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TACTICAL DOCTRINE

AEROMEDICAL EVACUATION COMMUNICATIONS TEAM (FFQCR)

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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 capability. This document builds upon AFTTP 3-42.5, *Aeromedical Evacuation (AE)*, by providing the Tactics, Techniques and Procedures (TTP) for the Aeromedical Evacuation Communications Team identified by the Unit Type Code (UTC) FFQCR. This publication applies to all Air Force military personnel including Active Duty (AD), Air Force Reserve Command (AFRC), and Air National Guard (ANG). This publication does not apply to the United States Space Force. The doctrine in this document is authoritative but not directive. Ensure all records generated as a result of processes prescribed in this publication adhere to Air Force Instruction 33-322, *Records Management and Information Governance Program*, and are disposed in accordance with the Air Force Records Disposition Schedule, which is located in the Air Force Records Information Management System. Refer recommended changes and questions about this publication to the OPR using DAF Form 847, *Recommendation for Change of Publication*; route DAF Forms 847 from the field through the appropriate functional chain of command. 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 AFTTP describes the Communications Team (UTC: FFQCR) 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 allowance standards, equipment, and resources available to support global AE operations; (f) provides a source document for developing standard operating instructions and training programs; (g) recommends baseline training requirements, available Aeromedical Evacuation Liaison Team (AELT) and Aeromedical Evacuation Operations Team (AEOT) training platforms and 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), Operations Plans (OPLANs), Special Instructions (SPINS), Flight Crew Information Files (FCIF), Read Files and other theater directives/instructions.

1.2. Caution. This document should not be used as permission to move patients (reference DAFI 48-107V1, *En Route Care and Aeromedical Evacuation Medical Operations*). Patient eligibility for aeromedical transportation is in accordance with Department of Defense Instruction (DODI) 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 Department of Defense [DOD], AF, or theater-specific directives).

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

1.3.1. The AE organic command, control, communications, and computer (C4) infrastructure provides worldwide deployable, secure and non-secure, voice and data communications capabilities during deployment and redeployment phases and in austere locations where established C4 is unavailable. The AE communications equipment embedded in the parent AE equipment UTCs allows the greatest flexibility to support the maximum deployment and redeployment options. During the early stages of a contingency, common-user communications capability (i.e. phone lines and NIPRNET/SIPRNET) may not be available, therefore, there may be complete reliance on organic communications capability. As common-user communications capabilities begin to stand up, the reliance upon organic assets is reduced. During steady state operations, AE communication requirements may be sustained or non-

existent due to established C2. Communication planners should consider common user communications capability when building the AE communication requirement. In the sustained phase of the operation full reliance is placed on common-user communication assets. Organic communications are held for locations not served by mature theater infrastructure and also for backup capability.

1.4. Roles and Responsibilities.

1.4.1. Air Mobility Command (AMC) is designated lead command for AE according to AFPD 10-29, *Worldwide Aeromedical Evacuation Operations,* AFPD 11-2, *Aircrew Operations*, and AFPD 10-21, *Rapid Global Mobility*. The lead command is responsible for establishing and standardizing AFTTP doctrine in coordination with user commands.

1.4.2. AMC Directorate of Operations, Strategic Deterrence, and Nuclear Integration (AMC/A3/10) is responsible for policy guidance and coordination with user commands related to AFTTPs.

1.4.3. AMC Command Surgeon (AMC/SG). Serves as the AE program medical director, responsible for the overall supervision, safety, and quality of medical care provided worldwide by the AE system and is the Manpower and Equipment Force Packaging (MEFPAK) responsible agency.

1.4.4. Communications Team (UTC FFQCR):

1.4.4.1. Has the ability to rapidly deploy within 24 hours (Air Reserve Component (ARC) UTCs deploy within 72 hours) and is operational, able to move patients, and established communication with command and control within 4 hours of personnel and equipment arrival.

1.4.4.2. Employment of an AE support UTC within a defined Area of Responsibility (AOR) is dependent upon processes established by the Aeromedical Evacuation Command Squadron (AECS), AEOT, AELT, or En Route Patient Staging System (ERPSS) and/or host service/unit. The support given is to include: work facilities, food service, billeting, transportation, finance, security, Personnel Support for Contingency Operations (PERSCO), logistics and re-supply.

1.5. Threat. The Communications Team can deploy to forward combat locations in support of user service medical operations. They will be at risk of personal injury due to direct fire, indirect fire, and fog of war accidents.

1.5.1. During such deployments, the success of AE communications between and among the multitude of AE and supporting elements will be critical. Threat to such communications could be significant. Such a threat could take four forms:

1.5.1.1. Physical: AE equipment, including communications equipment, is not intended to survive the physical threats created by fire, blast or chemical exposure. However, the required redundancy, communications security, and mutually exclusive transmission modes provide a survivable environment by precluding a single component from causing failure or disruption of the AE communications mission.

1.5.1.2. Spectrum Interference: In time of crisis, the AE communication capability is subject to a hostile communications environment and is vulnerable to potential disruption and jamming. AE utilizes established operational C2 as sources to overcome this threat.

1.5.1.3. Exploitation of Intercepted Communications Signals: To avoid exploitation of intercepted communications, medical and operational information transfer will be provided an appropriate level of protection (i.e. encryption).

1.5.1.4. Computer Security: Physical security of the equipment is commensurate with the level of threat. Security assigned to the operating echelons and or other measures will protect the system against unauthorized access in accordance with approved standards and procedures. Appropriate data management and security procedures will be in place to prevent degradation of mission accomplishment.

1.5.2. The Communications Team is embedded capability which resides in primary UTCs that offers no protection from conventional (kinetic), biological, chemical, or nuclear weapons and requires protective shelters from Expeditionary Combat Support sources (reference Joint Publication (JP) 3-11, *Operations in Chemical, Biological, Radiological, and Nuclear Environments).*

1.5.3. Historically, some Communications Teams have been placed close to, or within, hostile areas. Personnel should be fully versed in the Law of War, Conduct-After-Capture, theater specific rules of engagement, and may require pre-deployment combat skills and weapons proficiency training (reference deployment-specific reporting instructions).

1.6. Composition. The Communications Team is composed of 2 positions representing Air Force Specialty Codes (AFSC) 1D7X1R. Positions and grade/skill level requirements may be found in the mission capabilities statement (MISCAP) at **https://usaf.dps.mil/teams/12956/All%20Document%20Sets/Forms/AllItems.aspx?FolderCTID=0x01200064414EFB7296C34084DAC1B0BA07AFEF&id=%2Fteams%2F12956%2FAll%20Document%20Sets%2FPersonnel%20UTCs%2FAE%20UTCs%2FFFQCR%20AE%20COMMUNICATIONS%20TEAM%2FMISCAP&viewid=697b1704%2Dfb0e%2D4316%2D8349%2Df1ce6e43a145**. All grade/skill level substitutions will be IAW *War and Mobilization Plan, Volume 1 (WMP-1), Annex F, Medical Service*.

1.7. Team Member Selection. Home station squadron commanders are responsible for the selection of team members assigned to the Communications Team (UTC FFQCR) in accordance with AFI 10-2912, *Aeromedical Evacuation Readiness Programs*. When filling FFQCR deployment positions, Commanders should fully consider a member's AE knowledge and experience, deployment history, leadership capabilities, and capacity to function independently with minimal Air Force supervision in potentially austere or minimally secured environments. Members should possess or obtain UTC training and personal equipment in accordance with current guidelines and reporting instructions.

Note: Grade and skill level substitutions should be in accordance with United States Air Force War Mobilization Plan-1 Functional Annexes, Supported Command processing guidance, reporting instructions, and other functional AFIs.

Chapter 2

ORGANIZATION

2.1. Theater Aeromedical Evacuation System (TAES). AE Communications teams are a rapid deployable resource available in selected situations to supplement the AE system. Once deployed, the AE Communications teams are members of the UTC in which they are supporting.

2.2. Pilot Unit. The FFQCR pilot unit is 60th Aeromedical Evacuation Squadron (AES), Travis AFB, CA. The pilot unit is responsible for developing and maintaining standard manpower/equipment detail for all FFQCR UTCs IAW DAFI 10-401, *Operations Planning and Execution*. Training requirements for FFQCR will be split between the 439 AES and 60 AES, Travis AFB, CA; 439 AES will be responsible for the east coast and 60 AES will be responsible for west coast.

2.3. AE Communications Non Commissioned Officer in Charge (NCOIC). The NCOIC is normally the highest-ranking 1D7X1R on the team and ensures team needs are addressed and met, and manages day-to-day communications operations (i.e. Master Station logs **Attachment 9**, message traffic).

2.4. AE Communications Requirements. Support of patient movement must provide reliable, real-time and when possible, redundant communications within a theater. They must also provide a link between the most forward point where the patient enters the patient movement system and each echelon in the Health Services System (HSS) to the destination MTF or medical element. TAES communications capabilities are affected by the availability of a communications infrastructure from the most forward point of patient entry into TAES, through each level of care. This availability could range from a robust communications infrastructure at an established base to minimal communications infrastructure at the initial employment phase of a forward operating location of the user service. Communication must be maintained with subordinate deployed AE elements that may not be on or near an Air Force wing. In order to provide AE with C4 across the spectrum of contingencies, AE UTCs require multi-mode, short and long-haul communications. These capabilities must adapt to different theater needs and at the same time increase reliability. The steady state AE Communication process is defined in AFTTP 3-42.5, *Aeromedical Evacuation.*

Chapter 3

OPERATIONS

3.1. Introduction. AE Communications Team (FFQCR). This team supports UTC voice and data communication equipment that is interoperable, flexible, mobile, and secure. The FFQCR supports phases of operations: 1) Initial contingency operations using organic communication devices; 2) Sustainment contingency operations coordinating with user service to provide Non-classified Internet Protocol Router Network/Secret Internet Protocol Router Network (NIPRNET/SIPRNET), local area network (LAN) lines, web-based applications, computer and software support; and 3) Homeland/natural disaster responses (Continental United States (CONUS) only). Equipment UTCs embedded with communication equipment are: Command Squadron Equipment Package (FFQC1), Liaison Team Equipment Package (FFQL1), ERPSS 10 (FFPS1), and Medical Operations Team Equipment Package (FFQN1).

3.1.1. AE Common User Access Requirements: Although each UTC satisfies their initial operational communications requirements with organic assets, as the entire theater moves into the build-up and theater maturity phases, common user architecture is established. This may serve as a substitute or enhancement to AE system performance. The more robust theater communication infrastructure becomes the preferred mode of operations, with organic assets remaining as a temporarily re-deployable communications equipment unit to support AE operations.

3.2. Pre-Deployment. Does not deploy independently. Provides communication capability to any AE UTC when mission needed communications are unavailable. All FFQCR communications teams will hand carry, when deployed, 90 days worth of COMSEC material (See current MISCAP). AE Communications personnel must be flexible and adjust to changing situations. Upon notification of deployment, the deploying AE Communications team will be notified which UTC they are tasked to support. Equipment packages have been centralized for storage and management, and it is unlikely AE communication personnel will have the opportunity to assist in preparation of the package prior to deployment. The AE communication personnel should ensure they are familiar with the Operations Order (OPORD) for the deployment location and any applicable MAJCOM waiver guidance. Requirements for employment of the AE communications team and associated equipment packages will be identified and requested by the theater CCDR. In order to support initial operating capabilities during the opening phases of an operation, AE communications team can either deploy with their primary UTC or fall-in on that UTC capability inside the Continental United States CONUS or Outside the Continental United States (OCONUS) locations.

3.3. Deployment.

3.3.1. Aeromedical Evacuation UTCs are not designed for self-sustainment greater than 90 days due to supplies and COMSEC. Therefore, it is essential that good working relationships are established with Communication units, prior to and once within, the theater of operations.

3.3.2. Initial inventory of equipment will be conducted and communicated to sending organization.

3.3.3. UTC 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,

LMR radios, 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, an emergency communication system is essential to ensure that all personnel are accounted for. The Team Chief of the AE element should establish procedures of notification, accounting, and evacuation of personnel.

3.3.4. During bug out or fire, FFQCR personnel should ensure radios are zeroized and all COMSEC materials and devices are either properly stowed or hand carried utilizing developed emergency action plans.

3.4. Redeployment. Team members will inventory and re-pack all assets according to the pack-out list during redeployment. Familiarity with pallet building and airlift procedures are significant for shipping of the equipment. Any hazardous items will require appropriate documentation.

3.4.1. Forward deploying FFQCR team members will inventory available assets and re-pack. Any items needing re-supply will be forwarded to the appropriate C2 for issue upon arrival to the new site.

Chapter 4

PLANNING CONSIDERATIONS

4.1. Instruction. The FFQCR must evaluate, plan and execute communications implementation according to the AE UTC assigned. Frequency requests, traffic volume analysis, antenna configurations, power requirements, site surveys, and vulnerability corrections are particular for each theater and are part of the AE communications system planning. The variability of specific theater expectations, threat levels, and the ability to operate in any part of the globe mandate a continuous and in-depth coordinated effort to define current and developing AE communications requirements.

4.2. Physical Location. Each communication device has guidance for safety; refer to manual.

4.3. Electrical Power. Coordinate/plan to provide power for all allowance standard communications equipment.

Chapter 5

TRAINING

5.1. Introduction. Unit training requirements will be maintained IAW AFI 10-2912. Smaller personnel packages supporting expeditionary operations will require personnel to perform a variety of functions (multi-tasking), which may not be in their specific AFSC responsibilities.

5.2. UTC Training. UTC training will cover deployed AE operations pertinent to patient movement coordination and all phases of deployment, employment, and re-deployment. Readiness training will be conducted in conjunction with sponsored or local training exercises, or in conjunction with operational deployments. At home station, the AE Commander is responsible for ensuring all training is completed and properly documented.

5.2.1. All personnel assigned to this UTC must train to approved FFQCR UTC Mission Essential Task Lists (METLs).

Chapter 6

COMMUNICATIONS AND INFORMATION SYSTEM SUPPORT

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

6.1.1. Some of the variables that affect the establishment of a UTC communications system include intensity of the conflict, governing laws of the host nation regarding spectrum and communications management, climate and geography, electromagnetic environment, propagation conditions, and real estate (on-site) availability. Communications systems planning and implementation procedures are contained in the OPLAN and/or ANNEX-K.

6.1.2. The AEOT and AELT UTCs currently use satellite communications for its primary command and control system and are open nets of communications established through the Annex K.

6.1.2.1. In the event of a catastrophic link failure at the primary Net Control Station (NCS), procedures are established in the communications Annex K for an alternate station to continue operations and actively pursue re-establishing contact with the primary station. Designated alternate NCS maintain a duplicate image of essential theater AE mission's status and provide continuity of service until contact with the primary station is restored. Higher command elements will augment communication personnel and equipment for PRC-117 communications.

6.2. Message Precedence. All message traffic transmitted is assigned a 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. BROADCAST. This precedence is reserved for alerts, warnings, and other emergency actions having immediate bearing on national, command, or area security. BROADCAST based 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) **Attachment 5**, AE mission messages (Message Forms **Attachment 3**, Aeromedical Mission Tasking Reply **Attachment 6**, General Message Worksheet **Attachment 7**, Aeromedical Mission Tasking Message **Attachment 8**), AE operations reports, and general messages. AE operational reports consist of the Situation Report (SITREP) **Attachment 4** 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 Commander, Air Force Forces (COMAFFOR) guidance.

6.4. Communications Systems Operations. The AE communication systems provide Satellite Communications (SATCOM) and Line-of-Sight (LOS) capabilities through Very High Frequency (VHF) 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. The patient's personally identifiable information will not be used in radio or cell phone communications, use the patients cite number only. Radio equipment, COMSEC, and classified material will be destroyed IAW AFMAN 17-1302-O, *Communications Security (COMSEC) Operations*, or current COMSEC Radio Equipment Destruction directives **Attachment 10**.

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 NIPRNET and 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 Air Operations Center (AOC), C2 authorities and geographically separated units, Patient Movement Requirement Center (PMRC) access, and secure internet sites for publications, forms, and operating instructions.

6.5.3. Telephones/Radios. The FFQCR 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/data 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 utilize the new cards located in the WRM equipment packages, activated at the time of need.

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 by the theater of operations. All aspects of COMSEC and OPSEC must be fully implemented and rigidly enforced. FFQCR will deploy with the current month COMSEC material plus a 90-day supply. The AE system will need to establish a COMSEC account within the AOR if the operation will require secure communications beyond 90 days.

6.6.1. COMSEC Components:

6.6.1.1. Cryptographic Security. Use proper communication procedures, secure systems and codes.

6.6.1.2. Physical Security. Protect classified equipment and documents against compromise or loss by using proper accounting and storage procedures. If the need arises for equipment/COMSEC destruction, have a plan ready. See **attachment 10**, Radio Equipment Destruction.

6.6.1.3. Transmission Security. Eliminate unauthorized transmissions, protect transmissions from interception and traffic analysis, and maintain radio discipline.

WILLIAM D. DRIES, JR., SES
Deputy Director, Training and Readiness

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

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Prescribed Forms

None

Adopted Forms

DAF Form 847, *Recommendation for Change of Publication*

Abbreviations and Acronyms

ACP—Allied Communications Publication

AD—Active Duty

AE—Aeromedical Evacuation

AEC—Aeromedical Evacuation Crew

AECM—Aeromedical Evacuation Crewmember

AECS—Aeromedical Evacuation Command Squadron

AEF—Aerospace Expeditionary Forces

AELT—Aeromedical Evacuation Liaison Team

AEOT—Aeromedical Evacuation Operations Team

AES—Aeromedical Evacuation Squadron

AF—Air Force

AFE—Aircrew Flight Equipment

AFI—Air Force Instruction

AFMAN—Air Force Manual

AFRIMS—Air Force Records Information Management System

AFSC—Air Force Specialty Code

AFTTP—Air Force Tactics, Techniques and Procedures

ANG—Air National Guard

AOC—Air Operations Center

AOR—Area of Responsibility

ARC—Air Reserve Component

BGAN—Broadband Global Area Network

C2—Command & Control

C4—Command Control Communications and Computer

CCATT—Critical Care Air Transport Team

CCDR—Combatant Commander

COMAFFOR—Commander, Air Force Forces

COMSEC—Communications Security

CONUS—Continental United States

DSCA—Defense Support to Civil Authorities

ERCCS—En Route Casualty Care System

FCIF—Flight Crew Information File

FPCON—Force Protection Condition

GDSS2—Global Decision Support System

HA/DR—Humanitarian Assistance/Disaster Response

HQ—Headquarters

HSS—Health Services System

IAW—In Accordance With

JTF—Joint Total Force

LAN—Local Area Network

LMR—Land Mobile Radio

MAJCOM—Major Command

MEFPAK—Manpower and Equipment Force Packaging

METL—Mission Essential Task List

MISCAP—Mission Capabilities Statement

MTF—Medical Treatment Facility

NIPRNET—Non-classified Internet Protocol Router Network

NCOIC—Non-commissioned Officer in Charge

NCS—Net Control Station

OCONUS—Outside the Continental United States

OPLAN—Operations Plan

OPORD—Operations Order

OPR—Office of Primary Responsibility

OPREP—Operational Reporting

PERSCO—Personnel Support for Contingency Operations

PDC—Program Designator Code

PMR—Patient Movement Request

PMRC—Patient Movement Requirements Center

SATCOM—Satellite Communication

SIM—Subscriber Identity Module

SIPRNET—Secret Internet Protocol Router Network

SITREP—Situation Report

SPIN—Special Instruction

STE—Secure Telephone Equipment

TAES—Theater Aeromedical Evacuation System

TO—Technical Order

TRAC2ES—TRANSCOM Regulating and Command & Control Evacuation System

UTC—Unit Type Code

VHF—Very High Frequency

WMP—War and Mobilization Plan

WRM—War Readiness Material

Office Symbols

AMC/A3/10—Air Mobility Command Directorate of Operations, Strategic Deterrence, and Nuclear Integration

HQ AMC/A38E—Air Mobility Command Aeromedical Evacuation Operation Branch

HQ AMC/SG—Air Mobility Command Surgeon General

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,* 06 December 2020

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

AFPD 10-3, *Operational Utilization of the Air Reserve Component Forces,* 29 November 2017

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

AFTTP 3-2.67, *Multi-Service Tactics, Techniques, and Procedures for Defense Support of Civil Authorities* (DSCA), 13 October 2015

AFTTP 3-2.68, *Multi-Service Tactics, Techniques, and Procedures for Airfield Opening,* 01 October 2018

AFTTP 3-42.3, *Health Service Support in Nuclear, Biological, and Chemical Environments*, 02 September 2013

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,* 12 November 2019

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

Aeromedical Evacuation Resources

Current Aeromedical Evacuation Medical Equipment Compendium and Medical Equipment Manuals may be found at Aircrew Pubs Library and on the Electronic Flight Bag: **https://usaf.dps.mil/teams/12679/Aircrew%20Pubs%20Library/Forms/Better.aspx?RootFolder=%2Fteams%2F12679%2FAircrew%20Pubs%20Library%2FMaster%5FLibrary%5FVerified&FolderCTID=0x0120004E29D3C151194645806B4035F132FC90**

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://aef.cloud.disa.mil/AFRIT/Afrit.aspx**

AF Combat Support Tactics, Techniques, and Procedures (TTP) Repository: **https://www.doctrine.af.mil/Tactical-Level-Doctrine/**

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.health.mil/ultra4/login**

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

AF Medical Service Knowledge Exchange: **https://kx.health.mil/Pages/default.aspx**

AF Reporting Instruction Tool (AFRIT): **https://aef.cloud.disa.mil/AFRIT/Afrit.aspx**

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

Airman's Manual: **https://usaf.dps.mil/teams/TTP/Documents/AFTTP3-4AirmansManual.pdf**

DOD Dictionary and Terminology Repository (Military Acronym Finder): **https://jdeis.js.mil/jdeis/index.jsp**

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

Education & Training Course Announcements (ETCA): **https://eoslearn.usafeos.net/courses**

HQ AMC, Aircrew Standardization & Evaluation, Aeromedical Airlift (A3VM) "Master_Library_Verified AE" Share Point

https://usaf.dps.mil/teams/12679/Aircrew%20Pubs%20Library/Forms/Better.aspx?FolderCTID=0x0120004E29D3C151194645806B4035F132FC90&id=%2Fteams%2F12679%2FAircrew%20Pubs%20Library%2FMaster%5FLibrary%5FVerified%2FAE&viewid=8d6a520c%2Dd6ea%2D4afd%2D84bf%2D9b10d78ccd6e

HQ AMC, Aircrew Standardization & Evaluation, MAF Aircrew Information Site, FCIF/SII Library (Select "…" to filter for AE, SII, etc.): **https://usaf.dps.mil/teams/10370/FCIF/_layouts/15/viewlsts.aspx?BaseType=1&view=14**

HQ AMC, Command Surgeon, Manpower & Equipment Force Packaging (MEFPAK) SharePoint: **https://usaf.dps.mil/teams/12956/default.aspx**

Joint Chiefs of Staff Joint Doctrine Publications: **http://www.jcs.mil/Doctrine/Joint-Doctine-Pubs/**

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

Joint Knowledge Online: **https://jkodirect.jten.mil/**

Medical Logistics Allowance Standard Management: **https://medlog.us.af.mil/**

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

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

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

Attachment 3

MESSAGE FORMS EXAMPLES

MESSAGE NUMBER DATE TIME GROUP (MSG NR DTG)

03 R 09011Z OCT 07

MSG NR PREC. DATE Z TIME MTH YEAR

Z=BROADCAST: LESS THAN 10 MINUTES.

O=IMMEDIATE: NO LONGER THAN 1 HOUR

P=PRIORITY: NO LONGER THAN 6 HOURS

R=ROUTINE: WITHIN 24 HOURS

TIME OF RECEIPT (TOR) / TIME OF DELIVERY (TOD)

TOR - WHEN A MESSAGE FROM ANOTHER STATION IS RECEIVED BY YOUR LOCATION

TOD - WHEN A MESAGE, TRANSMITTED TO ANOTHER STATION, IS ACKNOWLEDGED AS RECEIVED BY THAT STATION.

Message Releaser (MR) 10 1337Z OCT 04 //LL// WD

DATE Z TIME MTH YEAR FQ PERSONAL SIGN

Attachment 4

SITUATION REPORT (SITREP) FORMAT

Item 1 - Identity and Type of unit.

Item 2 - Operating location of unit.

Item 3 - List number of assigned personnel by AFSC. Note any gains or losses since last report.

Item 4A - Patients evacuated since last report, as:

(U.S) - (ALLIED) - (EPW)

Item 4B - Patients evacuated since last report, as:

Battle injury / Litter-Ambulatory+Attendant

Non battle injury / Litter-Ambulatory+Attendant

Item 4C - Patients waiting for evacuation, as:

Litter-Ambulatory+Attendant

Item 5 - Equipment status (vehicles, AGE, radios, admin, medical) to be listed as:

Green: Fully mission capable.

Yellow: Operational, but needs parts, repair or re-supply within 24 hours.

Red: Not operational, but expected to be within 24 hours.

Black: Not operational, and not expected to be within 24 hours.

NOTE: List “green” equipment on the Operational Employment (first) report only. For all other colors, list exact problem and any corrective actions underway.

Item 6 - Comments or remarks section. List any factors that may adversely affect mission effectiveness.

*** Classification: SITREPs are classified SECRET or EXERCISE SECRET!!!

Attachment 5

PATIENT MOVEMENT REQUEST (PMR)

Table A5.1. Patient Movement Request (PMR).

Patient Movement Request (PMR)						
1. Name:			2. Grade:	3. Service	4. SSN / ID:	5. PMRC Cite No:
6. Precedence:	7. Class:	8. Weight:	9. Age:	10. MTF Origination:	11. Ready Date:	12. MTF Destination:
13. Med Spec1:		14. Diagnosis:				
15. History:						
16. Equipment/Supplemental Info:						
17. Attending Physician:	18. Phone No.		19. Reported by:		20. Phone No.	
21. Notes:						

Attachment 6

AEROMEDICAL MISSION TASKING REPLY

Table A6.1. Aeromedical Mission Tasking Reply.

1. FROM:			
2. TO:			
3. DTG:			
4. A/C TYPE:		5. MISSION #:	
6. PRECEDENCE:		7. CALL SIGN:	
8. AE CREW INFORMATION			
a. CREW POS	b. FULL NAME/RANK	c. SSN or DoD ID	d. DEPLOYED UNIT
1. MCD	1.	1	1.
2. CMT	2.	2.	2.
3. 2/3AET	3.	3	3.
4. AECM	4.	4.	4.
5. AECM	5.	5.	5.
9. CCATT INFORMATION			
a. AFSC	b. FULL NAME/RANK	c. SSN or DoD	d. DEPLOYED UNIT
1.	1.	1.	1.
2. 46N3E	2.	2.	2.
3. 4H0X1	3.	3.	3.
10. REMARKS			
RELEASER:			
1. FROM:			
2. TO:			
3. DTG:			
4. A/C TYPE:		5. MISSION #:	
6. PRECEDENCE:		7. CALL SIGN:	
8. AE CREW:			
9. CCATT:			
10. ONLOAD INFORMATION			
a. AFLD ICAO	b. ATA	c. ATD	
d. LITTER	e. AMBULATORY	f. ATTENDANT	
11. REMARKS			
RELEASER:			

Attachment 7

GENERAL MESSAGE WORKSHEET

GENERAL MESSAGE WORKSHEET

MESSAGE NUMBER DTG:_____

FROM: _____

TO: _____

INFO: _____

BT

_____
_____
_____
_____
_____
_____
_____

BT

TOR / TOD

MR: _____

Attachment 8

AEROMEDICAL MISSION TASKING MESSAGE (MTM)

Table A8.1. Aeromedical Mission Tasking Message (MTM).

AEROMEDICAL MISSION TASKING MESSAGE (MTM)						
1. FROM:						
2. TO:						
3. DTG:						
4. ACFT TYPE:		5. MISSION #:				
6. PRECEDENCE:		7. CALL SIGN:				
8. AIRCRAFT ITINERARY						
a. AFLD	1.	2.	3.	4.	5.	6.
b. ETA	1.	2.	3.	4.	5.	6.
c. ETD	1.	2.	3.	4.	5.	6.
d. ONLOAD	1.	2.	3.	4.	5.	6.
e. OFFLOAD	1.	2.	3.	4.	5.	6.
f. DEPLOAD	1.	2.	3.	4.	5.	6.
9. AE CREW REQS:						
10. CCATT REQS:						
11. PATIENT INFO:						
12. REMARKS						
13. RELEASER:						

Attachment 9

MASTER STATION LOG

Table A9.1. Master Station Log.

MASTER STATION LOG		Facility	Date	Time Period	
				From	To
Channel of Circuit	Zulu Time	Op Initials	Action / Event		

Attachment 10

RADIO EQUIPMENT DESTRUCTION

A10.1. Types of Destruction. The ranking official on site will determine whether the nature and circumstances involved in the threat to the material requires precautionary destruction or total destruction.

A10.1.1. Precautionary Destruction. Precautionary destruction would include the destruction of administrative documents, files and other material not required for continued operation. Under no circumstances will equipment be destroyed under the precautionary destruction order. Ensure that records indicate what material has been destroyed when precautionary destruction is implemented. Retain all equipment, all operational and maintenance documents, and a 90-day supply of COMSEC material.

A10.1.2. Total Destruction. Total destruction includes the destruction of electronic keys, documents, and equipment. This plan is implemented when the commander decides forces and facilities are no longer adequate to protect classified and COMSEC material from impending capture or loss. Normally, other individuals are empowered to put the plan into effect on their own if conditions prevent contact with the commander. The person most familiar with the amount and significance of COMSEC material on-hand must prepare a clear and concise plan. Planners should consider the options available when preparing for hostile actions. Where and when capture or overrun could be imminent; the plan should always be directed toward using the most expeditious means consistent with insuring total destruction.

A10.2. Precedence of Destruction. Destroy assets in the following descending order:

A10.2.1. TOP SECRET-CRYPTO and TOP SECRET simultaneously.

A10.2.2. SECRET-CRYPTO.

A10.2.3. SECRET.

A10.2.4. CRYPTO CONTROLLED ITEMS (CCI).

A10.2.5. Remaining classified material and equipment that could benefit the enemy.

A10.3. Zeroing. The term zeroized is used to describe the action taken to remove stored information from the memory of electronic equipment. (Consult equipment-operating instructions for zeroizing procedures.)

A10.4. Methods of Destruction. There are three basic methods of destruction:

A10.4.1. Burning. If using thermite or sodium nitrate on equipment, use proper safety procedures. Make sure the burn is complete and paper or plastic products are completely destroyed.

A10.4.2. Destroy. Completely destroy integral components to render the equipment inoperable and beyond repair.

A10.4.3. Shredding. Always use COMSEC approved cross cutting shredders to prevent reconstruction of documents.