



EN ROUTE CARE CAPABILITY

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[Patient Movement](#) provides the [joint force commander](#) the ability to ensure injured warfighters receive lifesaving care from the point of injury to definitive care in the least amount of time. [En route care \(ERC\) capability](#) is a critical component in all expeditionary planning. Medical forces are an integral piece of the [air mobility](#) and [combat support](#) forces which enable patient movement. This integration, plus the [command and control](#) (C2) through the [air operations center](#) (AOC) [air mobility division](#) (AMD), allows the Air Force to perform in the most rapid manner possible.

Patient movement begins at the first point of in-theater casualty or patient injury and is supported by available patient movement capability. Critical care support can be initiated at the entry into the ERC capability and continues through increased levels of care to definitive care en route to continental US (CONUS)-based [medical treatment facilities](#) (MTF).¹ Expeditionary medical support (EMEDS), medical treatment facilities (MTF), and Air Force theater hospitals (AFTH) are capable of simultaneously providing health services for deployed beddown locations and en route medical support. EMEDS and AFTHs are incrementally expandable to provide enhanced resuscitative surgery, critical care capabilities, and humanitarian support. EMEDS and AFTHs extend the reach of strategic casualty evacuation for en route care, and can be collocated and supported by the en route patient staging system (ERPSS). En route critical care teams (e.g., critical care air transport team (CCATT), lung team, etc.) are postured at en route locations and provide advanced care throughout transport. Using aeromedical evacuation (AE) crews supplemented with critical care specialists when needed, casualties and patients are moved via designated retrograde or in-system select aircraft through a facility with staging capability before being transferred by AE and patient movement item assets to definitive care en route or to CONUS-based MTFs.

En Route Patient Staging System

The [ERPSS](#) is a flexible, modular patient staging system able to operate across the spectrum of scenarios such as military operations, humanitarian assistance and disaster relief operations, and defense support to civil authorities. It is used for temporary

¹ Air Force Tactics, Techniques and Procedures 3-42.51, [Critical Care Air Transport Team](#), and US Army Field Manual 4-02, [Army Health System](#).

staging, casualty care, and administration support during contingency operations. It should be located at an airfield capable of supporting organic and contracted aircraft. An ERPSS is capable of sustaining 24-hour operations. It provides patient reception, complex medical-surgical nursing care, and limited emergent intervention. Employed ERPSS ensure patients are medically and administratively prepared for flight and coordinate with all Service medical and transportation elements to accomplish patient movement. Patients requiring extensive medical treatment or critical nursing care should remain in the MTF until arrangements have been made for transfer. Patient holding times may range from between 6 to 72 hours, range from 10-250 beds, and are very dependent upon the arrival of the earliest opportune aircraft for which a patient can be prepared for AE.

Air Force Theater Hospital

The AFTH provides dedicated in-theater and en route medical support. AFTHs are located at critical strategic airlift hubs to stage casualties from the operational area or en route airlift staging bases as patients move to definitive care. Several teams augment the AFTH to provide the appropriate level of medical support at or above a 25-bed capacity. Specialty and ancillary teams are generally centralized at one to three mature theater hospitals. Mature theater hospitals normally house 50 beds or greater with a full complement of medical specialties. Contingency-specific needs drive deviations.² In coordination with the geographical combatant command, AFTH may be designated a reintegration facility and will be prepared to receive recovered isolated personnel in support of the personnel recovery reintegration process.

En Route Fixed Medical Treatment Facilities

En route fixed MTFs provide dedicated medical support to casualties and patients en route to definitive care. These facilities are joint or Service-specific and are located at major air hubs in an operational area and in CONUS. Because of distances, patient acuity, stresses of AE to severely injured patients, en route fixed MTFs are designated to provide stabilization, resuscitative, and initial or definitive care to casualties transiting the AE system. Medical planners should also consider appropriate fixed civilian medical facilities depending on which services may be leveraged to fill gaps not available from the Air Force, joint, or coalition force.

En Route Critical Care Team

ERCCT is a global term that encompasses all medical teams that provide advanced clinical care by augmenting an evacuation platform medical crew during any portion of patient movement. The ERCCT is a specialty care or critical care team which is authorized operational support status. It can be added to the basic AE crew to provide a higher level of care to critically ill patients during AE staging and flight. ERCCTs may be unit type codes (UTCs), standing peacetime capabilities, permanently based at a single

² Air Force Instruction 41-106, [Medical Readiness Program Management](#).

MTF, or created for a specific mission. Some examples include CCATT, Lung Team, Neonatal Team, US Army burn team, US Army en route critical care nurses and British Medical Emergency Response Team. When in flight, the ERCCT physician is responsible for clinical decisions and care concerning the critically ill patient(s) and works under the operational direction of the medical crew director for mission management and the aircraft commander for operational management. In the event of potential threats to the aircraft or crew, during most contingency operations, casualties will be brought quickly to the flightline where they will be assessed on or near the aircraft.

Critical Care Air Transport Team

CCATT is an Air Force UTC consisting of three persons (critical care physician, critical care nurse and respiratory therapist) that provide an advanced en route medical capability to evacuate critically ill, injured, or burned patients requiring continuous stabilization or advanced care during transport to the next level of care.

Aeromedical Evacuation Crew Member (AECM)

AECMs provide inflight patient care on any aircraft using medical equipment that meets airworthiness testing certification standards. Crewmembers have completed specific qualification and training requirements and are knowledgeable about the stresses of flight and effects of altitude on patients, basic trauma skills, and patient safety. AECMs are experts on the interface between aircraft systems and medical equipment to meet patient care requirements. The basic aeromedical evacuation crew may be tailored to support patient needs and requirements. If appropriately coordinated with their C2, crews can also augment aeromedical evacuation AE ground UTCs. During execution of the AE mission, AE crews and CCATTs are controlled by the AOC for intratheater missions or the 618th AOC (Tanker Airlift Control Center) for intertheater missions.
