

ANNEX Q TO JTF-SFA OPORD DEEP FREEZE
MEDICAL

OPR: JTF-SFA/SG

- REFERENCES:
- (a) AFI 11-401, Flight Management, ANG Supplement 1
 - (b) AFIM 24-204, Preparing Hazardous Materials for Military Air Shipments
 - (c) AFD 41-1, Health Care Programs and Resources
 - (d) AFI 41-115, Authorized Health Care and Health Care
 - (e) Benefits in the Military Health Services Systems (MHSS)
 - (f) AFH 41-114, Military Health Services System (MHSS) Matrix
 - (g) AFD 41-2, Medical Support
 - (h) AFJI 41-205, Property Management during Patient Evacuation
 - (i) AFJH 41-306, Physician's Role and Responsibilities in Aeromedical Evacuation
 - (j) AFD 44-1, Medical Operations
 - (k) AFI 44-102, Patient Care and Management of Clinical Services
 - (l) AFI 48-101, Aerospace Medical Operations
 - (m) AFI 48-123, Medical Examination and Standards
 - (n) DoDR 4515.13-R, Air Transport Eligibility
 - (o) DoD/NSF MOA, 27 April 2007
 - (p) Commission on Accreditation of Medical Transport Systems, 4th Edition
 - (q) Accreditation Standards of the Commission of Accreditation of Medical Transport Systems, Oct. 1999, required IAW Public Law 104.113 (1995)
 - (r) ANGI 36-2910, Line of Duty and Misconduct Determinations, 31 May 1996
 - (s) AFI 10-2909, Aeromedical Evacuation Equipment Standards
 - (t) AMCP 11-303, Access to the Aeromedical Evacuation System
 - (u) JP4-02.2, JTTP for Patient Movement in Joint Operations

1. Situation.

a. Christchurch, New Zealand.

(1) Resource availability. There is adequate access to quality primary, specialty, and emergent care in the Christchurch area. Acceptable local Emergency Medical Services is available.

(2) Limitations. There will not be a Flight Surgeon at Christchurch on a continuous basis. All medical care given to personnel on flying status will be coordinated with the McMurdo Flight Surgeon.

b. McMurdo Station, Antarctica.

(1) Resource Availability. The National Science Foundation (NSF) is responsible for staffing and equipping the medical clinic with appropriate ambulatory/emergent care

equipment; consistent with generally accepted appropriate medical practice for a remote location, to include provisions for medical care/assistance to remote field stations or seasonal camps.

(2) Limitations. Care is limited by the austere conditions and time factors involved reaching more definitive care. Outlying stations typically have minimal medical staffing and equipment.

2. Mission. The primary mission of the Flight Surgeon (FS) and DoD medical support personnel is to provide medical support/Casualty Evacuation (CASEVAC) for DoD personnel supporting the USAP and secondarily support the civilian CASEVAC missions.

3. Execution.

a. Concept of Operations – Christchurch. All local medical care will be coordinated under the established protocols with TRICARE Pacific, JTF-SFA/SG at the 13AF, and 13th AF/TPMRC-P

(1) Responsibility. Commanding officers and mission commanders will take all necessary and proper measures to promote and safeguard the morale, physical well being, and general welfare of personnel under their command or charge. Supervisors will become familiar with procedures for obtaining medical care from TRICARE contracted providers.

(2) Medical Personnel. All military medical personnel assigned to support the USAP will adhere to AFJH 41-306, AFI 44-102, AFI 48-123, AFPAM 48-133, AFI 41-201 and the preset protocols and procedures established by CJTF-SFA consistent with standards of good medical practice.

(3) Medical and Surgical Procedures. Patients requiring surgery or definitive care not able to be provided at McMurdo Clinic will be referred to nearby OCONUS medical facilities. Personnel requiring non-emergent major surgery or long term nursing care will be evacuated to CONUS for treatment.

(4) Flying Status. The McMurdo Flight Surgeon will be notified of any medical care given to members on flying status. If a USAF member who is on flight status sees a medical provider for any reason, they are DNIF until contacting the Flight Surgeon in McMurdo Station. The Flight Surgeon will determine the flight qualification of each patient on flying status. The Flight Surgeon may place a patient on flying status into Duty Not Involving Flying (DNIF) status verbally, in writing, via fax, or Email. Any verbal order will be followed up with a written/faxed copy of AF Form 1042. DNIF personnel will not resume flight duties without a copy of AF Form 1042 to confirm return to flight status. If no USAF Flight Surgeon is present in McMurdo, the member on flight status must contact JTF-SFA/SG at the 13AF/SG to notify them. Until such communication is made, the member is DNIF.

b. Concept of Operations – McMurdo. 13 AF/SG is designated as JTF-SFA/SG and is the lead agent and manager of the ODF-USAF medical support to the USAP in McMurdo. The medical support package consists of a Flight Surgeon (FS) and a Flight Nurse (FN) with a third position to be filled by either an AE tech, FN, PA or IDMT. Minimum rotation on ice

for all positions is 30-45 days with staggering to prevent loss of continuity. JTF-SFA/SG will establish requirements and source medical positions. Applications for these positions will be taken approximately 4-6 months before the beginning of the polar flight season. Documentation on individuals selected to fill a medical support package position will be provided to JTF-SFA/SG at the 13AF/SG for all medical positions prior to sourcing. Credentials will need to be unrestricted and in good standing for deployment. There will be no USAF or ANG medical presence during the polar winter and all medical care will be under the auspices of the NSF Prime Contractor and NSF.

(1) Responsibility. Medical personnel will familiarize themselves with the medical facilities and mission of their respective commands or stations. 13 AEG/CC is the military reporting official for the FS. FN and Medical Support personnel will report to the FS. The civilian Senior Medical Director, McMurdo Station, Antarctica, provides oversight of the McMurdo Clinic.

(2) Medical Personnel. All military medical personnel assigned to support the USAP, McMurdo Station, will adhere to AFJH 41-306, AFI 44-102, AFI 48-123, AFPAM 48-133, AFI 41-201 and the preset protocols and procedures established by the Senior Medical Director, McMurdo Clinic, consistent with standards of good medical practice. The Senior Medical Director of the McMurdo Clinic will assume responsibility of the operational integrity, and ensure adherence to established protocols and ensure compliance with standards of good medical practice. While the medical assets work with the McMurdo Clinic, their TACON/ADCON/OPCON is to the 13 AEG/CC on the ice.

(3) McMurdo Flight Surgeon (FS).

(a) The FS will be a military member with the AFSC 48G3, 48R3, or 48A1-4 or equivalent. The FS will be on active flying status, certified in ACLS, BLS, and Advanced Trauma Life Support (ATLS). They must be in good clinical standing, and have no behavioral discipline actions that would preclude them from a remote assignment. A FS will participate during ADVON operations (WinFly) and also rotate to McMurdo Station for 30-45 days during main body operations.

(b) The FS will integrate into McMurdo Station medical operations; function as a staff physician, and as a military aerospace medicine specialist. The FS will participate in clinic operations and provide healthcare services to the USAP personnel. The FS, where feasible, will initially see, triage, and treat all members on flying status. If unavailable, he/she will review the medical records and AF Form 1042 if the member is placed in a DNIF status or placed on quarters. All military flyers must be evaluated by a FS before being returned to flying duties.

(c) The FS will provide consultation on selection, preparation, and treatment of personnel requiring Casualty Evacuation (CASEVAC). FS will provide assistance in stabilizing patients before CASEVAC. The FS will be the on ice validating authority for patient movement, and will coordinate resolution

of potential health and safety issues to 13 AEG/CC, JTF-SFA/SG, and the 139 EAS Commander, as needed.

(d) The FS will perform additional aircrew support duties as requested by the 13 AEG/CC.

(e) The FS will follow protocols established by the Senior Medical Director of McMurdo clinic for operational activities and documentation of civilian treatment. These will not interfere with the FS primary mission of supporting the USAP flying mission, and treating AD personnel.

(f) The FS will be scheduled to provide direct aircrew support by participating in flying missions during their Antarctic rotation. Active duty FS's must be given the opportunity to meet their monthly flying hour requirements. The scheduled direct aircrew support functions will be integrated into the weekly McMurdo clinic schedule.

(g) The FS will be ready to participate in Aircraft Mishap Investigations (AMI) involving DoD aircraft, and will follow established AMI guidelines in initial mishap investigations until either completed, or the official mishap team arrives to complete the investigation. If requested by NSF, the FS will support the initial investigation of accidents/mishaps involving civilian aircraft, until the formal investigation team is assembled. Permission for this civilian support must be obtained from the 13 AEG/CC and JTF-SFA Command Surgeon at the 13AF/SG.

(h) The FS will provide consultation to Christchurch personnel and transient members concerning flight status, physical qualifications, and other medical concerns as requested. As noted above, the MCM FS will be the authority on DNIF and Return to Flight Status (RTFS) for flight personnel TDY to Christchurch or en-route to McMurdo Station. If there is a question regarding clearance to travel to McMurdo station due to illness or injury in Christchurch NZ, the FS at McMurdo is the clearing authority with reach back to the JTF-SFA/SG at the 13AF (13 AF/SG Chief of Aerospace Medicine) if necessary.

(i) Additional USAF Medical Resources may be requested through the SFA Commander or McMurdo Station FS.

(j) The USAF FS may consult or participate in SAR activities.

(k) The FS will complete an after action report (form AF 2131) within five days of the end of rotation. This will be sent to JTF-SFA/SG at the 13AF/SG via Email.

(4) Medical and Surgical Procedures.

(a) Any surgical procedure in Antarctica carries unusual risks and should be carefully evaluated. Decisions to proceed with surgery will be determined by

the FS and Senior Medical Director. No elective procedures will be performed at U.S. Antarctic stations.

(b) Whenever practical, patients requiring surgery or definitive care shall be evacuated from outlying stations to McMurdo Station for treatment and disposition. Personnel who develop illnesses or experience injuries which require major surgery or long term nursing care will be evacuated to New Zealand or CONUS for treatment.

(c) Responsibility for extraction of patients from any inland station to McMurdo Station rests with the Commanding Officer, Station Manager or Officer-in-Charge of the transferring activity with co-ordination with the USAF FS if a USAF aircraft is involved. At the time the patient is delivered to the receiving medical facility, the senior medical representative assumes the responsibility for the patient. He/she will be fully apprised of the condition of the patient to include their mental competency and disciplinary status.

(d) Mission Coordination. Once the McMurdo to Christchurch mission has been identified, the JTF-SFA/JAOC Air Mobility Division (AMD) will task mobility wings for airlift crews and augmentation assets (equipment and/or specialized medical personnel support). The FS will pass mission information to the 13 AEG/CC and to TPMRC-P. Inter-theater airlift will be coordinated by the JTF-SFA/JAOC AMD with coordination with the FS (see patient movement section). The FS at MCM is the validating authority regarding all patient movement.

(5) Medical Support Personnel – McMurdo.

(a) The JTF-SFA/SG will source a Flight Nurse (FN) for each rotation to McMurdo clinic. The AFSC will be 46FX, and can be substituted with a Physician Assistant (PA), AFSC 42GX that has proper flight qualifications and experience. He/she is under the direction and direct supervision of the FS that is at McMurdo station. This position will integrate into the McMurdo Clinic to maintain and enhance deployed forces airlift operation and readiness needs, to include medical record oversight and tracking of illness/injury trends. The position will augment the aerospace medicine program at McMurdo. Scope of medical activities performed must be consistent with duty AFSC, credentials, and On the Job Training (OJT) records. The FN will be current in Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS) and IV certification. The position is designed to support the flying mission at MCM and assist the civilian Flight Nurse during flight. This person will be qualified to assist on priority or urgent Casualty Evacuation (CASEVAC) missions on and off the ice, and be able to assist the clinic and the USAF with administrative functions. The FN or PA must be current to fly and have unrestricted medical credentials.

(1) The medical support person will ensure that appropriate CASEVAC equipment (per AFI 41-309, *Aeromedical Evacuation*

Equipment Standards) is available, maintained and compatible with LC-130 and C-17 systems. The FN will also be responsible for ensuring that LC-130 loadmasters, C-17 loadmasters and McMurdo Clinic personnel are trained on the proper use and configuration of this equipment for CASEVAC missions.

(2) CASEVAC medical equipment will be stored and maintained at McMurdo Clinic by JTF-SFA/SG during main body operations. For ADVON operations dedicated CASEVAC equipment will be provided as required. At season end, all dedicated CASEVAC equipment owned by the JTF-SFA/SG will be brought back to Hickam AFB for depot and maintenance.

(3) Additional USAF Medical Resources may be requested through the JTF-SFA/SG at the 13AF/SG with concurrent notification of the 13 AEG/CC on ice.

(b) Medical support personnel will participate during ADVON and be in place to support the CASEVAC mission for main body operations. Member will provide communication and message format coordination concerning health related matters and line of duty information to 13 AEG/CC, JTF-SFA/SG at the 13AF, and NGB/SGPA, along with patient's home station. Member will establish a working space in McMurdo Clinic for him/herself and the FS.

(c) The medical support person will establish and manage military records and documentation IAW AFI 41-201. Additionally, he/she establishes and keeps current publications on Military Medical Standards and CASEVAC Missions. He/she will ensure appropriate military forms are available; the first medical support person of the season will receive bulk shipment of any medical records. They will also take control of all hand carried records at in processing. The last medical support person will work with the redeployment team to ensure records are packaged and shipped back to the appropriate MDG's.

(d) The medical support person will assist the FS with patient preparation before CASEVAC. The member will assist the FS with Aircraft Mishap Investigations as needed.

(e) The medical support person will integrate into the McMurdo Clinic operations participating in a scope of activities consistent with her/his AFSC and credentials. Additional duties will be coordinated between the Senior Medical Director, the FS, and 13 AEG/CC. The member will provide medical services under the direction of the FS. He/she will follow established protocols.

(f) The medical support person may be tasked to provide medical assistance, administrative and liaison assistance to Christchurch as requested by the FS through the 13 AEG/CC. The medical support person's primary mission will

be at McMurdo. Support to Christchurch operations will be coordinated with the Senior Medical Director, the FS and the 13 AEG/CC.

(g) The last medical support person rotating through McMurdo will gather statistics for clinic visits, accident, and injuries for yearly reports. This information will be sent to JTF-SFA/SG at the 13AF/SG.

(h) The deployment period for this position will be based on mission requirements. A period of overlap with the Medical Support person being relieved will be scheduled to ensure continuity and transfer coordination.

(i) The medical support person may consult or participate in Search and Recovery (SAR) activities as needed with FS and 13 AEG/CC coordination.

(6) Medical Support Personnel Addl – McMurdo.

(a) The JTF-SFA/SG will schedule an additional medical support person to McMurdo clinic. This will be an Aeromedical Evacuation Technician (AE Tech) AFSC 4NOXX minimum 5 level, or Independent Duty Medical Technician (minimum of 5 skill level) AFSC 4NO71C, and can be substituted with a properly qualified PA or FN (see (5) above). He/she is under the direction of the FS at McMurdo Station. This position will integrate into the McMurdo Clinic to maintain and enhance deployed forces airlift operation and readiness needs to include medical record oversight and tracking of illness/injury trends. The position will augment the aerospace medicine program at McMurdo. Scope of medical activities performed must be consistent with duty AFSC, credentials, and On the Job Training (OJT) records. IDMT will be EMT certified. Basic Life Support and IV certification are required. The position is designed to augment the program by providing additional manpower to assist on Urgent or Priority CASEVAC missions. This person will be qualified to assist on priority or urgent CASEVAC missions off the ice through either AE School, or the USAF CASEVAC course, and must be current on all equipment and operationally able to fly.

(b) The medical support augmentee shall serve as an additional person that can assist the civilian Flight Nurse on urgent and priority flights on and off continent. They will assist McMurdo Clinic, and the 13 AF/SG to ensure that appropriate equipment (per AFI 41-309, *Aeromedical Evacuation Equipment Standards*) is available, maintained and compatible with LC-130 and C-17 systems for use in CASEVAC missions. The Medical Support person will also be responsible for assisting LC-130- loadmasters, C-17 loadmasters and McMurdo Clinic personnel on the proper use and configuration of this equipment for CASEVAC missions.

(c) Member will provide communication and message format coordination concerning health related matters and line of duty information to the FS, and may be assigned to forward information to home units and JTF-SFA/SG at

the 13th AF. Member will establish a working space in McMurdo Clinic for him/herself.

(d) The medical support person will assist in managing military records and documentation IAW AFI 41-201 as directed. He/she will ensure appropriate military forms are available. The additional medical support person will assist in receiving bulk shipment of any medical records. They will also assist in taking control of all hand carried records at in processing. The last medical support person will work with the redeployment team to ensure records are packaged and shipped back to the appropriate MDG's.

(e) The medical support person will assist with patient preparation before CASEVAC.

(f) The medical support person will integrate into the McMurdo Clinic operations participating in a scope of activities consistent with her/his AFSC and credentials. Additional duties will be coordinated between the Senior Medical Director, the FS, and 13 AEG/CC. The member will provide medical services under the direction of the FS. He/she will follow the established protocols.

(g) The medical support person may be tasked to provide administrative and liaison assistance to other departments as requested by the 13 AEG/CC. The medical support person's primary mission will be at McMurdo. Support to Christchurch operations will be coordinated with the FS and the 13 AEG/CC.

(h) The last medical support person rotating through McMurdo will assist in gathering statistics for clinic visits, accident, and injuries for yearly reports. This information will be sent to JTF-SFA/SG at the 13th AF.

(i) The deployment period for this position will be based on mission requirements. A period of overlap with the medical support person being relieved will be scheduled to ensure continuity and transfer coordination.

c. Concept of Operations - Patient Movement.

- (1) The DoD via JTF/SFA supports the National Science Foundation (NSF) by providing fixed wing movement of patients to locations offering higher levels of medical care in support of Operation DEEP FREEZE.
- (2) The NSF shall provide coordination of medical evacuation determination, combining the assets of DoD, foreign government (New Zealand), and civilian participants. Patients will not be moved as Passengers (PAX). All categories of patients requiring movement will be appropriately classified (routine, priority, urgent) to ensure timely and appropriate patient movement. The DoD FS will not necessarily be designated for the en route patient care unless mission requirements or specialty training requirements dictate.

- (3) Patient movement by DoD aircraft, and/or of DoD personnel on the Antarctic Continent from other than the South Pole Station or McMurdo Station (MCM).
- (a) The USAF Flight Surgeon (FS) will determine, after consult with the MCM NSF contract physician, the level of care required in-flight, and the individual possessing the appropriate skills to attend the patient in-flight.
- (4) Patient movement by DoD aircraft, and/or of DoD patients on the Antarctic Continent from the South Pole Station (SPS).
- (a) The SPS has limited medical assets (one NSF contract physician and one Physician assistant) and is further constrained by limited communications capabilities. The SPS NSF contract physician will request patient movement assistance from the MCM Clinic. The request will include the information requested on the CASEVAC Checklist (Appendix 1 to Annex Q of JTF-SFA CONOPS DEEP FREEZE).
- (b) The USAF Flight Surgeon (FS) will determine, after consult with the MCM NSF contract physician, the level of care required in-flight, and the individual(s) possessing the appropriate skills to attend the patient in-flight, and provide support for the patient movement as necessary.
- (c) 13 AF/SG as JTF-SFA/SG will provide the air worthy medical equipment required for the patient movement.
- (5) Patient movement by DoD aircraft, and/or of DoD personnel on the Antarctic Continent from McMurdo Station (MCM).
- (a) The USAF Flight Surgeon (FS) will determine, after consult with the MCM NSF contract physician, the level of care required in-flight, and the individuals possessing the appropriate skills to attend the patient in-flight. The consult will include the information requested on the CASEVAC Checklist (Appendix 1 to Annex Q of JTF-SFA OPOD DEEP FREEZE).
- (b) The Christchurch Prime Contractor representative will coordinate the ground requirements for the patient movement at Christchurch NZ (ambulance or transportation from the aircraft; medical care and/or accepting hospital, and physician).
- (c) The patient will become the responsibility of the respective receiving facility or personnel upon offload of the patient from the DoD aircraft.
- (6) Patient movement by DoD aircraft, and/or of DoD personnel from Christchurch NZ.
- (a) Appropriate medical care for patients participating in Operation DEEP FREEZE is available and has been contracted at Christchurch NZ. Non emergency care will require pre-approval from TriCare Pacific and should involve consultation with FS at McMurdo Station if possible.

(b) Non-DoD patients are not authorized movement on DoD aircraft from Christchurch NZ. Waiver requests for patient movement of non-DoD patients from Christchurch NZ on DoD aircraft must be coordinated and approved by the director TPMRC-P (NO EXCEPTIONS!). The consult will include the information requested on the CASEVAC Checklist (Appendix 1 to Annex Q of JTF-SFA OPORD DEEP FREEZE). Additional forms or information for TPMRC-P may also be required for movement.

(c) The movement of stabilized or stable DoD patients from Christchurch NZ by any means must be coordinated through TRICARE Pacific and TPMRC-P must validate. The consult will include the information requested on the CASEVAC Checklist (Appendix 1 to Annex Q of JTF-SFA OPORD DEEP FREEZE). Any additional forms or information requested by TPMRC-P may also be required for movement. All Active Duty military members will have transportation validated by TPMRC-P when departing from Christchurch in the medical system. Approval for medical evacuation from Christchurch to US territory should be coordinated well in advance to avoid difficulties.

4. Administration and Logistics.

a. The extreme nature of the Antarctic environment, with its potential hazards and remoteness from major medical facilities, makes stringent medical, dental, surgical history and physical examination screening mandatory. All assigned medical personnel should receive a cold weather briefing before assignment.

b. All USAF personnel and USAF civilian employees transiting Antarctica are required to be physically qualified for worldwide assignment (IAW AFI 48-123, Chapter 13) Medical Examination and Medical Standards, Medical conditions that have a time expiring or permanent waiver for flying duty must be reviewed before medical clearance is granted. Certain conditions are not waiverable to include cold induced asthma, Reynaud's phenomena, and any condition aggravated by cold, dry climate. JTF-SFA/SG Command Surgeon is the final medical authority on medical recommendations for participation in Operation DEEP FREEZE

c. All non-USAF personnel traveling under the sponsorship of the USAF must completely adhere to physical and psychological standards in the United States Antarctic Program Personnel Manual, Chapter 2.

d. CJTF-SFA is authorized to deny travel to Antarctica for any DoD or DoD-sponsored personnel who do not meet the requirements of this OPORD, or applicable service or NSF directives.

e. Physical Examinations.

(1) No DoD person under the auspices of NSF Polar Operations will be permitted below 60 Degrees South latitude without meeting the physical qualification requirements contained in IAW AFI 48-123. All physical examinations and waivers

must be current. Flyers must have a current AF form 1042. Additionally, military members must meet standards of IAW AFI 48-123, Remote or Isolated Duty. This includes critical chart review for deployment to remote, austere locations. Each individual should have an annotation on AF Form 469 stating qualification for remote or isolated duty if applicable. Controversial cases will be reviewed by the JTF-SFA Lead Flight Surgeon. JTF-SFA/SG Command Surgeon is the final medical authority on medical recommendations for Operation DEEP FREEZE

(2) Military Distinguished Visitors and special event military members will be cleared by JTF-SFA/SG upon receipt of appropriate physical documentation and medical records review by a USAF Flight Surgeon. Each unit shall ensure that assigned personnel are physically and mentally fit for duty. A clearance letter may be requested from JTF-SFA/SG by a credentialed USAF FS if deemed necessary due to patient health status.

f. Decedent Affairs. CJTF-SFA will be notified immediately of any death or serious injury of DoD personnel occurring in the JOA.

g. Line of Duty. CJTF-SFA and Safety will be notified immediately of any significant Line of Duty injury or illness sustained by any DoD member while deployed in support of this operation. AF Form 348 must be submitted to home MDG for ANG personnel involved.

h. Health Records. All DoD personnel participating in the USAP and deploying to Antarctica must provide to McMurdo Clinic an accurate deployment medical record. The record will contain a current physical, DD Form 2766 to include appropriate ground testing, allergies, medications and waivers, AF 1042 (if applicable), and AF form 469 (if applicable). Special annotation of allergies needs to be forwarded to McMurdo Clinic to ensure alternate medical supplies are available and may make member non deployable to Antarctica. USAF medical records will transfer with the member or as a bulk shipment (ANG based at Schenectady NY) upon completion of the summer season. (Note: last medical personnel of the summer season are responsible for bulk shipment of records, but the individual member is responsible for ensuring hand carried record arrives at the home station).

i. Immunizations. Deploying military personnel will maintain currency in all immunization requirements per PACAF reporting instructions. Due to high risk, all members will ensure influenza vaccination has been received before deployment to Antarctica if it is available prior to deployment.

j. Medical Reports. This section applies to all DoD members and members of the U.S. Coast Guard.

(1) Injury Reports. Personnel injuries requiring medical evaluation or intervention are reportable to McMurdo Clinic. For civilian personnel, the standard McMurdo Clinic Injury Report will be used, for military members SFA Safety will be contacted for proper LOD and reporting paperwork. Injuries occurring to military members while in transit to support the USAP are also reportable through appropriate Chain of Command. Form AF 348 or AFRC IMT 348 will be used for Line of Duty reportability.

(2) Medical Status Notification. All admissions, discharges, DNIF and Return to Duty (RTD) shall be reported daily by email to 13 AEG/CC, 139 EAS/CC, and JTF-SFA/SG by the medical augmentee in the form of a daily SITREP. This notification will indicate admission (if applicable), final disposition, the date of final disposition, and the discharge of diagnosis. It will also summarize any patient movements in the previous 24 hours along with any pending moves.

k. Medical Support/Assistance. The FS may direct staff, as necessary, to provide whatever medical support/assistance is required. When directed by the 13 AEG/CC, the USAF may provide medical support/assistance for groups not associated with the USAP. All non emergency medical support not associated with USAP will be pre approved by 13 AEG/CC.

l. Medical Supplies. The NSF Prime Contractor staff at McMurdo Clinic will obtain and maintain all medical inventories, equipment, and supplies necessary to support the USAP. Emergency issues directly affecting the Active Duty (AD) members and or flying mission can be sent to JTF-SFA/SG at the 13AF/SG for action if necessary.

m. Controlled Substances and Dangerous Drugs. The protocols established by the McMurdo Senior Medical Director will be strictly adhered to when prescribing, dispensing, controlling, and accounting for controlled substances. The NSF Prime Contractor/Senior Medical Director will consult with the FS regarding medications that are suitable for flying personnel.

n. Training. The ICE 3 (Isolated Continent Experience, in Cold Environment, Interactive Clinical Education) program curriculum may be utilized by any McMurdo medical personnel if coordinated with the deployed AF Flight Surgeon.

o. Safety. The FS and medical support person may act in an advisory capacity on matters of safety. He/she shall report safety hazards and violations (with appropriate recommendations) to the 13 AEG/CC.

5. Emergency Medical /Disaster Preparedness. In response to a disaster, the Medical Department will dispatch such medical personnel and equipment as necessary to provide medical treatment and in accordance with the McMurdo Station Disaster Plan, McMurdo Medical Mass Casualty Response Plan. A mass casualty is defined as the point at which the capabilities of the medical department are overwhelmed. Membership of the Primary Medical Team and Secondary Medical Team will be determined after the start of each season by the Senior Medical Director.

6. Preventive Medicine/Sanitation. The FS may serve in a consultative capacity to the NSF Prime Contractor Sanitation staff, and may coordinate outbreak investigations. Two annual independent surveys are conducted by the US Army Veterinarian Service – New Zealand.

7. Public Health. Base level public health offices will provide public health briefings before deployment. Personnel will receive assessment of environmental health and infectious diseases risks, (prevention, early detection, and proper treatment), immunization requirements, and personal preventive recommendations. Pre and post deployment questionnaires will be utilized to identify immunization and health status, and report possible exposures upon the members return. JTF-SFA/SG will review sanitation, occupational safety, and health reports generated by the NSF Prime Contractor personnel and the Office of Army Veterinary Services, to ensure compliance of DoD guidelines for DoD personnel.

Appendixes:

1. Casualty Evacuation Protocol

///signed///

STANLEY T. KRESGE
Lieutenant General, USAF
Commander, JTF-Support Forces Antarctica

OFFICIAL:

///signed///

DAVID M. O'BRIEN, Col, USAF, MC, CFS
Command Surgeon
JTF-Support Forces Antarctica

CASUALTY EVACUATION PROTOCOL

Procedure for Urgent or Priority Patients

1. Reference RPSC Procedure ME-CDMS-302, *Patient Transport and Medical Evacuation Procedures*, or OPORD Annex Q.
2. USAP Lead Physician will initiate the patient transfer in accordance with NSF/USAP protocols.
3. Use the standardized Patient Movement Precedence (JP 4-02.2 and AMCPAM 11- 303, para 4.3) for category of movement precedence/patient severity.
 - a. Routine – Ambulatory patient, litter on request or regular aircraft seating, attendant may or may not be needed. Medical equipment or medications as required for specific medical problem, medical condition not expected to change in 72 hours
 - b. Priority - Litter patient, Oxygen available, possible cardiac monitor, routine standardized CASEVAC In-flight kit, one attendant (require 2 attendants for cardiac patients, or patients that could deteriorate to a more severe condition), medications as required, medical condition could deteriorate in 24 hours
 - c. Urgent – Litter patient, oxygen required, cardiac monitor, routine standardized Aero Med in-flight Kit + appropriate additional supplies, medications, two or more attendants as required, medical condition critical - immediate movement to save life, limb, eye sight.
4. When a patient movement is required the USAF Flight Surgeon, or attending physician will first notify the 13 AEW/CC on the ice
5. **IF C-17:** USAF Flight Surgeon or attending physician will call the 304EAS/CC or Operations Officer in Christchurch and provide a report on the proposed movement. Use the outline from Attachment 1 as per AMCPAM 11-303. Call 798 – (wait for tone) – (press # key to start) #697709 – (wait for tone) – 027-229-9384 (304 EAS/CC) If 304 EAS/CC is not available, call the 304 EAS Operations Officer, or the JTF representative on site, or the prime contractor site manager, in that order. Email a copy of a completed Attachment 1 to the 304EAS/CC.
6. **IF C-130:** USAF Flight Surgeon or attending physician will notify the 139th deployed CC, to give them a situation brief (13th AEW CC on ice may have already done this). Call the Raven OPS desk at McMurdo Station and provide a report on the proposed movement. Use the outline from Attachment 1 as per AMCPAM 11-303.
7. USAF Flight Surgeon, or attending physician will call TPMRC at 13th AF in Hawaii and provide telephone notification (This is not validation, just notification) IAW Annex Q of JTF-SFA CONOPS/Operation DEEP FREEZE. Use outline in attachment 1. Call 791-1-808-448-1602, wait for dial tone, and then #55722643 (use the # key). **MAKE SURE TO TALK TO A FLIGHT SURGEON** and document such on the attachment forms!

8. E mail a copy of a completed Attachment 1 to the TPMRC-P to 13af.sg.tpmrc@hickam.af.mil; and to individuals listed in the yearly continuity folder.
9. Complete a copy of the USAP Patient Orders and send with patient. See Attachment 2.
10. Review AMCPAM 11-303, paragraph 3.3 and assure that the appropriate equipment is available for the transport. (See Attachment 3).
11. Review attachment 5 and make sure the proper administrative functions are underway and that the patient is ready to move.
12. The USAF Flight surgeon should always accompany the patient to airfield for transfer to the aircraft. If possible, before placing the patient on the aircraft, hold a preflight briefing with the aircrew to review expectations of patient care, special needs and significant medical issues for the flight. Have the accepting crew member sign the forms to document that the briefing has taken place. Assist the flight nurse and aircrew as appropriate in setting up the patient for the mission. Make sure all involved know their roles and are ready to fly.
13. Hold a de-brief session upon team return to assess any transfer issues, enroute medical problems and overall systems issues. Report any significant problems to USAP Lead Physician, USAF Flight Surgeon, JTF Deployed Commander and 13 AF/SG for correction.

Procedure for Routine Patients

1. Civilian: Reference RPSC Procedure ME-CDMS-302, *Patient Transport and Medical Evacuation Procedures*.
2. USAP Lead Physician will initiate the patient transfer in accordance with NSF/USAP protocols.
3. When a patient movement is needed the USAF Flight Surgeon or attending physician will first notify the 13th AEW/CC on the ice. This can be done by calling or, E mail to the CC or to the exec, since routine is often scheduled a couple days in advance there is no need to wake anyone up over a routine movement.
4. **IF C-17:** USAF Flight Surgeon or attending physician will either Email or call the 304EAS/CC or Operations Officer in Christchurch and provide a report on the proposed movement. Use the outline from Attachment 1 as per AMCPAM 11-303. Call 798 – (wait for tone) – (press # key to start) #697709 – (wait for tone) – 027-229-9384 (304 EAS/CC) If 304 EAS/CC is not available, call the 304 EAS Operations Officer, or the JTF representative on site, or the prime contractor site manager, in that order. Email a copy of a completed Attachment 1 to the 304EAS/CC.
5. **IF C-130:** USAF Flight Surgeon or attending physician will notify the 139th deployed CC, to give them a situation brief (13th AEW CC on ice may have already done this). Call the Raven OPS desk at McMurdo Station and provide a report on the proposed movement. At some point before the movement occurs. Use the outline from Attachment 1.
6. USAF Flight Surgeon, or attending physician will call TPMRC at 13th AF in Hawaii and provide telephone notification (This is not validation, just notification) IAW Annex Q of JTF-SFA CONOPS/Operation DEEP FREEZE. Use outline in attachment 1. Call 791-1-808-448-1602, wait for dial tone, and then #55722643 (use the # key). Once again this just needs to be done before the patient actually moves.
7. Email a copy of a completed Attachment 1 to the TPMRC-P to 13af.sg.tpmrc@hickam.af.mil
Also send to individuals in annual continuity binder
8. Review attachment 5 and make sure the proper administrative functions are underway and that the patient is ready to move. Most routine patients are unescorted so make sure they have the proper paperwork, meds, passport and they have coordinated through the proper command chain, either Raytheon or USAF.

Attachment 1

USAP/USAF CAUALTY EVACUATION MISSION INFORMATION

DATE: _____ TIME: _____

MISSION INFORMATION (One patient per form): **NOTE:** If the political/operational climate is such that information below cannot be given, inform the TPMRC.

1. INDIVIDUAL ANNOTATING INFORMATION AND PHONE NUMBER:

McMurdo Clinic 720-568-1048 (From the US); e-mail: sfafltsurg@usap.gov

2. REFERRING PHYSICIAN: _____

3. HOSPITAL/CLINIC/MTF NAME: **McMURDO STATION HOSPITAL**

4. PATIENT'S NAME / RANK: _____

5. PATIENT AGE: _____ PATIENT SEX: M / F

6. PATIENT'S SSN: _____ (AD only)

7. PATIENT'S COMMAND AND ORGANIZATION:
(RPSC) (NSF) (GRANTEE) (T-Event) (ANG) (USAF) (NZ) (OTHER)

8. REQUESTED AIRFIELD FOR PICK-UP: (PEGASUS) (WILLIAMS FIELD)
(SOUTH POLE) (OTHER)

9. DESTINATION AIRFIELD: (CHRISTCHURCH INT. AIRPORT) (OTHER)

10. DESTINATION HOSPITAL/MTF: (CHRISTCHURCH HOSPITAL) (OTHER)

11. AIRCRAFT TYPE: _____

12. NATURE OF INJURY: _____

13. DIAGNOSIS: _____

14. VITAL SIGNS @Time ____ SpO2 ____ % Temp ____ Pulse ____ Resp ____ B/P ____

15. MEDICATIONS: _____

16. PATIENT EQUIPMENT REQUIRED FOR MISSION: _____

17. MEDICAL AUGMENTATION PERSONNEL REQUIRED: Y / N

18. NON MEDICAL ESCORT REQUIRED: Y / N

19. CATEGORY: _____

20. MOVEMENT PRECEDANCE: _____

21. REQUESTED MOVEMENT DATE: _____

22. ESTIMATED ARRIVAL TIME AT DESTINATION (if known): _____

23. OTHER CONTACTS, IF ANY: USAP MEDICAL COORDINATOR, CHRISTCHURCH, NZ, 798 - #699020 – 0274-714-282.

24. TPMRPC NOTIFIED (Name, date and time): _____

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Attachment 2

MCMURDO HOSPITAL STANDING ORDERS FOR CASEVAC PATIENTS

Date: _____ TIME: _____

Pt Name/DOB: _____

Allergies: _____

- Continuous ECG monitoring
- Pulse Oximetry, apply oxygen PRN to keep SpO2 > 93% (prefer humidified)
- Saline lock IV
-or-
- IVF: _____ @ _____ ml/hr
- Monitor Intake / Output
- Tylenol 650 mg /1000mg every 4-6hrs PRN for pain or fever>100.6° F (max 4G/day)
- Ibuprofen 600 mg/800mgevery 6-8hrs PRN for pain or fever>100.6° F (max 2400mg/day)
- Morphine 2-5mg IV every 10 minutes for pain if SBP >100, resp rate >12.
(not to exceed _____mg in any _____hour period)
(if allergy to Morphine:_____)
- Narcan 0.4mg IV if resp rate <8/min and/or SpO2 < 90% with supplemental O2
- Toradol 30mg IV every 6-8 hrs PRN pain
- Ativan 1 mg po/IV for anxiety every 6 hrs PRN
- Prochlorperazine (Compazine) 5-10mg IV/IM every 6-8 hrs PRN nausea
- Promethazine (Phenergan) 25mg IM/IV every 4-6 hrs PRN nausea
- Benadryl 25-50mg IV/IM for extrapyramidal effects of Compazine/allergic reactions.
- IV antibiotics: (please write out orders)

- Keep patient NPO
- Oral Intake: Regular diet_____ Soft Diet_____ Clear Liquids_____
- NasoGastric Tube to: Continuous Suction_____ Intermittent Suction_____ Gravity Drainage_____

- Foley catheter to gravity drainage
- Activity: Confined to litter_____ May ambulate with Assist_____
- Bathroom Privileges: Bedside_____ With Assist_____ Independent_____

If chest pain:

- Stat EKG
- O2 to run either NC/mask/Venti re-breather to keep O2>97%
- ASA 325 mg po (if not contraindicated)
- NTG 1 spray SL every 5 minutes x 3; keep SBP >90. **(IF NO VIAGRA IN THE LAST 24 HOURS)** –if no relief of chest pain, then:
- Nitroglycerin drip – start at 10mcg/min, titrate by 5-10mcg every 5 minutes until relief of pain, keep SBP >90.
- Nitropaste 1inch to chest wall every 8 hours for CP not resolved with SL NTG.
- If no relief with NTG, use morphine 2-5mg every 10 minutes for CP if SBP >100, resp rate >12.
- Follow ACLS protocols for cardiac arrest conditions.

Please list all other orders pertinent to patient condition:

Provider Signature: _____

Attachment 3

PRIORITY OR URGENT PATIENT IN-FLIGHT KIT

1. ZOLL M-series Cardiac Monitor and Defibrillator
2. ZOLL M-series Battery Support System
3. Propaq Cardiac Monitor
4. Portable Suction unit
5. Pulse Oxymeter attachments for Propaq
6. Oxygen Source - Certified "H" tank for C-130, or Internal Oxygen System hose connection set up for the C-17
7. Impact portable ventilator
8. Frequency Converter (for C-130 only)
9. IV Infusion Pump
10. Electrical Cable Assembly Set (ECAS)/ extension cords
11. Ambu-bag with Oxygen connector
12. Intubation Kit
13. Emergency Medications
14. ACLS medication and equipment
15. Over Weight Litter (as necessary)
16. H-tank brackets (If C-130)

Attachment 4

PATIENT CLASSIFICATION

Code	Classification
A2.1. Psychiatric Category:	
1A	Severe psychiatric litter patients. Psychiatric patients requiring the use of restraining apparatus, sedation, and close supervision at all times.
1B	Psychiatric litter patients of intermediate severity. Patients requiring tranquilizing medication or sedation, not normally requiring the use of restraining apparatus. <i>NOTE:</i> Keep restraining apparatus available for use.
1C	Psychiatric walking patients of moderate severity. Cooperative and reliable under observation.
A2.2. Litter Category:	
2A	Inmobile litter patients, non psychiatric, who cannot move about on their own under any circumstances.
2B	Mobile litter patients, non psychiatric, who can move about on own their own under emergency circumstances.
A2.3. Ambulatory Category:	
3A	Ambulatory patients, non psychiatric and non substance abuse, going for treatment or evaluation.
3B	Recovered patents, returning to home station.
3C	Ambulatory, drug or alcohol (substance) abuse, going for treatment.
A2.4. Infant Category:	
4A	Infant, under 3 years of age, occupying an aircraft seat going for treatment.
4B	Infant, under 3 years of age, occupying an aircraft seat returning from treatment.
4C	Infant requiring an incubator, litter type.
4D	Infant under 3 years of age, litter type.
4E	Outpatient under 3 years of age, ambulatory.
A2.5. Outpatient Category:	
5A	Outpatient ambulatory patient, non psychiatric and non substance abuse going for treatment.
5B	Outpatient ambulatory, drug or alcohol (substance) abuse, going for treatment.
5C	Psychiatric outpatient going for treatment or evaluation.
5D	Outpatient on litter for comfort going for treatment.
5E	Returning outpatient on litter for comfort.
5F	Returning outpatient.
A2.6. Attendant Category:	
6A	Medical Attendant
6B	Non medical Attendant

Attachment 5

PATIENT PREPARATION CHECKLIST (MINIMUM REQUIREMENTS)

AE ITEM	ACCOMPLISHED	
	YES	NO
A. DOCUMENTS TO ENTER PATIENT INTO DMRIS		
USAP Mission Information Data Collection Sheet _____		
B. DOCUMENTS REQUIRED TO ACCOMPANY PATIENT FOR AE		
AF Form 3899 or USAP Air Evacuation Orders -----		
Anti-Hijacking Certificate -----		
Medical/Nursing Inpatient Transfer Summary -----		
Travel Orders (Military patient) -----		
Medical Records as available -----		
X-Rays as available (CD ROM Disc) -----		
Special Documents		
Patient Passport -----		
NZ Customs Declarations -----		
AF Form 3838 for DNR patient -----		
SF 600/Doctors Notes/Hx -----		
Standing CASEVAC Orders -----		
DD Form 2239 Consent for Medical Care in the AE System -----		
C. PATIENT SUPPLIES		
Medications (Oral and IV) -----		
Intravenous Fluids and Tubing -----		
Bandages -----		
Cleaning Supplies/Baby Wipes -----		
Suction Catheter or Tonsil suction -----		
Gloves -----		
Oral or Tube Feeding Supplies -----		
Other Supplies as Requested by Physician -----		
D. PATIENT BRIEFING		
Destination as confirmed in the Mission Data Sheet -----		
No Smoking Permitted -----		
Personal Supplies -----		
Personal Passport -----		
Outpatient Travel at own expense -----		
Appropriate Dress / Cold Weather Gear -----		
Mandatory Search of Baggage -----		
NZ Customs Declaration -----		
Availability of Flight Insurance/ Health Insurance -----		
Patient Information Brochure -----		