



PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE
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MAR 25 2021

MEMORANDUM FOR SENIOR PENTAGON LEADERSHIP
COMMANDERS OF THE COMBATANT COMMANDS
DEFENSE AGENCY AND DOD FIELD ACTIVITY DIRECTORS

SUBJECT: Force Health Protection Guidance (Supplement 21) – Department of Defense Guidance for Movement and Medical Treatment of Coronavirus Disease 2019 Patients, Symptomatic Persons Under Investigation, or Persons Potentially Exposed to the Coronavirus Disease 2019

- References:
- (a) Under Secretary of Defense for Personnel and Readiness Memorandum, “Force Health Protection Guidance (Supplement 5) – Department of Defense Guidance for Movement and Medical Treatment of COVID-19 Patients, Symptomatic Persons Under Investigation, or Potentially Exposed COVID-19 Persons,” April 7, 2020 (hereby rescinded and replaced)
 - (b) Department of Defense Instruction (DoDI) 6000.11, “Patient Movement,” June 22, 2018
 - (c) DoDI 6055.06, “DoD Fire and Emergency Services Program,” October 3, 2019
 - (d) DoDI 3025.24, “DoD Public Health and Medical Services in Support of Civil Authorities,” January 30, 2017
 - (e) DoDI 6200.02, “Application of Food and Drug Administration (FDA) Rules to Department of Defense Force Health Protection Programs,” February 27, 2008
 - (f) Secretary of Defense Memorandum, “Supplement and Clarification to Delegation of Authority for Passenger, Cargo, and Patient Movement,” May 26, 2020
 - (g) Headquarters Air Mobility Command, “Air Mobility Command Novel Coronavirus Disease 2019 Patient Movement Plan (AMC COVID-19 PMP) Change 1.4,” June 29, 2020
 - (h) Department of the Army, Office of the Surgeon General, “Guidance for Medical Transport of COVID-19 Patients,” March 25, 2020

The coronavirus disease 2019 (COVID-19) outbreak continues to spread globally and, as a result, medical treatment recommendations are rapidly changing. This memorandum rescinds and replaces reference (a) and updates guidance to provide: (1) DoD medical personnel with the best practices for the evaluation, treatment, and management of COVID-19; and (2) DoD medical and other personnel with COVID-19 patient movement guidance to protect transportation crew and other patients, as well as post-transport management of contaminated vehicles. This memorandum serves as a COVID-19-specific supplement to patient movement instructions found in references (b), (c), and (d).

Best Practices for Medical Evaluation, Treatment, and Management of COVID-19 Patients

Best practices for health care professionals regarding the evaluation, treatment, and management of COVID-19 continue to evolve. It is important that DoD healthcare providers become familiar with, and stay current on, the latest developments in COVID-19 individual patient care and in force health protection measures. All DoD healthcare providers are expected to review the following regularly:

- **Centers for Disease Control and Prevention (CDC) Guidance:** The CDC is frequently updating its guidance for healthcare professionals regarding personal protective measures, transportation of patients who have contracted COVID-19, infection control measures, and patient treatment for patients who have contracted COVID-19. The latest CDC information for healthcare professionals may be found at: **<https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>**.
- **COVID-19 Practice Management Guide (PMG):** DoD medical experts have published, and kept updated, the COVID-19 PMG. This PMG combines data and recommendations from the CDC and other Government agencies, U.S. and international hospitals on the front lines of COVID-19 care, clinical specialty communities, and available evidence in the medical literature to give DoD healthcare providers the most up-to-date data for treating COVID-19 patients. This PMG guidance continues to evolve, and units should frequently check the Military Health System's Reference Center (**<https://health.mil/Reference-Center/Technical-Documents>**) for updated versions of the PMG and modify their practices accordingly. PMG Version 7, March 3, 2021, is the current version at time of this publication and can be accessed at: **<https://health.mil/Reference-Center/Technical-Documents/2021/03/04/DoD-COVID-19-Practice-Management-Guide-Version-7>**.

Actions to Protect the Transportation Crew and Post-Transport Decontamination

The movement of patients with COVID-19 should be limited. For personnel who require medical treatment, all efforts should be made to treat patients and persons under investigation (PUIs) at the nearest appropriate medical facility. However, patient movement or movement of PUIs may be necessary when local resources are overwhelmed or do not meet the standard of care, higher level of medical care is required, or mission requirements dictate movement. Movement of asymptomatic persons who were exposed to COVID-19 may be necessary, as well.

If a patient with known or suspected COVID-19 infection requires transport to a higher level of medical care, current CDC Emergency Medical Services guidance for infectious disease precautions will be utilized to develop Military Department-specific and local unit-level protocols and procedures. The CDC guidance may be accessed at: **<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>**. This guidance continues to evolve as new medical treatments and protective measures are developed, and units should frequently check the latest CDC guidance to update and modify their transportation protocols. Additional guidance specific to the Air Medical Transport of COVID-19-positive

patients, as well as potentially exposed personnel, within the DoD patient movement system is attached.

This guidance is critical to providing the best medical care available to COVID-19 patients and PUIs, and to managing COVID-19 exposed persons, while simultaneously protecting crew, medical personnel, and non-medical attendants and preventing the degradation of DoD transportation assets during the COVID-19 national emergency.

My point of contact for this guidance is Colonel Steven Ward at (703) 681-8310 or steven.r.ward2.mil@mail.mil.

A handwritten signature in black ink that reads "Virginia S. Penrod". The signature is written in a cursive, slightly slanted style.

Virginia S. Penrod
Acting

Attachment:
As stated

ATTACHMENT

DoD Guidance on Air Medical Transport for COVID-19 Positive Patients and/or Persons Potentially Exposed to COVID-19

This guidance is intended to assist air medical transport (AMT) service providers in using specialized and/or specially equipped aircraft to transport COVID-19-positive or COVID-19-exposed persons (referred to as COVID-19 patients for the remainder of this document) while ensuring the safety of patients and transport personnel.

The recommendations are based on standard infection control practices, AMT standards, and epidemiologic information developed during the past year of COVID-19 patient movements.

Air Transport of COVID-19 Patients: General Considerations

- Treatment in place is directed for COVID-19 patients to the greatest extent possible.
- International SOS (under contract with DoD) can assist with host national facility care coordination for active duty Service members and their dependents.
- If fixed-wing patient movement is requested, notify the regional U.S. Transportation Command Patient Movement Requirements Center (TPMRC). DSN numbers are:
 - TPMRC-Americas: 312-779-4200
 - TPMRC-East: 314-480-8040
 - TPMRC-West: 315-448-1609
- Confirm the accepting facility is able to receive the patient in accordance with CDC guidelines.
- COVID-19 patient movement requires an exception to policy and approval in accordance with reference (f).
- Movement of confirmed or probable COVID-19 patients, even with minimal symptoms, or patients with a history of exposure to COVID-19-positive individuals within the previous 2 weeks, is not recommended without biocontainment in most fixed-wing DoD aircraft due to airflow characteristics.
- Although not advisable, operational constraints may necessitate patient movement in open aircraft. Additionally, a patient or passenger may develop symptoms consistent with COVID-19 infection during flight. The following considerations apply:
- Avoid transporting COVID-19-positive individuals in the same group as those with unknown COVID-19 status (cohorting). If a non-medical attendant is required, such

as a parent accompanying a sick child, the parent should use personal protective equipment (PPE) during transport. See “Infection Control,” below.

- Follow Air Mobility Command’s Patient Movement Plan, reference (g), or the U.S. Army Guidance for Medical Transport of COVID-19 Patients, reference (h), depending on the evacuation platform.
- Refer to Department of Air Force Instruction 48-107, Vol. 1, Attachment 14 (Aircraft Airflow) and Attachment 15 (Airborne Precautions).
- The number of caregivers should be limited to those required to provide essential care during the trip.
- Infection control measures should focus on:
 - Source control (i.e., confining the spread of respiratory secretions at the patient level).
 - Containment of the area of contamination (i.e., designating “clean” and “dirty” areas on the aircraft).
 - Use of PPE will be in accordance with references (g) and (h) and includes surgical masks for patients and passengers and N95 respiratory or equivalent (aviator mask, M50 or powered air purifying respirator [PAPR]) for aircrew and medical crew. Medical crew should also have gown, gloves, and appropriate eye protection (e.g., goggles or face shield) at a minimum.
 - The size and type of aircraft will influence the extent to which these measures can be implemented.
 - Consideration must be given to the need for “PPE breaks” during long trips. Personnel will need to use the lavatory and have meals, and removal of respiratory protection will likely be unavoidable. An area at the front of the plane (or “upwind” from the patient, depending on cabin airflow), as far as possible from the patient, should be designated for this purpose.

Airframe Selection and Cabin Airflow

Cabin airflow characteristics may reduce exposure of occupants to airborne infectious particles. Whenever possible, aircraft used for patient movement of COVID-19 patients should have separate air handling systems for the cockpit and cabin, with cockpit air at positive pressure relative to the cabin. Regardless of airframe type, any provider (or crew) within 6 feet of the patient or “downwind” should have proper PPE (N95, etc.).

- Fixed-wing pressurized aircraft.

- AMT service providers should consult the manufacturer of their aircraft to identify cabin airflow characteristics, including: High-Efficiency Particulate Air (HEPA) filtration and directional airflow capabilities, air outlet location, presence or absence of air mixing between cockpit and patient-care cabin during flight, and time and aircraft configuration required to perform a post-mission airing-out of the aircraft.
- Aircraft with forward-to-aft cabin air flow and a separate cockpit cabin are strongly preferred for transport of COVID-19 patients. Aft-to-forward cabin air flow will increase the risk of airborne exposure of cabin and flight deck personnel. Aircraft that re-circulate cabin and flight-deck air without HEPA filtration are not desirable for COVID-19 patient movement.
- Aircraft ventilation should remain on at all times during transport of COVID-19 patients, including during ground delays.
- Aircraft that provide space for crew members to perform necessary personal activities (e.g., eating, drinking, using the restroom) in an area that does not share air with the patient-care cabin should be selected for flights likely to exceed four hours.
- Rotary-wing and non-pressurized aircraft.
 - In aircraft with uncontrolled interior airflow, such as rotary-wing and small, non-pressurized fixed-wing aircraft, all personnel should wear disposable N95 or higher level respirators and eye protection during transport of COVID-19 patients.
 - For cockpit crews, aircraft aviator tight-fitting face pieces capable of delivering oxygen that has not mixed with cabin air may be used in lieu of a disposable N95 respirator. Cockpit crews must be fit-tested with the N95 masks prior to the mission.

Notification requirements

In the event a patient or non-medical attendant tests positive for COVID-19 within 72 hours following transport, personnel who conduct contact tracing at the receiving military medical treatment facility (MTF), or closest MTF if the member is transferred to a civilian facility, must contact the regional TPMRC, at the numbers listed above, to initiate crew exposure procedures.