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SECRETARY OF THE AIR FORCE

AFMAN 11-2AEV3, CL-1
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Flying Operations

AEROMEDICAL EVACUATION CREW (AEC) CHECKLIST

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This checklist establishes procedures for Aeromedical Evacuation on mobility aircraft employed by Mobility Air Forces (MAF) to accomplish their worldwide missions. This checklist applies to the Regular Air Force, the Air Force Reserve, and the Air National Guard. This publication does not apply to the United States Space Force. This checklist complements AFMAN 11-2AE-V3, *Aeromedical Evacuation Operations Procedures*, and can be printed on standard 8 ½" x 11" bond paper, and trimmed to size, to fit the standard plastic aircrew checklist binders. This checklist is intended to provide quick and reliable references to aid the AEC while mission planning and for use in-flight. Ensure all records created as a result of processes prescribed in this publication adhere to AFI 33-322, *Records Management and Information Governance Program*, and are disposed in accordance with Air Force Disposition Schedule which is located in the Air Force Records Information Management System. The authorities to waive wing/unit level requirements in this publication are identified with a Tier ("T-0, T-1, T-2, T-3") number following the compliance statement. The publication OPR is the waiver authority for non-tiered compliance statements. See DAFMAN 90-161, *Publishing Processes and Procedures*, for a description of the authorities associated with the Tier numbers. All AE crews will carry this annex.

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SECTION I

INTRODUCTION

This checklist establishes procedures for Aeromedical Evacuation Crews (AEC) on aircraft employed by Mobility Air Forces (MAF) to accomplish their worldwide missions. This checklist is intended to provide quick and reliable references to aid the AEC for mission planning and use inflight. It can be utilized as a digital or printed reference and available to AECs on all missions.

SECTION II

TERMS AND ABBREVIATIONS

See AFMAN 11-2AEV3 Attachment 1 for a complete list of Terms and Abbreviations.

MEDICAL CREW DIRECTOR

The MCD is a qualified Flight Nurse and ensures the aircraft is acceptable and configured for the assigned mission. **(T-2)** The MCD supervises the nursing care and management of patients and will manage the AE crew and medical support personnel assigned to the mission. **(T-3)** The MCD advises and/or coordinates all pertinent aspects of the mission with the PIC. The MCD will immediately notify C2 agency of patient or mission status changes as required. **(T-2)** If the checklist is accomplished by one or more FN, accomplish all MCD and FN duties. **Exception:** A non-current or unqualified flight nurse regaining currency or qualification may serve as an MCD/FN on any mission when supervised by a qualified instructor or flight examiner nurse (direct supervision for critical phases of flight.)

FLIGHT NURSE

The FN will assist the MCD as required. The FN provides professional nursing care during all aspects of AE missions, reviews and coordinates in-flight patient care requirements as required with origination and destination MTF personnel, completes appropriate forms, and performs additional duties as assigned by the MCD. The FN is accountable for collection and storage of medications. (including controlled medications).

CHARGE MEDICAL TECHNICIAN

The CMT is a qualified Aeromedical Evacuation Technician (AET) and must supervise and manage the AETs assigned to perform duties on the mission. The CMT ensures that medical supplies are installed on the aircraft, and any equipment it is operational. The CMT ensures the aircraft is configured in accordance with pre-mission brief or mission directives. The CMT coordinates AE ground operations around the aircraft. CMT will receive directions from and be responsible to the MCD (or assistant) and will also assist the flight crew if required.

Exception: A non-current or unqualified AET regaining currency or qualification may serve as a CMT/2AET/3AET on any mission when supervised by a qualified instructor or flight examiner (direct supervision for critical phases of flight).

AEROMEDICAL EVACUATION TECHNICIAN

The Second AET (2AET) and Third AET (3AET) will assist the CMT as required. **(T-1)** AETs provide in-flight patient care under supervision of a qualified FN, complete the appropriate forms, and perform duties as assigned by the CMT. The 3AET will complete patient baggage procedures. **(T-3)** Task may be delegated based on crew complement and responsibilities.

Crew positions appear after each step to show which crewmember is responsible, for example (MCD). When more than one crewmember appears after the step separated by a comma, those crewmembers share responsibility (CMT, 3AET). If the crew positions are separated by a slash (MCD/FN) that step may be performed by either crewmember.

Note: Tiered waiver authorities are present in AFMAN 11-2AEV3 Expanded Checklist for reference.

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7 SECTION III
8 MISSION PREPARATION: AEC

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10 MISSION PREPARATION
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- 13 1. Administrative Duties - Complete prior to start of AEC Crew Briefing. (AEC)
14 a. Read and annotate FCIF/Special Interest Items/SPINS/NOTAMS/Ensure EFB is current.
15 b. Obtain mission paperwork and documentation.
16 (1). Verify flight authorization information.
17 (2). Calculate ORM Factors.
18 (3). Obtain aircraft tail number and parking spot.
19 (4). Verify passport requirements (as required).
20 (5). Complete personal customs declaration forms (as required).
21 (6). Review patient manifest.
22 (7). Obtain expected cargo/passenger upload and AE configuration per AEOT, C2 or local
23 agency.
24 c. Identify patient requirements and prepare nursing care plan.
25 (1). Verify receipt of approved A3VM waiver instructions (if required).
26 d. Collect all AEC customs forms. (3AET)
27 e. Prepare load plan based on patient manifest and requirements.

28 2. AEC Crew Briefing Attend/Complete. (AEC)

- 29 a. Discuss/Review ORM/CRM/TEM. (MCD)

30 **Note:** Review assertive statement procedures ("Time Out" & "Knock it Off") **Note:** Identify threats
31 and errors that could affect a successful mission and potential mitigation.

- 32 b. Address Go/No-Go Process, personal requirements and special interest items. (MCD)
33 c. Brief known mission information (i.e., U, P, 1A, 1B, prisoners, security police and armed
34 attendants, etc.) unregulated patients and airlift/sortie considerations. (MCD)
35 d. Coordinate with ERCC/MA/NMA requirement/special patient requirements/equipment, crew
36 responsibilities, and infection control procedures. (MCD)
37 e. Discuss medical emergency procedures. (MCD)

- 38 (1). Identify ALS/PALS, 7-level, etc. trained crewmembers.
39 (2). Identify credentialing body, American Heart Association versus American Red
40 Cross and review accordingly. AECM directing ALS event follows the protocols in
41 which they are certified.
42 (3). Make cardiac arrest assignments.
43 (4). Discuss emergency patient placement.

- 44 f. Review/discuss aircraft emergencies and egress plan. (MCD)

- 45 g. Release 3AET for baggage procedures (as required).

- 46 h. Receive patient report (from Nurse of the Day if available), including patient positioning plan,
47 patient records, and patient medications. (MCD/FN)

- 48 (1). Verify patient passports and appropriate papers for non-US citizens are available (as
49 required).

- 50 (2). Received hard copy of approved A3VM equipment waiver instructions (if required).

- 51 i. Create/discuss patient positioning plan and assign patient care responsibilities. (MCD/FN)
52 (1). Identify patient or equipment requirements that may require extended ground time/use of
53 aircraft systems.

- 54 j. Assign specific equipment, supplies, and configuration duties. (CMT)

- 55 (1). Stanchions/straps/stanchion arms/brackets/seat set-up.

- 56 (2). Therapeutic/emergency oxygen/O2 calculation.

- 57 (3). Electrical set up/amperage calculation/function checks (All medical equip).

- 58 (4). In-flight kit set up/placement.

- 59 k. Discuss enplaning/deplaning, safety procedures, cabin coverage, and assign crew position areas
59 of security. (MCD/CMT)

- 59 l. Review/discuss updates to aircraft emergencies and egress plan. (MCD)

- 59 m. Coordinate tentative meal plan/fluid distribution for patients/crew. (MCD)

- 59 n. Coordinate refueling stop requirements. (MCD)

- 59 o. Review aircraft security, theater terrorist threat/anti-hijacking procedures. (MCD)

- 59 p. Identify primary AWIS channel used during mission. (MCD)

- 59 q. Configure EFB. (AEC)

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3. In-Flight Kit Preflighted/Loaded. (AEC)
 - a. Obtain controlled medications, medication kits and supplies.
 - b. Perform operational preflight on medical equipment. (Accomplished within 24 hours prior to mission launch or assuming standby force by qualified Aeromedical Evacuation personnel).
 - c. Load medical supplies and equipment and transport to the aircraft.
4. Pilot/LM/BO Briefing - Attended/Completed. (AEC)
Note: This step may be accomplished on the aircraft and will include ORM/CRM scores.
 - a. Verify mission itinerary, threats, flight profile, station time, etc.
 - b. Brief pilot on non-US citizens, altitude restrictions, unique patient requirements, and electrical and oxygen requirements in-flight or on the ground only if it limits aircraft operation. Notify pilot of medical equipment requiring waivers. (MCD)
 - c. Obtain escape and evasion briefing (as required). Identify armed crewmembers (as required).
 - d. Obtain briefing on weather, en route times, flight/cabin altitudes, refueling stops and possible delays.
 - e. Identify total number of crew, number of AE crew and expected number of patients and passengers.
 - f. Coordinate egress plan and identify emergency and communication signals/methods with pilot and LM/BO. Discuss emergency requirements (radio transmissions/use of headsets).
 - g. Discuss enplaning/ERO requirements (time constraints, loading requirements, i.e., ramps, AMBUS, safety observer, etc.).
 - h. Identify Aeromedical Readiness Mission (ARM) requirement (as required).
 - i. Coordinate mission unique items with LM/BO. (as required)

SECTION IV

CREW DUTIES: AECM

AECMs are required to use and refer directly to this publication when accomplishing their abbreviated flight crew checklist duties. The abbreviated flight crew checklist will be used during all phases of the mission. **(T-3)** If the checklist is accomplished by one or more AECMs, accomplish all AEC duties. If the checklist is accomplished by one flight nurse, accomplish all MCD and FN duties. If the checklist is accomplished by one or two AETs, accomplish all CMT/2AET/3AET duties. Duties may be delegated by the CMT. When aircraft preparation and loading are accomplished by a ground support crew, checklist items denoted by “*” WILL be briefed by ground support personnel (qualified AECM) prior to the flight crew assuming responsibility. Interior inspection/enplaning duties and procedures may have to be modified as the situation dictates. Items with an “!” WILL be accomplished prior to take-off for contingency & combat missions. Resume the applicable section of the checklist, once in flight.

PREFLIGHT INSPECTION

- !1. Loadmaster/BO Coordination. (CMT)
- 2. Rollers stowed (as required). (AEC)
- !3. Oxygen Mask/MA-1 Bottle/Goggles/PBE/LPU/EPOS - Checked. (AEC)
- !4. Headset and Extension - Connected. (MCD)
- *!5. Cabin Preparation - Checked/completed. (AEC)
- *!6. Therapeutic Oxygen System - Checked/Secured. (AEC)

WARNING: Do not position PTLOX/NPTLOX near hydraulic reservoirs.

- !7. Electrical System(s) - Connected/Secured. (AEC)

WARNING: Estimate total equipment draw from electrical system prior to connecting any electrical equipment to prevent overload of the aircraft electrical system and the frequency converter(s).

CAUTION: Assess aircraft amperage capacity. Ensure electrical equipment is not plugged in until aircraft electrical power is on. **(T-2)** Coordinate with LM/BO (as required).

- *!8. Suction/Bag-Valve-Mask (BVM) - Operable/Secured. (AEC)
- *!9. Medical Supplies/Equipment - Checked/Secured. (AEC)
- *!10. Meals/Service Items – Available/Received. (CMT/3AET)
- 11. Aircraft Acceptability/Discrepancies – Reported. (AEC)
- 12. Emergency Egress Passageway – Clear. (AEC)

LOADING

- !1. ERO Preparations (as required) - Completed. (AEC)
- 2. Coordinate with LM for Ground Loading Ramps/Ramp Toes (as required) - Installed. (CMT)
- 3. Vehicle positioning - Completed (as required). (CMT)
- 4. Coordinate enplaning procedures with ground support - Accomplished. (CMT)
- !5. Confirm anti-hijacking procedures are completed - Accomplished. (MCD/CMT)
- 6. Identify patients requiring assistance - Accomplished. (CMT)
- 7. Distribute hearing protection - Completed. (CMT)
- !8. Check psychiatric litter patients for sharp objects - Completed. (CMT)
- !9. Check litter patients for security, approved litters, strap placement, and backrest placement - Completed. (CMT)

Note: If any patient condition is questionable or exceeds the capabilities of the AEC, notify the MCD.

Note: Enplaning during patient report is highly encouraged but final approval is at the discretion of the MCD.

Note: CMT may check prior to onload or after enplaning during contingency operations.

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10. Patient Report/Records- Paper or Electronic/Medications/Supplies/Anti-hijacking Statement/Equipment waivers (hard copy preferred) - Received. (MCD/FN)
11. Aircraft Ready for Enplaning – Safety Huddle/Report (AEC)
12. Patients/Enplaned/ERC Specialty team (as required). (AEC)
13. Baggage Procedures/Anti-hijacking – Completed/Secured. (3AET)

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BEFORE TAXI

1. Patient/ERCC/MA/NMA Briefing - Completed. (AEC)
- !2. Patients/Equipment/Computers/Cabin - Secured (AEC)

WARNING: As a minimum, outside litter brackets will be secured before taxi.

WARNING: If the AEC is not ready for taxi, the MCD will immediately notify the PIC.

- !3. Souls on Board Received and Reported to MCD/AEC (FN)
- !4. Souls on Board - Reported to PIC/LM/BO. (MCD)

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BEFORE TAKE OFF

- !1. Patient Care - Completed. (AEC)
- !2. Cabin Secure - Completed. (AEC)
- !103. Before Take-Off. Reported to CMT that checklist is complete. (AEC)
- !114. Before Takeoff Report (PIC) – Ready for take-off (MCD)

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WARNING: Ensure all litter stanchion brackets/patients are secured prior to takeoff. MCD will immediately notify PIC if the cabin is not secure for take-off.

Note: MCD will notify PIC/LM/BO if AECMs or medical attendants must stand during take-off.

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ASCENT

1. Observe for unusual occurrences/emergency situations. (AEC)
2. Observe patients during ascent. (AEC)
3. Review patient records and develop patient care plan. (AEC)
4. Communicate patient assignments and start EHR encounters. (AEC)

Note: MCD will notify LM/BO if AECMs must attend to patient during ascent.

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CRUISE (When safe to move about the cabin).

1. Patient Check - Completed. (AEC)
2. Patient Care - Administered. (AEC)
- Note:** MCD will notify the PIC and supporting C2 agencies (AOC/PMRC) of all in-flight emergencies or changes in patient status.
3. Verify therapeutic oxygen quantities (CMT)
4. In-Flight Meal Service - Completed. (AEC)

Note: Recommend meal service in the following order: special diets, litter patients, ambulatory patients.

5. Administrative Duties. (AEC)
6. Cabin Clean and Secure - Maintained. (AEC)
7. Medical/Supply Inventory - Tracked. (AEC)

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DESCENT

1. Enplaning/Deplaning - Coordinated /Briefed to AEC. (CMT)
2. Prepare Patients for Landing. (AEC)
3. Patients and Equipment - Secured. (AEC)
4. Take assigned seat and report cabin secure to MCD/CMT. (AEC)
5. Observe patients during descent. (AEC)
6. Descent Checklist Complete. (AEC)

WARNING: MCD will immediately notify LM/BO if the cabin is not secure for landing.

Note: MCD will notify LM/BO if AECMs or medical attendants must stand during landing.

OFFLOADING

1. ERO Preparations (as required) - Completed. (AEC)
2. Coordinate with LM for Ground Loading Ramps/Ramp Toes (as required)- Installed. (CMT)
3. Vehicle positioning - Completed. (CMT)
4. Coordinate deplaning procedures with ground support. (CMT)
5. Check litter patients for security, strap placement, backrest placement, and secure IV/Oxygen lines prior to removal from litter tier. (AEC)
6. Provide ground support personnel with required paperwork and conduct PCA/Epidural hand off with MTF or ERPSS personnel. (as required). (MCD/FN)
7. Ensure patients have supplies/equipment/personal belongings. (AEC)
8. Remove EPOS/LPUs from patient litters. (AEC)
9. Identify patients requiring assistance - Accomplished (AEC)
10. Patients - Deplaned. (AEC)
11. Contaminated Waste/Linens - Offloaded. (AEC)
12. Provide clinical update to ERCC personnel. (MCD/FN)
13. Obtain signature for patient records-(paper/electronic), X-rays, medications, supplies, and equipment being offloaded. (MCD/FN)
14. Baggage Procedures - Completed. (3AET)
15. Update C2 agency on mission status. (MCD)
16. Offload Checklist Complete. (AEC)

Note: Deplaning during patient report is highly encouraged but final approval is at the discretion of the MCD.

Note: Medical equipment remains on board and operationally ready for use until all patients have deplaned. Individual oxygen masks will not be disconnected until all patients and attendants have been deplaned.

BEFORE LEAVING AIRCRAFT.

1. Discrepancies - Reported. (AEC)
2. Aircraft Flying Time Forms - Obtained. (MCD)
3. Equipment/Computers/Supplies - Removed/Stowed. (AEC)
4. Deconfigure aircraft (as required). (AEC)
5. Cargo Compartment in order. (CMT)

POST MISSION.

1. Post Flight Debriefings - Attended. Use the MAJCOM approved AE Debrief Guide. (AEC)
2. Properly store all medical/computer equipment/supply kits per local policy. (AEC)
 - a. Turn in medical supply inventory. (as required)
3. Contact tasking C2 agency (AOC) to provide End of Mission Report. (MCD)
4. Complete any Patient Safety Reports or Aviation Safety Action Reports (as required). (AEC)
5. Calculate crew rest. (MCD/CMT)
6. Coordination with Command Post, Squadron, etc. (AEC)
7. Complete mission paperwork. (AEC)
8. Arrange for flight home. (as required) (MCD/CMT)
9. Coordinate billeting arrangements with pilot. (as required) (MCD)
10. Notify tasking AE command element of crew's status, billeting arrangements and AECM plans. (MCD)
11. Configure EFB. (AEC)

Note: If mission is continuing the next day or an unscheduled RON has occurred, MCD will give an update to appropriate C2 agencies that duties have terminated for the day.

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FUSELAGE FIRE/SMOKE AND FUMES ELIMINATION

1. OXYGEN - ON, 100% (ALL)

Note: Protective Breathing Equipment (PBE) or Emergency Passenger Oxygen System (EPOS) may be used if oxygen mask/eye protection are not available.

Note: The MA-1 portable oxygen bottle delivers 100% oxygen at all settings. The regulator does not have to be turned to "emergency" to provide 100% oxygen.

WARNING: Removal of oxygen masks when smoke or fumes are present can result in personal injury or death.

2. Crew Alerted (AEC)

3. Combat Fire as Directed (AEC)

Note: The pilot/LM/BO directs crewmembers to fight the fire as required. Crewmembers not directly involved with combating the fire will proceed with their emergency procedures checklist.

WARNING: Although Halon 1211 vapor has a low toxicity, its decomposition products can be hazardous. On decomposition, Halon 1211 has a characteristic sharp, acrid odor, even in concentrations of only a few parts per million. The odor provides a built-in warning system for the agent and at the same time creates a noxious, irritating atmosphere for those who are in the hazard area during and following a fire. Leave and/or ventilate area after fighting a fire.

Note: To use the Halon 1211 fire extinguisher, hold in a vertical position, about eight feet from the fire. Remove the pull-ring pin and aim nozzle at base of the fire. Squeeze lever and sweep agent across base of fire.

4. Patients And Passengers Assist (As Required) (AEC)

EMERGENCY SIGNALS (Read as applicable to the mission)

1. Ground Evacuation

- a. Prepare to abandon airplane - three short rings (KC-135 only).
- b. Abandon airplane - one long sustained ring/horn blast.
- c. Emergencies will be announced via intercom (KC-46 only)

2. Ditching or Crash Landing

- a. Prepare for ditching or crash landing - six short rings/horn blasts.
- b. Brace for impact - one long sustained ring/horn blast.
- c. Emergencies will be announced via intercom (KC-46 only)

IN-FLIGHT DOOR WARNING

| | | |
|------------------------|-----------------------|-------|
| 1. Oxygen | (As Required) | (AEC) |
| 2. Crew | Notified | (AEC) |
| 3. Patients/Passengers | Secured | (AEC) |
| 4. Crewmember | Secured (As Required) | (AEC) |

RAPID DECOMPRESSION

1. OXYGEN - ON, 100 % (ALL)

Note: The MA-1 portable oxygen bottle delivers 100% oxygen at all settings. The regulator does not have to be turned to "emergency" to provide 100% oxygen.

2. Crewmember Secured (As Required) (AEC)

3. Patients And Passengers Assist (As Required) (AEC)

MEDICAL EMERGENCY/CHANGE IN PATIENT STATUS

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|---|-------|
| 1. First responder notifies crew | (AEC) |
| 2. Render patient care IAW current guidelines | (AEC) |
| 3. Notify PIC | (MCD) |
| 4. Notify applicable C2 agencies (AOC/PMRC) | (MCD) |

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TABLE 1.1. AEC Combined Ditching Chart

| FIRST ACTION | DITCHING IMMINENT (10 MINUTES LEFT) | PROVIDE | POSITION | AFTER DITCHING |
|---|--|---|--------------------------------|--|
| <p>1. Acknowledge pilot's order to prepare for ditching. Reconfirm egress with PIC/LM/BO and brief AEC. (MCD)</p> <p>2. Don life preserver. (AEC)</p> <p>3. Brief assigned assistants to remain in aircraft to assist in evacuation of patients (as required). (AEC)</p> <p>4. Inflate LPU 6/P (Infant Cot) As required. (AEC)</p> <p>5. Brief patients on assigned side of aircraft on evacuation procedures. (AEC)</p> <p>6. Prepare and secure litter and ambulatory patients on assigned side of aircraft. (AEC)</p> <p>WARNING: Brief patients not to inflate the life preservers until after leaving the aircraft.</p> <p>Note: The LPU 6/P (infant cot) can be inflated inside the aircraft.</p> <p>7. Distribute medical supplies, medications, and equipment to crewmembers. As a minimum collect controlled medications, oral airways, Bag- Valve-Mask resuscitator, flashlight, first aid kit (AEC) and patient manifest.(MCD)</p> <p>8. Remove restraints from psychiatric patients. (AEC)</p> <p>9. Secure cabin. (AEC)</p> <p>10. Report cabin secure to CMT(FN,2AET,3AET).</p> <p>11. Receive cabin secured report from CMT. (MCD)</p> <p>12. Report cabin secured to PIC/LM/BO. (MCD)</p> | <p>1. Check patients on assigned side of aircraft are properly secured and assuming "Brace for Impact" position. (AEC)</p> <p>2. Take assigned seat. (AEC)</p> <p>3. Fasten seat belt. (AEC)</p> <p>4. Assume appropriate position at "Brace for Impact" signal. (AEC)</p> | <p>1. Medical supplies, medications, equipment. (AEC)</p> <p>2. Flashlight (AEC)</p> <p>3. First aid kit. (AEC)</p> <p>4. Patient manifest. (MCD)</p> | <p>1. Assigned seat. (AEC)</p> | <p>1. Remain seated until aircraft has come to a complete stop. (AEC)</p> <p>2. Open exits. (AEC)</p> <p>a. Open available exits and deploy life rafts as directed per egress plan or by PIC/ LM/BO</p> <p>3. Direct and assist patient egress per egress plan or as directed by PIC/ LM/BO; ambulatory followed by litters. (AEC)</p> <p>WARNING: Ensure patients inflate life preservers <u>after</u> leaving the aircraft.</p> <p>4. Evacuate aircraft. (AEC)</p> <p>5. Board assigned life raft. (AEC)</p> <p>a. The first crewmember into the life raft will secure the clamp on the equalizer tube (as required).</p> <p>b. Assist patients into the life rafts.</p> <p>c. Group life rafts together (if possible).</p> |

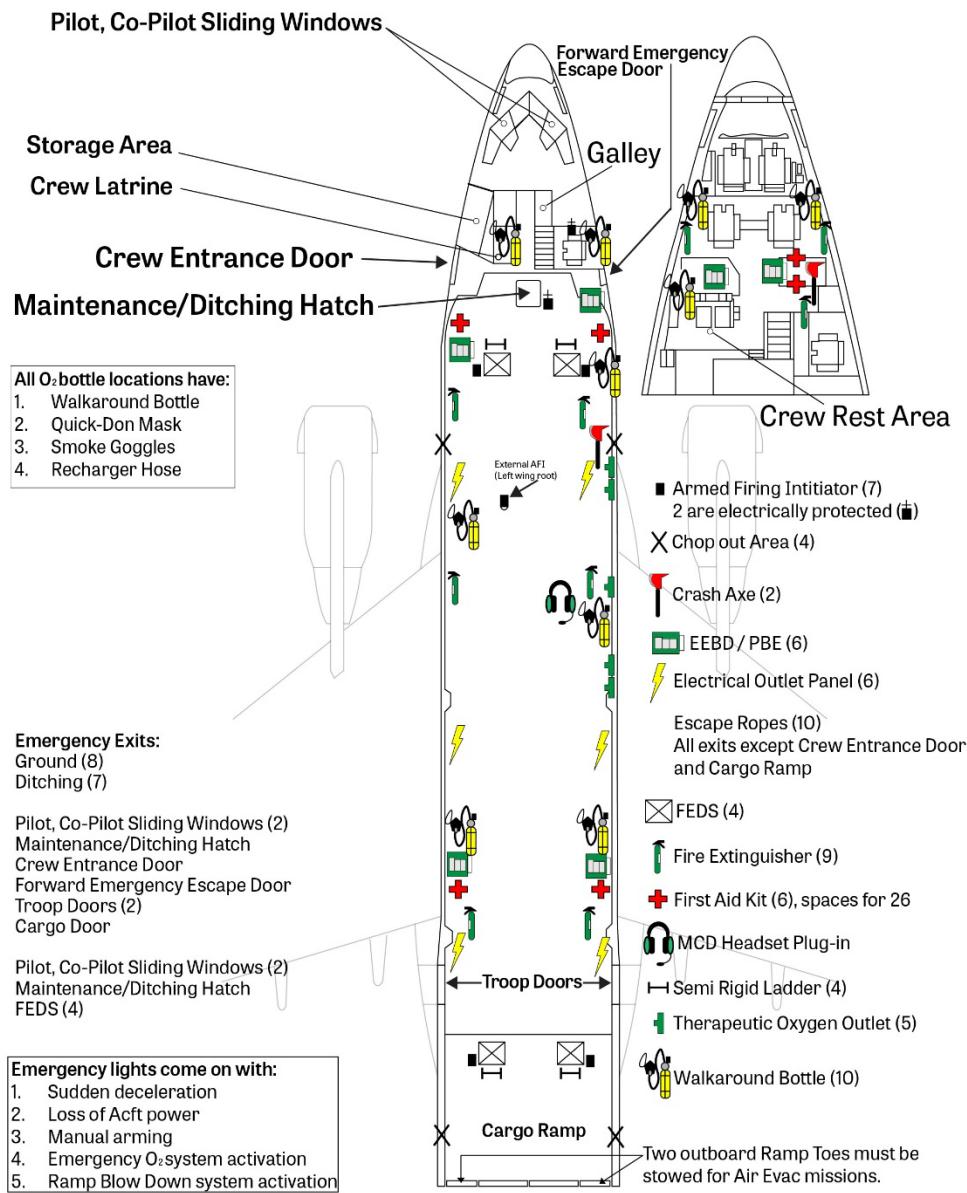
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TABLE 1.2. AEC Combined Emergency Landing Chart

| FIRST ACTION | EMERGENCY LANDING (10 MINUTES LEFT) | PROVIDE | POSITION | AFTER LANDING |
|--|--|---|--------------------------------|---|
| <p>1. Acknowledge pilot's order to prepare for emergency landing. Reconfirm egress with PIC/LM/BO and brief AEC. (MCD)</p> <p>2. Brief assigned assistants to remain in aircraft to assist in evacuation of patients (as required). (AEC)</p> <p>3. Brief patients on assigned side of aircraft on evacuation procedures. (AEC)</p> <p>4. Prepare and secure litter and ambulatory patients on assigned side of aircraft. (AEC)</p> <p>5. Distribute medical supplies, medications, and equipment to assigned assistants and crewmembers. As a minimum collect controlled medications, oral airways, Bag-Valve-Mask resuscitator, flashlight, first aid kit (AEC) and patient manifest. (MCD)</p> <p>6. Remove restraints from psychiatric patients. (AEC)</p> <p>7. Secure cabin. (AEC)</p> <p>8. Report cabin secure to CMT (FN, 2AET, 3AET).</p> <p>9. Receive cabin secured report from CMT. (MCD)</p> <p>10. Report cabin secured to PIC/LM/BO. (MCD)</p> | <p>1. Check patients on assigned side of aircraft are properly secured and assuming "Brace for Impact" position. (AEC)</p> <p>2. Take assigned seat. (AEC)</p> <p>3. Fasten seat belt. (AEC)</p> <p>4. Assume appropriate position at "Brace for Impact" signal. (AEC)</p> | <p>1. Medical supplies, medications, equipment.(AEC)</p> <p>2. Flashlight. (AEC)</p> <p>3. First aid kit. (AEC)</p> <p>4. Patient manifest. (MCD)</p> | <p>1. Assigned seat. (AEC)</p> | <p>1. Remain seated until aircraft has come to a complete stop. (AEC)</p> <p>2. Open exits. (AEC)</p> <p>a. Open available exits as directed per egress plan or as directed by PIC/LM/BO.</p> <p>3. Direct and assist patients per egress plan or as directed by PIC/LM/BO; ambulatory followed by litters. (AEC)</p> <p>4. Evacuate aircraft. (AEC)</p> <p>5. Direct patients away from aircraft. (AEC)</p> <p>a. Direct patients to meet upwind of the aircraft or as directed by the PIC/LM/BO.</p> <p>b. Accomplish a head count and provide numbers to PIC or senior ranking survivor.</p> |

AFMAN 11-2AEV3 CL-1

C-17



Pilot/Co-pilot Hinged Windows

C-130 H

Crew Entrance Door

Emergency lights come on with:
1. Sudden deceleration
2. Loss of Acft power
3. Manual arming

Side Escape Hatch

Side Escape Hatch

(T)

LR LR

(T)

LR LR

Crash Axe (2)

EEBD / PBE (6)

Electrical Outlet 115 AC (3)

Emergency Escape Light (7-8)

Light Panel (2)

PA System (2)

R Recharger Hose (4)

IL Iron Lung/Galley Plug (2)

SK Spill Kit (1)

GB Gun Box (1)

Troop Doors

RAMP

D (3)

SK

GB

Fire Extinguisher (4)

First Aid Kit (6), spaces for 23

Headset Plug-in (3)

D Door Warning Light (5)

Oxygen Diluter Demand Regulator (10)

Walkaround Bottle (4)

(T) Dual/Single Liferaft Release Handle (4)

Escape Ropes (3)

Latrine

NOTE: Visually identify emergency equipment during configuration; it may be opposite of the latrine

AFMAN 11-2AEV3 CL-1

Pilot/Co-pilot Hinged Windows

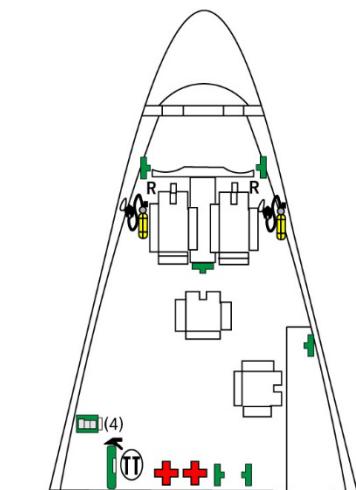
C-130 J

Crew Entrance Door

Emergency lights come on with:

1. Sudden deceleration
2. Loss of Acft power
3. Manual arming

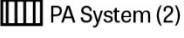
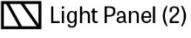
Side Escape Hatch



(1)

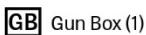


(1)



R Recharger Hose (4)

IL Iron Lung/Galley Plug (2)



Troop Doors

RAMP

X D Door Warning Light (5)

Oxygen Diluter Demand Regulator (10)

Walkaround Bottle (4)

Dual/Single Liferaft Release Handle (4)

Escape Ropes (3)

Latrine

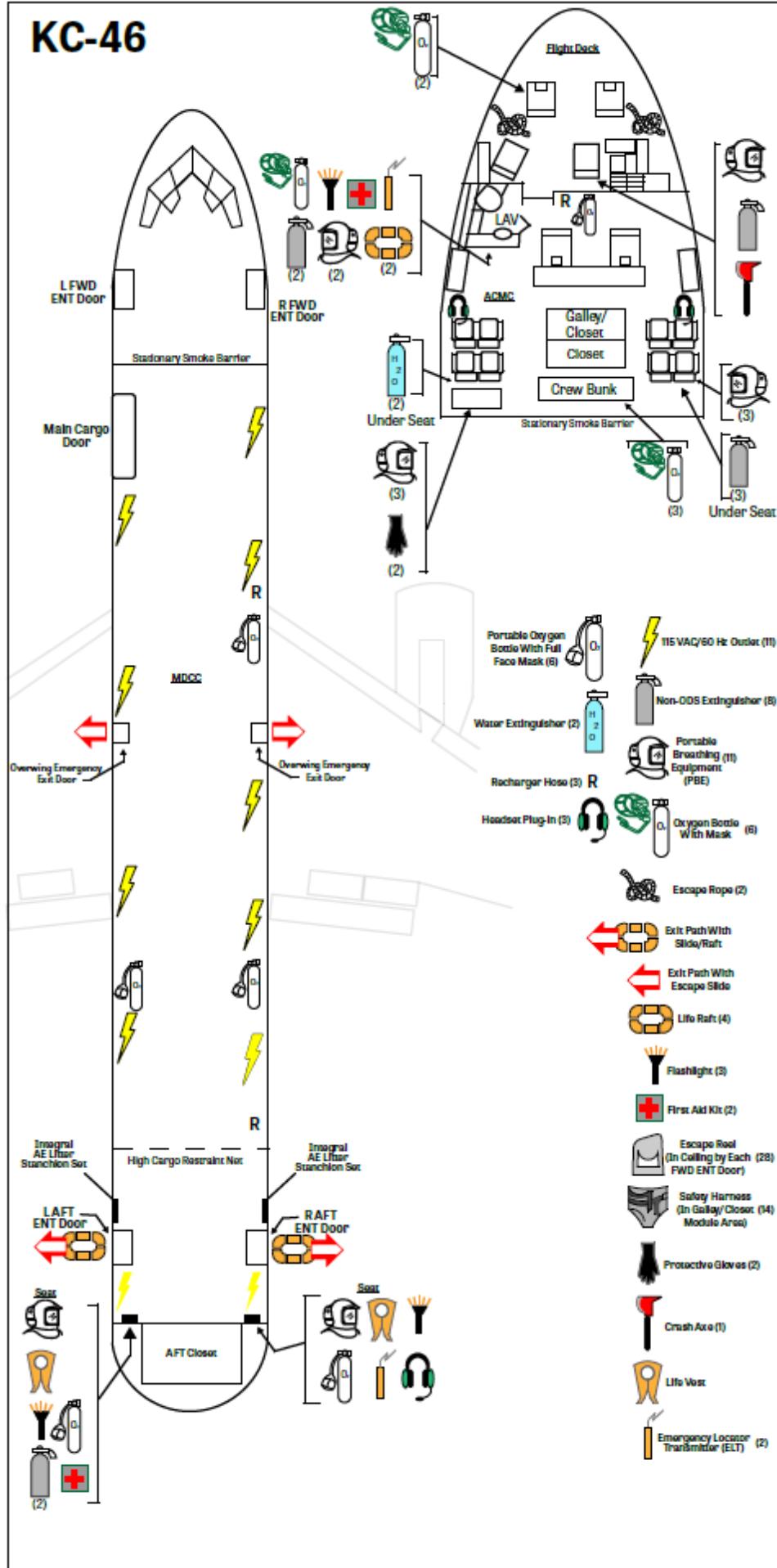
SK

GB

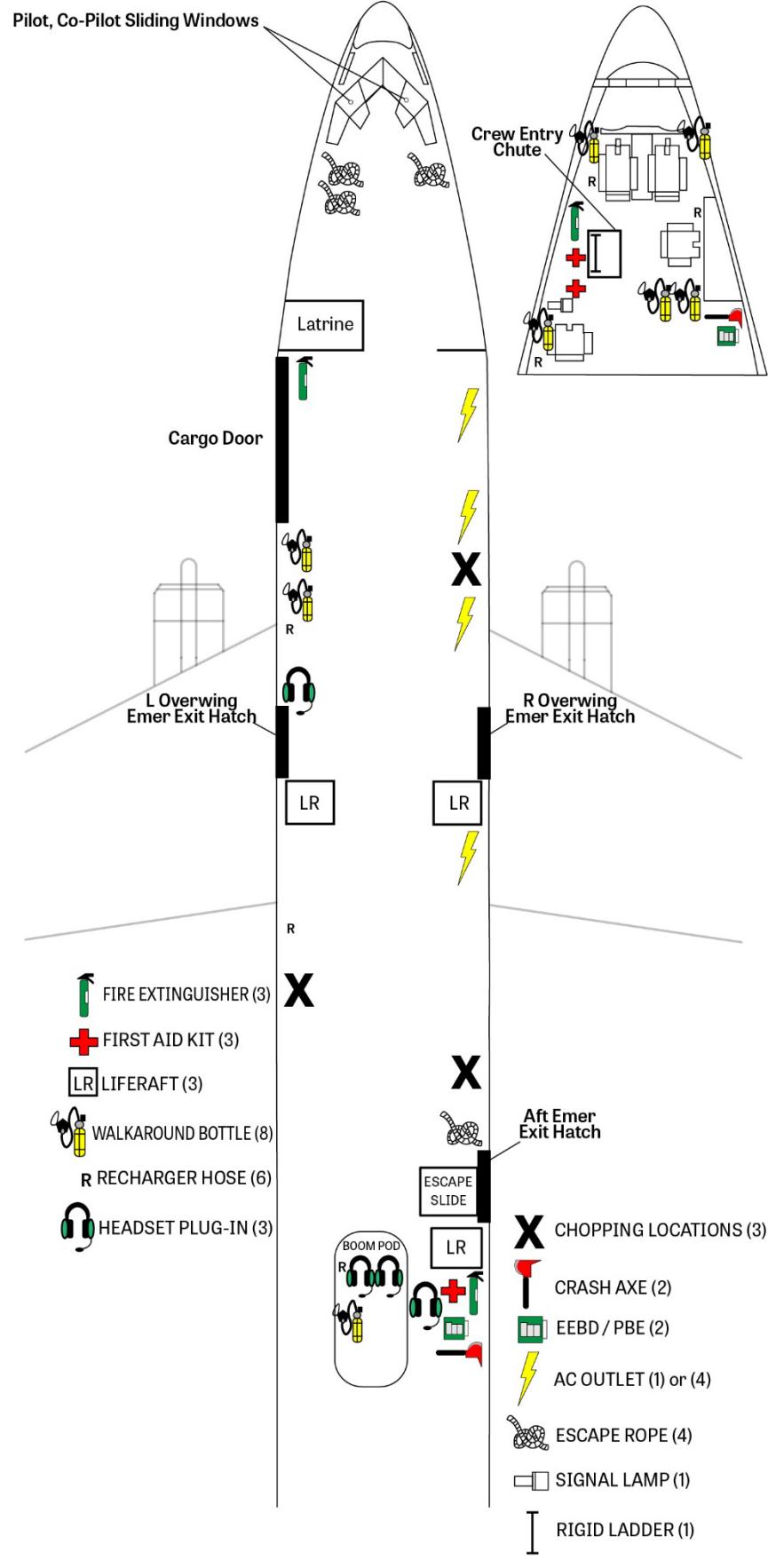
SK

GB

KC-46



AFMAN 11-2AEV3 CL-1
KC-135



AFMAN 11-2AEV3 CL-1

C-21

