Table 5. Required Information for Federal Patient Movement

		Required Information for Federal Patient Movement Use Form 4 (Excel Spreadsheet) on page 114	
	Data	**Description**	**Length**
1	**CA Tracking #**	3 characters designating county of origin; M/F/U for sex; last 4 digits of Triage Tag # (8 characters total)	500 characters total
2	**First Name**	Self-explanatory	25 characters
3	**Last Name**	Self-explanatory	25 characters
4	**Sex**	M, F or U	1 character
5	**Date of Birth**	mm/dd/yyyy	See format
6	**Unaccompanied Minor**	Yes or No	1 character: Y = Yes N = No
7	**CCATT**	Is a Critical Care Air Transport Team (CCATT) necessary for en route medical care for this patient? Yes or No.	1 character: Y = Yes N = No
8	**Healthcare facility or casualty collection point**	Identify the location from which the patient originates	Up to 100 characters
9	**Patient Type**	Identify the "type" of patient according to the categories at right. For example, a "Federal Non-Medical" would refer to federal transport of an attendant or family member.	Single number: 1 = Federal Patient 2 = State & Local Patient 3 = Federal Non-Medical 4 = State & Local Non-Medical
10	**Health Status**	Identify the "health status" according to available categories	Single number: 1 = Critical 2 = Priority 3 = Routine 4 = Deceased 5 = N/A
11	**Bed Type**	Destination bed type using NDMS bed categories	Single number: 1 = Medical/Surgical 2 = Psychiatric 3 = Burns 4 = Pediatric 5 = Critical

			6 = Unknown
12	**Injury Nature**	Provide the most important medical information for each patient, including chief complaint, allergies, current meds, etc.	Up to 2000 characters

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Required Information for Federal Patient Movement

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When federal assistance with patient movement is needed, it is generally preferred to submit the request as a statement of needs and requirements rather than request a specific type of aircraft, team or equipment. Federal ESF 8 will work with supporting agencies including DoD to match the resources that can best meet the state's requirements. However, it is also important for CA-ESF 8 stakeholders to understand the role of certain specific federal assets. First, this encourages the state to recognize the necessary capability the asset provides; if the state can provide that capability, then the federal asset may not be needed. However, if the state does not have the specific capability provided by the federal asset and the system depends on this capability, it should be made clear to the ESF 8 Coordinating Agency (HHS) and this need should be clearly articulated in the resource requesting process.

The following pages list components of the military's aeromedical evacuation system utilized in NDMS patient movement. As an example, the Joint Patient Movement Coordination Team (JPMCT) is a team that can be deployed to healthcare facilities or casualty collection points to collect the information that the military aeromedical evacuation system needs to clear patients for transport by NDMS. If the local authorities or the state can collect this information, JPMCTs may not be needed or requested. But if the capability is lacking, the need for military JPMCT should be made clear in the state's request.

The components listed below are a subset of the patient movement resources and capabilities provided by CNG and federal agencies, including DoD. A more complete listing of the components can be found in Appendix E.

Joint Patient Movement Coordination Team (JPMCT)– CNG or DoD Asset

Civilian authorities may request assistance with collecting the necessary patient information required for clearance into the federal aeromedical evacuation system. **Joint Patient Movement Coordination Team (JPMCT)**, staged at the evacuating healthcare facility or casualty collection point, can collect the necessary patient information that allows patients to be cleared for flight by a DoD flight surgeon. Once patients are cleared for flight, they are either prepared for flight at the evacuating location or transported to