intra-Service, Intra-Agency, and Inter-Agency Support Agreements Procedures*, in determining which type of agreement is appropriate. Manuals and many related resources may be found at the Aircrew Standardization and Evaluation, Aeromedical Evacuation (A3VM) SharePoint sites (see Attachment 2, “Additional Resources”).

3.6.1. Litter Stanchion Augmentation Set. Refer to the LSAS Concept of Operations (CONOPS) for management guidance. LSAS operational and employment guidance may be found in AFMAN 11-2AEV3 Addenda-A, *Aeromedical Evacuation Operations Configuration/Mission Planning*, and TO 1C-17A-9, *C-17A Loading Instructions*. Remind AECMs to closely monitor the mission readiness of each LSAS they encounter and report discrepancies or damage per the above guidance. AEOT personnel should maintain open lines of communication with LSAS custodian(s) for collocated LSAS kits.

3.6.2. Walk Around Bottles. Walk around bottles are supported and maintained by the Dash-21 Electrical and Environmental section of Aircraft Maintenance. AEOT personnel must meticulously ensure bottles are mission ready by checking pressure and proper functioning before and after each mission. The AEOT will ensure sufficient numbers of bottles are loaded on the aircraft based upon crew complement. If Dash-21 sections are not available on base, AEOT personnel should find other means to accommodate aircrew oxygen source needs (such as coordinating with inbound aircraft to refill bottles).

3.6.3. Patient Oxygen Capabilities. Portable Therapeutic Liquid Oxygen (PTLOX)/Next Generation Portable Therapeutic Liquid Oxygen (NPTLOX), and Backpack Medical Oxygen System (BMOS) units will be serviced in the same manner that aircraft LOX systems are serviced and supported. LOX units must be protected from moisture, utilized, maintained, stored, and grounded IAW all applicable Technical Orders and the *Aeromedical Evacuation Medical Equipment Compendium* (hyperlink may be found in Attachment 2, “Additional Resources”). Maintaining the appropriate number of mission-ready LOX units is a critical responsibility of the AEOT. 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, and annual purging. Calibration of the valves is supported by Biomedical Equipment Maintenance.

3.7. Base Operating Support (BOS). The AEOT equipment support package (FFQN1) is not designed to provide essential basic operating space and equipment storage for the AEOT. Therefore, the AEOT relies on 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.

3.8. Support Agreements. The AEOT will establish agreements with local base facilities to ensure each of the requirements detailed in this paragraph are met. Coordinate with the servicing SJA to ensure the appropriate type of agreement is used IAW AFI 25-201.

3.8.1. Host Medical Facility.

3.8.1.1. Biomedical Equipment Support. Calibration and repair of medical equipment is supported through the local AF MTF biomedical maintenance operation IAW AFMAN 41-209, *Medical Logistics Support*. If local support is not available, scheduled and unscheduled maintenance will be through the regional PMI center or cell.

3.8.1.2. Medical Supply Support. Resupply of kits is normally accomplished by establishing a customer account via Defense Medical Logistics Standard Support (DMLSS).

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

3.8.1.4. Narcotics Management. Resupply of kits should be accomplished via the Pharmacy or Medical Logistics. Regardless of the arrangement, the AEOT OIC (in the absence of an AES/CC) is responsible for monthly disinterested inventories (member of the host MTF).

3.8.2. Aircrew Flight Equipment (AFE). When available, a 9ALAE AFE UTC will be tasked to support and maintain AECM AFE. Otherwise, the AEOT 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)*.

3.8.3. Logistics Readiness Squadron (LRS)/Air Terminal Operations Center (ATOC). Establish support for equipment transportation to and from the cargo yard (e.g. equipment pallets, LSAS, etc.).

3.9. Weapons Security, Storage, and Handling. The AEOT must accommodate weapons storage, based on local policy, applicable ROEs/Rules for the Use of Force (RUF), and SPINS. Consult the servicing SJA, as necessary, regarding identification and proper application of these authorities. There must be 24-hour support available to meet the requirements of on-demand AE missions. Ammunition re-supply accounts must be established for AECs, CCATTs and other AE components where applicable (Reference AFI 31-117, *Arming and Use of Force by Air Force Personnel*, and applicable local policies, ROEs/RUF, and SPINS).

3.10. 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.

3.11. Intelligence. The Expeditionary OG Intelligence Flight will provide SPINS covering AEC/CCATT arming requirements, escape and evasion maps, blood chits, evasion radios and

frequencies, preflight intelligence briefings, and translation tools as required. The Unit Intelligence Section will maintain a system of accountability for all such assets. Intelligence personnel will conduct pre-flight/post flight briefs to AECMs in accordance with AFMAN 11-2AEV3.

3.12. Emergency Management (EM). Base Civil Engineering requires the AE unit to provide an EM Representative to coordinate EM checklists, a UCC, PAR Teams, WIT, Shelter In Place (SIP) kits, etc. IAW AFI 10-2501, *Air Force Emergency Management Program*.

3.13. 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 or enemy attack. All AE elements must coordinate with the supporting collocated user service to see if an evasive plan of action has been established. AEOT personnel must be identified and included in the plans. The AEOT OIC (in the absence of an AES/CC) must ensure the security of AE personnel and equipment are taken into consideration by the user service. The AEOT will develop workplace defense plans and bug-out procedures IAW local directives to ensure personnel safety and mission sustainability. Training for all personnel should include specific guidelines to protect sensitive data, secure COMSEC and classified material, and maintain mission survivability and support. Disseminate to all personnel what items to carry, which vehicles or aircraft to report to, and ensure all routes are specifically annotated and briefed.

3.14. Redeployment. During redeployment, AEOT equipment will need to be cleaned, repackaged, and prepared for transportation by AEOT 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 the AEOT (usually the Logistician, 4A171) will be Hazardous Material Certified to complete and sign the Shippers Declaration of Dangerous Goods Forms, and will be trained and certified in pallet building procedures IAW DTR 4500.9R, *Defense Transportation Regulation, Part II, Cargo Movement*, May 2014, to help direct the palletizing and shipping of AEOT equipment. If AEOT personnel are redeploying and the equipment is remaining, it should be inventoried and turned over to oncoming personnel in good condition.

Chapter 4

PLANNING AND SUPPORT CONSIDERATIONS

4.1. Introduction. Since medical facilities are by nature fixed while air assets are mobile, the lay down of AE may not be directly correlated to the location of all Role 3 medical facilities. Airlift discipline must be exercised in efficient distribution of AE assets.

4.1.1. Planners will ensure to the greatest extent possible that a full AECS UTC FFQCC is tasked with any AEOT tasked. At the very least, the FFQCC UTC would be pared and tailored to include no less than the Commander, Chief Nurse, DO and Enlisted Superintendent positions. This allows the AEOT to focus exclusively on performing the requirements of supporting all facets of launching and recovering AECs and ERCC teams. For the most up-to-date information on UTC capabilities and requirements, please refer to the MEFPK SharePoint at <https://cs2.eis.af.mil/sites/12956/default.aspx>. As the most utilized ERCC UTC, only CCATT is specified in this chapter.

4.1.2. AEOT Manpower Considerations. Refer to paragraph 1.3.

4.2. Equipment UTCs.

4.2.1. AEOT Equipment Package (FFQN1). Deploys to support FFQNT IAW current MISCAPs.

4.2.2. Additional Equipment Packages. The FFQNT is also responsible for maintenance and support of the following equipment packages when tasked:

4.2.2.1. AE In-flight Kit (FFQDM) and AE In-flight Kit Resupply (FFQDH). FFQDM provides the AEC single mission support for up to 25 patients using increment one, and up to 50 patients adding increment two. The FFQDH package provides a 14 day resupply for employed 1-3 AES inflight kits. Resupply package should be tasked to accompany 1-3 kits upon initial deployment.

4.2.2.2. CCATT Equipment Package (FFCC4) and CCATT Equipment Resupply (FFCCB). FFCC4 provides advanced specialty medical equipment to support CCATT in conjunction with AECs. Each kit provides single mission support for up to three high-acuity patients or up to six lower-acuity patients. The FFCCB provides the resupply package to support the CCATT equipment kit. Each resupply package provides 15 days support for up to three basic FFCC4 packages.

4.2.2.3. Vehicle UTC as applicable. Example: High Mobility Multipurpose Wheeled Vehicle/HMMWV (UFMVE).

4.2.3. Vehicles. Vehicles are critical to the AEOT's ability to execute its mission; the absence of appropriate vehicles will result in mission failure. The AEOT requires vehicles for transportation of AE crews/CCATT personnel and associated equipment, to and from the aircraft and base-wide logistical support elements. Normally, the AF will be the host service at an airfield operating location and will support the AEOT's vehicle requirements. All AEOT personnel will be flight-line qualified and licensed.

4.3. Facilities.

4.3.1. Size. The AEOT needs a total of 3000 sq ft of space. Specific requirements include 750 square feet for operating space, 500 square feet of temperature controlled space for equipment and medication storage, and 750 square feet for antenna assembly (when FFQCR is tasked). Additional space is required to establish an AE logistics function and store AE and CCATT in-flight kits. The AE planner must request additional BOS to provide temperature controlled space for in-flight/CCATT kits maintained by the AEOT. Additional space requirement for supporting 10 kits is 1,000 sq ft.

4.3.2. Electrical Power. Electricity with adequate outlets for servicing electronic patient equipment is essential. Deployed base electrical power systems provide primary and backup power for AEOT facilities and equipment.

4.3.2.1. Coordinate/plan to provide power for computers, a PRC-117 Radio, a Broadband Global Area Network (BGAN) radio, a Land Mobile Radio (LMR) base station and handheld charging station, and charging power required for all AE and CCATT in-flight kits. A PRC- 117 Radio will require 2.5 Amps Max, 85-260 voltage (AC) and 47-440 Hz frequency. A BGAN will require 0.5 Amps Max, 100-240 voltage (AC), and 47-63HZ frequency. A LMR charger requires 2 Amps, 100-240 voltage (AC), 50/60 Hz frequency with the base station requiring 7 amps max, 100-240 voltage (AC), and 50/60 Hz frequency.

4.3.3. Fuels. Ground fuels support will normally be obtained on a contract basis. Fuels for vehicles and generators should be included with other BOS requirements.

4.3.4. Physical Location. AE assets are extremely limited and should be located as close as possible to the flight-line and/or Wing Operating Center (WOC). If located adjacent to the flight line, planners must take aircraft engine exhaust into consideration. Operational requirements for airfield storage, command space, maintenance, supply, etc. might force the location of an AEOT away from the airstrip. However, the distance from the flight-line will directly and proportionally affect requirements for personnel, vehicles, and time required for planning and mission execution. Distances of more than a mile will adversely affect the AEOT's ability to complete its mission.

4.3.5. Flight-line Access. The AEOT must have clear access to the flight-line, unencumbered by natural barriers or excessive unfinished roadways.

4.3.6. Communications Infrastructure. Communications with C2, host medical facility, and PMRC are crucial. Radio or land line (such as telephone or field phone) may be used, but must be reliable and secure as the theater combatant commander mandates.

4.3.7. Thermal. Heating/cooling is required to maintain drugs and medical supplies. The facility temperature should be maintained within a temperature range, between 68-80 degrees Fahrenheit. If there is a need to refrigerate medication, coordination via host base support will be essential.

4.3.8. Roof. The roof must be waterproof, the floor hardened and without risk of flooding. PTLOX, NPTLOX, and BMOS must be in a vented and covered environment for storage.

4.3.9. Secure Storage. A small safe is provided in the FFQN1 to support the COMSEC requirements for the radio equipment, and other classified material. Ensure secure and proper storage of medications/controlled substances (see paragraph 3.5.3).

4.4. Logistics. The AEOT must establish and maintain an AE logistics network for obtaining medical supplies through the host MTF through the Single Integrated Medical Logistics Manager (SIMLM), and, the designated supporting PMI Center for PMI equipment items.

NOTE: During time of war, intra and inter-theater medication supply levels will be based on command directives. For further guidance refer to AFTTP 3-42.8, *Expeditionary Medical Logistics (EML) System*, Joint Publication (JP) 4-02, *Joint Health Services*, and applicable OPLANs.

4.5. Allowance Standards (AS). AE In-flight Kit FFQDM AS 887A and CCATT FFCC4 AS 887N equipment will be tracked with the PMI-ATS. PMI assets will be quickly recycled to support patient movement requirements. The most up-to-date AS 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 MEFPK SharePoint at <https://cs2.eis.af.mil/sites/12956/default.aspx>.

4.5.1. The AEOT (FFQNT) deploys with the AEOT Equipment Package (FFQN1); Allowance Standard 903Y.

4.5.2. PMI-ATS computer system UTC FFPT3.

4.5.3. The AEOT Manpower Augmentation Team (FFQCM) deploys with the AE Operations Augmentation Equipment Package (FFQC2), Allowance Standard 903O.

4.5.4. Standard Operations. Each AEC/CCATT will be assigned to an equipment set. Each medical UTC that is deployed ships with a predetermined level of supplies and equipment. If it is determined that additional equipment is required, additional UTC's pared to the required equipment needed would need to be tasked.

4.5.5. Packing lists, Pharmaceutical lists, and the most up-to-date AS 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 MEFPK SharePoint at <https://cs2.eis.af.mil/sites/12956/default.aspx>. For minimum equipment list required for flight, reference AFMAN 10-2909, *Aeromedical Evacuation Equipment Standards*.

4.5.6. Stacking Litter System. UTC FFQD1 (5 EA SLS) increases and enhances operational capabilities for patient movement on multiple airframes during steady-state operations, times of war and military operations other than war. The SLS 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. They are centrally managed by HQ AMC/SGX. Reference operations and troubleshooting guides which are available on the A3VM "Master Library Verified AE" and/or "Approved Publications – AE" SharePoint areas (see Attachment 2, "Additional Resources" for hyperlink). Additionally SLS procedures can be found in the *Medical Equipment Compendium* located in the Electronic Flight Bag (EFB).

4.6. Initial Shelf Stock. The AEOT equipment package does not have expendable medical materials. The resupply chain of medical and administrative equipment as well as expendable materials will follow the existing MTF supply chain. The medical logistics personnel within the

AEOT will coordinate with existing MTFs to order resupply items through existing supply chains when possible.

4.6.1. Initial Deployment. Upon deployment notification, medical logistics personnel should contact the Air Force Medical Logistics Operations Center (AFMLOC) to receive re-supply guidance for specific destination/location at CONUS DSN 343-4172/2883/4294 and email afmoa.sgalx@detrick.af.mil. AE In-Flight Kit Resupply Package UTC FFQDH AS 887B and CCATT Resupply Package UTC FFCCB AS 887H should be tasked by planners for theater deployment within the first few days of an active theater.

4.6.1.1. There are no inherent medical supplies in the AEOT Equipment Package (FFQN1). When AEC and CCATT in-flight kits are tasked (FFQDM and FFCC4 respectively), each UTC's corresponding in-flight resupply kits should also be tasked at the same time (FFQDH and FFCCB respectively). AEOT logistics personnel are encouraged to immediately develop a supply shelf stock to support these kits.

4.7. Re-Supply Orders. Supply levels and on-hand balances should be closely monitored and adjusted based on pipeline times (time from order to delivery), ops tempo, number of assigned crews, and patient acuity. The AEOT equipment package does not contain resupply items for AE in-flight/CCATT kits. Many items are unique and will not be standard to what is used in the MTF (e.g. suction filters). Separate UTCs exist for resupply, however the quantity of items is not effective at building a shelf stock for high use items. AEOT medical logistics supply requests will be to the designated MTF or reach-back support facility.

4.8. Patient Movement Item. The source of supply for PMI durable supply items such as litters, backrests, pads, and litter straps is the theater source of supply. PMI Centers and the PMI Cell, if a Cell is stood up, will recycle litters to the greatest extent possible. Shortfalls of durable items should be ordered from the supply chain. PMI operations are found in AFMAN 41-209, JP 4-02, and CDRUSTRANSCOM BPLAN 9008-18.

4.8.1. Equipment maintenance is theater dependent and will be PM and calibrated IAW Theater Medical Maintenance guidance and AF Biomedical Equipment standards. Maintenance of PMI equipment will be supported by the nearest medical maintenance function with the required capability. (Ref: AFMAN 41-209, Chapter 8). Medical Logistics will need to maintain a bench stock of PMI spare parts to repair equipment during scheduled/unscheduled maintenance.

4.8.2. The PMI program will recycle PMI durable supply items (litters, backrests, pads, and litter straps) to the maximum extent possible. If recycling operations does not meet the full requirement, order additional assets through supply channels.

4.8.3. Ensure all medical equipment is properly scanned into PMI-ATS using the deployed PMI-ATS computer system, tasked as UTC FFPT3. Follow guidelines established in the PMI-ATS Users guide (link to guide can be found in AFMAN 10-2909).

4.8.4. AE medical equipment IAW AFI 41-201, *Managing Clinical Engineering*, must be continuously checked for AE certification standards and affixed with the AF Form 4033, *AE Certification Label*. Additionally, it must be within the current preventive maintenance/calibration certification standard and affixed with DD Form 2163, *Medical Equipment Verification/Certification*, or most current and approved label.

4.8.5. Maintenance of PMI equipment is to be supported by the host Medical Treatment Facility medical maintenance function responsible for providing support IAW AFMAN 41-209, AFMAN 10-2909, *Aeromedical Evacuation (AE) Equipment Standards*, the *AE Medical Equipment Compendium*, and Combined Capabilities Documents available on the A3VM “Master_Library_Verified AE” SharePoint site (see Attachment 2, “Additional Resources” for hyperlink) or by the designated theater guidance for maintenance.

Chapter 5

TRAINING

5.1. Introduction. The home station AE SQ/CC will 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. This can only be afforded in DOD, AF-level, or MAJCOM-level exercises.

5.2. Contingency Training. AES members have the potential of being tasked to deploy in an AEOT position regardless of UTC assignment and must be properly trained and prepared. The Aeromedical Evacuation and Patient Staging Course (AEPSC) provides hands-on experience with the AEOT equipment package and trains on all components of the TAES (Refer to AFTTP 3-42.5). All AEOT and AEOT Augmentation personnel must complete initial training and maintain sustainment AEPSC training IAW AFI 10-2912 and any in-force HQ AMC/A3 policy letters.

5.3. Requirements. It is essential that AE ground support personnel have a firm knowledge of AE operations including, but not limited to, launch/recovery procedures, AE medical equipment, mission management, C2 systems, narcotic management, ERCC team operations, and mission documentation (reference AFI 48-307V3, *En Route Care Documentation*). These skills are not a part of the Comprehensive Medical Readiness Program (CMRP) or AFSC training. All AEOT personnel will be flight-line qualified, licensed to support ramp operations, and familiar with aircraft configurations found in AFMAN 11-2AEV3 Addenda-A. AEOT members should be trained to meet current FFQNT Mission Essential Task Lists (METLs). Formal local training programs and AE training missions should be utilized to train, test, and reinforce the needed deployed knowledge base.

5.4. UTC Sustainment Training. UTC training will cover deployed AE operations pertinent to patient movement coordination and all phases of deployment, employment, and re-deployment. The Comprehensive Medical Readiness Program employed by AF SG, although required for all personnel with medical AFSCs, must be supplemented with UTC specific training. Readiness training will be conducted in conjunction with sponsored or local training exercises, or operational deployments as authorized with proper coordination. Joint training is encouraged to foster relationships as it enhances capabilities of each service. Personnel tasked to the AEOT UTC should have required training and access to the following applications (specifics identified in reporting instructions, line remarks, and obtained prior to a member's deployment):

- GDSS2 and/or SMS
- TRAC2ES
- TRAC2ES PMQ-R for Senior Nurse or designee
- Medical Logistics Allowance Standard Management <https://medlog.us.af.mil/>
- Secure communications.
- PMI Program.
- Weapons/ammunition storage/management.

Chapter 6

COMMUNICATIONS AND INFORMATION SYSTEMS SUPPORT

6.1. General. The AEOT may operate one or more nodes of the AE system communications network when deployed with an AE Communications Team (FFQCR), and is responsible for providing updated information to local support activities, en route/destination MTFs, and other AE components within its AOR. AEOT communications personnel send and receive encrypted message traffic, coordinate COMSEC and OPSEC requirements, and manage general communications traffic. AEOT communicators may also be called upon to assist in other AES functions. Trained AE communication systems specialists (3D1X3) are assigned to set up, initiate, and maintain communications between elements and respond to a variety of transmission modes, formats, and conditions.

6.1.1. 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 a 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 AEOT operations for any theater along with the full spectrum of contingencies.

6.1.2. Some of the variables that affect the establishment of an AEOT 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. AEOT communication systems planning and implementation procedures contained in the OPLAN ANNEX-K must be thoroughly presented and widely disseminated among element OIC, NCOIC and communication operators.

6.1.3. The AEOT currently uses satellite communications for its primary C2 system. With this media, the AEOT 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.

6.2. 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.

6.2.1. **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.

6.2.2. **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.

6.2.3. 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.

6.2.4. 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.

6.3. Message Traffic. There are four basic message types in use in the AE system. They are Patient Movement Requests (PMRs), 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 an element to the chain of command within the theater. Refer to AFMAN 10-206, *Operational Reporting (OPREP)*, and specific joint task force (JTF) and/or COMAFFOR guidance.

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

6.4.1. Secure and non-secure systems may be available during contingencies. The mode of transmission is dependent on availability and the classification or 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.

6.5. Communication Equipment.

6.5.1. 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 COMSEC Radio Equipment Destruction directives.

6.5.2. Computer systems. The AEOT deploys with organic computer hardware and software which provide word-processing, database management, and graphics. If available, LAN connectivity such as Non-classified Internet Protocol Router Network (NIPRNET) and Secret Internet Protocol Router Network (SIPRNET) may be obtained through the user service. If LAN capable, the AEOT will use TRAC2ES to maintain oversight for regulated patient needs, and the GDSS2 for mission tracking and visibility. SITREPs must be transmitted by secure means or in accordance with local communications policy. 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 AOC, C2 authorities and geographically separated

units, PMRC access, and secure internet sites for publications, forms, and operating instructions.

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

6.5.4. 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. It 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 Subscriber Identity Module (SIM) cards for training and exercises. 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.

6.5.5. 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.

6.5.6. 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 SITREPs.

6.6. Communications and Operations Security. It is vital to protect and secure all classified information. AE C2 will be capable of processing classified information up to and including SECRET. All aircraft mission information is considered classified in the theater of operations. All aspects of COMSEC and OPSEC must be fully implemented and rigidly enforced. AE Communications Teams (FFQCR) will deploy with the current month COMSEC material plus a 90 day supply. The AEOT will have to establish a COMSEC account within the AOR if the operation will require secure communications beyond 90 days.

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

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

- Aeromedical Evacuation Medical Equipment Compendium*, 14 March 2019
- AFMAN 10-206, *Operational Reporting (OPREP)*, 18 June 2018
- AFMAN 10-2909, *Aeromedical Evacuation (AE) Equipment Standards*, 13 March 2019
- AFI 10-2912, *Aeromedical Evacuation Readiness Programs*, 20 June 2018
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- AFI 11-202V2, *Aircrew Standardization and Evaluation Program*, 06 December 2018
- AFI 11-202V3, *General Flight Rules*, 10 August 2016
- AFMAN 11-2AEV3, *Aeromedical Evacuations (AE) Operations Procedures*, 15 August 2014
- AFMAN 11-2AEV3 Guidance Memorandum, 31 January 2019
- AFMAN 11-2AEV3 Addenda-A, *Aeromedical Evacuation Operations Configuration/Mission Planning*, 19 Oct 2018
- AFI 11-301V1, *Aircrew Flight Equipment (AFE) Program*, 10 October 2017
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- AFI 11-401, *Aviation Management*, 10 December 2010
- AFMAN 11-421, *Aviation Resource Management*, 12 September 2018
- AFI 24-101, *Passenger Movement*, 28 April 2017
- AFI 25-201, *Intra-Service, Intra-Agency, and Inter-Agency Support Agreements Procedures*, 18 October 2013
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 JP 3-17, *Air Mobility Operations*, 05 February 2019
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Abbreviations and Acronyms

ACP—Allied Communications Publication
AD—Active Duty
ADCON—Administrative Control
ADPE—Automated Data Processing Equipment
ADVON—Advanced Echelon
AE—Aeromedical Evacuation
AEC—Aeromedical Evacuation Crew

AECM—Aeromedical Evacuation Crewmember
AECS—Aeromedical Evacuation Command Squadron
AECT—Aeromedical Evacuation Control Team
AEF—Aerospace Expeditionary Forces
AELT—Aeromedical Evacuation Liaison Team
AEOT—Aeromedical Evacuation Operations Team
AEPSC—Aeromedical Evacuation and Patient Staging Course
AES—Aeromedical Evacuation Squadron
AF—Air Force
AFCC—Air Force Component Commander
AFE—Aircrew Flight Equipment
AFFOR—Air Force Forces
AFI—Air Force Instruction
AFMAN—Air Force Manual
AFMLOC—Air Force Medical Logistics Operations Center
AFPD—Air Force Policy Directive
AFRC—Air Force Reserve Command
AFSC—Air Force Specialty Code
AFTO—Air Force Technical Order
AFTRANS—Air Forces Transportation
AFTTP—Air Force Tactics, Techniques and Procedures
AGE—Aircraft Ground Equipment
AMCI—Air Mobility Command Instruction
AMD—Air Mobility Division
ANG—Air National Guard
AO—Authenticating Official
AOC—Air Operations Center
AOR—Area of Responsibility
ARC—Air Reserve Component
ARMS—Aviation Resource Management System
AS—Allowance Standard
ATOC—Air Terminal Operations Center

AUG—Augmentation
BGAN—Broadband Global Area Network
BOS—Base Operating Support
BPLAN—Base Plan
C2—Command and Control
CBRN—Chemical, Biological, Radiological, and Nuclear
CC—Commander
CCATT—Critical Care Air Transport Team
CDC—Centers for Disease Control
CHOP—Change in Operation Control
CMRP—Comprehensive Medical Readiness Program
C-NAF—Component-Numbered Air Force
COMAFFOR—Commander Air Force Forces
COMSEC—Communications Security
CONOPS—Concept of Operations
CONPLAN—Concept Plan
CONUS—Continental United States
CRE—Contingency Response Element
DEPORD—Deployment Order
DMLSS—Defense Medical Logistics Standard Support
DNIF—Duties Not to Include Flying
DOD—Department of Defense
DSCA—Defense Support of Civil Authorities
DSN—Defense Switched Network
EAEF—Expeditionary Aeromedical Evacuation Flight
EAES—Expeditionary Aeromedical Evacuation Squadron
EBSC—Expeditionary Blood Support Center
EFB—Electronic Flight Bag
EM—Emergency Management
EOG—Expeditionary Operations Group
ERCC—En Route Critical Care
ERCCS—En Route Casualty Care System

ERPSS—En Route Patient Staging System
EXORD—Execute Order
FA—Flight Authorization
FCB—Flight Crew Bulletin
FCIF—Flight Crew Information Files
FN—Flight Nurse
GCC—Geographic Combatant Commander
GDSS2—Global Decision Support System
HA/DR—Humanitarian Assistance/Disaster Relief
HMMWV—High Mobility Multi-purpose Wheeled Vehicle
HQ AMC—Headquarters Air Mobility Command
IAW—In Accordance With
JFACC—Joint Force Air Component Commander
JP—Joint Publication
JPSR—Joint Patient Safety Reporting
JTF—Joint Task Force
LAN—Local Area Network
LMR—Land Mobile Radio
LOX—Liquid Oxygen
LRS—Logistics Readiness Squadron
LSAS—Litter Stanchion Augmentation Set
MAJCOM—Major Command
MCC—Mission Clinical Coordinator
MEFPAK—Manpower & Equipment Force Packaging
METL—Mission Essential Task List
MISCAP—Mission Capabilities Statement
MOA—Memorandum of Agreement
MOU—Memorandum of Understanding
MSC—Medical Service Corps
MTF—Military Treatment Facility
NBC—Nuclear Biological Chemical
NCA—National Command Authority

NCOIC—Non-Commissioned Officer in Charge
NCS—Net Control Station
NIPRNET—Non-classified Internet Protocol Router Network
NPTLOX—Next Generation Portable Therapeutic Liquid Oxygen
NVG—Night Vision Goggles
OCONUS—Outside the Continental United States
OG/CC—Operations Group Commander
OIC—Officer In Charge
OPCON—Operational Control
OPLAN—Operation Plan
OPORD—Operation Order
OPSEC—Operations Security
ORM—Operational Risk Management
PDC—Program Designator Code
PECC—Patient Evacuation Coordination Cell
PERSCO—Personnel Support for Contingency Operations
PMI—Patient Movement Item
PMI-ATS—Patient Movement Item - Asset Tracking System
PMQ-R—Patient Movement Quality-Report
PMR—Patient Movement Request
PMRC—Patient Movement Requirements Center
PSM—Patient Safety Manager
PTLOX—Portable Therapeutic Liquid Oxygen
ROE—Rules of Engagement
RUF—Rules for the Use of Force
SARM—Squadron Aviation Resource Management
SATCOM—Satellite Communication
SELO—Stan/Eval Liaison Officer
SG—Command Surgeon/Surgeon General
SIM—Subscriber Identity Module
SIMLM—Single Integrated Medical Logistics Manager
SIP—Shelter In Place

SIPRNET—Secret Internet Protocol Router Network

SITREP—Situation Report

SJA—Staff Judge Advocate

SLS—Stacking Litter System

SMS—Single Mobility System

SOE—Sequence of Events

SOF—Special Operations Forces

SPINS—Special Instructions

STE—Secure Telephone Equipment

TACC—Tanker/Airlift Control Center

TACON—Tactical Control

TAES—Theater Aeromedical Evacuation System

TCSG—USTRANSCOM Command Surgeon

TRAC2ES—USTRANSCOM Regulating Command & Control Evacuation System

TTP—Tactics, Techniques and Procedures

UHF—Ultra High Frequency

USAF—United States Air Force

USAFE—United States Air Forces in Europe

USC—United States Code

USR—Unit Safety Representative

USTRANSCOM—United States Transportation Command

UTC—Unit Type Code

VCO—Vehicle Control Officer

VHF—Very High Frequency

WMP—War Mobilization Plan

WOC—Wing Operating Center

WRM—War Reserve Materiel

Attachment 2**ADDITIONAL RESOURCES*****Aeromedical Evacuation References***

AFI 10-301, *Managing Operational Utilization Requirements of the Air Reserve Component Forces*, 20 December 2017

AFMAN 11-2AEV1, *Aeromedical Evacuation Aircrew Training*, 04 January 2019

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

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AFTTP 3-2.18, *Multi-Service Tactics, Techniques, and Procedures for Tactical Radios*, 16 June 2017

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AFTTP 3-42.71, *Expeditionary Medical Support (EMEDS) and Air Force Theater Hospital (AFTH)*, 27 August 2014

AFTTP 3-42.711, *Blood Support Operations*, 19 April 2013

Air Force Doctrine Annex 3-40, *Counter-Weapons of Mass Destruction Operations*, 05 April 2016

Air Force Doctrine Annex 4-02, *Medical Operations*, 25 September 2015

JP 3-11, *Operations in Chemical, Biological, Radiological, and Nuclear Environments*, 29 October 2018

Aeromedical Evacuation Resources

847 Central (AMC/A3V, Mobility AF lead command, change recommendations to aircrew publications): <https://cs2.eis.af.mil/sites/12797/SitePages/847%20Central.aspx>

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>

AF Doctrine: <http://www.doctrine.af.mil/>

AF E-Publishing: <http://www.e-publishing.af.mil/>

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>

AF Medical Service Knowledge Exchange: <https://kx2.afms.mil/Pages/default.aspx>

AF Reporting Instruction Tool (AFRIT):

<https://aefonline.afpc.randolph.af.mil/AFRIT/Afrit.aspx>

Aviation/Airman Safety Action Program (ASAP): <https://asap.safety.af.mil/>

Air & Space Expeditionary Forces Online (AEF Online):

<https://aefonline.afpc.randolph.af.mil/>

Airman's Manual: https://cs2.eis.af.mil/sites/10070/Airman_Manual/SitePages/Home.aspx

DOD Dictionary and Terminology Repository (Military Acronym Finder):

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DOD Directives Division (DOD Publications and Forms): <http://www.esd.whs.mil/DD/>

Education & Training Course Announcements (ETCA) (*use email certificate* May have to go to IE Options, Content, clear SSL State):

<https://app10-eis.aetc.af.mil/etca/SitePages/Home.aspx>

HQ AMC, Aircrew Standardization & Evaluation, Aeromedical Airlift (A3VM)

“Master_Library_Verified AE” SharePoint:

<https://cs2.eis.af.mil/sites/12679/aircrew%20pubs%20library/forms/better.aspx>

HQ AMC, Aircrew Standardization & Evaluation, MAF Aircrew Information Site, FCIF/SII Library (Select "... " to filter for AE, SII, etc.):

<https://cs2.eis.af.mil/sites/10370/SitePages/Home.aspx>

HQ AMC, Command Surgeon, Manpower & Equipment Force Packaging (MEFPAK)

SharePoint: <https://cs2.eis.af.mil/sites/12956/default.aspx>

Joint Chiefs of Staff Joint Doctrine Publications: <http://www.jcs.mil/Doctrine/Joint-Doctrine-Pubs/>

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

Joint Knowledge Online: <http://jko.jten.mil/>

Multi-Service Tactics, Techniques, and Procedures (MTTPS) Publications on the Air, Land, Sea Application Center website: <http://www.alsa.mil/mttps/>

Safe to Fly Matrix: <https://www.wpafb.af.mil/stf/>

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

USTRANSCOM 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>