AEROMEDICAL EVACUATION EVENT/NEAR MISS REPORT

(Information placed on this form is confidential and privileged in accordance with 10 U.S.C. 1102. Do not file or refer to this form in a patient record.)

Prepare this form to document events that resulted in or had the potential to result in harm to anyone in the AE system.
NOTE: If completed by ASF or other MTF staff follow local MDG incident reporting policy in addition to completing this form.

1. EVENT CATEGORY *(X appropriate block)*

MEDICATION	EQUIPMENT	ANTI-HIJACK	INJURY ACTUAL OR POTENTIAL	STATUS CHANGE	PATIENT PREP	INFECTION CONTROL	ASF/RON SPECIFIC	OTHER *(Patient care or safety)*

2. DID THIS EVENT RESULT IN DEATH, NEAR DEATH OR HOSPITALIZATION? *(X appropriate block)*
IF YES, CONTACT THE PMRC AS SOON AS POSSIBLE TO REPORT EVENT.

☐ YES ☐ NO

3. DATE OF EVENT *(YYYYMMDD)*

4. TIME OF EVENT *(Z)*

5. LOCATION OF EVENT *(Be specific)*

MTF:	**GROUND TRANSPORT:**
ASF/ASTS:	**AIRCRAFT** *(Ground):*
OTHER RON:	**AIRCRAFT** *(In-flight)*:
EN ROUTE HOLDING AREA:	**OTHER:**

6. PERSON AFFECTED OR POTENTIALLY AFFECTED BY THIS EVENT *(X appropriate block)*

☐ PATIENT ☐ PAX ☐ CREW ☐ FACILITY STAFF ☐ ATTENDANT ☐ N/A

7. MSN NUMBER	8. TAIL NO./TYPE AIRCRAFT	9. EN-PLANE ICAO	10. DE-PLANE ICAO	11. ORIGIN FACILITY	12. DESTINATION FACILITY	13. CCAT ONBD?
						☐ YES ☐ NO

14. PERSON AFFECTED

a. NAME *(Last, First, Middle Initial)*	b. STATUS	c. GRADE	d. AGE	e. SEX

15. SPONSOR SSN

COMPLETE ITEMS 16 - 19 IF PERSON AFFECTED WAS A PATIENT.

16. MOVEMENT PRECEDENCE *(X one)*	17. CITE NUMBER	18. CLASS	19. DIAGNOSIS
☐ U ☐ P ☐ R			

20. UNIT OF ASSIGNMENT *(If crew or facility staff person was affected)*

21. CONTACT INFORMATION OF PERSON AFFECTED

a. ADDRESS *(Include ZIP code)*	b. TELEPHONE NUMBER *(Include area code)* ( )
	c. E-MAIL ADDRESS

22. DESCRIPTION OF EVENT *IConcise, factual, objective statement)*

23. WITNESS TO EVENT

a. NAME *(Last, First, Middle Initial)*	b. UNIT OF ASSIGNMENT OR HOME ADDRESS	c. TELEPHONE	d. E-MAIL ADDRESS
		( )	
		( )	
		( )	
		( )	
		( )	
		( )	

24. MEDICAL EVALUATION TREATMENT RECEIVED *(X and complete as applicable)*	YES	NO	N/A
a. DID PERSON RECEIVE A MEDICAL EVALUATION AND/OR TREATMENT FOLLOWING THE EVENT?			
b. WAS THE PERSON EVALUATED AND/OR TREATED BY A PHYSICIAN ON THE AIRCRAFT ON FLIGHT LINE?			
iF YES, PHYSICIAN NAME:			
c. WAS THE PERSON EVALUATED AND/OR TREATED AT A MTF?			
IF YES, MTF NAME AND LOCATION:			
d. IF EVALUATION OR TREATMENT WAS RECOMMENDED, WAS IT REFUSED? IF YES, HAVE THE PATIENT COMPLETE AGAINST MEDICAL ADVICE (AMA) FORM.			

25. PERSON COMPLETING FORM

a. NAME *(Last, First, Middle Initial)*	b. GRADE	c. SIGNATURE	d. TELEPHONE NUMBER *(Include Area Code)* ( )	e. DATE *(YYYYMMDD)*

FOR UNIT LEVEL QM MANAGER USE ONLY

26. LOG NUMBER *(generated by AE Quality tool)*	**27. FURTHER ANALYSIS INDICATED?**		YES		NO

28. EVENT CLASSIFICATION *(X as applicable)*

	a. EVENT RESULTING IN THE DEATH, NEAR DEATH OR MAJOR PERMANENT LOSS OF FUNCTION.
	b. EVENT RESULTING IN TEMPORARY PATIENT HARM AND INITIAL OR PROLONGED HOSPITALIZATION.
	c. EVENT RESULTING IN TEMPORARY PATIENT HARM AND EMERGENCY EVALUATION AND/OR TREATMENT.
	d. EVENT DID NOT RESULT IN PATIENT HARM, BUT INCREASED MONITORING REQUIRED.
	e. EVENT DID NOT RESULT IN PATIENT HARM OR NEED FOR INCREASED MONITORING.
	f. EVENT DID NOT REACH PATIENT AND DID NOT RESULT IN PATIENT HARM.

29. CORRECTED EVENT CATEGORY
(X event category and subcategories as applicable)

	a. MEDICATION		MED ERROR		NARCOTIC NOT ACCOUNTED FOR		AE PROTOCOL USED		OTHER										
	b. EQUIPMENT		NOT APPROVED FOR FLIGHT FAILURE/ MALFUNCTION				MISSING		OTHER										
	c. ANTI-HIJACKING		NOT COMPLETED		COMPLETED INCORRECTLY				OTHER										
	d. INJURY		ACTUAL		POTENTIAL														
	e. STATUS CHANGE		DEATH IN-FLIGHT		DEATH WITHIN 24 HOURS		BIRTH		CARDIAC/ RESP ARREST		SUICIDE		OTHER						
	f. PATIENT PREP		PAPERWORK/DOCU-MENTATION/ORDERS		MED/SUPPLIES/ EQUIPMENT		ATTENDANT ISSUE		OTHER										
	g. INFECTION CONTROL		BLOOD OR OTHER BODY FLUID EXPOSURE				OTHER												
	h. ASP/RON SPECIFIC																		
	i. OTHER																		