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SOP Number: 417 (AECO)

DEPARTMENT: 1 CANADIAN AIR DIVISION SURGEON

SUBJECT: PROCEDURE FOR INITIATING STRATEGIC AND TACTICAL AE MISSIONS

OPI: AECO

OCI: 1 CAD Surg

PURPOSE

1. This document outlines the procedure for initiating Tactical and Strategic AE on domestic or deployed operations/exercises as an integral part of the treatment continuum.

GENERAL

2. The primary objective of Aeromedical Evacuation (AE) is to transfer a patient quickly and safely by air, under medical supervision, to a location where the patient can receive the appropriate level of medical care.

3. The Royal Canadian Air Force and Royal Canadian Medical Service are jointly responsible to ensure timely AE for all Canadian Armed Forces (CAF) members, both within Canada and on deployed operations. The 1 CAD Surg is the Senior Medical Authority (SMA) on operational AE matters who holds delegated tasking authority for AE, whether performed by CAF AE assets or a civilian contracted AE provider. The Aeromedical Evacuation Coordinating Officer (AECO) is responsible for activities related to planning and directing AE operations on behalf of the 1 CAD Surg.

DEFINITIONS

4. Aeromedical Evacuation (AE) – The movement of patients under medical supervision by air transport to and between medical treatment facilities (MTF);

5. Forward Aeromedical Evacuation (Fwd AE) – The phase of medical evacuation that provides airlift for patients between point of injury or illness and the initial point of treatment within the area of operations;

6. Tactical Aeromedical Evacuation (Tac AE) – The phase of medical evacuation that provides air transport for patients between medical treatment facilities (MTF) within the area of operations;

7. Strategic Aeromedical Evacuation (Strat AE) – The phase of medical evacuation that provides air transport for patients from medical treatment facilities within the area of

operations to medical treatment facilities outside the area of operations or between medical treatment facilities outside the area of operations;

8. Aeromedical Evacuation Coordinating Officer (AECO) - An officer of the airlift force or command who is responsible for all aspects of the AE mission and activities relating to planning and directing AE operations, maintaining liaison with medical airlift activities concerned, operating an Aeromedical Evacuation Control Centre (AECC), and otherwise coordinating aircraft and patient movements;

9. Aeromedical Evacuation Liaison Officer (AELO) - An officer of an originating, in transit or destination medical facility/establishment who coordinates aeromedical evacuation activities of the facility/establishment. May be embedded within a Patient Evacuation Coordination Cell (PECC);

10. Patient Evacuation Coordination Cell (PECC) – Responsible for coordinating the movement of patients within the AOR and from within the AOR to outside the AOR;

11. Originating Medical Facility (OMF) – A medical facility that initially transfers a patient to another medical facility;

12. Destination Medical Facility (DMF) – The medical facility that will receive a patient for in-transit, definitive, or rehabilitative care at the termination of an AE mission;

13. Patient Movement Request (PMR) - A request initiated by the OMF to evacuate a patient by air to a DMF;

14. Joint Force Air Component Commander/Air Component Commander (JFACC/ACC) – the designated commander responsible for controlling CF aerospace forces as assigned by the force employer/supported commander. In Canada, the JFACC is supported by the Combined Air Operations Centre (COAC). On operations, this function is often delegated to a deployed ACC;

15. Combined Air Operations Centre (CAOC) – the principal centre from which air operations are directed, monitored, controlled and coordinated with the other components. In Canada, the COAC also fulfils the role of NORAD Region Headquarters (CANR HQ), and is co-located with 1 CAD HQ in Winnipeg;

16. Air Component Headquarters (ACHQ) – the operational-level element that supports an ACC when not physically located at the COAC. The ACHQ performs coordination and planning between the ACC, Joint Task Force Headquarters (JTF HQ) and the COAC, and is a critical requirement that permits the ACC to integrate air effects into joint operations;

17. Air Component Coordination Element (ACCE) – a liaison and coordination team assigned by the JFACC/ACC, capable of conducting operational level coordination and planning, leveraging the capabilities of a COAC/ACHQ to support deployed operations;

18. Request for Effect (RFE) – The means used by the RCAF to receive requests for air mobility support. The RFE Database is a compilation of requests for aerospace resources submitted by operational personnel requiring a resource to achieve an effect.

PROCEDURE

Planning process

19. As part of the operational planning process, the SMA will liaise with 1 CAD AECO to formalize a Strategic AE plan as it pertains to the specific theatre of operations. Dependent upon the AOR, the AECO may be required to assist with the coordination of Tactical AE with/without the collaboration of a deployed AELO/PECC.

20. For North of Canada AE considerations, refer to [annex A](#).

Initiating an AE

21. Aeromedical Evacuation occurs when the deployed Senior Medical Authority (SMA) determines on behalf of the Task Force Commander (TFC) that an injury or illness has occurred that will require evacuation to a higher level of care. Dependent on the operation and the patient's clinical condition, the DMF may be located within the Area of Operations (intra-theatre) or outside the AOR (inter-theatre), to include return to Canada/Home location MTF.

22. Upon determining that Tactical/Strategic AE may be required, the SMA will notify the Regional Joint Task Force Surgeon (RJTF Surg), 1 CAD AECO, and AELO/PECC (IAW established AE plan). For Joint Expeditionary Operations, the SMA will also notify the CJOC Desk Officer and the CJOC Surg. This will be done as soon as possible to prevent delays. Patient movement from point of injury (POI) will occur through Forward AE/CASEVAC specific to the operation.

23. After initial treatment, the SMA will reassess the need for AE. If AE is no longer required, the SMA will notify the RJTF Surg, 1 CAD AECO, and AELO/PECC. The SMA will remain responsible for local treatment until Return to Duty (RTD) or Repat IAW Ref I.

Tactical AE

24. Tactical (Intra-theatre) AE will be initiated by the SMA through a Patient Movement Request (PMR) submitted to the AELO/PECC who will liaise with the ACC/ACHQ as applicable. Alternatively, the PMR may be submitted to the 1 CAD AECO if identified as the preferred point of contact during operational planning. The following information is required at a minimum:

- (1) Name/Rank/SN;

- (2) Date of Birth (DOB);
- (3) Unit;
- (4) Relevant medical history/History of presenting injury or illness;
- (5) Originating Medical Facility (OMF);
- (6) Sending/Referring physician;
- (7) Destination Medical Facility (DMF) – if known;
- (8) Receiving physician (if known);
- (9) Move Window (Earliest/Latest time that AE can be conducted based on clinical condition); and
- (10) Additional support/equipment required, if applicable.

25. Whenever possible, AE missions will be conducted using RCAF air assets, however civilian contracted AE services may only be utilized once it is determined that the RCAF cannot support the mission within the required timelines (Ref H refers).

26. Patients moved between MTF within the AOR by Tactical AE may later be moved by Strategic AE (coord by 1 CAD AECO), repat IAW Ref I or RTD;

27. The [Annex B - Aeromedical Evacuation Decision Flowchart](#) explains the AE process for Tactical AE.

Strategic AE

28. Strategic (Inter-theatre) AE will be coordinated through 1 CAD AECO. All strategic AE requests are to be submitted to the AECO and shall be validated by the 1 CAD Surg or designate. Once the AE request has been validated by the 1 CAD Surg or designate, the AECO will submit a RFE to the COAC located at 1 CAD HQ. Should it be determined that the RCAF cannot support the mission within the required timelines, the AECO will initiate a request for civilian contracted AE services under the authority of the 1 CAD Surg and will track the AE mission through to completion.

29. An AE Aide-Memoire for sending and receiving physicians as well as the Strategic AE Request form and Initial Medsitrep form are available under the AE Mission section of the [1 CAD Surg Website](#).

30. The [Annex C – Process Map for Strategic Aeromedical Evacuation](#) explains the AE process for Strategic AE.

Patient Clinical Updates

31. The SMA will provide daily updates on the patient's clinical condition to the AELO/PECC/NMLO (if applicable), 1 CAD AECO, Duty 1 CAD Surg and RJTF Surg. Whenever possible, patient clinical updates will also be provided to the CAF AE team or civilian contracted AE service as soon as additional information becomes available.

Contact Information

32. Contact Information.

a. 1 CAD AECO

- (1) Commercial Phone. +1 (204) 833-2500 x5728 (business hours);
- (2) BB/Pager. +1 (204) 228-7302;
- (3) Email. +AECO@forces.gc.ca

b. Duty 1 CAD Surg

- (1) Handheld. +1 (204) 801-8983;
- (2) Pager. +1 (204) 931-1622 (business hours);
- (3) Email. DivSurgCall@forces.gc.ca (NOTE that there is no plus (+) sign)

d. Combined Aerospace Operations Centre (CAOC)

In the event the 1CAD Surg and AECO cannot be reached, the CAOC should be contacted at +1 (204) 833-2650 (direct). CAOC holds all current personal contact numbers for the 1 CAD Surg as well as the AECO.

REFERENCES

- A. [NATO AJMedP-2- Allied Joint Doctrine for Medical Evacuation](#)
- B. [NATO STANAG 3204 - Aero Medical Evacuation Ed 8, Nov 2014](#)
- C. [B-GA-401-400/FP-001 – CF Aerospace Command Doctrine](#)
- D. [B-GA-404-000/FP-001 - CF Aerospace Move Doctrine](#)
- E. [B-GJ-005-410/FP-000 – Joint Doctrine Health Services Support to Operations, 10 Feb 2007](#)
- F. CF H Svcs Gp P&G 6500-02 (draft) - Aeromedical Evacuation
- G. [RCAF Flight Operations Manual, Chapter 2, Section 2.5.5, Aeromedical Evacuation Operations](#)

- H. [RCAF Flight Operations Manual, Chapter 2, Section 2.5.6– Strategic Support to International Aeromedical Evacuation and Repatriation of Human Remains](#)
- I. [CDIO 1000 Series Personnel, Chapter 2](#)
- J. [AE Aide-memoire for physicians](#)
- K. [1 CAD Surg Website](#)

ANNEXES

[Annex A – Northern Canada AE](#)

[Appendix 1- Time and Space AE Considerations](#)

[Annex B – Aeromedical Evacuation Decision Flowchart](#)

[Annex C – Process Map for Strategic Aeromedical Evacuation](#)