1 AEROMEDICAL STAGING FLIGHT

MISSION

The 1 Aeromedical Staging Flight mission was to provide reception, administration, processing, ground transportation, feeding and limited medical care for patients entering or leaving the aeromedical evacuation system. The length of stay may be from 24-72 hours.

The Flight was responsible for the transportation of patients between their facility and the evacuation asset. Depending upon the patient's needs, a nurse, medical technician, and health service technician in addition to the driver, plus emergency equipment may accompany patients in an ambulance, ambulance bus, or vehicles of opportunity. Aeromedical Staging personnel were also required to load and unload patients on and off aircraft or other evacuation asset. Aeromedical Staging Flight personnel included flight surgeons, nurses, medical technicians, medical logistics technicians, mental health nurses and technicians, pharmacy technicians, nutritional medicine technicians, and biomedical repair personnel.

The flight also developed and trained Critical Care Air Transport Teams. These small teams were comprised of a critical care physician, nurse and respiratory therapist and accompanied a critical patient right from the intensive care unit in the medical center to the aircraft and stayed with the patient throughout transport. Each of the Air Force's Critical Care Air Transport Teams was able to care for up to three intubated patients or a total of six critically injured patients.

LINEAGE

1 Casualty Staging Flight constituted, 12 Dec 1957
Activated, 18 Jan 1958
Redesignated 1 Aeromedical Staging Flight, 8 Jan 1970
Inactivated, 1 Jul 1994

STATIONS
Scott AFB, Illinois, 18 Jan 1958-1 Jul 1994

ASSIGNMENTS
USAF Medical Center, Scott

COMMANDERS

HONORS
Service Streamers

Campaign Streamers

Armed Forces Expeditionary Streamers

Decorations
Air Force Outstanding Unit Awards
1 Aug 1966-30 Jun 1968
1 Jul 1968-30 Jun 1969
1 Jul 1969-30 Jun 1970
1 Jun 1979-31 May 1981
15 Apr 1984-14 Apr 1986
1 Aug 1992-[1 Jul] 1994

EMBLEM
On a light blue disc edged with dark blue, a dark blue medical van in silhouette facing left over a yellow flight symbol throughout point up between a yellow sun at upper left and white crescent at upper right; centered upon the van and flight symbol a red cross bearing a white Staff of Aesculapius. Attached above the disc a blank white scroll edged dark blue, and below the disc a white scroll edged dark blue and inscribed "Always Serving Faithfully" in dark blue letters. **SIGNIFCANCE:** The Red Cross and Staff of Aesculapius symbolize the mission the unit—providing accommodations and medical care to patients transiting Scott AFB on their way for further medical treatment at other hospitals. The flight symbol and ambus allude to the ground support for the Air Evacuation System. The Aeromedical Staging Flight provides transportation of patients arriving at the flightline in route to hospitals. The sun and the moon refer to the unit's twenty-four hour operations. (Approved, 17 Oct 1983)

MOTTO
ALWAYS SERVING FAITHFULLY

OPERATIONS
The ASF at Andrews Air Force Base plays a critical role in the aeromedical evacuation process of patients during both war and peace. Andrews' ASF is the first stop into the United States for all patients from the European theater, OIF, and OEF. The Andrews ASF is operated by 31

permanent party members and 33 augmentees. In addition, the ASF has one marine and three soldiers permanently assigned to the unit to assist with the transition of marines and soldiers. The Air Force Family Liaison Officer program is also used to meet patient needs. To perform their mission, the ASF is equipped with six “ambuses” (medium-size buses equipped to carry litters), three ambulances, one box truck, one step van, and two patient-loading systems. On average, each month the ASF assists about 800 Combat and Operational Behavioral Health inbound and outbound patients. In Germany, the Joint Patient Movement Requirement Center coordinates with the GPMRC to establish CONUS destinations for patients who are grouped into mission loads based upon the bed availability at Landstuhl and patient care movement requirements. Aeromedical evacuation missions are launched three times per week from Germany, with other missions added as needed depending upon Landstuhl’s capacity or patient acuity.

A typical mission load is 25 to 30 patients with a variety of diagnoses, medical conditions, and levels of acuity. These may include critical care, amputations, head injuries, psychiatric conditions, cardiac complications, diabetes, and eye injuries. An example of a mission package is as follows: “Mission K-6 includes 12 litters, 17 ambulatory, 4 medical/nonmedical personnel arriving at 1600 hours at Andrews AFB [Air Force Base] on Julian date 214.” The mission load is further broken down to reveal which patients will be transported to Walter Reed or Bethesda, and which will need to remain overnight at Andrews prior to transport to another medical facility.

During the 24-hour period prior to a plane’s arrival at Andrews, much preparatory work is accomplished. Rooms are readied, meals are ordered, clinical information is reviewed, the flight line crews are alerted, and leaders are notified of mission and other pertinent clinical and administrative information.

Three hours before the plane’s arrival, the ASF flight line nurse arrives to review the latest information received from Germany on the patients’ conditions after the plane departed. A typical report might contain information such as the number of patients added or cancelled and reason for cancellation; number of critical care air transport (CCAT) cases; if blood was transfused en route; the need for an ambulance on arrival; patients with conditions requiring special room accommodations or care; family member traveling with a patient; amputee needs for wound wash or operating room visit for dressing change; and if a psychiatric patient is to be admitted at Walter Reed.

In summary, to be properly prepared for the arrival of a mission, all staff members involved in each aspect of Andrews ASF review the latest available information regarding vital clinical and administrative information before the aeromedical evacuation mission arrives. Prior to the plane’s landing, transport vehicles from Walter Reed Army Medical Center and the National Naval Medical Center (Bethesda, Md) are positioned to move designated patients to their respective facilities based upon TRAC2ES information and any updates and changes from GPMRC. Sometimes patient destinations are changed while the plane is in the air due to changes in patient condition, medical capability changes, and other administrative reasons. All

of this is done in the best interest of patient care.

Two hours before the plane's arrival, all flight line personnel report to duty. This usually includes about 10 personnel from the ASF, Walter Reed, and Bethesda; the Army and Marine liaisons; and volunteers. During the first hour, refresher training is conducted on the litter carry, and mission planning is performed to identify vehicles, drivers, spotters, and other necessary personnel. During the second hour, a mission brief is given on the latest clinical picture and an ASF flight surgeon is present to clarify any clinical questions. At the flight line landing zone, the ground crew coordinator interacts with the medical crew director and loadmasters to arrange the vehicles in the best manner to expedite the offload and transport of patients from the plane to the waiting motor vehicles. Priority is given to the CCAT patients. Usually, the Walter Reed and Bethesda buses are loaded prior to the Andrews bus, because they have a 40- to 50-minute travel time to their respective hospitals. During this transition period, a flight surgeon or other physician completes an assessment of every patient onboard. The flight surgeon can evaluate, stabilize, and arrange transportation for the patient to the emergency room at Andrews if needed.

Once the patients arrive at their designated medical facilities, additional personnel process them based on their ward destinations. After treatment at Walter Reed or Bethesda, many patients are transferred to other hospitals depending on the specific needs of the patient. Patients are often transferred to hospitals or clinics near their home military station or near their hometown once they have become medically stable. The time frame for these transfers varies widely. The aeromedical evacuation process varies somewhat for special patient categories such as burn patients. Brooke Army Medical Center at Fort Sam Houston in San Antonio, Texas, is the Department of Defense Burn Center. Burn patients are transferred to Brooke as soon as they are stable enough for aeromedical evacuation. Some patients are flown directly to the burn unit from the area of responsibility or from Landstuhl. Patients remaining at Andrews Air Force Base are housed in the ASF, which has 32 beds and an expansion capability to 45. The next morning, missions are launched to transport patients to their various CONUS destinations. Ultimate destinations are determined by clinical needs and facilities' capabilities.

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Sources

Air Force Historical Research Agency. U.S. Air Force. Maxwell AFB, Alabama.
The Institute of Heraldry. U.S. Army. Fort Belvoir, Virginia.
Air Force News. Air Force Public Affairs Agency.
Alan L. Peterson, Kelly R. McCarthy, Daniel J. Busheme, Rick L. Campise, and Monty T. Baker. *Combat And Operational Behavioral Health, The Aeromedical Evacuation*. Office of the Surgeon General United States Army.