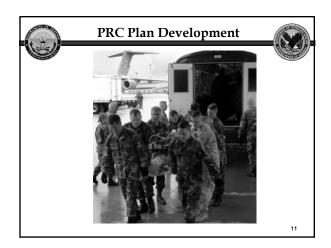




Overview

From the one incontrovertible truth about aeromedical evacuation

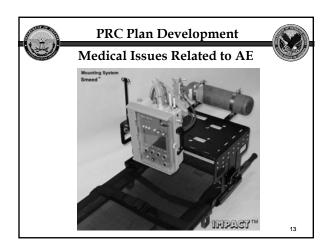
• We will not fully understand how to plan for our incoming patients ... without understanding the selection criteria and loading process that DoD uses for aeromedical flights



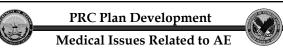
PRC Plan Development Medical Issues Related to AE

Medical Considerations

- Patient stabilized for the anticipated mode and duration of travel
- Patient's airway and breathing is adequate for movement
- Patient's IV lines, drainage devices, and tubes fully secured





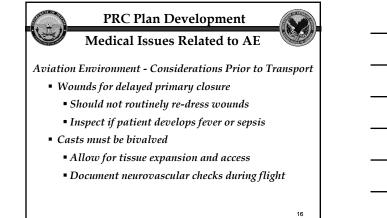


Medical Considerations - continued

- Foley catheters-nasogastric tubes allowed to drain
- Patient covered woolen and aluminized blanket

- 3 litter straps required secure patient to litter
- Personal effects medical records accompany patient







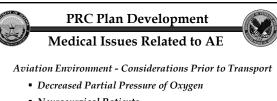
PRC Plan Development Medical Issues Related to AE

Aviation Environment - Considerations Prior to Transport

- Decreased Barometric Pressure
- Consider a Cabin Altitude Restriction (CAR) for the following:
 - Penetrating eye injuries with intraocular air
 - Free air in any body cavity
 - Severe pulmonary disease



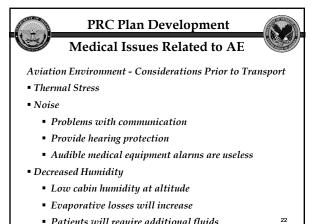




- Neurosurgical Patients
 - Hypoxia may worsen neurological injury
 - Ventilator meets oxygen demand at altitude
- Gravitational Stress
 - Traumatic brain injury patients
 - Increase intracranial pressure takeoff or landing

- Head forward on takeoff, head rearward on
- landing





• Patients will require additional fluids



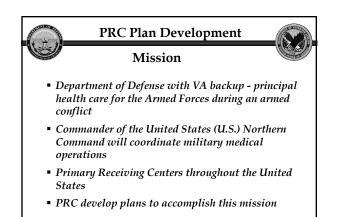
PRC Plan Development Medical Issues Related to AE

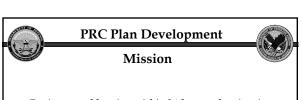
CCATT - Critical Care Air Transport Teams

- A four-person burn transport team required inhalation injury and/or severe burns
- Determine patient movement items (PMI)
 - Ventilators
 - Pulse oximeters
 - All items cleared for in-flight use

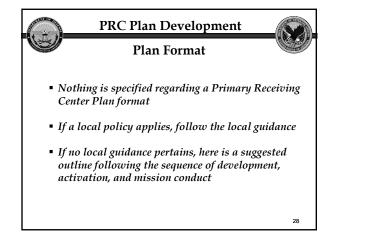




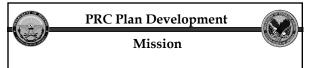




- Patients could arrive within 24 hours of activation
- May be direct from wartime theater to PRC
- May be from other CONUS medical facilities
- Patients needs come first
- Keep in touch in case the 24 hour window collapses







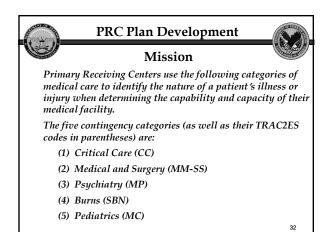
- During a time of military conflict or national emergency, Primary Receiving Centers will provide the maximum number of staffed beds possible to active duty military patients
- Beds in Primary Receiving Center facilities reported as available to the DOD GPMRC may be fully utilized by DOD patients

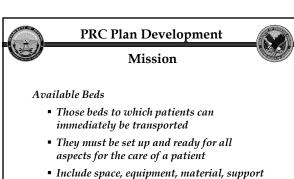
Mission

Determine Medical Capacity and Capability

- Primary Receiving Centers measure medical capacity and capability in terms of available beds
- Each Primary Receiving Center will conduct an initial bed estimation assessment to determine how many beds can be made available to DoD in an emergency

31





Include space, equipment, material, support services and staff

PRC Plan Development Mission



34

35

Primary Receiving Centers

- Determine how many beds can be made available to DoD patients
- Report beds that are immediately available
 Empty, fully staffed beds
- Not beds that can be made available by sending patients



Develop Course of Action

Primary Receiving Centers Plans

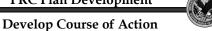
- Receive patients and transport to definitive medical care
- Focus on aero-medical evacuation in DoD aircraft
- Primary airfield located within the Patient Reception Area
- Airfield assigned by DoD listed in TRAC2ES
- Alternate means of patient transport alternate plans developed
- Establish and exercise primary airfield oriented mission

PRC Plan Development

Develop Course of Action

Primary Receiving Center Mission Elements

- Conditions existing programs procedures vary by location
- Primary Receiving Centers makes best use of local resources
- Local working group personnel who understand care within the area



Primary Receiving Center Mission Elements

- Plans substantially different across country
- Some common mission elements
- Should be addressed in most PRC plans
- Management of each mission element



Primary Receiving Centers - Common Mission Elements 1) Notification, confirmation, and acknowledgement of mission orders

- Alert, activation, or orders via chain of command
- Local confirmation and authentication policies .
- Specific conditions under which the order is issued
- Acknowledgement confirms PRC ready and able to receive patients• In the numbers and categories reported on bed report
- Consistent with the throughput • If the PRC cannot function at this level the throughput must be officially adjusted through GPMRC prior to the
- commencement of air operations Contact any state, county, and city agencies - coordination

38

37

PRC Plan Development

Plan in Detail

Primary Receiving Centers - Common Mission Elements

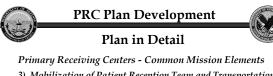
- 2) Receipt of information about inbound patients
 - Specific information each sortie regulated to PRA
 - Information should include at a minimum:
 - Number and category of each patient
 - Means of conveyance: air, ground, or rail
 - Airfield location, bus station address or rail station
 - Compare list of patients available beds
 - Notify GPMRC of any contra-indications

PRC Plan Development Plan in Detail



Primary Receiving Centers - Common Mission Elements 3) Mobilize Patient Reception Team & Transportation Assets

- Activate their task organized Patient Reception Teams
- PRTs deployed with time phased assessments based on: • Expected time of arrival of the patients
 - Staging and setup time estimates
 - Other rate limiting processes



3) Mobilization of Patient Reception Team and Transportation Assets

- PRTs skill sets quantities consistent with the scale of the mission:
 - Medical personnel interface with flight crew and assess patients
 - Administrative record pertinent information about each patient
 - Logistical support-anything the PRT needs
 - Lifting teams-strong health personnel
 - Plan for 4 person lifts-some may require 6 or 8 • Factor fatigue based on prevailing conditions

41

40

PRC Plan Development Plan in Detail **Receiving Centers - Common Mission Elements** 3) Mobilization of Patient Reception Team & Transportation Assets Primary Receiving Centers

- Arrange transportation to medical center
- Based on available assets
- Including the following depending on your locality:
 - County EMS Ambulances
 - Contract Ambulances
 - Organic vehicles from within your organization
 - Ambuses DVA vans
 - Other Local support such as Transportation Authority Buses 42





PRC Plan Development Plan in Detail

Primary Receiving Centers - Common Mission Elements

4) Receive Patients at Point of Embarkation

• Aircraft or other means of conveyance

PRT Medical personnel meet Medical Crew Director

Medical briefing - Updates PRC medical personnel

• Current condition of the patients

- Exigent circumstances that developed in transport
- Patients prioritized for movement based on medical necessity

PRC Plan Development

Plan in Detail

Primary Receiving Centers - Common Mission ElementsAssess Patient Condition

- PRC medical personnel assess the patients
- Contra-indications for further transport must be addressed
- 6) Transport Patients to PRC Medical Center
 - Stabilization or other treatments are undertaken
 - Suitable transportation means employed for each patient



46

47

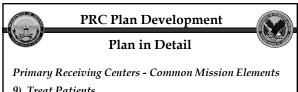
Plan in Detail
Primary Receiving Centers - Common Mission Elements

7) Receive Patients at PRC Medical Center

- Existing hospital plans for an influx of patients
- Implement influx of patients plans
- Commence admission of patients at specific estimated time

8) Admit Patients

• Any necessary elements beyond hospital admission plans



9) Treat Patients

- Same high standard for all patients
- Altered standards of care decision made by the senior clinician
- Communicated to the chief of staff at the receiving hospital

PRC Plan Development

Plan in Detail

*Primary Receiving Centers - Common Mission Elements*10) Information Management and Record Keeping

- Management of information to external authorities
- Designated Public Information Officer (PIO)
- Record keeping procedures Beyond normal record keeping

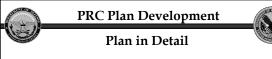
PRC Plan Development Plan in Detail



49

Primary Receiving Centers - Common Mission Elements

- 11) Release of Patient to Next Phase
 - Eventual discharge and release of the patients
 - Outcomes that may need to be considered:
 - Back to unit
 - Transport to home
 - Discharge to civilian sector
 - Possible death of patient



Primary Receiving Centers - Common Mission Elements

- 12) Special Considerations
 - Night Operation
 - Inclement weather
 - Communications
 - Reach back to PRC hospital
 - Communications with GPMRC
 - Communications with local EMS

50

PRC Plan Development

- Local Memorandum of Agreement Development
- Definition of a Memorandum of Agreement
- Legal review
- Location specific

