




PRC Plan Development






At the end of this session participants will be able to complete the development of a comprehensive PRC plan.



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Overview

Why have a Primary Receiving Center Plan?

- *Moffett Federal Airfield – Routine AE missions*
- *San Diego VAMC - Secondary Support Center – plan to receive patients via ground transportation*

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Overview

Why have a Primary Receiving Center Plan?

- *PRCs need a plan because if we are ever activated the number and severity of the injured will exceed the capacity of routine plans*

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Overview


Aeromedical Evacuation

- *Evacuation of injured personnel using fixed wing aircraft for rapid transport of casualties to medical treatment facilities where definitive care can be rendered*
- *The aeromedical environment creates unique stresses on the injured patient*

Emergency War Surgery - 2004

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Overview

There is one incontrovertible truth about aeromedical evacuation

- *It pertains to every single Primary Receiving Center...*
- *It pertains to every single patient reception area and airfield...*
- *It pertains to every single aeromedical mission and flight...*

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Overview

The one incontrovertible truth about aeromedical evacuation is ...

- *Every single patient that is taken off the aircraft at your airfield ...will be one that was loaded onto the plane at the other end*

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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*

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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*

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Medical Issues Related to AE



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Medical Issues Related to AE

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*

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Medical Issues Related to AE



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Medical Issues Related to AE

Aviation Environment - Considerations Prior to Transport

- *Wounds for delayed primary closure*
 - *Should not routinely re-dress wounds*
 - *Inspect if patient develops fever or sepsis*
- *Casts must be bivalved*
 - *Allow for tissue expansion and access*
 - *Document neurovascular checks during flight*

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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*

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Medical Issues Related to AE

Aviation Environment - Considerations Prior to Transport

- *Decreased Partial Pressure of Oxygen*
- *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*

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Medical Issues Related to AE

Aviation Environment - Considerations Prior to Transport

- *Thermal Stress*
- *Noise*
 - *Problems with communication*
 - *Provide hearing protection*
 - *Audible medical equipment alarms are useless*
- *Decreased Humidity*
 - *Low cabin humidity at altitude*
 - *Evaporative losses will increase*
 - *Patients will require additional fluids*

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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*

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Mission

- *Department of Defense with VA backup - principal health care for the Armed Forces during an armed conflict*
- *Commander of the United States (U.S.) Northern Command will coordinate military medical operations*
- *Primary Receiving Centers throughout the United States*
- *PRC develop plans to accomplish this mission*


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Mission

- *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*

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Plan Format

- *Nothing is specified regarding a Primary Receiving Center Plan format*
- *If a local policy applies, follow the local guidance*
- *If no local guidance pertains, here is a suggested outline following the sequence of development, activation, and mission conduct*

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Mission

Active duty patients will be placed into medical facilities that can best meet the following criteria:

- *Deliver the most appropriate medical care*
- *Nearest to home or unit of record*
- *Seamless transition - military to veteran*

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Mission

- *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*

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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*

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Mission

Primary Receiving Centers use the following categories of medical care to identify the nature of a patient's illness or injury when determining the capability and capacity of their medical facility.

The five contingency categories (as well as their TRAC2ES codes in parentheses) are:

- (1) *Critical Care (CC)*
- (2) *Medical and Surgery (MM-SS)*
- (3) *Psychiatry (MP)*
- (4) *Burns (SBN)*
- (5) *Pediatrics (MC)*

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Mission

Available Beds

- *Those beds to which patients can immediately be transported*
- *They must be set up and ready for all aspects for the care of a patient*
- *Include space, equipment, material, support services and staff*

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Mission

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*

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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*

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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*

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Develop Course of Action

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*

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Plan in Detail

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*

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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*

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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*

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Plan in Detail

Primary Receiving Centers - Common Mission Elements

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*

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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*

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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*

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Plan in Detail

Primary Receiving Centers - Common Mission Elements


5) *Assess 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*

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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*

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Plan in Detail




Primary Receiving Centers - Common Mission Elements

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*

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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*

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Plan in Detail

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*

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Plan in Detail

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*



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Local Memorandum of Agreement Development



- *Definition of a Memorandum of Agreement*
- *Legal review*
- *Location specific*

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 **PRC Plan Development** 
Contractual Development



- *Definition of a contract*
- *Who are the parties that want to make the contract?*
 - *Managing Agency*
 - *Management of the Location*

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 **PRC Plan Development** 
Contractual Agreement

- *If you have a PRC committee*
- *If you don't have a PRC committee*

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 **PRC Plan Development** 
Contractual Relationship

- *Salesmanship*
- *Education*
- *Finances*

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Coordination with Local Authorities

- *Know who they are*
- *Meet with them*
- *Maintain contact information*

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