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COMMANDER, U.S. NAVAL FORCES EUROPE  
COMMANDER, U.S. NAVAL FORCES AFRICA  
COMMANDER, U.S. SIXTH FLEET  
COMMANDER, TASK FORCE SIX  
PSC 809 BOX 70 FPO AE 09626

Subj: (U) PATIENT MOVEMENT

Ref: (a) (U) DoDI 6000.11, Patient Movement, 9 Sep 1998  
(b) (U) NWP 4-02 Naval Expeditionary Health Service Support Afloat and Ashore  
(c) (U) NTTP 4-02.2 Patient Movement, May 2007  
(d) (U) OPNAVINST 4630.9 series; Worldwide Aeromedical Evacuation  
(e) (U) NWP 4-02 Naval Expeditionary Health Service Support Afloat and Ashore  
(f) (U) AFI 41-301, Worldwide Aeromedical Evacuation System, 01 Aug 1996  
(g) (U) Joint Federal Travel Regulations  
(h) (U) OPNAVINST 6000.1C, Navy Guidelines Concerning Pregnancy and Parenthood, 14 Jun 2002

1. (U) Situation.

a. (U) Friendly.

(1) (U) Theater Patient Movement Requirements Center-Europe (TPMRC-E). A joint activity assigned to the Combatant Commander (COCOM) that provides medical regulating, clinical validation, patient movement planning, execution, and integration of theater patient movement systems in accordance with ref (a).

(2) (U) International SOS (ISOS). Administers the Department of Defense (DoD) TRICARE Overseas Program to provide support for global healthcare delivery to military beneficiaries.

2. (U) Mission. Provide the concept of operations, assign tasks, and provide guidance for patient movement support operations. The medical policies and procedures prescribed for the U.S. Naval Service are supplemented by this Annex. Whenever a disparity exists between this Operational Order (OPORD) and parent service regulations, orders, or policies, it should be referred to CNE-CNA-C6F/CTF6 for resolution.

3. (U) Concept of Operations.

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a. (U) Theater evacuation policy is determined by the Secretary of Defense (SECDEF) upon the advice of the Chairman, Joint Chiefs of Staff (CJCS), and Theater Commander. This standard will be revised to properly support the operation as required. For general planning requirements, emphasis should be on rapid stabilization and early evacuation. Patient Movement is a continuum of care from point of injury or illness to definitive care.

(1) (U) International SOS (ISOS) is contracted by TRICARE Overseas to coordinate Host Nation (HN) medical support when MTFs are unavailable because of either time, distance or logistical shortfalls are not a feasible choice.

(2) (U) TPMRC-E is a joint activity assigned to the COCOMs that provide medical regulating, clinical validation, patient movement planning, execution, and integration the theater patient movement systems in accordance with ref (a).

b. (U) Patients that require urgent or emergent medical treatment beyond the unit's capability may be transferred to a military treatment facility (MTF). When a MTF is not an viable option based on time, distance or patient condition, CNE-CNA-C6F/CTF6 Force Medical will coordinate with the Theater Patient Movement Requirements Center-Europe (TPMRC-E) and International SOS (ISOS) will coordinate patient movement to the next level of care ashore and Host Nation (HN) support if required.

(1) (U) CNE-CNA-C6F/CTF6 Battle Watch Commander and unit coordinate ship to ship and ship to shore patient movement with unit commanders and medical department representatives. In addition, units shall assist parent unit with obtaining country clearance requests with Department of State and the U.S. Embassy personnel for patient movement ashore.

(2) (U) TPMRC-E only regulates patient movement from shore-based locations in the Area of Operation (AO) based on medical condition and the medical capability/bed availability within the AO utilizing TRANSCOM Regulating and Command and Control evacuation system (TRAC2ES) to track patient status.

c. (U) Routine medical referrals are used when a patient requires non-urgent medical care or evaluation that exceeds the skills or support available at the parent unit. With rare exception routine care will be obtained in military medical treatment facilities (MTF). The patient will complete their

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medical referral and return to the unit as soon as possible. Parent units are responsible for coordinating routine referral, return to the unit, all related expenses, and may coordinate with local MTFs for support. Routine medical referrals requiring patient movement or foreign nation care shall be reported to the Force Medical watch for situational awareness and assistance as needed.

d. (U) Patients on travel or deployment to the AO not expected to recover or return to a full duty status within 14 days shall be evacuated out of the AO and back to homeport for further treatment and recovery.

#### 4. (U) Patient Movement and Enroute Care.

a. (U) Patient movement from point of injury or illness to Level One care or on to Role Two care may be completed by lift of opportunity in motor vehicles, small boat, ship-ship, rotary-wing, or fixed wing aircraft with by-stander buddy-aid, or medical attendant/s as available to provide en-route care as required by patient's medical condition.

b. (U) Patient movement from Role Two (surgical capability) to the next higher level of care or Medical Evacuation (MEDEVAC) must ensure appropriate en-route care during all levels of movement. Theater Patient Movement Requirements Center-Europe (TPMRC-E) in accordance with ref (a) and is the named executive authority for managing and executing patient movement validation within this theater.

c. (U) Patient movement occurs in three different precedence: URGENT, PRIORITY, and ROUTINE. Communicate all patient movement requests via the appropriate chain of command to the Force Medical Watch. Definitions for each are listed below.

d. (U) Urgent: Patient requires immediate medical care to save life, limb or eye-sight. Units must provide an initial voice report of a medical emergency to the Force Medical - C6F/CTF 6 Battle Watch while in CNE-CNA-C6F/CTF6 AO. All emergency medical evacuation notifications should be by standard naval message addressed to the operational commander via Task Force Commander, in addition info copy the Force Medical (Code: N02M/Force Surgeon) detailing circumstances, MEDEVAC plan and any support requests to all cognizant medical authorities in the chain of command (see format in appendix 8 of this annex).

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MEDEVAC message of an emergent patient meets one of the following criteria:

(1) (U) The medical condition is such that it exceeds the medical scope and/or the medical department cannot maintain the patient with resources aboard.

(2) (U) The medical condition requires a higher level of surgical care urgent/immediate transfer of the patient.

(3) (U) An Urgent MEDEVAC at sea may require that the ship divert from its operational mission to close distance to facilitate the medical evacuation. The operational unit commander in consultation with the chain of command and the Battle Watch-supported by Force Medical Watch will weigh the medical recommendation for MEDEVAC and the current operational commitments to best coordinate the MEDEVAC.

e. (U) Priority: Patients that require movement as soon as safely possible to save life, limb, or eyesight in accordance with ref (a). Priority patients can be further defined as preventing the medical condition from deteriorating to an urgent precedence, to prevent unnecessary pain or disability, to provide required treatment not available locally within twenty-four (24) hours.

f. (U) Routine: Patients who do not require immediate medical attention and whose condition are not expected to deteriorate significantly. Notify the Force Medical's group email CNE-C6F\_HSS(AT)EU.NAVY.(SMIL).MIL of all routine patient movements.

(1) (U) Reporting transfers within the Carrier Strike Group (CSG)/Expeditionary Strike Group (ESG)/Amphibious Ready Group (ARG) are not necessary but all patients shall be listed on the daily Medical Situational Report. Routine patient transfers away from the parent unit or CSG/ESG/ARG who are returning to homeport require either an email or a standard naval message to inform all cognizant and responsible parties, along the continuum of care.

(2) (U) Pregnant patients. Service members confirmed pregnant by positive urine test may not serve aboard ships, travel, or deploy in specific regions of the AO. Travel and deployments to Eastern Europe and Africa are defined as

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exceeding the six-hour rule to OPNAV 6000.1 series. Service members will be transferred as follows:

(a) (U) Asymptomatic service members shall be transferred to home station at unit's expense for evaluation and prenatal care at the first available opportunity.

(b) (U) Service members with any symptoms that may indicate a complicated pregnancy requiring obstetrical intervention as treatment shall be moved to definitive obstetrical care as soon as operationally feasible. See requirements for urgent medical evaluation.

(3) (U) Behavioral Health (BH) patients. The Senior Medical Department Representative (SMDR) shall contact a MTF clinical psychologist or psychiatrist on all patients exhibiting behavior health symptoms. Patients will be seen in theater prior to moving back to CONUS unless otherwise directed by TPRMC-E and/or CNE-CNA-C6F/CTF6 Force Surgeon.

(a) (U) BH patients are considered Routine MEDEVAC precedence per reference (a), unless they are a threat to themselves or others, then they are elevated to Priority MEDEVAC precedence.

(b) (U) BH patients shall be moved with a medical or non-medical attendant (s) depending on the situation, behavior disorder, and limiting factors. The goal is to use the safest and least restrictive measures to control behavior while ensuring personal safety and safety of others. Determination of specific behavior health requirements for attendant(s) shall be authorized from TPRMC-E or delegated to the CNE-CNA-C6F/CTF6 Force Surgeon prior to patient movement.

(c) (U) Medical referrals are required when a patient requires a routine referral for a condition outside the providers' scope of care. The Consultation Sheet SF513 shall be completed and accompany patient. It is the expectation that patients, whom have completed their medical referral and are released back to their unit, will return to the unit as soon as possible. Units are responsible for coordinating return to the unit and all related expenses. Units may coordinate with MTF's for local support. Medical referrals are not generally reported to Force Medical except in unique cases where the illness or injury receives Task Force/Flag level visibility. This will be reported to the Force Medical for administrative purposes only.

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### 5. (U) Administration.

a. (U) The primary means of movement should be the safest and most efficient means possible.

b. (U) Units without medical officers may utilize cognizant Task Force Medical Officer, CSG/ESG/ARG/Senior Medical Officers (SMO), theater MTF Emergency Room physicians, TPMRC-E on-call duty surgeon, squadron medical officer or Force Medical physician/Fleet IDC for consultation and advice. Consultation between SMDR's and MTF's in theater is authorized whenever feasible.

c. (U) Report to CNE-CNA-C6F/CTF6 Force Medical on any anticipated patient movement as soon as possible via PHONCON or Email correspondence with amplifying information provided.

d. (U) Units will provide timely updates on patient status to the Force Medical daily by 0600Z (+1 Z/0700 Central European Time (CET)). Units shall contact TPMRC-E / ISOS directly via phone (email as a last resort) if the unit medical representative has not heard from ISOS in 24-hours of initial request. The parent unit is responsible for acquiring updates and/or information and forwarding updates to Force Medical daily as prescribed above.

e. (U) Routine medical appointments or referrals must be submitted to the regional MTF Fleet Medical Liaison at least 14 days in advance of inport period. All patients will have a consult and SF600/AHLTA note, medical/dental record if required by MTF in their possession and in the appropriate civilian/military attire per local directives. For greater than 12 specialty appointments please Carbon Copy the appointment request list sent to the MTF to Force Medical.

### 6. (U) Initiation of Patient Movement Process. Tab A of this appendix outlines the procedures and guidelines for a Medical Evacuation inter/intratheater.

a. (U) SMDR shall brief the parent Unit/Task Force chain of command.

b. (U) Establish direct communication with CNE-CNA-C6F/CTF6 Force Medical Duty Watch for Medical to determine best Medical Evacuation (MEDEVAC) for all Urgent, Priority, Routine patient movement from the parent unit to the next higher echelon of care.

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C. (U) When it is deemed necessary to MEDEVAC a patient the parent unit is required to submit an electronic Patient Movement Record (PMR) "AF Form 3899" to Force Medical. PMRs are the primary means of communicating patient information to all parties involved in the patient movement process between Force Medical, TPMRC and theater MTFs. The PMR or AF Form 3899 can be generated through TRAC2ES or a fillable PDF format can be generated and sent electronically to TPRMC-E via electronic mail.

7. (U) Unit Requirements. The items listed below will accompany the patient and escort:

(1) (U) At a minimum, 15-day funded TAD orders for each patient and any attendant/s in accordance with references (b) through (g) as appropriate. Itinerary section should include known destination and the following language: "All points necessary in the MEDEVAC system" documented on the orders. Patient and attendant/s must have "Varied Itinerary Authorized" block checked on their orders, or typed on the comments block. This allows for changes without having to create new orders from the parent unit.

(2) (U) ISOS will provide ground transportation from landing field/dock/pier to the HN medical facility if requested by unit. For afloat units, securing transportation from ship to shore is the responsibility of the parent unit. DO NOT CONTACT Host Nation hospitals directly for care; if Unit/DET SMDR fails to utilize ISOS for HN Medical support, the operational unit is responsible for medical payment reimbursement will not be guaranteed. ISOS is responsible for validating medical care and create a Guarantee of Payment (GOP), which will used to initiate care at the HN facility.

(3) (U) Units requesting routine medical appointments or referrals must submit requests to the regional MTF Fleet Medical Liaison at least 14 days in advance of scheduled import period. All patients will require military I.D., a consultation request and appropriate patient documentation, medical/dental record as required by MTF and in the appropriate civilian/military attire per local directives.

(4) (U) Passports. Passports are highly encouraged for travel in EUCOM theater and required for most travel in AFRICOM. Patient and attendant/s that possess a passport will be required to travel with passport, official orders, and military I.D.

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card. Many countries in Africa Theater require an entrance and exit visa along with aforementioned items. If no passport is available, parent unit shall contact the nearest U.S. Embassy to initiate the request for an "Emergency Passport" and/or "Mariner's Exit Visa".

(5) (U) Orders/funding. Ensure the patient and attendants are provided advance funds adequate to cover the expense of meals, lodging, and incidentals. Each traveler will have their own, separate orders.

(a) (U) In Africa, Units should be aware that most countries operate on a cash-only basis and may have to provide a cash advance for per diem expenses. In these countries, Automated Teller Machines may not be available for cash withdrawal.

(b) (U) Many hotels do not accept credit cards (GOVCC or Personal). In these countries it is necessary to disburse cash directly to the patient and attendant prior to disembarking.

### 8. (U) Escort Requirements.

a. (U) Commands shall provide an escort to accompany all patients being medically evacuated. Non-Medical Attendants (NMA) shall accompany the patient to provide administrative assistance, force protection (buddy-system) and liaison to the parent unit whether for return to the parent unit or return to homeport. Units are responsible for funding all travel costs for all attendant/s and for the patient once the patient is discharged from MTF or HN Facility.

b. (U) SMDR's will brief the attendant/s on duties and responsibilities. The attendant/s will be required to accompany the patient twenty-four hours a day until released by the gaining medical authority or Force Medical.

c. (u) When it is determined that the patient is "returned to duty" to parent command, the member's status will revert to that of a regular passenger and be manifested back to their command. Fleet Medical Liaison will coordinate with unit. Once the patient is discharged from a HN facility, the unit is required to coordinate the return of both patient and attendant/s.

9. (U) Military Sealift Command (MSC) MEDEVAC and medical advice reference

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a. (U) Point of Contact(1)(U) On Call International is the Emergency Medical Evacuation contractor for all MSC and can be reached at there 24 Hour a day. Global Response center contact information is as follows:

COMM: (001-603-328-1367 or 001-603-898-9160)

EMAIL: MAIL(AT)ONCALLINTERNATIONAL.COM

WEB: HTTP://ONCALLINTERNATIONAL.COM

10. (U) Command and Control.

a. (U) Command.

(1) (U) As the principle advisor to CNE-CNA-C6F/CTF6, the Force Surgeon exercises coordinating authority for CDR NAVAF/NAVEUR and CDR SIXTH Fleet/Task Force 6, over all medical resources allocated for operations.

b. (U) Communications.

(1)(U) See base plan of this Annex.

11. (U) Dive Medical Officer (DMO) and Dive Chamber information

a. (U) Point of Contact.

(1)(U) C6F/CTF 6 Medical Watch Cell Phone (+39-335-238-042) after 1500Z and 24/7 weekends and holidays. During working hours please contact the Force Medical s office (+39-081-568-4690) between 0600Z-1500Z M-F (excluding holidays) for assistance.

b. (U) EODMU EIGHT Medical Department Dive Medical Officer (DMO) can be contacted (+34-650-83-9784) for medical advice however, the DMO may not be available at all times so the first POC will be the C6F/CTF 6 Medical Watch.

c. (U) In the event of a Dive Emergency a worldwide emergency network has been established for dive emergencies. Contact the C6F/CTF 6 Force Medical for contact information.

(1) (U) In the event of a dive injury ALL DIVE ACTIVITY WILL IMMEDIATELY SECURE. All recompression emergencies being transported to a local emergency chamber will at a MINIMUM notify the CNE-CNA-C6F/CTF6 Medical Watch prior to arrival at

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local facility. Dive Medical Technician of Dive Supervisor will accompany the patient throughout the process of recompression.

d. (U) Dive Unit Planning.

(1) (U) Dive units operating in the CNE-CNA-C6F/CTF6 AO should identify appropriate dive recompression chambers in their planning process. This planning should also include host nation language requirement and useful phrases in the host nation language to facilitate patient movement to the closest dive chamber.

12. (U) HN civilians may be treated by U.S. medical personnel if the operation allows and only to preserve life, limb, or eyesight. Approval to treat above the previous specifications will be made by the chain of command with recommendation from Force Surgeon. HN civilians must be returned to HN facilities as soon as the patient's condition and operations allows.

13. (U) Enemy Prisoners of War (EPW), Civilian Internees (CI) and other Detained Persons (DP) will be provided medical treatment on the same basis as U.S. sick and wounded and IAW existing treaties, international law and the Geneva Conventions.

a. (U) The CNE-CNA-C6F/CTF 6 does NOT have the approval authority for any foreign national patient movement. Any AE movement should be to the most expedient capable MTF if the patient's injury or illness is directly related to U.S. operations within the AO. Otherwise, a Secretarial Designee (either SecDef, SecService-Army/Navy/Air Force, or EMBASSY (DoS)) package for movement of foreign nationals is required. This package must be coordinated through component commander and/or DoS for a determination of whether the movement is of national interest. A completed and signed designee status package must be forwarded to the TPMRC-E before legal movement can be executed. If intra-theater movement is required, the intra-theater movement and the funding vehicle must be specifically addressed in designee letter.

b. (U) Non-combatant Evacuation Operations (NEO) will be covered under the activation of CONPLAN. Resources to support a NEO will depend on the evacuation environment and medical care requirements of NEO evacuees.

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Force Medical

Subj: (U) MEDICAL EVACUATION PROCEDURES

(U) Patients that require medical treatment beyond the unit's capability may be transferred to a Military Treatment Facility (MTF) as the primary option. When a MTF is not an available option is due to time, distance and/or urgency of patient's

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condition, TPMRC-E and International SOS (ISOS) will coordinate Host Nation support and patient movement to the next level of care once the patient is ashore.

### PATIENT MOVEMENT GUIDELINES:

1. (U) Patient movement to a Military Treatment Facility (MTF). The SMDR performs the following:

a. (U) Brief the Unit Chain of Command. Notify by the most expeditious means CNE-CNA-C6F/CTF 6 Maritime Operations Center/CTF/Force Medical.

b. (U) Force Medical will determine best course of action for patient and provide medical support to the MOC/CTF/Unit.

(1) (U) Contact nearest Theater MTF Fleet Medical Liaison.

(2) (U) Verify MTF can provide support to receive patient.

(3) (U) Complete AF-3899 (Patient Movement Request) and send via electronic mail to TPMRC-E, Force Medical, and MTF Fleet Medical Liaison.

(4) (U) Coordinate and establish direct communication with the accepting physician.

(5) (U) Send the patient consult, patient notes, and/or requested records to the accepting military physician.

(6) (U) Identifies a POC from the Fleet Medical Liaison standing by to receive the patient and the patient's accompanying medical documentation.

(7) (U) Establish that the transportation of the patient from the rendezvous point to the hospital has occurred.

(8) (U) Composes and submit MEDEVAC message.

(9) (U) Track patient's diagnosis, daily status, location and final disposition.

(10) (U) Provide timely updates to CNE-CNA-C6F/CTF 6 Force Medical as the SMDR receive them from MTF Fleet Medical Liaison.

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2. (U) Patient movement to an ISOS Host Nation facility, the SMDR performs the following:

a. (U) Brief the Unit Chain of Command. Notify by the most expeditious means CNE-CNA-C6F/CTF 6 Maritime Operations Center/CTF/Force Medical.

b. (U) Force Medical will determine best course of action for patient and provide medical support to the MOC/CTF/Unit.

(1) (U) Contact TPMRC-E and provide information concerning MEDEVAC.

(2) (U) Complete AF-3899 (Patient Movement Request) and send via electronic mail to TPRMC-E and Force Medical. Contact ISOS for case number and coordination to host nation facility. Identify an accepting physician/POC/Address/Phone number of medical facility, contact number from the ISOS "Center Of Excellence" approved hospital.

(3) (U) Coordinate Ship-Ship; Ship-Shore transportation of the patient from the rendezvous point to the hospital has occurred.

(4) (U) Identify a Non-Medical Attendant to assist with administrative needs and force protection issues in theater.

(5) (U) Send the patient consult, patient notes to the accepting physician via electronic means and hard copies with the patient.

(6) (U) Identify a POC/Address, contact number from the ISOS "Center Of Excellence" approved hospital.

(7) (U) Compose and submit Standard Naval (MEDEVAC) message.

(8) (U) Track patient's diagnosis daily status, location and final disposition.

(9) (U) Provide timely updates to CNE-CNA-C6F/CTF 6 Force Medical as the SMO or IDC receive them from ISOS daily.

3. (U) Additional Requirements: Send following with the patient:

a. (U) Completed AF-3899 (Patient Movement Request).

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- b. (U) SF 513 consultation form.
- c. (U) Medical/Dental record if requested by MTF (DO NOT SEND for ISOS Host Nation case referrals)
- d. (U) 15 day-fully funded TAD orders. Orders must have "VARIED ITINERARY AUTHORIZED" box checked on TAD orders. Each traveler will have their own, separate orders.
- e. (U) Military ID card.
- f. (U) 15-day supply of medications.
- g. (U) Passport .
- h. (U) Ensure the patient and attendant are provided advance funds adequate to cover the expense of meals, lodging, and incidentals.
- i. (U) In Africa, Units should be aware that most countries operate on a cash-only basis and may have to provide a cash advance for per diem expenses. In these countries, Automated Teller Machines may not be available for cash withdrawal. Many hotels do not accept credit cards (GOVCC or Personal). In these countries it is necessary to disburse cash directly to the patient and attendant prior to disembarking. If patient is to be returned to CONUS for definitive care or for administrative medical needs, the SMDR will identify an accepting physician prior movement.