AEROMEDICAL EVACUATION AIDE-MEMOIRE FOR SENDING AND RECEIVING PHYSICIANS

References: A. 1 Cdn Air Div Flight Operations Manual, Chapter 2, Section 2.5.5, Aeromedical Evacuation Operations
B. CF H Svcs Gp Instruction 6500-02 (draft) - Aeromedical Evacuation
C. STANAG 3204 Amd (Edition 8 - draft) – Aeromedical Evacuation

Outline:

Annexes:

Aeromedical Evacuation - General

1. Aeromedical Evacuation is defined as the movement of patients under medical supervision by air transportation. The Royal Canadian Medical Service (RCMS) and Royal Canadian Air Force (RCAF) are jointly responsible to ensure timely AE for all CAF members IAW movement priority.

2. AE for the CAF is overseen by the 1 Canadian Air Division Surgeon (1CAD Surg) and staff in conjunction with the Combined Aerospace Operations Centre (CAOC) at 1 Canadian Air Division Headquarters (1 CAD HQ) Winnipeg. The 1CAD Surg is the medical advisor to the Comd 1CAD, and is also the Officer Commanding CF H Svcs Gp HQ Det Winnipeg. All AE missions will be coordinated by the Aeromedical Evacuation Coordinating Officer (AECO) and shall be validated by the 1 CAD Surg or designate.

3. In the event that an RCAF aircraft is not available to support an AE Mission, the AECO may initiate a request for civilian AE services using a variety of contract options in place. Sending/receiving physicians do not have the authority to initiate requests for civilian AE directly from service providers.

4. Contact Information – CF Health Services Group HQ Det Winnipeg

Please note that the following contact numbers are covered by duty personnel 24/7/365.

5. AECO:

a. Commercial Phone. +1 (204) 833-2500 x5728 (business hours only);

(1) Handheld. +1 (204) 228-7302 (forwards to pager during business hours);

(2) Pager. +1 (204) 933-0799;

(3) Email. +AMECO@forces.gc.ca.

6. Duty 1CAD Surgeon (Duty 1CAD Surg):

(1) Handheld. +1 (204) 801-8983 (after hours);

(2) Pager. +1 (204) 931-1622 (business hours);

(3) Email. DivSurgCall@forces.gc.ca.

7. Combined Aerospace Operations Centre (CAOC). In the event that the AECO and the Duty Div Surg cannot be reached in a timely manner, the CAOC should be contacted. The CAOC holds all current personal contact information for 1CAD Surg personnel.

(1) Phone.

(a) Commercial. +1 (204) 833-2500 x2650.

(b) Direct. +1 (204) 833-2650.

(c) Toll Free. +1 (888) 233-7077.

(2) Email.

(a) Intranet. ++SODO@CAOC@Winnipeg

(b) Internet. SODO@forces.gc.ca

Responsibilities of the Sending Physician

8. To initiate an Aeromedical Evacuation of a patient, the sending physician will contact the Duty 1CAD Flight Surgeon and provide a medical report on the patient's

diagnosis and condition. If the Duty 1CAD Surg determines that the patient is an appropriate candidate for an AE, they will notify the Duty AECO of the pending mission. The Duty AECO will then liaise with the RCAF Taskers and CF AE Flt to coordinate the logistical elements of the mission. The AECO will also coordinate Medical Specialist Team Members (MSTM) to augment the AE team if required. If the sending physician is not able to reach the Duty 1CAD Surg, they may contact the AECO directly.

9. The sending physician shall make every effort to notify the Duty 1CAD Surg & AECO of a potential need to move a patient as soon as possible. The Duty 1CAD Surg & AECO should also be cc'd on MEDSITREPs so that they may track the condition of the patient. The Duty 1CAD Surg is also available to advise on the suitability of travel via Commercial Airline (CAL) vice AE.

10. The sending physician must contact the receiving physician/medical facility to ensure that appropriate medical care is available at the destination. This includes a bed on an in-patient unit, if required. The sending physician will also contact the Base/Wing Surgeon at the receiving location to discuss the patient and pending AE Mission.

11. The sending physician is responsible for submitting the request for Aeromedical Evacuation to the AECO (Annex A). They will also include a MEDSITREP (Example – Annex B). The sending physician must ensure that the appropriate priority, classification and dependency are assigned (see Annex D). The Duty Div Surg will then validate the AE Mission. The AE Mission process is outlined in Annex E.

NOTE – All AE Missions MUST be validated by the 1 Cdn Air Div Surg or designate (Duty Div Surg).

12. The sending physician is responsible for ensuring that the MEDSITREP is updated daily and distributed to the AECO, Duty Div Surg, receiving physician(s) and AE Team (if known). This task may be delegated to a Liaison Officer, if appropriate. If there are no changes to the patient's condition, this should also be communicated.

13. The sending physician is responsible, on behalf of the originating Base/Wing Surgeon, for coordinating transportation of the patient from the Originating Medical Facility (OMF) to the flight line. This task may be delegated to a Liaison Officer, as appropriate. Care must be taken to ensure that the Level of Care capability of the ground transfer agency is adequate to meet the needs of the patient. The AECO is to be notified of the ground arrangements prior to the AE mission. In most circumstances, the sending physician will accompany the patient to the flightline to hand over the patient's documentation, medications, etc to the AE Team.

14. The checklist located in Annex C summarizes the duties and responsibilities of the sending physician and should be used to assist in mission planning.

<u>Responsibilities of the Receiving Physician</u>

15. The receiving physician will be contacted by the sending physician or the Duty 1CAD Flight Surgeon (Duty Div Surg) with a medical report (MEDSITREP) on the patient's diagnosis and condition. The receiving physician will be required to assist the sending physician with coordinating medical care at the destination due to their familiarity with the local civilian medical system.

16. The receiving physician is responsible, on behalf of the receiving Base/Wing Surgeon, for coordinating transportation of the patient from the flight line to the Destination Medical Facility (DMF). This task may be delegated to a Liaison Officer, as appropriate. Care must be taken to ensure that the Level of Care capability of the ground transfer agency is adequate to meet the needs of the patient. The AECO is to be notified of the ground arrangements prior to the AE mission. The receiving physician or appropriate designate will meet the aircraft at the flightline to receive the patient and documentation from the AE Team. In most circumstances, the receiving physician will accompany the patient to the Destination Medical Facility to ensure handover to the receiving civilian medical team.

17. The receiving physician is responsible, in conjunction with the receiving Base/Wing Surgeon, to ensure continued patient follow-up at the Destination Medical Facility and upon discharge.

18. The checklist located in Annex C summarizes the duties and responsibilities of the receiving physician and should be used to assist in mission planning.

STRATEGIC AEROMEDICAL EVACUATION (AE) REQUEST

NOTE To negate the need for encryption and enable transmission via handheld devices, Sections A and B may be submitted separately.

Section A - PATIENT INFORMATION (to be completed by referring physician / physician assistant)		
NAME:		
RANK:	SN:	RELIGION:
GENDER:	DOB:	
PARENT UNIT:		MOC/MOSID:
MOVE WINDOW: (Earliest and Latest Date/Time that patient can be moved)		
OMF:		Ward: Phone:
Attending/Referring Physician:		Phone: Email:
Referring CAF Physician:		Phone: Email:
Administrative POC at OMF: (Eg – Liaison Officer)		Phone: Email:
DMF:		Ward: Phone:
Attending/Receiving Physician:		Phone: Email:
Receiving Base/Wing Surgeon:		Phone: Email:
Administrative POC at DMF: (Eg – Liaison Officer)		Phone: Email:

Section B - MISSION INFORMATION (to be completed by referring physician / physician assistant)		
Date of diagnosis: Date of injury/surgery: Priority: Classification: Dependency:		AE crew required: Equipment required: Altitude restrictions: Other (diet, etc):
NOK	Phone #	NOK requesting to accompany Y/N

Definitions

AECO	Aeromedical Evacuation Coordinating Officer
DMF	Destination Medical Facility
MCD	Medical Crew Director
OMF	Originating Medical Facility
POC	Point of Contact
SMA	Senior Medical Authority

SAMPLE MEDSITREP

1. Patient General Information:

2. Allergies:

3. Relevant past medical history:

4. Medications prior to injury/illness:

5. Diet:

6. Life habits regarding:
    a) Tobacco:
    b) Alcohol

7. Consent to release information:
    a) To required medical personnel:
    b) To chain of command:
    c) Limitations of consent:
    d) NOK Notification:

8. Date of injury/illness:

9. Description/Mechanism of injury/illness:

10. Initial Injuries:

11. Admission Date at DMF:

12. Attending DMF physician:

13. Current Medications:

14. Apparatus:

15. Daily Updates: (Reverse Order)

16. Ongoing Issues/plan:

17. Physician Notes:

18. Consult Reports:

19. Operative Procedures:

20. Imaging and Dx Tests:

21. Labs/Hemodynamics (Incl. latest Hgb):

22. Urine Analysis:

23. Mental Health Issues:

24. Infectious Disease Screening (including ARO):

AE MISSION CHECKLISTS

SENDING PHYSICIAN CHECKLIST

Task	Completed
As soon as possible, contact Duty 1 Cdn Air Div Surg @ (204) 801-8983 divsurgcall@forces.gc.ca (or AECO @ (204) 228-7302 if unable to reach) +AMECO@forces.gc.ca	
Determine Move Window (Earliest and latest time that patient can be reasonably moved via AE)	
Contact Destination Medical Facility (Ensure receiving physician and in-patient bed are available)	
Contact Base/Wing Surgeon at destination	
Submit Aeromedical Evacuation Request to AECO, including Initial MEDSITREP	
AE Mission **VALIDATED** by 1 Cdn Air Div Surg or designate	
Provide Daily MEDSITREP to AECO, Duty Div Surg, Receiving physician, Receiving W/B Surg	
Coordinate transportation of patient from OMF to Flight Line	
Notify AECO of ground arrangements prior to AE Mission	
Verify if any medical personnel/DA/NOK intend to accompany patient – Notify AECO immediately (mission specific – will only be permitted at the discretion of the AE Team)	
Notify AECO of any changes to the patient's condition or issues that may affect the AE Mission	

RECEIVING PHYSICIAN CHECKLIST

Task	Completed
Receive initial MEDSITREP from sending physician or Duty Div Surg	
Assist sending physician with coordinating local medical care (Ensure receiving physician and in-patient bed are available)	
Receive daily MEDSITREPs from sending physician	
Coordinate transportation of patient from Flight Line to DMF	
Notify AECO of ground arrangements prior to AE Mission	
Ensure local medical unit representative/liaison available to meet aircraft at destination – provide contact info to AECO	
Verify if any additional medical personnel/CoC/VIP will be meeting the aircraft at the destination – notify AECO immediately	
Notify AECO of any issues that may affect the AE Mission	
Establish plan for continued patient follow-up at the DMF after the completion of the AE Mission	

PATIENT PRIORITY, CLASSIFICATION AND DEPENDENCY

Reference:
STANAG 3204 Amd (Edition 7) – Aeromedical Evacuation (Promulgated 1 March 2007)

Priority		
1	Urgent	Emergency patients for whom speedy evacuation is necessary to save life, to prevent complications, or to avoid serious permanent disability.
2	Priority	Patients who require specialised treatment not available locally and who are liable to deteriorate unless evacuated with the least possible delay.
3	Routine	Patients whose immediate treatment is available locally but whose prognosis would benefit from air evacuation on routine scheduled flights.

Classification		
Neuropsychiatric Patients		
1A	Severe Case	Patients in an unstable mental state that require restraint, sedation and close supervision.
1B	Intermediate Severity	Patients who do not require restraint and are not, at the moment, in an unstable mental state, but may react badly to air travel, or commit acts likely to endanger themselves or the safety of the aircraft and its occupants. These patients need close supervision in flight and may need sedation.
1C	Mild Case	Patients who are cooperative and have proved reliable under pre-flight observation.
Stretcher Patients (other than Psychiatric)		
2A	Immobile	Patients unable to move about of their own volition under any circumstances.
2B	Mobile	Patients able to move about of their own volition in an emergency.
Sitting Patients (other than Psychiatric)		
3A	Sitting	Sitting patients, including handicapped persons, who in an emergency would require assistance to escape.
3B	Sitting	Sitting patients who would be able to escape unassisted in an emergency.
Walking Patients		
4	Walking	Walking patients, other than psychiatric, who are physically able to travel unattended.

Dependency		
1	High	Patients who require intensive support during flight. For example, patients requiring ventilation, monitoring of central venous pressure and cardiac monitoring. They may be unconscious or

		under general anaesthesia.
2	**Medium**	Patients who, although not requiring intensive support, require regular, frequent monitoring and whose condition may deteriorate in flight. For example, patients who have a combination of oxygen administration, one or more intravenous infusions and multiple drains or catheters.
3	**Low**	Patients whose condition is not expected to deteriorate during flight but who require nursing care of, for example, simple oxygen therapy, an intravenous infusion or a urinary catheter.
4	**Minimal**	Patients who do not require nursing attention in flight but who might need assistance with mobility or bodily functions.

PROCESS MAP FOR STRATEGIC AE

Reference: 1 Cdn Air Div Flight Operations Manual, Chap 2, Annex 2.5.5.8.A