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Flying Operations

***AEROMEDICAL EVACUATION OF PATIENTS
FROM EIFEL WEST AND EIFEL EAST
MEDICAL FACILITIES***

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction implements Air Force Policy Directive (AFPD) 11-2, *Aircraft Rules and Procedures* and Air Force Instruction (AFI) 41-302, *Aeromedical Evacuation Operations and Management*. It establishes procedures for the aeromedical evacuation (MEDEVAC) of patients from either the Eifel West hospital or the Eifel East Clinic. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 37-123, *Management of Records*, and disposed of in accordance with the Air Force Records Disposition Schedule.

SUMMARY OF REVISIONS

This document is substantially revised and must be completely reviewed.

The primary evacuation location for Eifel West was changed to the high school football field (paragraphs **1.**, **2.4.1.1.**, and **3.2.**). Omitted all references to Bitburg Airport. Changed responsibility of windsock at Bitburg football field to 52d Civil Engineer Squadron (52 CES) Fire Department (CEF) (see **Attachment 3**, paragraph **A3.2.**). Added 52d Medical Group (52 MDG) MEDEVAC notification responsibilities. Clarified Eifel West responsibilities for 52 CES and 52d Security Forces Squadron (52 SFS). Added Control Tower Primary Crash Alarm System (PCAS) responsibilities and MEDEVAC parking location (see paragraph **2.5.1.** and **2.5.2.**). Added coordination procedures and transportation responsibilities involving Airfield Management Operations (AM Ops), formerly known as Base Operations (BOPS). Deleted DUSTOFF Europe units, locations and telephone numbers. Updated the new pilot-to-dispatch and ATIS frequencies (see **Attachment 1**).

1. General. Evacuation, termed DUSTOFF (if conducted by military) or KRISTOFF (if by civilian), will be by helicopter from the Bitburg High School football field or Spangdahlem AB. This instruction will provide directions for a safe landing area for the MEDEVAC helicopter as well as safety for ground personnel and any onlookers. Key participants are the 52 MDG, 52 SFS, 52 CES/CEF, 52d Fighter Wing (52 FW) Command Post (CP), Emergency Services personnel, 52d Equipment Maintenance Squadron (52

EMS) Transient Alert (TA) crews, and the 52d Operations Support Squadron (52 OSS) Airfield Operations Flight (OSA). Evacuation from Spangdahlem Air Base (AB) is routine and addressed in paragraph [2.1.5.1.2](#).

2. Responsibilities:

2.1. 52 MDG. The decision to MEDEVAC a patient will rest with the 52 MDG staff and attending physician. Once that decision has been made, the hospital staff will:

2.1.1. Determine desired time and location for MEDEVAC arrival and departure.

2.1.2. Notify the senior Emergency Room (ER) physician and Noncommissioned Officer in Charge.

2.1.3. Notify the 52 FW/CP.

2.1.4. Notify the control tower (452-6685) any time a request for host nation medical support is made for Eifel East, even if not specifically for (helicopter) MEDEVAC support.

2.1.5. Follow "DUSTOFF/KRISTOFF" procedures:

2.1.5.1. Patient at Eifel West (Bitburg) hospital:

2.1.5.1.1. Find accepting facility. Usually, coordinated physician to physician.

2.1.5.1.2. Arrange DUSTOFF/KRISTOFF transportation. Attending physician contacts Aeroevac Office in Tricare Flight for MEDEVAC request (see [Attachment 2](#) for format). If after duty hours, attending physician contacts Theater Patient Movement Requirements Center (TPMRC) at Ramstein AB (see [Attachment 1](#) for phone numbers).

2.1.5.1.2.1. If helicopter pilot requests Night Vision Goggle (NVG) operations, advise the Command Post and the 52d Mission Support Group (52 MSG) Commander (CC).

2.1.5.1.3. Aeroevac clerk or attending physician after duty hours completes AF Form 230, **Request for Patient Transfer**, and AF Form 3899, **Aeromedical Evacuation Patient Record**. Attending physician should contact Flight Medicine clinic or ER if after duty hours to contact Flight Surgeon on-call to determine need for patient certification.

2.1.5.1.4. Relay unit grid coordinates for the Landing Zone (LZ). Primary - 32ULA238373 (high school football field). Alternate - 32ULA236386 (Access road behind the Base Exchange gate towards old base).

2.1.5.1.5. Arrange for a qualified medical attendant (i.e. physician or registered nurse current in Advanced Cardiac Life Support, Pediatric Advanced Life Support, Advance Trauma Life Support, Neonatal Resuscitation Program) if needed.

2.1.5.1.6. Assemble necessary special equipment for the patient. All equipment must be signed out on an AF Form 1297, **Temporary Issue Receipt**. ER personnel will normally do this.

2.1.5.1.7. One North Atlantic Treaty Organization litter with two litter straps, pillow and sheet.

2.1.5.2. Patient at Eifel East (Spangdahlem) complex:

2.1.5.2.1. Follow same procedures for Eifel West except if 52 MDG personnel require the

helicopter to land at any location other than ramp 4, advise the Control Tower with the initial call. Likewise, advise the Tower if the intent is to transport the patient out to ramp so the responding medical personnel know to await the patient's arrival at ramp 4.

2.1.5.2.2. Coordinate after-hour operations through 52d Operations Group (52 OG) Commander (CC). If not feasible, request Command Post recall standby Airfield Management and Air Traffic Control personnel.

2.2. 52 FW/CP:

2.2.1. Notify the 52 OG/CC.

2.2.2. Notify the 52 MDG/CC.

2.2.3. Notify the 52 MSG/CC.

2.2.4. Notify the Supervisor of Flying (SOF).

2.2.5. Notify 52 OSS/OSAM (AM Ops). If requested, recall Airfield Management and Air Traffic Control personnel to open Spangdahlem Airfield.

2.2.6. Notify the 52 SFS.

2.2.7. Notify the 52 CES/CEF.

2.2.8. Notify the 52 EMS/TA section.

2.2.9. If evacuating from Bitburg during the school day notify the Bitburg High School administration section.

2.3. 52 SFS:

2.3.1. At Landing Time (LT) minus 30 minutes, proceed to Bitburg football field (if landing at Eifel West) and establish a cordon around the football field to allow access only to personnel directly involved with MEDEVAC operations. If necessary, at LT minus 30 minutes, establish the cordon around the access road landing area.

2.3.2. Maintain the cordon until after the MEDEVAC helicopter departs.

2.3.3. Ensure the ambulance route from the hospital to the landing area is clear.

2.3.4. If necessary coordinate with local Polizei to block off perimeter road. This is especially important at night to prevent private autos from blinding the helicopter pilot if using NVGs.

2.3.5. Maintain responsibility for unlocking and securing gates to the football field as needed.

2.3.6. If requested by AM Ops, unlock the airfield gates for access to the Spangdahlem airfield. Lock the gates after ensuring all personnel and vehicles have left the airfield.

2.4. 52 CES/CEF:

2.4.1. At LT minus 30 minutes:

2.4.1.1. A fire-fighting vehicle and Senior Fire Official (SFO) will proceed to Bitburg High School football field or alternate landing site (if landing at Eifel West) and remain until MEDEVAC helicopter departs (see [Attachment 3](#) for MEDEVAC kit contents).

2.4.1.1.1. If possible, 52 CES will dispatch a German firefighter to the aircraft to assist with any language difficulties between USAF and German medical personnel.

- 2.4.1.2. Place a 150-lb HALON 1211 flightline extinguisher at the landing site.
- 2.4.1.3. The SFO will identify himself/herself to the senior medical officer on-scene.
- 2.4.2. Illuminate the landing zone with lights from vehicle as required.
- 2.4.3. SFO will assume on-scene commander responsibilities should an aircraft emergency develop.
- 2.4.4. SFO will obtain the following information:
 - 2.4.4.1. Number of people being evacuated.
 - 2.4.4.2. Condition of patients.
 - 2.4.4.3. Name of senior medical officer on-scene.
 - 2.4.4.4. Expected ground time.
- 2.5. The Tower Watch Supervisor will:
 - 2.5.1. Activate the Primary Crash Alarm System (PCAS) upon notification of an enroute or arriving MEDEVAC helicopter that indicates it is responding to Spangdahlem, regardless of whether the tower had prior notification.
 - 2.5.1.1. ATC personnel will issue the estimated arrival time of the MEDEVAC aircraft, transportation requirements if known, any applicable requests by the pilot and current airfield weather and winds.
 - 2.5.2. Tower will direct the MEDEVAC aircraft to park at ramp 4 unless otherwise directed by 52 MDG personnel.
 - 2.5.3. Obtain latest weather information: local ceiling and visibility, winds, and weather advisories/warnings.
 - 2.5.4. Provide advisories and assistance to MEDEVAC helicopter. Controllers will advise the helicopter pilot of the desired parking area. CH-53 aircraft will be requested to land on the runway and hover taxi to the parking area.
 - 2.5.5. Ensure MEDEVAC flight has priority for local airspace.
 - 2.5.6. Establish radio/telephone contact with senior on-scene medical officer or SFO, if needed.
- 2.6. Airfield Management will:
 - 2.6.1. Inform Tower upon notification of an enroute or arriving MEDEVAC helicopter that indicates it is responding to Spangdahlem.
 - 2.6.2. If not already notified, call Command Post of arriving MEDEVAC helicopter.
 - 2.6.3. Arrange ground transportation as necessary for responding medical personnel.
 - 2.6.4. If airfield gates need to be opened, notify 52 SFS.
- 2.7. 52 EMS/TA:
 - 2.7.1. Have one person familiar with helicopter marshaling proceed with fire department personnel to arrive at the landing site no later than (NLT) 30 minutes prior to LT. If TA cannot make it to Bitburg in time, the Fire Department will assist the helicopter in landing.

2.7.2. Marshall MEDEVAC helicopters during landing and departure.

2.8. As required, the Bitburg High School Principal will:

2.8.1. Ensure students and teachers are evacuated from the football field NLT 30 minutes prior to LT and remain clear until after departure and with security forces permission.

2.8.2. Ensure lights (football field and school) are on for non-NVG approaches and off for NVG approaches.

3. Procedures:

3.1. Information will be passed to the MEDEVAC unit (using the MEDEVAC Mission Request) prior to the MEDEVAC helicopter departing the home station:

3.2. Preparation of the landing zone at Bitburg High School.

3.2.1. The landing area preparation kit will be maintained by the 52 CES/CEF (Bitburg) and brought to the landing area by the fire department. Fire department and transient alert personnel will set up the landing zone (LZ) and the senior fire official will give a safety brief to all personnel in the landing area.

3.2.2. To prepare the LZ, the following will be accomplished:

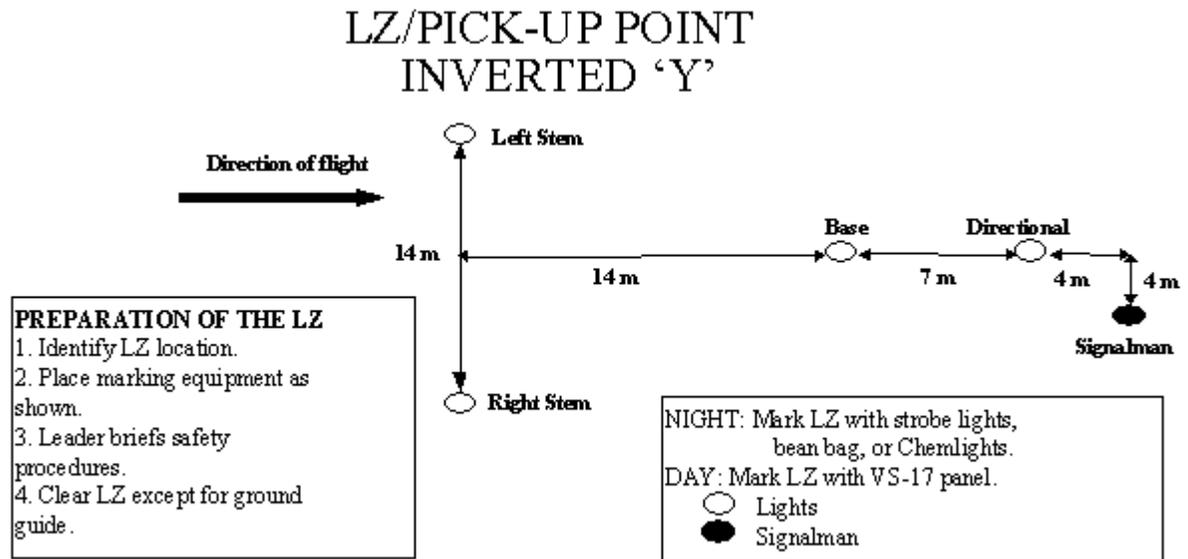
3.2.2.1. Identify location of LZ/pickup point.

3.2.2.2. Placement of LZ marking equipment. (**Figure 1**).

3.2.2.2.1. For NVG operations, use cyalume chemical-lights or strobe lights with night vision covers installed. Ensure all other lights are turned off, including school lights and auto headlamps. The perimeter road will be blocked off to non-essential traffic.

3.2.2.3. Clear LZ/pickup point (except for marshaller).

Figure 1. LZ/Pick-up Point Inverted 'Y'.



3.3. MEDEVAC arrival and departure procedures:

3.3.1. After the security forces cordon off the area; the only personnel allowed in the landing area will be hospital staff, fire department personnel, the transient alert marshaller, and security forces. A radio or telephone link will be established between the senior fire official, the Spangdahlem Control Tower, and the MEDEVAC helicopter. (After hours, if the Control Tower is closed, establish link with the Command Post.) The MEDEVAC helicopter should contact the Control Tower, GCA, and/or Command Post upon entering the local airspace. TA personnel will marshal the helicopter as it approaches and lands, then again, at takeoff.

3.3.2. Marshaller procedures.

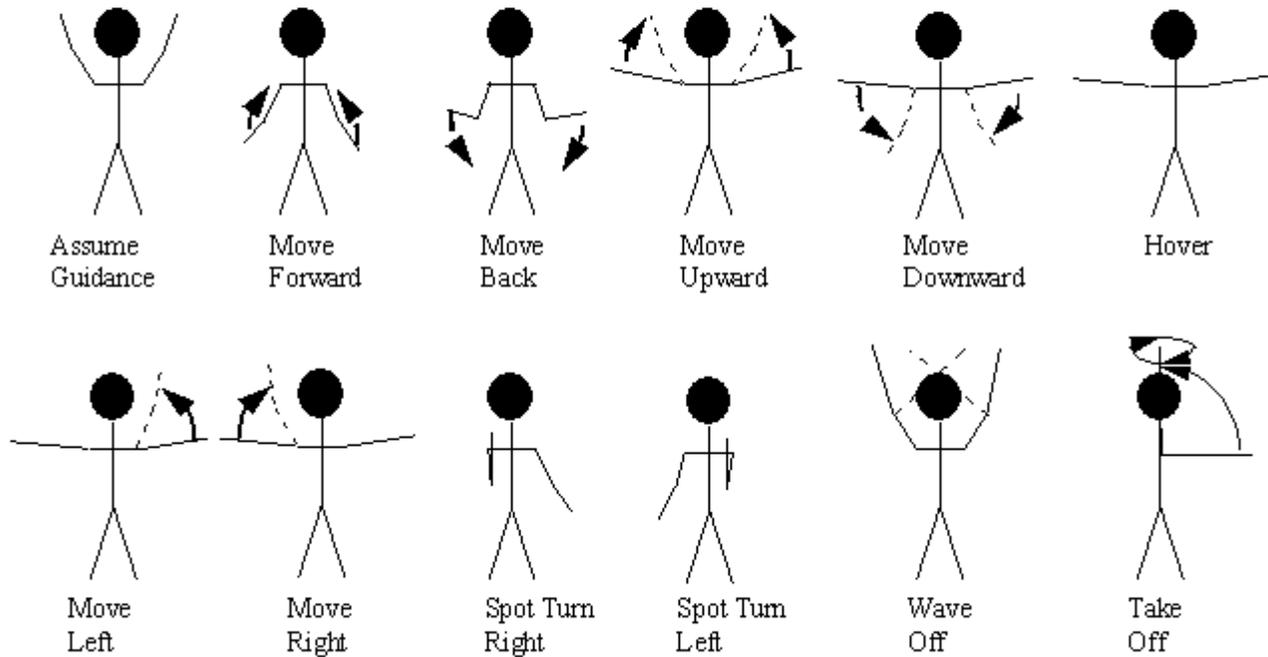
3.3.2.1. Sleeves will be rolled down, helmet worn and secured.

3.3.2.2. Position of the marshaller when directing a helicopter is to the right FOUR METERS in front of the aircraft where the pilot can best see him.

3.3.2.3. Signals are to be given as in [Figure 2](#). (*EXCEPTION*: TA will use their own standard hand signals).

Figure 2. Hand and Arm Signals.

HAND AND ARM SIGNALS



3.3.3. Night considerations:

3.3.3.1. Signals at night are given by using lighted batons or flashlights in each hand. Night signals are identical to day signals [Figure 2](#). For NVG operations, use marshaling wands with night vision covers.

4. Safety:

4.1. For helicopter safety guidelines see [Figure 3](#).

Figure 3. Helicopter Safety.

HELICOPTER SAFETY

1. Remove headgear and roll down sleeves.
2. Only move toward or away from the aircraft as directed by the crew chief.
3. Approach the UH-1 and UH-60 aircraft from the front, forward of the rear cargo doors. DO NOT go near the tail rotor.
4. Approach and depart the aircraft in a crouch position for extra clearance from the main rotor.
5. Move toward or away from the aircraft on the down slope side to avoid the main rotor.



5. Forms Adopted: AF Form 230, **Request for Patient Transfer**, AF Form 1297, **Temporary Issue Receipt**, and AF Form 3899, **Aeromedical Evacuation Patient Record**.

STEPHEN P. MUELLER, Brigadier General (S), USAF
Commander

Attachment 1

TELEPHONE NUMBERS AND FREQUENCIES

A1.1. 52 MDG Aeroevac Office:

DSN: 452-3100 or TPMRC at below number(s) directly after hours.

A1.2. Theater Patient Movement Request Center (TPMRC) at Ramstein (24 hr numbers):

DSN: 480-2235/2264/8040

STU: 180-8050/9601

Comm: 49-6371472235/2264/8040

Email:

A1.3. On-call Flight Surgical Officer (SFO):

DSN: 452-3456

A1.4. Local Telephone Numbers:

52 FW COMMAND POST	452-6141/6130
52 FW/SE SAFETY	452-7233/6543/6269
52 OSS/OSAM (Airfield Management Operations)	452-6633/6048
52 OSS/OSAT (Spangdahlem Control Tower)	452-6685/4250
52 SFS (DESK) EIFEL EAST	452-6666
52 CES FIRE DEPT. (EIFEL EAST & EIFEL WEST)	452-7217, or 117 from base
52 EMS TRANSIENT ALERT	452-6641/6994
BITBURG HIGH SCHOOL	452-9337/9202

A1.5. DUSTOFF Frequencies:

MEDICAL GROUP	70.275
COMMAND POST	UHF: 365.450 VHF: 142.15
FIRE DEPARTMENT	70.700
EIFEL WEST LE	73.350
EIFEL EAST LE	73.200
PILOT TO DISPATCH	UHF: 339.850 VHF: 138.4
TOWER	UHF: 395.600 VHF: 122.2
GCA	UHF: 290.400 VHF: 141.1
ATIS	UHF: 369.45 VHF: 143.425
PILOT TO METRO	UHF: 257.75

Attachment 2**MEDEVAC REQUEST FORMAT**

A2.1. Location of pick-up site. Six-digit coordinates pre-fixed with the two-letter 100,000-meter Grid zone identifier or a prominent feature when the grid coordinates are not known (City, village, etc.).

A2.2. Radio frequency and call signs or telephone numbers at pick-up site.

A2.3. Number of patients by precedence: A. URGENT, B. URGENT-SURG, C. PRIORITY, D. ROUTINE, E. CONVENIENCE.

A2.4. Special equipment required: A. NONE, B. HOIST, C. EXTRACTION EQUIPMENT, D. VENTILATOR.

A2.5. Number of patients by type:

A2.5.1. L + # of patients = Litter

A2.5.2. A + # of patients = Ambulatory

A2.6. Type of wound, injury or illness

A2.7. Method of marking Pickup Site: A. Panels, B. Pyro Signal, C. Smoke Signal, D. None, E. Other.

A2.8. Patients nationality and status: A. US Military, B. US Civilian, C. Non-US Military, D. Non-US Civilian, E. EPW.

A2.9. Landing zone description: Provide location and details for helicopter landing area

A2.10. PATIENT PRECEDENCE:

A2.10.1. URGENT: Emergency to save life, limb or eyesight within 2 hours

A2.10.2. URGENT-SURG: Surgical intervention to save life and stabilize for further evacuation

A2.10.3. PRIORITY: Medical care required is not available; patient may deteriorate to URGENT if not evacuated within 4 hours.

A2.10.4. ROUTINE: Sick and wounded personnel requiring evacuation within 24 hours.

A2.10.5. CONVENIENCE: Evacuation by medical airlift is a matter of medical convenience rather than necessity.

A2.11. MEDEVAC NOTIFICATION:

A2.11.1. All major Training Areas - Through Range Control/EAC:

MTA	FM FREQUENCY	MILITARY TELEPHONE
GRAFENWOEHR	30.40	475-6332
HOHENFELS	40.80	466-2838
DUSTOFF EUROPE	30.75	

A2.11.2. All evacuations of German Nationals must be coordinated through JRCC (Joint Rescue Coordination Center). CIV Telephone: 02823-3333/3334.

A2.11.3. Requests can be made through MEDEVAC units listed above.

Attachment 3

MEDEVAC KIT CONTENTS

A3.1. The MEDEVAC kit will be kept at the Bitburg Fire Station. 52 CES/CEF will check it periodically for completeness and currency (battery conditions, etc.). 52 CES/CEF will order replacement parts. As a minimum, the kit will contain the following:

A3.1.1. 6 cyalume chemlights

A3.1.2. Set of keys to football field vehicle gate and pedestrian gate

A3.1.3. Hand-held wind meter

A3.1.4. 6 strobe lights with night vision covers

A3.1.5. Ropes knotted at appropriate lengths to facilitate layout of the landing zone (see [Figure 1.](#))

A3.1.6. 2 hand-held marshaling wands with night vision covers

A3.1.7. VS-17 panel

A3.2. A windsock is erected on the pressbox building of the football field and will be checked periodically by 52 CES/CEF.