STAFF SUMMARY SHEET

	TO	ACTION	SIGNATURE (*Surname*), GRADE AND DATE		TO	ACTION	SIGNATURE (*Surname*), GRADE AND DATE
1	TCJ3	(COORD) ~~Appr~~	7 MG	6			
2	TCCS	(COORD) ~~Appr~~	9 March 08	7			
3	TCCD	(COORD) ~~Appr~~	10 MAR	8			
4	TCCC	Sig		9			
5				10			

SURNAME OF ACTION OFFICER AND GRADE		PHONE	TYPIST'S INITIALS	SUSPENSE DATE
LTC Diane Boese	TCSG-O	229-5807	djb	

SUBJECT	DATE
Policy for Patient Movement of Contaminated, Contagious or Potentially Exposed Casualties	20080215

SUMMARY

1. The purpose of this SSS is to obtain TCCC signature on the policy letter for Patient Movement of Contaminated, Contagious or Potentially Exposed Casualties (Tab 1). This policy letter reaffirms USTRANSCOM policy that contaminated casualties will not be transported on USTRANSCOM assets prior to decontamination except in rare cases with prior approval. Those with highly contagious diseases will be treated in place except under extreme circumstances whereupon AMC CC is directed to be prepared to support movement of a few (approximately 2) contagious patients.

2. BACKGROUND. Previous guidance from TCCC to AMC CC on this subject, dated 20 Oct 2003 (Tab 2), set policy that AMC will commit to move a small number of contaminated/contagious casualties (approximately 50). The patient movement system currently moves patients with contagious diseases that are low risk for spread into the public. Special concern arises when dealing with certain diseases listed on the Center for Disease Control and Prevention Critical Biological Agent List that have high potential for spread within the civilian population. Federal policy emphasizes treatment in place for these highly contagious diseases. At present, current capability in CONUS consists of four containment beds; two are available within the Department of Defense. Tab 3 contains a bullet background paper that discusses patient movement of contagious casualties coordinated with AMC and within USTRANSCOM. Tab 4 contains the AMC approval of the policy letter at Tab 1.

3. RECOMMENDATION. TCCC sign policy letter at Tab 1.

Cooley E. Tuckett
for
WILLIAM K. STATZ
COL, MC, USA
Command Surgeon

4 Tabs:
1. Proposed TCCC Policy Letter
2. TCCC letter dtd 20 Oct 2003
3. Bullet Background Paper
4. SSS showing AMC coordination

2008025775 w/ (2) DISK

TAB 1

UNITED STATES TRANSPORTATION COMMAND
508 SCOTT DRIVE
SCOTT AIR FORCE BASE, ILLINOIS 62225-5357

14 March 2008

MEMORANDUM FOR COMMANDER, AIR MOBILITY COMMAND

FROM: TCCC

SUBJECT: Policy for Patient Movement of Contaminated Contagious or Potentially Exposed Casualties

1. References:

a. 42 CFR 70-71, Control Of Communicable Diseases, Oct 06
b. Presidential Directive EO 13375, Apr 05
c. JP4-02 *Health Service Support,* 31 Oct 06
d. JP3-11 *Joint Doctrine for Operations in a Nuclear, Chemical, or Biological Environment,* 11 Jul 00
e. Air Mobility Command Counter-Chemical, Biological, Radiological, and Nuclear Concept of Operations, 1 Jun 07

2. This policy provides guidance to Commander, Air Mobility Command (AMC) on movement of contaminated or highly contagious casualties resulting from exposure to chemical, biological, or nuclear warfare agents or a naturally occurring infection including pandemic influenza.

3. It is United States Transportation Command (USTRANSCOM) policy that patients, personnel, or casualties with known or suspected contamination from chemical, biological, or nuclear warfare agents will not be transported within the aeromedical patient movement system. Decontamination must be performed prior to transport to prevent the potential spread of contamination. In rare cases, transport may be essential to preserve life or continue critical missions. If such transport is deemed essential, all efforts must be made to prevent the spread of contamination IAW ref b. In these cases, prior approval must be given by the involved geographic combatant commanders, Commander USTRANSCOM, and the Secretary of Defense (SECDEF) in consultation with Department of Defense medical authorities.

4. Patients with known or suspected or highly contagious diseases will not be transported within the patient movement system. These include infections with any agent that may pose a potential threat to national security, require special public health actions, and/or have the potential to cause public panic and social disruption. Patients known or suspected to be infected with a highly contagious disease should be treated "in place" or with minimal transportation to medical authorities. In extreme circumstances there may be a requirement to move index cases (approximately two) for evaluation or critical medical care. If patient movement is required, prior approval must be given by the involved geographic combatant commanders, Commander USTRANSCOM, and SECDEF in consultation with medical authorities.

5. AMC will train and equip aeromedical evacuation crews and stage required equipment at key hubs to carry out these limited missions for movement of contaminated and contagious patients.

6. This guidance supersedes the 20 October 2003 memorandum to Commander, Air Mobility Command, Subject: *Policy for Movement of Contaminated/Contagious Casualties/Personnel.*

7. Point of contact for this issue is the USTRANSCOM Command Surgeon at DSN 779-5298.

cc: DJS

NORTON A. SCHWARTZ
General, USAF
Commander

TAB 2

A5

UNITED STATES TRANSPORTATION COMMAND
508 SCOTT DRIVE
SCOTT AIR FORCE BASE, ILLINOIS 62225-5357

OCT 2 0 2003

MEMORANDUM FOR COMMANDER, AIR MOBILITY COMMAND

FROM: TCCC

SUBJECT: Policy for Movement of Contaminated/Contagious Casualties/Personnel

1. Combatant Commanders have requested clear guidance on the movement of contaminated casualties. All Service publications state patients will be decontaminated before medical treatment and prior to transport. However, AFDD 2-1.8 has a caveat that the theater commander and USTRANSCOM commander may direct movement of contaminated casualties. Request Air Mobility Command (AMC) policy be rewritten to incorporate/clarify other Services' policy.

2. Externally contaminated patients and those infected with critical list agents will not be transported onboard AMC or AMC-procured aircraft without first being decontaminated. Treatment of Biological Warfare Agent Casualties (Service Publications FM 8-284/NAVMED P-5042/AFN 41-156/MCRP 4-11.1 C; para 1-21) directs that field units have primary responsibility for decontaminating their casualties as soon as possible and prior to moving them to medical treatment facilities (MTFs). In the event contaminated casualties arrive at the MTF, they will be decontaminated prior to entering the MTF to prevent contamination of the facility. More importantly, rapid decontamination stops further casualty exposure to chemical or radiological absorption or biological inoculation. Since aeromedical evacuation (AE) provides transportation after initial casualty stabilization/treatment, patients should be decontaminated prior to entering the AE system. As a result, the requirement to move externally contaminated patients has not normally been anticipated and, even with diligent planning, would be limited at best. In addition, the ability to neutralize the specific contaminant and return the aircraft to unrestricted service should be a factor in the movement decision.

3. AMC/CC is the waiver authority to this policy. Once the Combatant Commander and USTRANSCOM commander identify the requirement to move contaminated/contagious patients, AMC/CC will direct the Tanker Airlift Control Center (TACC) to move these patients per the guidance in attachment 1.

4. The consequences on patient care, aircraft contamination, and aircrew safety significantly restrict our ability to move large numbers of contaminated patients. We do acknowledge there may be a requirement in extreme circumstances for a limited capability. Therefore, AMC will commit to provide the capability to move a small number of contaminated/contagious casualties (approximately 50). AMC will equip AE crews operating in designated high-threat areas with the required equipment/supplies to carry out the mission.

5. Recommend AMC/CC approve the policy change request with AMC/XP submitting a change to AFDD 2-1-8 to reflect this position and to begin coordination with Air Staff and Joint Staff.

JOHN W. HANDY
General, USAF
Commander

Attachment
Guidelines for Moving Contaminated
Patients/Passengers, w/References

cc: (distribution on separate page)

Printed on recycled paper

cc: CJCS
CSAF
USEUCOM
USAFE/CC
HQ ACC/CC
USSOUTHCOM
HQ AFMOA
HQ AMC/XP
USAFSAM/CC
USSOCOM
PACOM
HQ PACAF/CC
HQ AIA/CC
USJFC
HQ AETC/CC
HQ AFRC/CC
HQ AFSOC/CC
USCENTCOM
HQ USAF/XP
311 HSW/CC
NGB/XP
USNORTHCOM

GUIDELINES FOR MOVING CONTAMINATED PATIENTS/PASSENGERS

- Externally Contaminated Patients/Passengers

  - TRANSLOAD/Exchange Zone Concept

    --- The combatant commander, with the advice from the command surgeon, is responsible for moving patients within the theater and deciding the extent to which evacuation assets will be committed to contaminated areas

    --- Personnel and casualties, would be evacuated from a contaminated location to an Interim Operating Location (IOC) IAW procedures in Air Mobility Operations in a Chemical/Biological Environment CONOPs

    --- Contaminated aircraft would remain in-theater to provide airlift between contaminated airfields and a selected TRANSLOAD/Exchange Zone base

    --- Contaminated aircraft and equipment would be considered chemical/biological environment assets until they have been thoroughly decontaminated

  - Tactical Environment

    --- In the tactical environment, following a chemical attack, friendly forces may be at risk of being over-run and time may not be available to decontaminate personnel appropriately

    --- Upon approval by appropriate authority, contaminated patients/passengers will be moved without delay

    --- The flight is anticipated to be short and directly to a staging base

    --- Aircrew members will use personal protective devices as required

    --- AE crews will use the MCU2P mask

      ---- When ground chemical masks are used on missions, a FL below 10,000 feet is recommended due to reported valve failure during rapid decompression

    --- Patients and passengers would be decontaminated at the staging base prior to further movement

  - Strategic Environment

    --- Patients/Passengers will be decontaminated prior to embarking on intertheater lift

- **Patients Infected with Critical List Agents**

  - Assumptions

    - Requirements for movement of contagious biological casualties movement requests will be supported within 72 hours of the notification

    - Civil Reserve Air Fleet (CRAF) will not be used to support movement of contagious biological casualties

  - Policy

    - The Interim Policy on Movement Regulation of Aeromedical Evacuation (AE) of Bioterrorism (BT) and Centers for Disease Control (CDC) Critical List Agent Casualties

    - Policy is located at https://business.transcom.mil/gpmrc/BWCWpolicy.pdf

REFERENCES

- USTRANSCOM Interim Policy on Biological Warfare/Critical List Casualty Patient (2003)
- Joint Pub 3-11 Joint Doctrine for Operations in NBC Environments (2000)
- AFDD 2-1.8 Counter NBC Operations (2000)
- Air Mobility Operations in a Chemical/Biological (CB) Environment CONOPS (1999)
- Air Force Manual (AFMAN) 44-156/Army Field Manual (FM) 8-284/Marine Corps (MCRP) 4-11.1C Treatment of Biological Warfare Agent Casualties (2000)

TAB 3

BACKGROUND PAPER
ON
PATIENT MOVEMENT OF CONTAGIOUS CASUALTIES

- TRANSCOM currently moves patients with certain infectious diseases

  -- Diseases with low epidemic risk; uncontrolled spread of disease unlikely

  -- Adequate personal protective measures in place for crew, receiving facility

    --- Each patient movement request screened for clues of serious disease

    --- AE crews trained/utilize universal precautions for protection

- Emerging technologies will allow for transport of more hazardous illnesses

  -- Air Mobility Command (AMC) developing air-worthy patient isolation units to support AE portion of move; replaces legacy equipment at US Army Medical Research Institute of Infectious Diseases

  -- Air Combat Command (ACC) developing deployable ground-based equipment/tactics for biological warfare (BW) casualty care for use at AE hubs

  -- Key issue: Where will the patients be taken?

    --- Diplomatic clearance and over flight permission will be difficult to obtain resulting in limited transportation options

    --- Few high safety level beds are available in US to provide care for highly contagious/deadly diseases

    --- Governors can quarantine state: close borders/airports to BW casualties further reducing transportation options

- Current guidance from TCCC to AMC CC dated 20 OCT 2003

  -- Directs AMC to be prepared to move up to 50 contagious casualties on order

  -- Makes no differentiation between "contagious" and "contaminated" leading to confusion regarding transportation decisions as seen in ARDENT SENTRY 2007

- Way Ahead

  -- Rescind 20 OCT 2003 policy letter; replace with clearer, executable guidance from TCCC to AMC CC

LTC Boese/TCSG-O/229-5807(DSN: 779)/djb/diane.boese@ustranscom.mil/7 Feb 2008

-- Task AMC to develop new, comprehensive guidance to replace Interim Policy on Movement Regulation of Aeromedical Evacuation of Bioterrorism and CDC Critical List Agent Casualties (25 MAR 2003) with target date for completion SEP 2008; current supporting policy guidance for movement remains in place until superseded

--- New guidance will be reviewed/ratified by the Global Patient Movement Joint Advisory Board during the Oct 2008 meeting which will provide coordination with Joint Staff, COCOMs, and Services

TAB 4

STAFF SUMMARY SHEET

	TO	ACTION	SIGNATURE (Surname), GRADE AND DATE		TO	ACTION	SIGNATURE (Surname), GRADE AND DATE
1	AMC/SG	Coord	Col Riddles, FOR AMC SG, 17 DEC 07	6			
2	AMC/A3	Coord w/ Crit Comment	T GROSZ Col 4 JAN 08	7			
3	618 TACC	Coord	Previously Signed KN	8			
4	18AF/CC	Coord	KAME BRIG GEN, 28 JAN 08	9			
5	AMC/CV	Appr	KELLY, LTGEN, 6 FEB 08	10			

SURNAME OF ACTION OFFICER AND GRADE	SYMBOL	PHONE	TYPIST'S INITIALS	SUSPENSE DATE
LTC Diane Boese	TCSG-O	229-5807	djb	20071221

SUBJECT	DATE
Policy for Patient Movement of Contaminated, Contagious or Potentially Exposed Casualties	20071211

SUMMARY

1. The purpose of this SSS is to propose a new policy letter for TCCC signature regarding the capabilities of the patient movement system to transport contaminated, contagious or potentially exposed casualties.

2. Background. Previous guidance from TCCC to AMC CC on this subject dated 20 OCT 2003 (Tab 1). It set policy that AMC will commit to move a small number of contaminated/contagious casualties (approximately 50). The patient movement system currently moves patients with contagious diseases that are low risk for spread into the public. Special concern arises when dealing with certain diseases listed on the Center for Disease Control and Prevention Critical Biological Agent List that have high potential for spread within the civilian population. Federal policy emphasizes treatment in place for these highly contagious diseases. At present, current capability in CONUS consists of four containment beds; two are available within the Department of Defense. Tab 2 contains a bullet background paper that discusses patient movement of contagious casualties. Enclosure 3 is a proposed policy letter from TCCC that rescinds the letter at Enclosure 1 and reaffirms USTRANSCOM policy that contaminated casualties will not be transported on USTRANSCOM assets prior to decontamination except in rare cases with prior approval. Those with highly contagious diseases will be treated in place except under extreme circumstances whereupon AMC CC is directed to be prepared to support movement of a few (approximately 2) contagious patients.

3. Recommend AMC provide coordination to the proposed policy letter (Tab 3).

WILLIAM K. STATZ
COL, MC, USA
Command Surgeon

3 Tabs
1. TCCC Letter dtd 20 OCT 2003
2. Bullet Background paper
3. Proposed TCCC Policy for Patient Movement of Contaminated, Contagious or Potentially Exposed Casualties

14459/TA

STAFF SUMMARY SHEET

	TO	ACTION	SIGNATURE (Surname), GRADE AND DATE		TO	ACTION	SIGNATURE (Surname), GRADE AND DATE
1	AMC/CV	Coord		6			
2	AMC/SG	Coord	Brig Gen Hepburn	7			
3	AMC/A3	Coord	Maj Gen Roggiero	8			
4	618 TACC	Coord	For [illegible] Maj Gen Ladnier 27/12/07	9			
5	AMC	Appr	Lt Gen Christopher A. Kelly	10			

SURNAME OF ACTION OFFICER AND GRADE	SYMBOL	PHONE	TYPIST'S INITIALS	SUSPENSE DATE
LTC Diane Boese	TCSG-O	229-5807	djb	20071221

SUBJECT	DATE
Policy for Patient Movement of Contaminated, Contagious or Potentially Exposed Casualties	20071211

SUMMARY

1. The purpose of this SSS is to propose a new policy letter for TCCC signature regarding the capabilities of the patient movement system to transport contaminated, contagious or potentially exposed casualties.

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3. Recommend AMC provide coordination to the proposed policy letter (Tab 3).

WILLIAM K. STATZ
COL, MC, USA
Command Surgeon

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3. Proposed TCCC Policy for Patient Movement of Contaminated, Contagious or Potentially Exposed Casualties