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AEROSPACE MEDICINE

**EN ROUTE CARE CLINICAL
SIMULATION TRAINING**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction implements Air Force policy directive (AFDP) 48-1, *Aerospace & Operational Medicine Enterprise*; supports AFDP 10-29, *Worldwide Aeromedical Evacuation Operations*; and establishes, defines, and implements standardized clinical training in the Air Force (AF) Aeromedical Evacuation (AE) System. This publication applies to all military and civilian personnel of the regular Air Force (RegAF), Air Force Reserve (AFR) and Air National Guard (ANG). This publication does not apply to the United States Space Force. This Instruction requires the collection and or maintenance of information protected by the Privacy Act of 1974 authorized by Department of Defense instruction (DoDI) 6025.18, *Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule Compliance In DoD Health Care Programs*, and DoDI 8580.02, *Security of Individually Identifiable Health Information in DoD Health Care Programs*. The applicable SORN [F044 F SG E, Electronic Medical Records System] is available at: <http://dpclo.defense.gov/Privacy/SORNs.aspx>. Ensure all records generated as a result of processes prescribed in this publication adhere to Air Force Instruction 33-322, *Records Management and Information Governance Program*, and are disposed in accordance with the Air Force records disposition schedule, which is located in the Air Force Records Information Management System. Refer recommended changes and questions about this publication to the office of primary responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*; route AF Forms 847 from the field through the appropriate functional chain of command. This publication may be supplemented at any level, but all supplements must be routed to the OPR of this publication for coordination prior to certification and approval. The authorities to waive wing/unit level requirements in this publication are identified with a Tier (“T-0, T-1, T-2, T-3”) number following the compliance statement. Reference Department of the Air Force

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Summary of Changes. This is a new publication and needs to be completely reviewed.

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Chapter 1

OVERVIEW

1.1. Training Objective . DAFI 48-107V4 prescribes basic policy and guidance for the clinical training of en route patient staging system (ERPSS), en route critical care (ERCC) personnel and standardizing the clinical requirements for en route care (ERC) simulation. For aeromedical evacuation squadron training requirements refer to Air Force Manual (AFMAN) 11-2AEV1 *Aeromedical Evacuation Aircrew Training*.

1.1.1. The objective of the ERPSS and ERCC clinical training program is to ensure the safe transport of patients for peace and wartime contingencies. Mission readiness and effective employment are achieved through the development and mastery of core competencies for ERPSS and ERCC personnel across the range of military operations in any environment.

1.1.2. The secondary objective is to standardize ERPSS and ERCC clinical training requirements across the Major Commands (MAJCOMs) owning those unit type codes (UTC).

1.2. Air Mobility Command Surgeon (AMC/SG). Air Mobility Command Surgeon (AMC/SG) has adopted The Society for Simulation in Healthcare (SSIH), *Healthcare Simulation Dictionary* or other validated source documentation as applicable and approved by AMC/SG as the standardized terminology used. Standardized terminology provides guidance and clear communication and reflects shared values in simulation experiences, research and publication.

1.3. Administration.

1.3.1. Recommendation for change. Submit suggested improvements to this instruction on AF Form 847 through MAJCOM channels to the En Route Care Medical Care Division (AMC/SGK). Send proposals for amending existing course prerequisites or recommendations to change or delete obsolete courseware through the appropriate MAJCOM training staff to the OPR. The OPR organization group email address is: amc.sgk@us.af.mil.

1.3.2. Supplements. DAFI 48-107V4 is a basic directive. Each MAJCOM or operational theater may supplement this DAFI. MAJCOM supplements may be more, but not less restrictive than this instruction. MAJCOM supplements will be coordinated/approved by AMC/SGK. (T-2).

1.3.3. If a conflict is identified for a training requirement, comply with the source document that establishes the training requirement i.e., advanced cardiac life support (ACLS), basic life saving (BLS), comprehensive medical readiness program (CMRP) etc.

1.4. Roles and Responsibilities.

1.4.1. Lead command. Air Mobility Command (AMC) is designated as the lead command for AE and is responsible for establishing and standardizing clinical training requirements in coordination with user MAJCOMs. The Commander, Air Mobility Command, (AMC/CC) delegates AMC/SG the authority to manage all clinical training course requirements, training tasks and simulation training activities.

1.4.1.1. Courses. AMC/SG, in conjunction with training and user MAJCOMs, develops and/or approves the initial and sustainment training.

1.4.1.2. AMC/SGK:

1.4.1.2.1. Conduct clinical simulation training device certification. AMC/SGK will ensure active duty units conduct an annual organizational simulator certification (SIMCERT) on clinical simulation training platforms. (T-2). Air reserve component (ARC) units will conduct SIMCERT every two years. (T-2). SIMCERTs will be conducted in accordance with the following basic/minimal checklist (refer to [Attachment 2](#)).

1.4.1.2.2. Monitor training device utilization, availability, and ensure equipment malfunctions are corrected through coordination with local leadership.

1.4.1.2.3. Units will report annual SIMCERT outcomes by providing the completed checklist with Chief Nurse (SGN) signature to their MAJCOM/SG and AMC/SGK via email amc.sgk@us.af.mil. (T-2).

1.4.1.2.4. AMC/SGK provides standardized clinical training scenarios for all aspects of the en- route care. Scenarios are available at the following link <https://usaf.dps.mil/sites/amcsg/sgo/opstraining>. SGNs may approve and implement locally developed scenarios.

1.4.2. If there are no personnel on the ERPSS UTC with previous flight nurse/aeromedical evacuation technician (FN/AET) experience, AMC/SGK recommends the SGN designates the mission capability (MISCAP) statement identified senior nurse or senior medical technician from each ERPSS UTC to audit the FN/AET course. The knowledge of en route care system gained from course audit should be utilized to strengthen local training programs.

1.4.3. Training resources. [Table 1.1](#) outlines required, recommended and preferred equipment listing for training programs. SGNs will contact the applicable MAJCOM/SG for assistance and support for training equipment procurement. (T-2).

Table 1.1. Required, Recommended and Preferred Training Equipment.

<p>Required durable pieces of medical patient movement item (PMI) equipment with all disposable support supplies.</p> <ul style="list-style-type: none"> • Defibrillator/cardiac monitor/vital sign monitor • Suction/aspirator • SpO2 monitor • Chest drainage system with chest tube • Infusion pump • Patient controlled analgesic (PCA) pump
<p>Recommended pieces of medical equipment.</p> <ul style="list-style-type: none"> • 3 weighted litters with two litter straps, backrest, linens and pillows. Supplied by unit • Litter stand, 3 sets • North Atlantic Treaty organization (NATO) gurney • OSL (over size litter) • Hand held wand style metal detector • Patient cot • Manikin, standardized patient. Supplied by unit • BGAN (broadband global area network), LMR (land mobile radio) • Patient baggage

<ul style="list-style-type: none"> • Urinary catheter system
<p>Preferred training items to be shared when ERCC and ERPSS is collocated with an AE Squadron (AES)</p> <ul style="list-style-type: none"> • All durable pieces of medical PMI equipment • OSLs • PMI asset tracking system (PMI-ATS) • Litters and back rests

1.4.4. Commanders at all levels will ensure unit/local level agencies and facilities support ground training programs. **(T-2)**. Host and/or co-located units will develop local agreements to consolidate training support base-wide. **(T-2)**.

1.4.4.1. Squadron Commander (SQ/CC) (or designated representative) will:

1.4.4.1.1. Ensure clinical trainers will be selected from the most highly qualified and experienced personnel. **(T-3)**.

1.4.4.1.2. Ensure personnel will complete in-unit mission and continuation training programs. **(T-3)**.

1.4.4.1.3. Ensure adequate training continuity and supervision of assigned personnel. Training records will be reviewed of all newly assigned personnel. **(T-3)**.

1.4.5. Chief Nurse (SGN). The SGN of the ERPSS or ERCC unit advises the SQ/CC or equivalent. In concurrence with the senior enlisted leader (SEL), appoints an individual (s) in writing who are designated as preceptors authorized to validate the performance verification skills for clinical training. The SGN will appoint a Clinical Coordinator/Simulation program manager and identify this person in writing. **(T-3)**. The SGN has oversight of all coordinators trained and reviewed annually for quality assurance.

1.4.5.1. The SGN and SEL will ensure a designated representative monitors the quality of training being accomplished and identifies any training deficiencies. **(T-3)**. The SGN or SEL will advise SQ/CC or equivalent of additional training demands and failure to reasonably progress which may require further action. **(T-3)**.

1.4.5.2. The SGN and SEL will identify any trends identified through the execution of recurring training for assigned personnel. **(T-3)**. The trends will be reported quarterly to the SQ/CC or equivalent (**reference Figure A1.2**). **(T-3)**.

1.4.6. Clinical coordinator/simulation program manager.

1.4.6.1. Manage the unit's clinical simulation program that teaches and assesses assigned medical personnel's clinical competencies to respond with appropriate lifesaving protocols for signs, symptoms and conditions presented in a clinical simulation scenario.

1.4.6.2. Incorporate current and emerging training resources, technologies, methodologies and standards for clinical simulation events from Defense Medical Modeling and Simulation Office (DMMSO).

1.4.6.3. Oversee the efficacy of assigned operator and facilitator's executing clinical simulation events and utilize International Nursing Association for Clinical Simulation and Learning (INACSL) current standards of best practices.

1.4.6.4. Ensures simulation program's supplies and equipment operability, maintenance and integrity.

1.4.6.5. Track and report quarterly to the SGN:

1.4.6.5.1. Number of simulation events.

1.4.6.5.2. Number of personnel trained and/or participated in simulation events.

1.4.6.5.3. Identify best practices and training emphasis needs from personnel's responses and actions during simulation events.

1.4.6.5.4. Develop a policy for managing missing, malfunctioning, or inoperative equipment.

1.4.6.5.5. A quarterly report of training accomplishments and trends will be provided to AMC/SGK. (T-2).

1.4.6.6. Ensure incorporation of high reliability organization principles and patient safety practices within clinical curriculum.

1.4.7. Air Force Medical Modeling and Simulation Training (AFMMAST) Program.

1.4.7.1. Located at Air Education and Training Command (AETC), the AFMMAST program centrally manages Medical Modeling & Simulation (MM&S) projects and initiatives as directed by AF Instruction (AFI) 16-1005, *Modeling & Simulation Management*.

1.4.7.2. AFMMAST Program Management Office (PMO). Oversees MM&S training occurring throughout the network of geographically separated sites medical treatment facilities (MTFs), formal training sites, and AESs throughout the Air Force medical service (AFMS).

1.4.7.2.1. Supports AFMS training needs through simulation.

1.4.7.2.2. The PMO facilitates sharing of MM&S best practices and lessons learned

1.4.7.2.3. Operator and facilitator training is managed by AFMMAST.

1.4.7.2.4. The AFMMAST portal scenario library is located at: <https://intelshare.intelink.gov/sites/afmmast/Training/Scenarios%20Library/Forms/AllItems.aspx>

1.4.7.2.5. This AFMMAST site has tools and resources to help with MM&S training needs.

<https://intelshare.intelink.gov/sites/afmmast/Training/SitePages/Home.aspx>
(select your department of Defense (DoD) email certificate).

Chapter 2

WAIVERS

2.1. Waiver Authority.

2.1.1. Deviations from DAFI 48-107V4 require exception to policy letters or waivers. Report deviations and/or exception (after the fact waiver), through channels to MAJCOM SGN, who, in turn, notifies AMC/SGK for follow-on action, if required. Units reporting deviations and/or exceptions will maintain copies of reported deviations/exceptions for two years (**reference paragraph 2.2.2**) (T-3). A deviation is any unplanned variation to a syllabus or training plan (i.e., failure to meet established training timelines, prerequisite completion/flow). An exception is a request to change/remove specific requirement(s) based on unforeseen circumstances that prohibited completion of the training event, as scheduled/written (i.e., mission delay/change, equipment failure, divert, etc.).

2.1.2. All waiver requests will be submitted on AF Form 679, *Air Force Publication Compliance Item Waiver Request/Approval* and supplied for situational awareness to AMC/SGK or approving level. (T-3). Units submitting waivers will include supporting rationale, training start date, summary of unit's training plan, and estimated completion date. (T-3).

2.1.3. Waiver format. A copy of the approved waivers will be placed in the individual's formal training record. Units will retain unit file copies for a minimum two years. (T-3).

Figure 2.1. Sample Waiver Request Format.

<p>MEMORANDUM FOR (Waiver Authority) FROM: (Requester) SUBJECT: Waiver Request – (Individual), (Type of Waiver)</p>
<p>*Name, grade. *Organization (assigned or attached). *Include special qualifications/certifications if appropriate. *Waiver request specifics e.g., cite requirement and requested deviation. *Rationale or justification for waiver request. *Training start date. *If waiver request for time limit, specify mandatory date. *Date event last accomplished and normal eligibility period. *Unit point-of-contact (include name, rank, telephone number, and functional address symbol, and Email address).</p>
<p>(Signature of Requester) (Title)</p>
<p>The information herein is FOR OFFICIAL USE ONLY (FOUO) information which must be protected under the Freedom of Information Act (5 U.S.C 552) and/or the Privacy Act of 1974 (5 U.S.C. 552a). Unauthorized disclosure or misuse of this PERSONAL INFORMATION may result in disciplinary action, criminal and/or civil penalties.</p>

2.2. In-Unit Training Time Limitations. Comply with the time limitations described in this paragraph.

2.2.1. Training time start date is the date when the first significant training has begun. The Unit Commander ensures training begins within 60 days of assignment to the UTC. The MAJCOM/SGN is the waiver authority for training not started within 60 days and waivers will be requested before the personnel exceeds the training time limit. **(T-2)**. Training time ends with the successful completion of all initial training events.

2.2.2. SQ/CC or equivalent may extend training time up to 60-days with a memorandum for record (MFR) submitted into the training records; notification to the MAJCOM/SGN is not required. Units will submit requests for training extensions exceeding 60 days before the member exceeds training time limits. **(T-2)**.

2.2.3. Initial training includes: MISCAP and tactics, techniques and procedures (TTP) review; readiness requirements in accordance with AFI 41-106, *Air Force Medical Readiness Program.*; and unit mission briefing. Initial training will be complete within 90 days for RegAF and 180 for AFR/ANG. **(T-2)**.

2.3. Distribution. Units will establish distribution requirements of this DAFI. **(T-2)**.

2.4. Clinical Coordinator. The SGN assigns a clinical coordinator to personnel during simulation training events.

2.5. Information Management. MAJCOMs may establish a training website to facilitate information flow with units. Reference unit training office or MAJCOM supplement (if published).

2.6. Failure to Progress or Complete Training. If a student fails to progress according to syllabus or training requirements, the unit accomplishing the training will conduct a progress review (PR). **(T-3)**. The PR can recommend continuation in training or other actions.

2.6.1. Each unit will determine their process for documenting performance causing personnel to be retrained. **(T-3)**.

2.6.2. This process will include how and where to document the retraining. **(T-3)**.

Chapter 3

EN ROUTE CARE CLINICAL SIMULATION TRAINING

3.1. Purpose.

3.1.1. Standardize simulation-based training to optimize and standardize personnel assigned in the en route care enterprise; in order to develop ready to deploy forces. This chapter outlines the requirements to test, validate, and support training systems that are acceptable to AMC/SG.

3.1.2. When applied properly, simulation-based training provides an opportunity to learn new skills, engage in deliberate practice and receive focused and real-time feedback. The goal of simulation-based training is to enable the accelerated development of expertise, both in individual and team skills, by bridging the gap between classroom training and real-world experiences in a relatively risk-free environment.

3.1.3. Simulation is meant as a method of supporting operational medicine training. Simulation can never completely replicate the live patient encounters or all the stresses produced during operational medicine events.

3.2. Clinical Simulation Training Environment.

3.2.1. Clinical training simulation laboratory. ERPSS and ERCC transport personnel may train in conjunction with AE crew members if available. Additionally, multiple platforms for training; i.e., fuselage trainers (FuT), cargo compartment trainers (CCT), simulation lab, aircrew training device and high fidelity manikins may be available.

3.2.2. Local simulation laboratory. Any area at the unit level capable of training on manikins (prefer high fidelity) using authorized supplies and equipment for the UTC being trained. For instance, a manikin at an aeromedical staging squadron with a patient staging clinical allowance standard (AS) available to utilize during training events.

3.2.3. Standardized scenarios. ERPSS and ERCC units will use AMC/SGK approved, standardized training scenarios or locally developed scenarios approved by AMC/SGK designed to educate in the following areas:

- 3.2.3.1. Clinical competencies. **(T-3)**.
- 3.2.3.2. Critical thinking and clinical decision making. **(T-3)**.
- 3.2.3.3. Relationships and communication. **(T-3)**.
- 3.2.3.4. Provider skills. **(T-3)**.
- 3.2.3.5. Care management. **(T-3)**.
- 3.2.3.6. Clinical course objectives. **(T-3)**.
- 3.2.3.7. Assessment, intervention and evaluation. **(T-3)**.
- 3.2.3.8. Direct patient care. **(T-3)**.
- 3.2.3.9. Communication/collaboration. **(T-3)**.
- 3.2.3.10. Professional behaviors. **(T-3)**.

3.3. Certification of Clinical Simulation Training Environments.

3.3.1. AMC/SGK provides oversight of the management and operation of ERC simulation policy and guidance..

3.3.2. Simulators are used to train ERC personnel on aerospace physiology clinical training scenarios. They encourage the development of critical thinking skills to provide improved care and a team approach with nurses and technicians.

3.3.3. It is important to perform basic cleaning and maintenance after each use of your simulation equipment. Follow the manufacturer's directions for use.

3.3.4. Complete and log monthly maintenance checks on simulation equipment to ensure it is in working order to support your training needs as well as capture any issues for repair.

3.3.5. Log any issues with your local biomedical equipment repair technician. A generic monthly maintenance checklist and other checklist examples can be found on the AFMMAST Portal at: <https://intelshare.intelink.gov/sites/afmmast/SitePages/Home.aspx>

3.4. Curriculum and Scenario Library.

3.4.1. AFMMAST Program.

3.4.1.1. Located at AETC, the AFMMAST Program centrally manages MM&S projects and initiatives as directed by AFI 16-1005. The program helps standardize MM&S processes while allowing sites the flexibility to meet their unique training needs.

3.4.1.2. AFMMAST PMO. Oversees MM&S training occurring throughout the network of geographically separated sites (MTFs, formal training sites, and AES throughout the AFMS. The PMO organization email is: aetc.sgr@us.af.mil

3.4.1.2.1. Develops processes for, provides funding (when otherwise not available), and oversees procurement and replacement of simulation equipment.

3.4.1.2.2. Standardizes scenario development processes to support AFMS training needs and coordinates subject matter expert (SME) approval of simulation training products and tools.

3.4.1.2.3. The PMO facilitates sharing of MM&S best practices and lessons learned through online and teleconference discussions as well as face-to-face site visits. The PMO also builds connections with simulation industry vendors, academia and researchers to stay current on products, services, and best practices available to help the AFMS meet its training requirements and goals.

3.4.2. Anyone who operates medical simulation equipment (contractors, government employees, or military personnel) will, at a minimum, complete the on-line operator and facilitator training in accordance with AFMMAST. **(T-2)**. Operators and facilitators receive familiarization training at their location with an experienced simulation operator on the specific equipment available at their site.

3.4.3. Simulation curriculum is based on the Standards of Best Practice: Simulation Outcomes and Objectives by INACSL and utilizes the *Healthcare Simulation Dictionary* by SSIH terms. All simulation-based experiences begin with the development of measureable objectives designed to achieve expected outcomes. Review the AFMMAST Portal Scenario Library:

<https://intelshare.intelink.gov/sites/afmmast/SitePages/Home.aspx> and the site <https://usaf.deps.mil/usaf/afmmast> (select your Department of Defense (DoD) email certificate) for tools and resources to help with MM&S training.

Chapter 4

EN ROUTE PATIENT STAGING SYSTEM PERSONNEL SIMULATION CLINICAL SUSTAINMENT TRAINING

4.1. Objective. This chapter establishes minimum criteria and training requirements for ERPSS personnel. All newly assigned personnel will complete in-unit clinical training. **(T-2).** Event identifiers are standardized for members. Event descriptions are listed by function.

4.1.1. Inpatient medical-surgical nursing is the level of care delivered in the ERPSS. Units will utilize DAFI 48-107V1; *En Route Care and Aeromedical Evacuation Medical Operations* for all clinical training events. **(T-2).**

4.2. Documentation. Use AF Form 1098, *Special Task Certification and Recurring Training*, (reference **Attachment 3**) or equivalent to record and certify training events. The certified training forms will be validated by the unit training office and recorded into MRDSS. **(T-2).**

4.3. Initial Training (I) Events. Units will record training accomplishments using the AF Form 1098 or a locally developed report.. **(T-2).**

4.3.1. I01Y: Advanced cardiac life support (ACLS).

4.3.1.1. Purpose: Ensures members are trained to perform emergency resuscitation of adult patients.

4.3.1.2. Description: Current ACLS guidelines are used by all during employment.

4.3.1.3. OPR: AMC/SGK.

4.3.1.4. Unit: Squadron/Unit Training

4.3.1.5. Curriculum development: American Red Cross (ARC) or American Heart Association (AHA) guidelines

4.3.1.6. Instructor: certified ARC or AHA ACLS Instructor

4.3.1.7. Training Aids: at the instructor's discretion

4.3.1.8. Additional Information: Required for all RegAF ERPSS UTC assigned registered nurses and required prior to deployment for the ARC UTC assigned registered nurses.

4.3.2. I13Y: ERC medical equipment review (hands-on).

4.3.2.1. Equipment: At a minimum **Table 1.1** required durable pieces of medical PMI equipment **(T-2).**

4.3.2.2. Purpose: Ensures all members can demonstrate the ability to assemble/operate ERPSS medical equipment.

4.3.2.3. Description: Training includes medical equipment routinely operated during patient movement.

4.3.2.4. OPR: AMC/SGK

4.3.2.5. Unit: Squadron/unit training

4.3.2.6. Curriculum development: Each unit is responsible for tailoring training to meet unit needs.

4.3.2.7. Instructor: Equipment trainer (as designated by SGN).

4.3.2.8. Training aids: ERPSS equipment

4.3.2.9. Additional Information: Additional pieces of equipment may be included to the above items per direction of the unit SGN.

4.3.3. I15Y Medication administration

4.3.3.1. Purpose: Ensure members are proficient with computational pharmacology and medication administration for medications on the authorized drug list for the UTC AS.

4.3.3.2. Description: Provides academic and hands-on training to assess the fundamental mathematical principles required for drug calculations and medication administration to include oral, injection, suppository, liquid, topical, nebulizer and metered-dose inhaled medications.

4.3.3.3. OPR: AMC/SG

4.3.3.4. Unit: Squadron/unit training

4.3.3.5. Curriculum Development: As developed and revised by Mosby's On-Line® or other current and approved source.

4.3.3.6. Instructor: Squadron/unit clinical instructor

4.3.3.7. Training aids: Lesson plans and various medication administration supplies.

4.3.3.8. Additional information: Personnel will register with the AFMS Knowledge Exchange: <https://kx.health.mil/kj/kx1/afmoaedandtraining/Pages/home.aspx>, along with Relias Learning Management System and Elsevier Clinical Skills Plus to access training, <https://kx.health.mil/kj/kx1/AFMOAEdandTraining/Pages/Elsevier-Clinical-Skills-Plus-.aspx>. (T-1). Training should be documented in accordance with current AFMS directions. To gain credit 4N0s require computational pharmacology and 4NOX1 medication administration courses along with hands-on training in accordance with the 4N0 medication administration program policy. Registered nurses (RNs) require computational pharmacology, medication administration, and hands-on training to include: adding medication to intravenous fluid containers, subcutaneous injections, intramuscular injections, piggyback/intermittent infusion sets/mini-infusion pumps, and eye medication.

4.3.4. I27Y: TEAMSTEPPS or high reliability organization familiarization

4.3.4.1. Purpose: Medical personnel training conducted according to AFMS concepts

4.3.4.2. Description: Designed to familiarize members to cope with human behavior concerns that potentially affect performance and safety. Documented studies of accidents and additional data suggest that most human behavioral problems observed among health care workers can be grouped into three primary categories: interpersonal communications, situational awareness, and team leadership.

4.3.4.3. OPR: AMC/SGK

4.3.4.4. Unit: Squadron/unit training

4.3.4.5. Curriculum development: AFMS approved

4.3.4.6. Instructor: Unit identified instructor.

4.3.4.7. Training aids: At the instructor's discretion.

Table 4.1. Initial Training Requirements.

Code	Event	Timeframe	Notes
I01Y	Advanced cardiac life support (ACLS)	90 days RegAF; 180 days ARC	1,2
I13Y	Medical equipment review (hands-on)	90 days RegAF; 180 days ARC	1,2
I15Y	Medication administration	90 days RegAF; 180 days ARC	1,2
I27Y	TEAMSTEPPS or high reliability organization familiarization	90 days RegAF; 180 days ARC	1,2
<p>Note 1: Initial training will start no later than 60 days after arrival; MAJCOM/SGN is waiver authority for training not started within 60 days and waivers will be requested before member exceeds the 60 day period. (T-2).</p> <p>Note 2: SQ/CC or equivalent may extend training time for up to 60 days using a MFR without notifying MAJCOM/SGN. Subsequent extensions or an extension request exceeding 60-days will require MAJCOM/SGN approval before the member exceeds training time limits. (T-2)</p>			

4.4. Clinical Sustainment Training Requirements. Minimum requirements to attain credit for these patient staging (PS)-coded items are described below. Standardized clinical training objectives are located on the AMC/SG website at: <https://usaf.dps.mil/sites/amcsg/sgo/opstraining> and are training aids only.

4.4.1. Completion and tracking of continuation training is the responsibility of the individual member. Members will work with unit schedulers and training offices to ensure their continuation training is accomplished as described in this chapter. **(T-2)**.

4.4.2. Identify individuals if they fail to maintain clinical training requirements. The member will not deploy until training is accomplished. **(T-2)**. Units will place individuals delinquent in one or more events in a training status and ensure they are supervised when performing those events for which they are delinquent. **(T-2)**.

4.4.3. Allowance standard (AS) equipment. Any members scheduled for training are required to utilize the complete clinical AS of supplies and equipment.

4.4.4. Clinical care in the patient staging environment integrates aerospace medicine and en route care operations. Provides a training environment for members to provide patient care, recognize/anticipate critical signs/symptoms, and initiate interventions for en route patient care and medical emergencies.

4.4.4.1. For each clinical training event, members will: verbalize how the stresses of flight effects are applicable to patient requirements and how to mitigate those effects; demonstrate/verbalize appropriate assessment, treatment, documentation and reassessment; and use equipment and supplies to manage various patient requirements. (T-2)

4.4.4.2. Training will be accomplished in accordance with DAFI 48-107V1; AF Manual (AFMAN) 10-2909, *Aeromedical Evacuation Equipment Standards* and the *AE Medical Equipment Compendium*, current BLS/ACLS guidelines, AMC/SG directed nursing references, AE clinical protocols (AECPs), AMC/SG clinical training plans. (T-2). OPR is AMC/SG. standardized clinical training objectives are located on the AMC/SG website at: <https://usaf.dps.mil/sites/amcsg/sgo/opstraining/SitePages/Home.aspx> and are training aids only.

4.4.5. PS19Y Cardiovascular management.

4.4.5.1. Purpose: Demonstrate the ability to assess, identify and manage the patient with acute and chronic cardiovascular conditions and treat emergencies.

4.4.5.2. Description: Verbalize preflight cardiac considerations and perform a cardiac assessment. Identify/treat cardiac arrest and/or stable/unstable cardiac arrhythmias. Verbalize treatment for the following conditions as required by scenario: congestive heart failure, acute coronary syndrome, or cardiogenic shock.

4.4.5.3. OPR: AMC/SGK

4.4.5.4. Unit: Squadron/unit training.

4.4.5.5. Curriculum development: AMC/SGK

4.4.5.6. Instructor: Unit instructor.

4.4.5.7. Training aids: AMC/SG clinical training plan, ARC or equivalent guidelines, emergency oxygen AECp, simulated patient and applicable ERPSS medical equipment/supplies.

4.4.6. PS49Y: Neurological management.

4.4.6.1. Purpose: Demonstrate the ability to assess, identify and manage the patient with acute or chronic neurological conditions and emergencies.

4.4.6.2. Description: Perform a neurological assessment and manage patients with the following as required by patient scenario: Traumatic Brain Injury (TBI), spinal cord injury, seizures and status epilepticus, and pressure ulcer prevention. Identify and treat cerebrovascular accident and symptoms of increased intracranial pressure.

4.4.6.3. OPR: AMC/SGK

4.4.6.4. Unit: Squadron/unit training

4.4.6.5. Curriculum development: AMC/SGK

4.4.6.6. Instructor: Unit instructor.

4.4.6.7. Training Aids: AMC/SG clinical training plan, status epilepticus AECP, ARC or equivalent guidelines, simulated patient and applicable ERPSS medical equipment/supplies.

4.4.7. PS29Y: Endocrine and hematological management.

4.4.7.1. Purpose: Demonstrate the ability to assess, identify and manage the patient with acute or chronic endocrine and hematological conditions and emergencies.

4.4.7.2. Description: Verbalize preflight considerations and management of patients with anemia and/or leukopenia. Identify and treat signs and symptoms of hypoglycemia, hyperglycemia, hemolytic reactions, and procedures for blood or body fluid exposure as required by scenario, in accordance with AECP's . Demonstrate set-up and verbalize the administration of blood products and recognize and treat transfusion reactions as required by scenario.

4.4.7.3. OPR: AMC/SGK

4.4.7.4. Unit: Squadron/unit training.

4.4.7.5. Curriculum development: AMC/SGK

4.4.7.6. Instructor: Unit instructor.

4.4.7.7. Training Aids: AMC/SG clinical training plan, reaction to blood products AECP, health care worker blood and body fluid post exposure plan AECP, hypoglycemic management AECP, simulated patient and applicable medical equipment/supplies.

4.4.8. PS37Y: Maxillofacial, neck, ear and eye management.

4.4.8.1. Purpose: Demonstrate the ability to assess, identify, and manage the patient with traumatic maxillofacial, neck, ear, and eye injuries.

4.4.8.2. Description: Verbalize and/or demonstrate the management of patients with the following based on patient requirements or scenario: ocular injuries, ear or sinus blocks, and oral surgery.

4.4.8.3. OPR: AMC/SGK

4.4.8.4. Unit: Squadron/unit training.

4.4.8.5. Curriculum development: AMC/SGK

4.4.8.6. Instructor: Unit instructor.

4.4.8.7. Training aids: AMC/SG clinical training plan, over-the-counter medication: ocular injuries, ear/sinus blocks, and oral surgery within their scope of clinical practice. Medication administration AECP, simulated patient and applicable ERPSS medical equipment/supplies.

4.4.9. PS13Y and PS15Y: Airway, respiratory management and thoracic trauma.

4.4.9.1. Purpose: Demonstrate the ability to assess, identify and manage the patient with acute or chronic respiratory conditions, droplet/airborne isolation and airway or thoracic trauma/respiratory emergencies.

4.4.9.2. PS13Y: Verbalize preflight considerations and identify or treat the following based on patient requirements and scenario: airway obstruction, hypoxia, hyperventilation, hypercapnia, pulmonary embolus or tension pneumothorax.

4.4.9.3. PS15Y: Manage the care of patients with the following conditions as required by scenario: chest tube, asthma, Chronic Obstructive Pulmonary Disease (COPD), and/or droplet/airborne isolation.

4.4.9.4. OPR: AMC/SGK

4.4.9.5. Unit: Squadron/unit training.

4.4.9.6. Curriculum Development: AMC/SGK

4.4.9.7. Instructor: Unit instructor.

4.4.9.8. Training Aids: AMC/SG clinical training plan, emergency oxygen AECPP, simulated patient and applicable ERPSS medical equipment/supplies.

4.4.10. PS03Y and PS05Y: Abdominal and Genitourinary Management.

4.4.10.1. Purpose: Demonstrate the ability to assess, identify and manage the patient with acute or chronic abdominal and genitourinary conditions/emergencies while maintaining contact precautions.

4.4.10.2. Description:

4.4.10.2.1. PS03Y: Members verbalize preflight considerations and manage patients with the following conditions: motion sickness (prevention) and gastrointestinal (GI) bleed within their scope of clinical practice. Members will demonstrate or verbalize the insertion of a nasogastric tube with use of a suction device.

4.4.10.2.2. PS05Y: Verbalize management of suprapubic catheters, wound drains and enteral feedings. Demonstrate or verbalize foley catheter insertion.

4.4.10.3. OPR: AMC/SGK

4.4.10.4. Unit: Squadron/unit training.

4.4.10.5. Curriculum Development: AMC/SGK

4.4.10.6. Instructor: Unit instructor.

4.4.10.7. Training Aids: AMC/SG clinical training plan, over-the-counter administration AECPP, simulated patient and applicable ERPSS medical equipment/supplies.

4.4.11. PS45Y and PS47Y: Musculoskeletal and neurovascular trauma.

4.4.11.1. Purpose: Demonstrate the ability to assess, identify and manage the patient with traumatic musculoskeletal and neurovascular injuries and emergencies.

4.4.11.2. Description:

- 4.4.11.2.1. PS45Y: Verbalize preflight considerations and manage patients as required by scenario with: a cast, external fixator, amputation or pelvic fracture. AECMs demonstrate and/or verbalize care for patients with negative-pressure wound therapy or sequential compression devices.
- 4.4.11.2.2. PS47Y: Identify and treat patients with the following conditions as required by patient scenario: compartment syndrome, venous thromboembolism (VTE) and wound bleeding or hemorrhage.
- 4.4.11.3. OPR: AMC/SGK
- 4.4.11.4. Unit: Squadron/unit training.
- 4.4.11.5. Curriculum development: AMC/SGK
- 4.4.11.6. Instructor: Unit instructor.
- 4.4.11.7. Training Aids: AMC/SG clinical training plan, simulated patient and applicable ERPSS medical equipment/supplies
- 4.4.12. PS17Y: Burn management.
 - 4.4.12.1. Purpose: Demonstrate the ability to assess, identify and manage the patient with thermal, chemical and electrical burns and treat burn trauma.
 - 4.4.12.2. Description: Verbalize preflight considerations and manage patients with burns. Demonstrate and/or verbalize pain relief strategies and dressing management. Verbalize patient fluid resuscitation time-line. Identify and treat respiratory distress related to inhalation injuries as required by scenario.
 - 4.4.12.3. OPR: AMC/SGK
 - 4.4.12.4. Unit: Squadron/unit training
 - 4.4.12.5. Curriculum development: AMC/SGK
 - 4.4.12.6. Instructor: Unit instructor.
 - 4.4.12.7. Training Aids: AMC/SG clinical training plan, simulated patient and applicable medical equipment/supplies.
- 4.4.13. PS57Y and PS59Y: pain management.
 - 4.4.13.1. Purpose: Demonstrate the ability to assess, identify, and manage patients with acute or chronic pain, over-sedation, and toxicity. Demonstrate operation of analgesic devices.
 - 4.4.13.2. Description:
 - 4.4.13.2.1. PS57Y: Verbalize preflight considerations and manage the patient's pain via oral, intramuscular, intravenous, peripheral nerve block and epidural administration routes as required by patient scenario. Demonstrate pain assessment and sedation level using approved pain and sedation scales.
 - 4.4.13.2.2. PS59Y: Demonstrate operation of PCA, as required by patient scenario. Identify and treat either local anesthetic toxicity (LAST), suspected narcotic overdose

or benzodiazepine overdose in accordance with AECPs per patient requirement or scenario.

4.4.13.3. OPR: AMC/SGK

4.4.13.4. Unit: Squadron/unit training.

4.4.13.5. Curriculum development: AMC/SGK

4.4.13.6. Instructor: Unit instructor.

4.4.13.7. Training Aids: AMC/SG clinical training plan, LAST AECF, narcotic or benzodiazepine overdose AECF, simulated patient, and applicable ERPSS medical equipment/supplies.

4.4.14. PS41Y: Mental health management.

4.4.14.1. Purpose: Demonstrate the ability to assess, identify and manage acute or chronic psychiatric disorders and psychiatric/neuroleptic drug emergencies.

4.4.14.2. Description: Verbalize preflight considerations and manage patients with acute or chronic mental health disorders. Identify patients with the following conditions as required by patient scenario: suicidal ideation, substance abuse withdrawal, extrapyramidal symptoms, and acute exacerbation for psychotic behavior, in accordance with the AECF.

4.4.14.3. OPR: AMC/SGK

4.4.14.4. Unit: Squadron/Unit training.

4.4.14.5. Curriculum development: AMC/SGK

4.4.14.6. Instructor: Unit instructor.

4.4.14.7. Training aids: AMC/SG clinical training plan, acute exacerbation of mental health or behavior disorders AECF, simulated patient, and applicable ERPSS medical equipment/supplies.

4.4.15. PS61Y: Pediatric management.

4.4.15.1. Purpose: Demonstrate the ability to assess, identify and manage the pediatric patient and emergencies.

4.4.15.2. Description: Verbalize preflight considerations for pediatric patients. AECMs conduct an age specific systematic pediatric assessment, manage pain and identify vital signs, urine output, equipment and drug dosages utilizing applicable resources. AECMs recognize and treat respiratory distress or arrest and cardiac arrest of the pediatric patient, as required by patient scenario.

4.4.15.3. OPR: AMC/SGK

4.4.15.4. Unit: Squadron/unit training.

4.4.15.5. Curriculum Development: AMC/SGK

4.4.15.6. Instructor: Unit instructor

4.4.15.7. Training Aids: AMC/SG clinical training plan, simulated patient, and applicable medical equipment/supplies.

4.4.16. PS07Y: Accept and transfer medical care.

4.4.16.1. Purpose: Demonstrate skills required to accept and/or transfer a patient from/to MTF and aeromedical personnel to ensure continuum of care.

4.4.16.2. Description: Provide or receive a verbal report utilizing the Identify, Situation, Background, Assessment and Recommendation (I-SBAR) format, ensure patient equipment and accessories, supplies and medications are present. Member is able to identify self-medicating patients and ensure medications are present for flight. RNs demonstrate accepting or transferring a patient with a PCA or peripheral nerve block (PNB) or epidural and the transfer of controlled oral medication as per patient scenario requirement.

4.4.16.3. OPR: AMC/SGK

4.4.16.4. Unit: Squadron/unit training.

4.4.16.5. Curriculum development: AMC/SGK

4.4.16.6. Instructor: Unit instructor.

4.4.16.7. Training Aids: AMC/SG clinical training objective and training plan, I-SBAR Form, simulated patient, and applicable medical equipment/supplies.

4.4.17. PS51Y: Obstetrical management.

4.4.17.1. Purpose: Demonstrate the ability to assess, identify and manage the obstetric patient and emergencies.

4.4.17.2. Description: Verbalize preflight considerations and perform an obstetric assessment. Verbalize the management of obstetric patients with the following conditions, as required by patient scenario: hypertensive disorders, pre-term labor, and magnesium sulfate toxicity. Verbalize the management of an emergency labor and delivery, immediate care of the newborn and required mission management documentation.

4.4.17.3. OPR: AMC/SGK

4.4.17.4. Unit: Squadron/unit training.

4.4.17.5. Curriculum development: AMC/SGK

4.4.17.6. Instructor: Unit instructor.

4.4.17.7. Training Aids: AMC/SG clinical training plan, simulated patient, and applicable AE medical equipment/supplies.

4.4.18. PS39Y: Medication management.

4.4.18.1. Purpose: Ensure members are proficient with computational pharmacology and medication administration for various medications.

4.4.18.2. Description: Verbalize and demonstrate knowledge of medications in the AS, based on patient requirements or scenario, review authorized drug list (ADL) and safe administration and documentation of medication administration. Demonstrate fundamental mathematical principles required for drug calculations and medication administration to include oral, injection, suppository, liquid, topical, nebulizer and metered-dose inhaled medications. Identify drugs listed in the over-the-counter (OTC) AECF and discuss the

process for self administration of medication (SAM) patients, controlled substances and administering high alert medications.

4.4.18.3. OPR: AMC/SGK

4.4.18.4. Unit: Squadron/unit training.

4.4.18.5. Curriculum development: AMC/SGK

4.4.18.6. Instructor: Unit instructor.

4.4.18.7. Training aids: AMC/SG clinical training plan, simulated patient, and applicable medical equipment/supplies.

4.4.19. PS99Y: Documentation.

4.4.19.1. Purpose: Demonstrate the ability to legibly document a complete and accurate account of the patient's care utilizing the electronic health record (EHR) when available or applicable AF Form 3899s, *Aeromedical Evacuation Patient Record*.

4.4.19.2. Description: At a minimum, demonstrate documenting trip segment, patient briefing, assessment, medical status or diagnosis, interventions and treatments, medications and outcomes on the applicable AF Form 3899 series and/or EHR in accordance with DAFI 48-107V3, *En Route Care Documentation*. Demonstrate or verbalize transferring patient data to the EHR platform, documenting patient information, and uploading documentation via wireless connection onto the approved DoD electronic health record platform.

4.4.19.3. OPR: AMC/SGK

4.4.19.4. Unit: Squadron/unit training.

4.4.19.5. Curriculum development: AMC/SGK

4.4.19.6. Instructor: Qualified instructor.

4.4.19.7. Training Aids: AMC/SG clinical training plan, simulated patient, EHR documentation component system, applicable AS medical equipment/supplies and DAFI 48-107V3,

4.4.20. PSY100Y: En route care guidance publication review.

4.4.20.1. Purpose: Increase knowledge of policies and procedures pertaining to the En Route Care system by reviewing applicable documents and publications

4.4.20.2. Description: At a minimum review and become familiar with the following:

4.4.20.2.1. References listed in [Attachment 1](#)

4.4.20.2.2. AECPs

4.4.20.2.3. USTRANSCOM Handbook 41-1

4.4.20.2.4. Current UTC AS and PMI-ATS program

4.4.20.2.5. Alerts, Notice to Airman (NOTAMs), Flight Crew Information File (FCIFs) and Clinical Operations Patient Safety Alert (COPSAs).

4.4.20.3. OPR: AMC/SGK

4.4.20.4. Unit: squadron/unit training

4.4.20.5. Curriculum Development: AMC/SGK

4.4.20.6. Instructor: Unit Instructor.

4.4.20.7. Training aids: All applicable documents and publications.

4.4.21. PS101Y: En route care mission execution

4.4.21.1. Purpose: Train personnel in accordance with their UTCs, MISCAP and TTP).

4.4.21.2. Description: En route care system assets (AE, ERPSS and CCATT) safely plan/execute patient movement from one level of care to another for a minimum of 10 patients and one hand-off per patient per UTC increment.

4.4.21.3. OPR: AMC/SGK

4.4.21.4. Unit: squadron/unit training.

4.4.21.5. Curriculum development: AMC/SGK

4.4.21.6. Instructor: Unit Instructor.

4.4.21.7. Training aids: AMC/SG clinical training plan, simulated patient, applicable AS medical equipment and supplies and AFI 48-107V1 & V3, en route care documentation.

Table 4.2. Nurse and Medical Technician Clinical Sustainment Training Requirements.

Code	Events	Frequency
PS19Y	Cardiovascular management	12M
PS49Y	Neurological management	12M
PS29Y	Endocrine and hematological management	12M
PS37Y	Maxillofacial, neck and eye management	12M
PS13Y	Airway, respiratory mgmt. and thoracic trauma Part A	12M
PS15Y	Airway, respiratory mgmt. and thoracic trauma Part B	12M
PS03Y	Abdominal and genitourinary management Part A	12M
PS05Y	Abdominal and genitourinary management Part B	12M
PS45Y	Musculoskeletal and neurovascular trauma Part A	12M
PS47Y	Musculoskeletal and neurovascular trauma Part B	12M
PS17Y	Burn management	12M
PS57Y	Pain management Part A	12M
PS59Y	Pain management Part B	12M
PS41Y	Mental health management	12M
PS61Y	Pediatric management	12M
PS07Y	Acceptance/transfer of medical care	12M
PS51Y	Obstetrics management	12M
PS39Y	Medication management	12M
PS99Y	Documentation	12M
PS100Y	En route care guidance publication review	12M
PS101Y	En route care mission execution	12M
Table 4.2 Key: 12M-accomplished once every 12 months. Event requirements are defined in Paragraph 4.4.		
Note 1: All events may be accomplished by any personnel actively involved in the training scenario (including the simulated patient). Event descriptions are listed in Chapter 4.		
Note 2: If the scenario meets the requirements for PS and CMRP training items, credit may be awarded for both.		

4.5. Operational Training Requirements. The minimum training standard for an ERPSS events will include one session of transferring (loading on/off vehicle and aircraft; both may be simulated) three occupied or weighted litters (will be manikins, live simulated patients, inflight kits, or sandbags) coupled with training scenarios meeting the unit's required training a minimum of every 12 months. **(T-2).**

4.5.1. Members will complete litter carrying techniques; safe litter transfer; 2 to 4 person carry. **(T-2).**

4.5.2. Vehicle loading: Ambulance bus (AMBUS), ambulance, helicopter, fixed wing, HUMVEE (as available).

4.5.3. Members will prepare a litter for a patient; with and without backrest; secure patient (manikins or live simulated patient) to litter properly. **(T-2)**.

4.5.4. Patient preparation – members will follow patient prep guidelines and checklist in accordance with DAFI 48-107V1. **(T-2)**.

Chapter 5

EN ROUTE CRITICAL CARE CLINICAL (ERCC) TRAINING

5.1. Objective. This chapter establishes minimum criteria and training requirements for ERCC personnel. All newly assigned personnel will complete in-unit clinical training. **(T-2)**. Event identifiers are standardized for members. Event descriptions are listed by function. ERCC personnel require a minimum of one year of critical care experience prior to deployment.

5.2. Documentation.

5.2.1. Clinical skills training is documented in the CMRP for nurses and physicians and the Career Field Education and Training Plan (CFETP) for respiratory therapists.

5.2.2. ERCC and Joint Trauma System Clinical Practice Guidelines will be reviewed no less than semi-annually **(T-2)**.

5.3. Initial Training (I) Events. Units will record training accomplishments on AF Form 1098, or a locally developed report, to record training accomplishments. **(T-2)**

5.3.1. I13Y: Medical equipment review (hands-on).

5.3.1.1. Equipment: **Table 1.1** Required durable pieces of medical equipment, aeromedical wireless intercommunication system (AWIS), ventilators, i-STAT blood analyzer, and the special medical emergency evacuation device/medical equipment rail kit

5.3.1.2. Purpose: Ensures all members can demonstrate the ability to assemble/operate ERCC medical equipment.

5.3.1.3. Description: Training will include medical equipment routinely operated. **(T-1)**.

5.3.1.4. OPR: AMC/SG

5.3.1.5. Unit: Squadron/unit clinical training.

5.3.1.6. Curriculum development: Each unit is responsible for tailoring training to meet unit needs.

5.3.1.7. Instructor: Unit instructor.

5.3.1.8. Training aids: ERCC equipment.

5.3.1.9. Additional Information: Additional pieces of equipment may be included to the above items per direction of the unit SGN.

5.3.2. I27Y: TEAMSTEPPS or high reliability organization familiarization

5.3.2.1. Purpose: Medical personnel training conducted according to AFMS concepts

5.3.2.2. Description: Designed to familiarize members to cope with human behavior concerns that potentially affect performance and safety. Documented studies of accidents and additional data suggest that most human behavioral problems observed among health care workers can be grouped into three primary categories: interpersonal communications, situational awareness, and team leadership.

5.3.2.3. OPR: AMC/SGK

- 5.3.2.4. Unit: Squadron/unit clinical training.
- 5.3.2.5. Curriculum Development: AFMS approved.
- 5.3.2.6. Instructor: Unit identified instructor.
- 5.3.2.7. Training Aids: At the instructor’s discretion.

Table 5.1. Initial Critical Care Clinical Training Timeline Requirements.

Code	Event	Timeframe
I13Y	Medical equipment review (hands on)	90 days RegAF; 180 days ARC
I27Y	TEAMSTEPPS or high reliability organization familiarization	90 days RegAF; 180 days ARC
<p>Note 1: Initial training will start no later than 60 days upon arrival; MAJCOM/SGN is waiver authority for training not started within 60 days and waivers will be requested before member exceeds the 60 days. (T-2).</p> <p>Note 2: SQ/CC or equivalent may extend training time for up to 60 days using MFR without notifying MAJCOM/SGN. Subsequent extensions or extension request exceeding 60-days require MAJCOM/SGN approval before the member exceeds training time limits. (T-2)</p>		

5.4. Clinical Sustainment Training Requirements.

- 5.4.1. Critical Care in the aeromedical environment integrates aerospace medicine and en route critical care operations.
- 5.4.2. Provides a training environment for members to provide patient care, recognize/anticipate critical signs/symptoms, and initiate interventions for en route patient care and medical emergencies.
- 5.4.3. For each clinical training event, members will: verbalize how the stresses of flight effects are applicable to patient requirements and how to mitigate those effects at altitude; demonstrate/verbalize appropriate assessment, treatment, documentation and reassessment; and use equipment and supplies to manage various patient requirements. **(T-2)**.

5.5. Critical Care (CC) Training Events. Minimum requirements to attain credit for these critical care (CC)-coded items are described below. Standardized clinical training objectives are located on the AMC/SG website at: <https://usaf.dps.mil/sites/amcsg/sgo/opstraining/SitePages/Home.aspx> and are training aids only.

- 5.5.1. CC19Y: Cardiovascular management.
 - 5.5.1.1. Purpose: Demonstrate the ability to assess, identify and manage the patient with acute and chronic cardiovascular conditions and treat emergencies.

5.5.1.2. Description: Verbalize preflight cardiac considerations and perform a cardiac assessment. Identify/treat cardiac arrest and/or stable/unstable cardiac arrhythmias. Verbalize treatment for the following conditions as required by scenario: congestive heart failure, acute coronary syndrome, or cardiogenic shock.

5.5.1.3. OPR: AMC/SGK

5.5.1.4. Unit: Squadron/unit training.

5.5.1.5. Curriculum Development: AMC/SGK

5.5.1.6. Instructor: Unit instructor.

5.5.1.7. Training aids: AMC/SG clinical training plan, ARC or equivalent guidelines, simulated patient and applicable ERCC medical equipment/supplies.

5.5.2. CC49Y: Neurological management.

5.5.2.1. Purpose: Demonstrate the ability to assess, identify and manage the patient with acute or chronic neurological conditions and emergencies.

5.5.2.2. Description: Perform a neurological assessment and manage patients with the following: TBI, spinal cord injury, seizures/status epilepticus. Demonstrate strategies for decubitus prevention. Identify/treat cerebrovascular accident. Verbalize signs and symptoms of increased ICP including ventricular drainage device set-up and maintenance. Discuss circumstances when a cabin altitude restriction (CAR) should be considered, the military acute concussion evaluation (MACE) and the protocol for any MACE red flags identified.

5.5.2.3. OPR: AMC/SGK

5.5.2.4. Unit: Squadron/unit training.

5.5.2.5. Curriculum Development: AMC/SGK

5.5.2.6. Instructor: Unit instructor.

5.5.2.7. Training aids: AMC/SG clinical training plan. ARC or equivalent guidelines, simulated patient and applicable CC medical equipment/supplies.

5.5.3. CC29Y: Endocrine and hematological management.

5.5.3.1. Purpose: Demonstrate the ability to, identify and manage the patient with acute or chronic endocrine and hematological conditions and emergencies.

5.5.3.2. Description: Verbalize preflight considerations and management of patients with anemia, leukopenia and diabetes mellitus. Identify/treat hypoglycemia and hyperglycemia, hemolytic reactions, and procedures for blood/body fluid exposure in accordance with AECs. Demonstrate the administration of blood products and management of insulin drips.

5.5.3.3. OPR: AMC/SGK

5.5.3.4. Unit: Squadron/unit training.

5.5.3.5. Curriculum Development: AMC/SGK

5.5.3.6. Instructor: Unit instructor.

5.5.3.7. Training aids: AMC/SG clinical training plan, reaction to blood products AECp, health care worker blood and body fluid post exposure plan AECp, simulated patient and applicable CC medical equipment supplies.

5.5.4. CC37Y: Maxillofacial, neck, ear and eye management.

5.5.4.1. Purpose: Demonstrate the ability to assess, identify, and manage the patient with traumatic maxillofacial, neck, ear, and eye injuries.

5.5.4.2. Description: Verbalize and demonstrate the management of patients with the following: ocular injuries, ear/sinus blocks, and oral surgery within their scope of clinical practice.

5.5.4.3. OPR: AMC/SGK

5.5.4.4. Unit: Squadron/unit training.

5.5.4.5. Curriculum development: AMC/SGK

5.5.4.6. Instructor: Unit instructor.

5.5.4.7. Training aids: AMC/SG clinical training plan, simulated patient and applicable CC medical equipment/supplies.

5.5.5. CC13Y and CC15Y: Airway, Respiratory Management and Thoracic Trauma.

5.5.5.1. Purpose: Demonstrate the ability to assess, identify and manage the patient with acute or chronic respiratory conditions, droplet/airborne isolation and airway or thoracic trauma/respiratory emergencies.

5.5.5.1.1. CC13Y s Verbalize preflight considerations and identify or treat the following based on patient requirements and scenario: airway obstruction, hypoxia, hyperventilation, hypercapnia, pulmonary embolus or tension pneumothorax.

5.5.5.1.2. CC15Y: Manage the care of patients with the following conditions as required by scenario: chest tube, asthma, COPD, and/or droplet/airborne isolation

5.5.5.2. OPR: AMC/SGK

5.5.5.3. Unit: Squadron/unit training.

5.5.5.4. Curriculum Development: AMC/SGK

5.5.5.5. Instructor: Unit instructor.

5.5.5.6. Training Aids: AMC/SG clinical training plan, simulated patient and applicable CC medical equipment/supplies.

5.5.6. CC03Y and CC05Y: Abdominal and genitourinary management.

5.5.6.1. Purpose: Demonstrate the ability to assess, identify and manage the patient with acute or chronic abdominal and genitourinary conditions/emergencies while maintaining contact precautions.

5.5.6.1.1. CC03Y: Verbalize preflight considerations and manage patients with the following conditions: motion sickness or GI bleed within their scope of clinical practice.

- 5.5.6.1.2. CC05Y: Verbalize management of suprapubic catheters, wound drains and enteral feedings.
- 5.5.6.2. OPR: AMC/SGK
- 5.5.6.3. Unit: Squadron/unit training.
- 5.5.6.4. Curriculum Development: AMC/SGK
- 5.5.6.5. Instructor: Unit instructor.
- 5.5.6.6. Training Aids: AMC/SG clinical training plan, simulated patient and applicable CC medical equipment/supplies.
- 5.5.7. CC45Y and CC47Y: Musculoskeletal and neurovascular trauma.
 - 5.5.7.1. Purpose: Demonstrate the ability to assess, identify and manage the patient with traumatic musculoskeletal and neurovascular injuries and emergencies.
 - 5.5.7.1.1. CC45Y: Verbalize preflight considerations and manage patients as required by scenario with: a cast, external fixator, amputation or pelvic fracture. Demonstrate and/or verbalize care for patients with negative-pressure wound therapy or sequential compression devices
 - 5.5.7.1.2. CC47Y: Identify and treat patients with the following conditions as required by patient scenario: compartment syndrome, VTE and wound bleeding or hemorrhage.
 - 5.5.7.2. OPR: AMC/SGK
 - 5.5.7.3. Unit: Squadron/unit training.
 - 5.5.7.4. Curriculum Development: AMC/SGK
 - 5.5.7.5. Instructor: Unit instructor.
 - 5.5.7.6. Training Aids: AMC/SG clinical training plan, simulated patient and applicable CC medical equipment/supplies.
- 5.5.8. CC17Y: Burn management.
 - 5.5.8.1. Purpose: Demonstrate the ability to assess, identify and manage the patient with thermal, chemical and electrical burns and treat burn trauma.
 - 5.5.8.2. Description: Verbalize preflight considerations and manage patients with burns. Demonstrate and/or verbalize pain relief strategies and dressing management. Verbalize patient fluid resuscitation time-line and demonstrate fluid resuscitation calculation. Identify and treat compartment syndromes and respiratory distress related to inhalation injuries within their scope of clinical practice and demonstrate appropriate burn injury documentation.
 - 5.5.8.3. OPR: AMC/SGK
 - 5.5.8.4. Unit: Squadron/unit training.
 - 5.5.8.5. Curriculum development: AMC/SGK
 - 5.5.8.6. Instructor: Unit instructor.

5.5.8.7. Training Aids: AMC/SG clinical training plan, simulated patient and applicable CC medical equipment/supplies.

5.5.9. CC57Y and CC59Y: pain management.

5.5.9.1. Purpose: Demonstrate the ability to assess, identify, and manage patients with acute or chronic pain, over-sedation, and toxicity. Demonstrate operation of analgesic devices.

5.5.9.1.1. CC57Y: Verbalize preflight considerations and manage the patient's pain via oral, intramuscular, intravenous, peripheral nerve block and epidural administration routes. Demonstrate pain assessment and sedation level using approved pain and sedation scales within their scope of practice.

5.5.9.1.2. CC59Y: Demonstrate operation of the patient controlled analgesic. Identify/treat either local anesthetic toxicity (LAST), suspected narcotic overdose or benzodiazepine overdose.

5.5.9.2. OPR: AMC/SGK

5.5.9.3. Unit: Squadron/unit training.

5.5.9.4. Curriculum Development: AMC/SGK

5.5.9.5. Instructor: Unit instructor.

5.5.9.6. Training Aids: AMC/SG clinical training plan, simulated patient and applicable CC medical equipment/supplies.

5.5.10. CC41Y: Mental health management.

5.5.10.1. Purpose: Demonstrate the ability to assess, identify and manage acute or chronic psychiatric disorders and psychiatric/neuroleptic drug emergencies.

5.5.10.2. Description: Verbalize preflight considerations and manage patients with acute and chronic mental health disorders. Identify patients with the following conditions: suicidal ideation and treat acute exacerbation of psychotic behavior in accordance with the AACP. Identify and treat patients the following conditions: substance withdrawal and extrapyramidal symptoms within their scope of clinical practice.

5.5.10.3. OPR: AMC/SGK

5.5.10.4. Unit: Squadron/unit training.

5.5.10.5. Curriculum Development: AMC/SGK

5.5.10.6. Instructor: Unit instructor.

5.5.10.7. Training Aids: AMC/SG clinical training plan, simulated patient, and applicable AE medical equipment/supplies.

5.5.11. CC61Y: Pediatric management.

5.5.11.1. Purpose: Demonstrate the ability to assess, identify and manage the pediatric patient and emergencies.

5.5.11.2. Description: Verbalize preflight considerations for pediatric patients. Conduct an age specific systematic pediatric assessment, manage pain and identify vital signs, urine

output, equipment and drug dosages utilizing applicable resources. Recognize and treat respiratory distress/arrest and cardiac arrest of the pediatric patient.

5.5.11.3. OPR: AMC/SGK

5.5.11.4. Unit: Squadron/unit training.

5.5.11.5. Curriculum development: AMC/SGK

5.5.11.6. Instructor: Unit instructor.

5.5.11.7. Training Aids: AMC/SG Clinical Training Plan, simulated patient, and applicable medical equipment/supplies.

5.5.12. CC07Y: Accept and transfer medical care.

5.5.12.1. Purpose: Demonstrate skills required to accept and/or transfer a patient from/to MTF to ensure continuum of care.

5.5.12.2. Description: Provide/receive a verbal report utilizing the identify, situation, background, assessment and recommendation (I-SBAR) format, ensure patient equipment/accessories, supplies, and medications are present. Identify self-medicating patients that are present for flight. RNs demonstrate accepting/transferring a patient with narcotics, PCA, PNB, and epidural within their scope of clinical practice.

5.5.12.3. OPR: AMC/SGK

5.5.12.4. Unit: Squadron/unit training.

5.5.12.5. Curriculum development: AMC/SGK

5.5.12.6. Instructor: Unit instructor.

5.5.12.7. Training Aids: AMC/SG clinical training objective and training plan, I- SBAR Form, simulated patient, and applicable CC medical equipment/supplies.

5.5.13. CC51Y: Obstetrical management.

5.5.13.1. Purpose: Demonstrate the ability to assess, identify and manage the obstetric patient and emergencies.

5.5.13.2. Description: Verbalize preflight considerations for obstetric patients and perform an obstetric assessment. Verbalize the management of an emergency labor and delivery, immediate care of the newborn and required mission management documentation.

5.5.13.3. OPR: AMC/SGK

5.5.13.4. Unit: Squadron/unit training.

5.5.13.5. Curriculum development: AMC/SGK

5.5.13.6. Instructor: Unit instructor.

5.5.13.7. Training Aids: AMC/SG clinical training plan, simulated patient, and applicable CC medical equipment/supplies.

5.5.14. CC39Y: Medication Management.

5.5.14.1. Purpose: Ensure members are proficient with computational pharmacology and medication administration for various medications.

5.5.14.2. Description: Verbalize and demonstrate knowledge of medications in the AS, based on patient requirements or scenario, review ADL and safe administration and documentation medication administration. Demonstrate fundamental mathematical principles required for drug calculations and medication administration to include oral, injection, suppository, IV, liquid, topical, nebulizer, metered-dose inhaled medications, IV medication drips.

5.5.14.3. OPR: AMC/SGK

5.5.14.4. Unit: Squadron/unit training.

5.5.14.5. Curriculum development: AMC/SGK

5.5.14.6. Instructor: Unit instructor.

5.5.14.7. Training Aids: AMC/SG Clinical Training Plan, simulated patient, and applicable AS medical equipment/supplies.

5.5.15. CC99Y: Documentation.

5.5.15.1. Purpose: Demonstrate the ability to legibly document a complete and accurate account of the patient's care utilizing the electronic health record (EHR) when available or applicable AF Form 3899s.

5.5.15.2. Description: At a minimum assessment, medical status/diagnosis, interventions/treatments, medications and outcomes on the applicable AF Form 3899s or EHR if available.

5.5.15.3. OPR: AMC/SGK

5.5.15.4. Unit: Squadron/unit training.

5.5.15.5. Curriculum development: AMC/SGK

5.5.15.6. Instructor: Unit instructor.

5.5.15.7. Training Aids: AMC/SG clinical training plan, simulated patient, applicable AS medical equipment and supplies and AFI 48-107V3, , *En Route Care Documentation..*

5.5.16. CCY100Y: En route care guidance publication review.

5.5.16.1. Purpose: Review documents and publications pertaining to the en route care system

5.5.16.2. Description: At a minimum review the following:

5.5.16.2.1. References listed in [Attachment 1](#)

5.5.16.2.2. AECPs, JTS and CCATT CPGs

5.5.16.2.3. USTRANSCOM Handbook 41-1

5.5.16.2.4. Current UTC AS and PMI-ATS Program

5.5.16.2.5. Alerts, NOTAMs, FCIFs and COPSAs

5.5.16.3. OPR: AMC/SGK

5.5.16.4. Unit: Squadron/unit training.

5.5.16.5. Curriculum development: AMC/SGK

5.5.16.6. Instructor: Unit instructor.

5.5.16.7. Training Aids: All applicable documents and publications.

5.5.17. CC101Y: En route care mission execution

5.5.17.1. Purpose: Train personnel in accordance with MISCAP and METLs for applicable UTCs assigned to unit and interactions with other aspects of ERC system counterparts (AE,ERPSS) for mission execution.

5.5.17.2. Description: En route care system assets (AE, ERPSS and CCATT) safely plan/execute patient movement from one level of care to another for a minimum of three critical care patients and one hand-off per patient.

5.5.17.3. OPR: AMC/SGK

5.5.17.4. Unit: Squadron/unit training.

5.5.17.5. Curriculum development: AMC/SGK

5.5.17.6. Instructor: Unit instructor.

5.5.17.7. Training Aids: AMC/SG clinical training plan, simulated patient, applicable AS medical equipment and supplies and AFI 48-107V1 & 3, en route care documentation.

Table 5.2. Critical Care Personnel Clinical Sustainment Training Requirements.

Code	Events	Frequency
CC19Y	Cardiovascular management	12M
CC49Y	Neurological management	12M
CC29Y	Endocrine and hematological management	12M
CC37Y	Maxillofacial, neck and eye management	12M
CC13Y	Airway, respiratory mgmt. and thoracic trauma Part A	12M
CC15Y	Airway, respiratory mgmt. and thoracic trauma Part B	12M
CC03Y	Abdominal and genitourinary management Part A	12M
CC05Y	Abdominal and genitourinary management Part B	12M
CC45Y	Musculoskeletal and neurovascular trauma Part A	12M
CC47Y	Musculoskeletal and neurovascular trauma Part B	12M
CC17Y	Burn management	12M

CC57Y	Pain management Part A	12M
CC59Y	Pain management Part B	12M
CC41Y	Mental health management	12M
CC61Y	Pediatric management	12M
CC07Y	Acceptance/transfer of medical care	12M
CC51Y	Obstetrics management	12M
CC39Y	Medication management	12M
CC99Y	Documentation	12M
CC100Y	En-route care guidance publication review	12M
CC101Y	En-route care mission execution	12M
Table 5.2 Key: 12M-accomplished once every 12 months. Event requirements are defined in Paragraph 5.5 .		
Note 1: All events may be accomplished by any personnel actively involved in the training scenario (including the simulated patient). Event descriptions are listed in Chapter 4 .		
Note 2: If the scenario meets the requirements for CC and CMRP training items, credit may be awarded for both.		

5.6. Operational Training Requirements.

5.6.1. Allowance standard (AS) equipment. Any members scheduled for operational training are required to utilize an approved training AS of supplies and equipment.

5.6.2. Mission training. The minimum training standard for an ERCC events will include one session of transferring (loading on/off vehicle and aircraft; both may be simulated) three occupied or weighted litters (will be manikins, live simulated patients, inflight kits or sandbags) coupled with training scenarios meeting the unit's required training a minimum of every 12 months. **(T-2)**.

5.6.3. Litter carrying techniques; safe litter transfer; 2 to 4 person carry a minimum of every 12 months.

5.6.4. Vehicle loading: AMBUS, ambulance, helicopter, fixed wing; HUMVEE (when available).

5.6.5. Members will prepare a litter for a patient; with and without backrest; secure patient (manikin or live simulated patient) to litter properly a minimum of every 12 months. **(T-2)**.

5.6.6. Patient preparation – members will follow patient prep guidelines and checklist in accordance with DAFI 48-107V1 and CCATT Tactics, Techniques and Procedures (TTP) a minimum of every 12 months. **(T-2)**.

ROBERT I. MILLER
Lieutenant General, USAF, MC, SFS
Surgeon General

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

AFPD 10-29, *Worldwide Aeromedical Evacuation Operations*, 13 Feb 19

AFPD 48-1, *Aerospace & Operational Medicine Enterprise*, 7 Jun 19

AFI 16-1005, *Modeling & Simulation Management*, 23 June 2016

AFI 41-106, *Air Force Medical Readiness Program*, 29 July 20

AFI 33-322, *Records Management and Information Governance Program*, 23 Mar 20

AFMAN 10-2909, *Aeromedical Evacuation Equipment Standards*, 13 Mar 19

AFMAN 11-2AEV1, *Aeromedical Evacuation Aeromedical Evacuation Aircrew Training*, 07 Dec 20

DAFI 33-360, *Publications and Forms Management*, 1 Dec 20

DAFI 48-107V1, *En Route Care and Aeromedical Evacuation Medical Operations*, 15 Dec 20

DAFI 48-107V2, *En Route Critical Care*, 24 Nov 20

DAFI 48-107V3, *En Route Care Documentation*, 17 Dec 20

Healthcare Simulation Dictionary, The Society for Simulation in Healthcare

DoDI 6025.18, *Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule Compliance In DoD Health Care Programs*, 13 Mar 19

DoDI 8580.02, *Security of Individually Identifiable Health Information in DoD Health Care Programs*, 12 Aug 15

FOIA, *The Freedom of Information Act*, 5 U.S.C. § 552, 5 July 67

AFTTP 3-42.5, *Aeromedical Evacuation*, 23 Jul 19

AFTTP 3-42.54, *Aeromedical Evacuation Liaison Team*, 9 Sep 20

AFTTP 3-42.51, *Critical Care Air Transport Team*, 7 Apr 15

AFTTP 3-42.57, *En Route Patient Staging System*, 10 Aug 16

Aeromedical Evacuation Medical Equipment Compendium, 12 Jan 22

Adopted Forms

AF Form 679, *Air Force Publication Compliance Item Waiver Request/Approval*

AF Form 847, *Recommendation for Change of Publication*

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

AF Form 3899, *Aeromedical Evacuation Patient Record*

Abbreviations and Acronyms

ACLS—Advanced Cardiac Life Support

AE—Aeromedical Evacuation

AES—Aeromedical Evacuation Squadron

AECP—AE Clinical Protocol

AETC—Air Education and Training Command

AF—Air Force

AFI—Air Force Instruction

AFMAN—Air Force Manual

AFMMAST—Air Force Medical Modeling and Simulation Training

AFMS—Air Force Medical Service

AFPD—Air Force Policy Directive

AFR—Air Force Reserve

AMC—Air Mobility Command

ANG—Air National Guard

ARC—Air Reserve Component (include Air National Guard and Air Force Reserve)

AWIS—Aeromedical Wireless Intercommunication System

AS—Allowance Standard

AMBUS—Ambulance Bus

AHA—American Heart Association

ARC—American Red Cross

ADL—Authorized Drug List **BLS**—Basic Life Support

BGAN—Broadband Global Area Network

CCT—Cargo Compartment Trainer

CC—Critical Care

CFETP—Career Field Education and Training Plan

CMRP—Comprehensive Medical Readiness Program

COPD—Chronic Obstructive Pulmonary Disease

COPSA—Clinical Operational Patient Safety Alert

DAFI—Department of the Air Force Instruction

DOD—Department of Defense

EHR—Electronic Health Record

ERC—En Route Care

ERCC—En Route Critical Care

ERPSS—En Route Patient Staging System

FCIF—Flight Crew Information File

FN/AET—Flight Nurse/Aeromedical Technician

FuT—Fuselage Trainer

HIPAA—Health Insurance Portability and Accountability Act

INACSL—International Nursing Association for Clinical Simulation and Learning

IV—Intravenous

LAST—Local Anesthetic Toxicity

MAJCOM—Major Command

MFR—Memorandum for Record

MISCAP—Mission Capability

MM&S—Medical Modeling & Simulation

MTF—Medical Treatment Facility

NATO—North Atlantic Treaty Organisation

NOTAM—Notice to Airman

OPR—Office of Primary Responsibility

OSL—Oversized Litter

PCA—Patient Controlled Analgesia

PNB—Peripheral Nerve Block

PMI—Patient Movement Items

PMI-ATS – **PMI**—Asset Tracking System

PMO—Program Management Office

PR—Progress Review

PS—Patient Staging

RegAF—Regular Air Force

RN—Registered Nurse

SAM—Self-Administration of Medication

SIMCERT—Simulator Certification

SEL—Senior Enlisted Leader

SG—Command Surgeon

SGK—En Route Care Medical Division

SGN—Command Nurse/Chief Nurse

SGX—Aeromedical Evacuation & Medical Readiness Division

SQ/CC—Squadron Commander

SSIH—The Society for Simulation in Healthcare

SME—Subject Matter Experts

TBI—Traumatic Brain Injury

TTP—Tactics, Techniques and Procedures

USAF—United States Air Force

UTC—Unit Type Code

VTE—Venous Thromboembolism

Terms

Academic Training—A course of instruction that includes, but is not limited to, classroom instruction related to aircraft systems and operation, flight characteristics and techniques, performance, normal procedures, abnormal procedures, and emergency procedures.

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

Aeromedical Evacuation Clinical Protocols (AECPP)—AE Clinical Protocols are evidenced based clinical protocols that provide evidenced based standard protocols for specific clinical scenarios.

Fuselage Trainer (FuT)—An actual aircraft that has the wings removed and pneumatic devices such as the loading ramp and the electrical plugs are operated by household electricity and/or external power. This device provides an actual environment in which crewmembers learn, develop, improve, and integrate skills associated with their crew position. The interior of the FuT allows crewmembers to configure the space for floor loading or the use of stanchions and hookups for medical equipment for static training.

Cargo Compartment Trainer (CCT)—Commercially fabricated device that provides actual environment in which crewmembers learn, develop, improve, and integrate skills associated with their crew position. The CCT is a mockup of a real aircraft, not to be confused with a FuT which is a real aircraft with the wings removed. The interior of the CCT allows crewmembers to configure the space for floor loading or the use of stanchions and hookups for medical equipment for static training.

Event—A training requirement/event in this AFI. Several events or tasks constitute a training profile.

Mission—Event that simulates an aspect of the en route care continuum (AE; ERPSS or ERCC mission)

Monthly—Training required once every calendar month.

Weighted Litter—NATO/Oversized Litter (OSL) or Army decontamination litter with a realistic patient weight: manikin or (human) simulated patient, sandbags, baggage, etc.

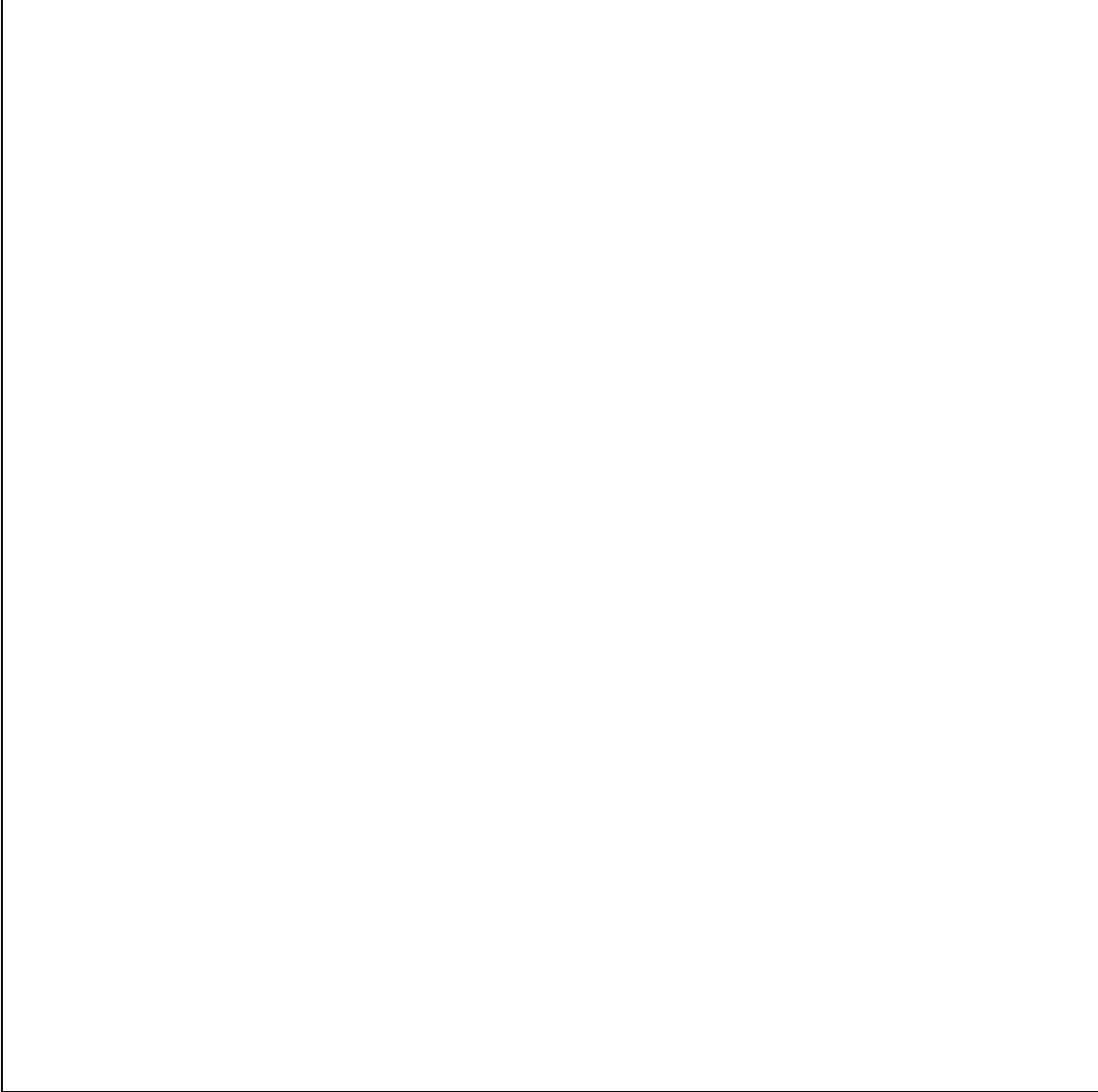
Attachment 2

INSPECTOR CHECKLIST EXAMPLES

Figure A2.1. Clinical Simulation Training Device Inspection Table.

Inspection Area	Yes	No	Comment
Have all SIM operators completed approved operator training? If not, is training scheduled?			
Have all facilitators completed approved facilitator training? If not, is training scheduled.			
Is training in accordance with current AMC approved clinical training plans and AECPs?			
Is training being tracked and evaluated for trends?			
Are trends being reported monthly?			
Are there clinical supplies available for simulation training?			
Is all emergency equipment and operational?			
Are high fidelity manikins operational?			
Is each room, training area or other space used for instruction heated, air conditioned, lighted and ventilated so as to conform to local codes?			
Are facilities used for instruction free from significant distractions?			
Have trainers completed the following: AF Train the Trainer? AFMMAST basic simulation operators course CBTs?			
Additional Comments			

Monthly Training	Results
Number of simulation events.	
Number of personnel trained and/or participated in simulation events.	
Identify best practices and training emphasis needs from personnel's responses and actions during simulation events.	
Develop a policy for managing missing, malfunctioning, or inoperative equipment.	
A quarterly report of training accomplishments and trends will be provided to AMC/SGKT.	
Additional Comments	



Note: For 4N0 add Task I600: National Registry Emergency Medical Technician and 4H0 add Task I800: National Board for Respiratory Care

Figure A3.3. ERPSS Personnel (PS) Clinical Sustainment Training AF 1098.

SPECIAL TASK CERTIFICATION AND RECURRING TRAINING							
TASK OR RECURRING TRAINING AND TECHNICAL REFERENCES A.	DATE COMPLETED B.	SIGNATURE OF CERTIFYING OFFICIAL C.	INITIAL OF TRAINEE D.	EVALUATION OF TRAINING			
				SCORE OR HOURS E.	TYPE F.	FRE-QUENCY G.	DUE DATE H.
PS03Y: Abdominal and Genitourinary Management Part A							
PS05Y: Abdominal and Genitourinary Management Part B							
PS07Y: Acceptance/Transfer of Medical Care							
PS13Y: Airway, Respiratory Mgmt. and Thoracic Trauma Part A							
PS15Y: Airway, Respiratory Mgmt. and Thoracic Trauma Part B							
PS17Y: Burn Management							
PS19Y: Cardiovascular Management							
PS29Y: Endocrine and Hematological Management							
PS37Y: Maxillofacial, Neck and Eye Management							
PS39Y: Medication Management							
PS41Y: Mental Health Management							
PS45Y: Musculoskeletal and Neurovascular Trauma Part A							
PS47Y: Musculoskeletal and Neurovascular Trauma Part B							
PS49Y: Neurological Management							
PS51Y: Obstetrics Management							
PS57Y: Pain Management Part A							
PS59Y: Pain Management Part B							
PS61Y: Pediatric Management							
PS99Y: Documentation							
PS100Y: ERC Pubs Review							
PS101Y: ERC Mission Execution							
NAME OF TRAINEE (Last, First, Middle Initial)		GRADE	UNIT AND OFFICE SYMBOL				

Figure A3.4. ERCC Personnel Clinical Sustainment Training AF Form 1098.

SPECIAL TASK CERTIFICATION AND RECURRING TRAINING							
TASK OR RECURRING TRAINING AND TECHNICAL REFERENCES A.	DATE COMPLETED B.	SIGNATURE OF CERTIFYING OFFICIAL C.	INITIAL OF TRAINEE D.	EVALUATION OF TRAINING			
				SCORE OR HOURS E.	TYPE F.	FREQUENCY G.	DUE DATE H.
CC03Y: Abdominal and Genitourinary Management Part A							
CC05Y: Abdominal and Genitourinary Management Part B							
CC07Y: Acceptance/Transfer of Medical Care							
CC13Y: Airway, Respiratory Mgmt. and Thoracic Trauma Part A							
CC15Y: Airway, Respiratory Mgmt. and Thoracic Trauma Part B							
CC17Y: Burn Management							
CC19Y: Cardiovascular Management							
CC29Y: Endocrine and Hematological Management							
CC37Y: Maxillofacial, Neck and Eye Management							
CC39Y: Medication Management							
CC41Y: Mental Health Management							
CC45Y: Musculoskeletal and Neurovascular Trauma Part A							
CC47Y: Musculoskeletal and Neurovascular Trauma Part B							
CC49Y: Neurological Management							
CC51Y: Obstetrics Management							
CC57Y: Pain Management Part A							
CC59Y: Pain Management Part B							
CC61Y: Pediatric Management							
CC99Y: Documentation							
CC100Y: ERC Pub: Review							
CC101Y: ERC Mission Execution							
NAME OF TRAINEE (Last, First, Middle Initial)		GRADE	UNIT AND OFFICE SYMBOL				

AF IMT 1098, 19850401, V2

PREVIOUS EDITION WILL BE USED

Figure A3.5. Training Quality Checklist Example.

Name:		Date:			
Training Worksheet					
This document may be used to identify trends in AECM behaviors. Rating system aids in identifying areas in need of improvement / excellence. Areas marked other than one requires explanation. 1 = Satisfactory Performance, 2 = Satisfactory Performance w/deviation, 3 = Unsatisfactory Performance					
CLINICAL TRAINING REQUIREMENTS		1	2	4	Notes:
Cardiovascular Management	PS19Y				
Neurological Management	PS49Y				
Endocrine and Hematological Management	PS29Y				
Maxillofacial, Neck, Ear, and Eye Management	PS37Y				
Airway, Respiratory Management, and Thoracic Trauma	PS13Y PS15Y				
Musculoskeletal and Neurovascular Trauma	PS45Y PS47Y				
Burn Management	PS17Y				
Pain Management	PS57Y PS59Y				
Mental Health Management	PS41Y				
Abdominal and Genitourinary Management	PS03Y PS05Y				
Pediatric Management	PS61Y				
Accept and Transfer Medical Care	PS07Y				
Obstetrical Management	PS51Y				
Medication Management	PS39Y				
Documentation	PS99Y				
INFECTION CONTROL - PATIENT SAFETY					
Gloves Worn During Patient Care					
Infection Control Station Setup - Identified					
Hands Sanitized Before/After Patient Care					
Spill Kit Was Utilized Correctly (If Used)					
Patient ID Bands Verified or Created Correctly					
Patients Properly Assisted Into/Out of Litters					
Patient allergies ID'd with current guidance					
JPSRs Completed and Done Correctly					
OFFLOADING					
Coordinate Deplaning Procedures/Vehicles/ERO Prep					
Communicate Patient Assignments/Document Care					
Baggage Procedures Accomplished Correctly					
Patient Report - Taken					
Patients Deplaned Safely					
LOADING					
Patient Prep					
Anti-hijacking Procedures					
ID pts needing assistance, check litters, & distribute hearing protection					
Baggage Procedures Accomplished Correctly					
Coordinate Enplaning Procedures/Vehicles/ERO Prep					
Patient Report - Given					
Patients Enplaned Safely					