BY ORDER OF THE COMMANDER
AIR FORCE SPECIAL OPERATIONS COMMAND

AFSOC INSTRUCTION 48-101
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Aerospace Medicine

SPECIAL OPERATIONS AEROSPACE MEDICAL OPERATIONS

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction implements AFPD 48-1, *Aerospace Medical Program*. It incorporates requirements, information, and procedures formerly contained in AFSOC SG policy letters. This instruction applies to all active duty AFSOC medical personnel and all AFSOC Special Tactics Personnel trained in emergency medical trauma care. It does not apply to the Air National Guard or to the Air Force Reserve.

SUMMARY OF REVISIONS

This revision supersedes AFSOCI 48-101, 1 July 98 and corrects administrative errors, updates the section on delegated authority, modifies immunization requirements, updates training requirements, and adds Deployment Medical Surveillance.

Attachments
1. AFSOC Handbook 48-1, *EMT I/P Treatment Protocols for Air Force Special Operations Medical Technicians*

Section A -- Physical Standards

1. General Information. Physical Standards are designed to ensure acquisition and retention of members who are medically acceptable for military life and capable of performing the requirements of their chosen Air Force Specialty. AFI 48-123, *Medical Examinations and Standards*, explains the criteria for ensuring AF personnel are medically qualified for selection and retention into flying and special operational duty positions, and for continued military service. Always refer to AFI 48-123, in conjunction with the United States Air Force Waiver Guides published by the Aeromedical Consultation Service. This guide is web based and is located on the USAFSAM webpage. These instructions will provide guidance to determine required work-up and treatments compatible with continued flying status when applying for certification or waiver action. Also, in cases involving Pararescue and Combat Controller personnel, ensure the Marine Diving Duty Standards listed in AFI 48-123 are applied.

2. Delegation of Certification Authority. HQ AFSOC/SG Certification Authority for Initial Flying Class III examinations is delegated to each AFSOC Aerospace Medicine Residency Graduate (RAM) as described below. For AFSOC personnel assigned at locations without an AFSOC RAM, or in the absence of the AFSOC RAM, this authority is delegated to the delegated authority at the Host Medical Treatment Facility or as indicated in writing by the AFSOC Surgeon. **Further delegation of this authority is not authorized**.

2.1. Initial Flying Class III (FC III) examinations which have **no disqualifying defects** may be certified at the local level by personnel identified in paragraph 2. Under no circumstances may a local waiver be granted on Initial FC III certification physical examinations.

2.2. This certification authority may be applied to AFSOC personnel only. All other applicant physical examinations will be forwarded to appropriate certification authority IAW AFI 48-123.

2.3. Initial FC III physical examinations requiring waiver consideration and all initial physical examinations for Combat Controller and Pararescue applicants must be forwarded to HQ AETC/SGPS for action IAW AFI 48-123.

2.4. Disqualification authority for Initial FC III examinations is delegated (as indicated in para 2.) for conditions which clearly fall outside the standards established by AFI 48-123. HQ AETC/SGPS serves as the appellate authority should a disqualification decision be disputed.

2.5. A copy of all locally disqualified Initial FC III physical examinations will be forwarded to HQ AFSOC/SGPA for quality review and for recording in the AFSOC/SG Medical Standards Database. AFSOC/SGPA is required to forward the information on each disqualification to the Air Force Waiver Database IAW AFI 48-123.

2.6. When a physical examination is certified or disqualified at base level, stamp the original and a copy of the Standard Form 88, **Report of Medical Examination** with the following information:

2.6.1. Facility/Office symbol

2.6.2. Date of Action

2.6.3. Medically Qualified for Flying Class III duties (or disqualified)

2.6.4. Appropriate AFSC member certified for

2.6.5. Signature and complete signature block of Approving Authority (RAM)

3. Delegation of Waiver Authority. HQ AFSOC/SG Waiver Authority for the conditions specified below is delegated to each AFSOC Aerospace Medicine Residency Graduate (RAM) as described below. For AFSOC personnel assigned at locations without an AFSOC RAM, or in the absence of the AFSOC RAM, this authority is delegated to the senior RAM at the attending Medical Treatment Facility, or as indicated in writing by the AFSOC Surgeon. **Further delegation of this authority is not authorized**.

3.1. The delegated authority may grant **initial waivers** or renewal waivers for currently certified individuals performing Flying Class II and III duties for the medical conditions referenced below.

3.1.1. Allergic Rhinitis, Nonallergic Rhinitis, or Vasomotor Rhinitis controlled by desensitization and/or with topical Flunisolide, Beclomethasone, or Cromolyn Sodium nasal spray. Waiver for control with Allegra or Claritin may be granted after a 14 day ground testing reveals adequate control, without side affects.

3.1.2. Acne controlled with Tetracycline, Erythromycin, or Doxycycline in low doses.

3.1.3. Gout or hyperuricemia controlled with Probenecid or Allopurinol.

3.1.4. Infertility treated with Clomiphene Citrate.

3.1.5. Peptic Ulcer, uncomplicated, single or recurrent, after healing is complete and there is freedom from symptoms without medication.

3.1.6. Head injury, mild, meeting the criteria listed in AFI 48-123.

3.1.7. Thalassemia, Minor.

3.1.8. Esophagitis, chronic or recurrent, including reflux esophagitis, controlled without medication.

3.1.9. Excessive Refractive Error up to plus or minus 6.50 diopters, and/or astigmatism up to 3.00 diopters, providing the corrected vision is 20/20 (or better).

3.1.10. Pregnancy, uncomplicated intrauterine, from the 13^{th} to the 24^{th} week of gestation, in accordance with the requirements in AFI 48-123.

3.1.11. Hypertension controlled with Chlorothiazide, Hydrochlorothiazide, Triamterene, or combination (Maxzide, Dyazide).

3.1.12. Hypothyroidism controlled with Synthroid, Levothyroxine or dessicated thyroid, functionally euthyroid.

3.1.13. Microscopic hematuria, persistent or recurrent.

3.1.14. Herniated nucleus pulposus, history of surgery, or chemonucleolysis "except cervical".

3.1.15. Psoriasis controlled with topical steroids.

3.1.16. Glaucoma, uncomplicated (intraocular hypertension) not requiring treatment and contingent upon regular **ophthalmologist** review with normal results. Maximum duration of waiver is one year.

3.1.17. Hyperlipidemia treated with Lovastatin or Pravastatin

3.1.18. Acyclovir, for the treatment of Herpes Simplex Virus.

3.2. The maximum duration of any medical waiver is limited to 3 years. A copy of each approved waiver package **MUST BE FORWARDED** to HQ AFSOC/SGPA for quality review and inclusion in the AFSOC SG Medical Standards Database and should be forwarded within 30 days of issuing the waiver. A separate file will be maintained at each location on all locally approved waivers. This file will be utilized by headquarters for review during staff assistance visits.

3.3. When a member on any type of medical waiver departs PCS, separates, or retires forward a copy of the appropriate orders to HQ AFSOC/SGPA **NLT** 30 days after the member's departure. AFSOC SGPA will then update the USAF Waiver file IAW AFI 48-123. At that time, the locally maintained copy of the waiver package may be destroyed.

3.4. When a waiver is granted at base level, the Aeromedical Summary will be certified by stamping the original and a copy of the Aeromedical Summary with the following information:

3.4.1. Facility/Office symbol

3.4.2. Date of Action

3.4.3. Medically Acceptable for Flying Class II/III duties with waiver for (list diagnosis), valid until (expiration date)

3.4.4.Signature and complete signature block of Approving Authority.

3.5. An AF Form 1042, **Recommendation for Flying or Special Operation Duty**, will be accomplished (original and copy), with the information reflected in paragraph 3.5. placed in the "Remarks" section of the form with the exception of the diagnosis. NOTE: NEVER PLACE THE DIAGNOSIS OR ANY MEDICAL INFORMATION ON THE AF FORM 1042.

4. Aerospace Medical Consultation Service (ACS). Initial ACS evaluation requests must be submitted to HQ AFSOC/SGP for approval and forwarding. All reevaluation packages will be forwarded directly to the ACS IAW AFI 48-123. Forward an information copy with a letter of transmittal addressing the original package being forwarded to ACS for re-evaluation to HQ AFSOC/SGPA.

5. Use of "Go/No Go" Medication. Operational use of "Go/No Go" medication requires the approval of the AFSOC/SG. For "Go" (stimulants) medications approval must be given by the AFSOC/SG in conjunction with AFSOC/DO for aircrew and in coordination with 720 STG/CC for special tactics personnel. The following guidelines apply to the use of "No Go" medications.

5.1. There are currently two medications acceptable for use as "No Go" medications by Air Force Flying and Special Operational Duty personnel, temazepam and zolpidem. Single dose ground testing is required for each medication. No other drugs or supplements are approved for use as a "No Go" medication.

5.2. The use of temazepam or zolpidem is restricted to a maximum of 7 consecutive days and no more than 20 days in a 60 day period. Additionally, aviators will not fly for 12 hours after taking this medication.

5.3. When mission requirements make it difficult to obtain AFSOC/SG approval in a timely fashion, the ranking flight surgeon at the operational unit may direct their use. This policy in no way removes the requirement to seek AFSOC/SG approval whenever time permits. Additionally, notification to AFSOC/SG is required on all "No Go" medication issuance as soon as possible after the fact.

Section B -- Immunizations

6. General Information. This section, along with AFJI 48-110, *Immunizations and Chemoprophylaxis*, addresses immunization and chemoprophylaxis requirements for AFSOC personnel. Required immunizations must be current if the individual is to be worldwide qualified and/or be on mobility status. All AFSOC personnel are individually responsible for maintaining current immunizations. Commanders will be notified when individuals fail to maintain current immunization status. The Foreign Clearance Guide and Theater CINC's may identify additional requirements for deployments to their respective theaters to include preventive medicine guidance, immunizations, and chemoprophylaxis. The Foreign Clearance Guide can be referenced on the web at: http://www.fcg.pentagon.mil

7. Immunization Requirements for AFSOC Personnel. Standard immunizations for **ALL** AFSOC personnel will consist of:

Immunization	Requirement
Polio	(initial series; one dose as adult)
Hepatitis A	(initial series of two)
Tetanus/Diphtheria	(one dose within 10 years)
Meningococcal	(booster within 5 years)
MMR	(initial series; one dose in adulthood or proven antibodies)
Yellow Fever	(within 10 years)
Typhoid	(initial; booster every 2 years)
Influenza	(annually)

8. Additional Requirements. The following additional requirements apply to specific occupational risk groups:

8.1. Japanese Encephalitis vaccine:

8.1.1. PACAF Theater/353rd SOG and 31st SOS only: Require initial series and booster every 3 years for all security forces and all special tactics personnel.

8.1.2. Give initial series "just in time" to forces deploying in austere rural environments where JEV is endemic, or when required by Theater CINC/SG for specified exercises/operations, e.g., Operation COBRA GOLD.

8.2. Hepatitis B vaccine: Require initial series for all security forces personnel, all medical personnel, and all special tactics personnel.

8.3. Rabies: Require initial series for all security forces and all special tactics personnel. OSM/SG, flight commanders may consider rabies prophylaxis for some OSM assigned personnel based on a risk assessment.

8.4. Varicella: Only when directed by AFSOC/SG.

8.5. Anthrax: As directed by ASD/HA program.

8.6. Unit commanders in coordination with AFSOC/SG may require additional immunizations based on a risk assessment.

8.7. Commanders/individuals should ensure required immunizations are completed prior to mobilization. Giving immunizations at the time of mobilization sometimes creates side effects during deployments and may not provide immunity during the early phase of deployments. Timely immunizations decrease the risk of adverse reaction at the deployed location and reduce the possibility of disease exposure.

Section C -- Training

9. Responsibilities:

9.1. HQ AFSOC/SGOT coordinates **formal medical training** for medical personnel assigned to AFSOC units.

9.2. Subordinate medical unit SG's appoint a Unit Training Manager (UTM). The UTM is the POC for all formal medical training issues.

9.3. Formal Training:

9.3.1. Annual Screening allows each MAJCOM to project training requirements resulting in funded and unfunded training quotas for the FY and is conducted one year in advance (example, late FY 98/early FY 99 screen for FY 00).

9.3.2. SGOT notifies the UTM's of the upcoming screening and sets a reasonable suspense for providing the information.

9.3.3. UTM's obtain requirements for the upcoming FY by requesting this data from all sections, ensuring all AFSCs are represented. This data is then forwarded to SGOT on the AF Form 3933, **MAJCOM Mission Training Request** (required for each course requested). Section three of this form must be completed and signed by the flight commander (OSM'S) and squadron commander (MDG).

9.4. Training Quota Allocation:

9.4.1. Quotas are allocated by AETC, or AFMC for USAFSAM courses, to each MAJCOM.

9.4.2. SGOT notifies UTM's of the training quotas available for suballocation.

9.4.3. The UTM submits the full name, grade and SSN of the individual for the allocated quotas.

9.4.4. Type 5 training courses (identified by 5 in the second digit of the course number) require the addition of security clearance, unit mailing address, duty title and DSN.

9.5. Out-of-cycle training requests:

9.5.1. Out-of-cycle training requirements may be requested when quotas were not projected, or for additional quotas.

9.5.2. The UTM submits requests for out-of-cycle quotas by letter, e-mail or fax to AFSOC/SGOT. The request must include the course title, course number and the individual's information as described.

9.5.3. Out-of-cycle training quotas are generally unit funded.

9.6. Special Operations Forces Medical Skills Sustainment Program (SOFMSSP) Quotas.

SOFFMSSP quotas are allocated to AFSOC from USASOC. AFSOC receives 20 quotas for this course annually on a fiscal year basis.

9.6.1. The UTM submits request for training to HQ AFSOC/SGOT on an annual basis. The applicant names are then forwarded to SOFMSSP who will enter the individuals information into the Army Training System and forward the names to 2nd AF for entry into the Air Force Training system.

9.6.2. Local MPF's will provide a formal training data sheet to attendees prior to class start. Each unit is responsible for processing TDY orders for attendance.

9.6.3. Additions or deletions to the projected schedule MUST be coordinated directly with HQ AFSOC/SGOT as the sole POC for the SOFMSSP program.

9.6.4. Quota funding is received on an FY basis by HQ AFSOC/SGOT who then distributes the funds to unit cost centers for course attendance.

9.6.5 Billeting costs should be excluded for TDY projection worksheets. SOFMSSP is responsible for contracting billeting for course attendance.

10. Medical Training, Certification and Reporting Requirements. The following is AFSOC's REQUIRED medical training for personnel assigned to Operational Medical Support Flights, Special Tactics Groups/Squadrons, or UTC FFGK8. Refer to unit DOC statement for SORTS reportable training requirements:

Table 1. AFSOC Required Medical Training.

COURSE	AFSC	REQUIREMENT	REPORTING
NREMT-P and Recertification	1T2X1 4F0X1 4N0X1	Obtain and sustain certification by CY 2002	Quarterly
NREMT-I and Recertification (Applies to FFGK8 assigned personnel)	4F0X1 4N0X1	Obtain and sustain	Annually
Independent Duty Medical Technician	4F0X1 4N0X1	Certified	Quarterly
ATLS	1T2X1 4F0X1 4N0X1 42GX 48XX	Trained Trained Trained Trained Trained	Annually

ACLS	1T2X1 4F0X1 4N0X1 42GX 48XX	Trained Trained Trained Trained Trained	Annually
Joint Medical Planners Course (JMPC) and/or Contingency Wartime Planners Course (CWPC)	41AX	Course Completion	Not required
Medical Management of Chemical and Biological Casualties	42GX 48XX	Course Completion	Not required
Human Performance Enhancement	48XX	Course Completion	Not required
Bioenvironmental NBC Course	4B0X1	Course Completion	Not Required
Public Health CONOPS Course	4E0X1	Course Completion	Not Required

10.1. All AFSOC medical personnel will meet additional training requirements associated with mobility status and the core training requirements indicated in Air Force Instruction 41-106 Medical Readiness Planning & Training. Additionally, all AFSOC IDMT's (SEI 496) will meet any additional training requirements identified in AFI 44-103 The Air Force Independent Duty Medical Technician Program & Support for Mobile Medical Units/Remote Sites.

10.2. All AFSOC OSM (operational support) medical personnel must be proficient in field emergency medical skills to include survey and triage, field splinting and bandaging, treatment for shock, and cardiopulmonary resuscitation (CPR). Further, they will be proficient in all patient evacuation techniques to include manual and litter carries and loading and unloading of both ground and air systems used for aeromedical evacuation, and trained to operate in an airborne environment under low light conditions on AFSOC or opportune aircraft.

10.3. All personnel required to perform flying duty on a frequent or recurring basis must ensure all flying training requirements are maintained (e.g. egress, survival, crew resource management, altitude chamber, helo dunker, HEEDS, etc.) This training should be documented and maintained per local Operations Group policies, and should be monitored by the unit training POC.

10.4. Enroute with PCS Training: To the maximum extent possible, the following training and certification should be accomplished prior to arrival to an AFSOC operational medical assignment: NREMT-P (1T2X1, 4F0X1, 4N0X1); IDMT (4F0X1, 4N0X1); Underwater Egress Training and HEEDS (4F, 4N, 42G, 48X); JMPC or CWPC (41AX).

11. Recommended Training. The following are AFSOC's medical training recommendations for personnel assigned to Operational Medical Support Flights, Special Tactics Groups/Squadrons, or UTC FFGK8. These training courses should be attended when quotas are available, with a goal of receiving this training within the first year of AFSOC assignment. (Additional courses to consider are found in the AFSOC medical concept of operations.)

Table 2. AFSOC Recommended Medical Training.

COURSE	AFSC
Medical Management of Chemical and Biological Casualties	4F0X1 4N0X1 41AX 4B0X1 4E0X1
Contingency Public Health Operations	4F0X1 4N0X1 41AX 42GX 48XX 4B0X1
Aeromedical Evacuation	4F0X1 4N0X1
Live Tissue Lab and/or Trauma Management Refresher Course	4F0X1 4N0X1 42GX 48XX
Tropical Medicine Or Global Medicine	42GX 48XX
Intro to Medical Intelligence	41AX 42GX 48XX
Combat Casualty Care Course (C4/C4A)	41AX 42GX 48XX
Intro to Special Operations (ISOC) or SOCOM equivalent course	4F0X1 4N0X1 41AX 42GX 48XX 4B0X1 4E0X1
Joint Special Ops Planning Workshop	41AX

NREMT-Basic	4A1X1 4B0X1 4E0X1 41AX

Section D -- Special Tactics Pararescue Medical Policy

12. Scope Of Special Tactics Medical Practice:

12.1. Special Tactics Pararescuemen are not medical personnel, they are rescue and recovery specialists with advanced trauma medical skills.

12.2. The scope of medical practice of Special Tactics Pararescuemen is limited to the treatment of survivors, trauma victims, and special tactics team personnel while in the field.

12.3. Pararescuemen are not to engage in 'sick call medicine', unless seeing patients in a student capacity at an MTF under the direct supervision of a physician or physician assistant.

13. Pararescue Medical Treatment Protocols:

13.1. The Pararescue Medication and Procedure Handbook is the approved medication formulary and protocol handbook for Special Operations Pararescue (see AFSOCI 16-1202, Jul 99, *Pararescue Medical Treatment and Procedures/Protocols*).

13.2. Changes in the Special Tactics medical protocols or medication formulary are to be coordinated with AFSOC/SG through the Group Surgeon, 720th Special Tactics Group.

13.3. Medications not listed in the Medication and Procedure Handbook (non-formulary medications) may be used for a specific mission, if required for safe completion of the mission, IAW the following stipulations:

13.3.1. Non-formulary medication must be supplied by a US Military physician, preferably an AFSOC flight surgeon, and the Pararescuemen must be instructed on its proper use.

13.3.2. The issuing physician assumes responsibility for proper use of any non-formulary medication issued.

13.3.3. If possible, the 720th Special Tactics Group Surgeon is to be notified of any non-formulary medication issue prior to use. In the event that this is impossible due to security or operational considerations, a written explanation will be forwarded to the 720th Special Tactics Group Surgeon as soon as possible.
13.3.4. The 720th Special Tactics Group Surgeon will report issue and/or use of non-formulary medications to the AFSOC/SG as soon as possible.

14. Documentation of Medical Care:

14.1. All medical (trauma) care delivered by special tactics pararescuemen will be documented for physician review and oversight.

14.2. The 720th Special Tactics Group Surgeon is responsible for developing documentation templates and medical review procedures for special tactics pararescue.

15. Continuing Medical Education:

15.1. Special Tactics Pararescue continuing medical education is described in AFSOC Instruction 16-1201, *Pararescue Continuing Medical Education Program*.

15.2. It is AFSOC/SG policy that special tactics pararescuemen maintain National Registry EMT certification. Reporting is accomplished quarterly IAW section 10 of this instruction

15.2.1. Pararescuemen certified at the NREMT-Basic and NREMT-Intermediate level should upgrade to NREMT-Paramedic as soon as possible.

15.2.2. It is AFSOC/SG policy that all special tactics pararescuemen obtain NREMT-Paramedic certification by the end of CY 2002.

16. Special Tactics Medical Logistics. The 720th Special Tactics Group (STG)/SG directs execution of the Special Tactics Medical Logistics Program. The 720th STG/SG will:

16.1. Coordinate and submit annual medical war reserve materiel (WRM) requirements through HQ AFSOC/SG/SGO. Requirements will be identified using the approved Table of Allowance (TA) for Special Tactics Squadron (STS) medical support.

16.2. Submit proposed TA changes through HQ AFSOC/SG/SGO.

16.3. Manage medical WRM in accordance with applicable higher headquarters directives.

17. Combat Controller/Combat Weatherman Medical Training. The 720th Special Tactics Group/SG is responsible for developing and implementing medical training programs for combat control and combat weather personnel.

18. Diving Medicine. Pararescuemen and Combat Controllers are combat swimmers (military divers). AFSOCI 60-101, AFSOC Diving Program governs the training and operational aspects of Special Tactics diving.

18.1. The 720th STG/SG will act as the AFSOC/SG consultant for operational diving medicine as directed.

18.2. Physical exams and standards for Special Tactics Diving is governed by AFI 48-123, Section A7 Medical Standards for Flying Duty, and Section A8.3 Marine Diving Duty.

18.2.1. Diving duty physical exams may be performed by the following personnel:

18.2.1.1. Medical Officer graduate of the Dive Medical Officer Course, Navy Dive and Salvage Training Center, Panama City FL.

18.2.1.2. Medical Officer graduate of the Recognition and Treatment of Diving Casualties Course, Navy Dive and Salvage Training Center, Panama City FL.

18.2.1.3. For Air Force diving personnel, a diving physical exam may be performed by any rated USAF Flight Surgeon.

18.2.2. Dive physical exams will be performed a minimum of every 5 years, IAW NAVSEA 0994-LP-001-9010/20, US Navy Diving Manual.

18.2.3. Waiver authority for medical qualification for diving duty for AFSOC personnel holding a Special Tactics AFSC is the AFSOC/SG or AFSOC/SGP, in consultation with the 720th STG/SG if needed.

18.3. Medical Officers assigned to Special Tactics units will attend either the Dive Medical Officer Course or the Recognition and Treatment of Diving Casualties Course as soon as possible after assignment.

18.4. Procedures for Special Tactics personnel flying after diving will be IAW AFI 11-403.

18.5. Special Tactics personnel will not engage in dive operations within 12 hours after consumption of alcoholic beverages.

18.6. In the event of a Special Tactics diver being diagnosed or clinically suspected of having decompression illness, the Hyperbaric Medicine Division at the School of Aerospace Medicine, Brooks AFB, will be contacted as soon as possible for clinical consultation.

18.6.1. Any cases of decompression illness (decompression sickness and/or air gas embolism) occurring in AFSOC diving personnel will be reported to the 720th STG/SG, the AFSOC/SGP and the AFSOC/SG. Full details of the mishap, injuries and treatment will be forwarded to the Hyperbaric Medicine Division, School of Aerospace Medicine, Brooks AFB.

Section E -- Special Tactics Infection Control

19. Specific Responsibilities:

19.1. The 720th STG/SG maintains overall responsibility for the Special Tactics Infection Control Program (ICP) to include ensuring an ICP is developed at every Special Tactics unit.

19.2. The unit commander designates the NCOIC of the Infection Control Program in writing and provides a copy of this delegation to the 720th STG/SGT. The Commander also ensures the NCOIC of the ICP has access to resources to accomplish all responsibilities.

19.3. The NCOIC, ICP will:

19.3.1. Develop a unit-specific infection control program and submit to 720th STG/SG for approval.

19.3.1.1. Programs will include guidance regarding work practices (universal precautions, hand washing, etc.), management of sharps, needles and regulated waste, and use of personal protective equipment (PPE).

19.3.2. Review and update program accordingly to reflect new or modified tasks and procedures affecting occupational exposure and to reflect new or revised Special Tactics positions with occupational exposure.

19.3.3. Maintain a copy of AFI 44-108 *Infection Control Program*, AFI 48-105, *Control of Communicable Diseases*, AFI 91-301, *Air Force Occupational and Environmental Safety, Fire Prevention and Health (AFSOSH) Program*, and this instruction.

19.3.4. Ensure personnel know and comply with infection control policies and procedures.

19.3.5. Conduct training semi-annually by in-service or information letters. Train newcomers during initial in-brief. Make arrangements for medical treatment facility public health (MTF/PH) to conduct an annual in-service to include a question and answer period afforded to the unit.

19.3.6. Document training for infection control practices on the AF Form 55, **Employee Safety and Health Record,** maintained: for enlisted; in the member's AF Form 623, **On-the-Job Training Record**, for civilians; with the member's AF Form 971, **Supervisor's Employee Brief**, for officers; by their supervisor.

19.3.7. Evaluate work practices to find ways of improving personnel practices and protection.

19.3.8. Report infection control discrepancies and inconsistencies to the unit commander and 720th STG/SG.

19.4. The individual will:

19.4.1. Comply with all Air Force and MAJCOM publications and local operating instructions that pertain to infection control.
19.4.2. Comply with work practices, and don appropriate infection control garments, gloves, and eye wear as operationally feasible.

19.4.3. Report occupational exposures and injuries as soon as possible to NCOIC, ICP for appropriate action.

19.5. Surveillance will be in accordance with DoD and AFI guidance (e.g. annual TB and HIV test, follow-up TB screening, etc.)

20. Exposure Incident. Immediately wash the affected area with anti-microbial soap or water and seek medical treatment if necessary. Notify unit NCOIC/ICP and 720th STG/SGT as soon as possible and initiate AF Form 765, **Incident Report**.

20.1. The incident must be documented in the medical record, including route of exposure and circumstance of exposure. The incident will be reported to the Host MTF Public Health for investigation.

20.2. It is very important to make every attempt to identify the source of the blood or body fluid. Consider testing the individual IAW CDC guidelines, OSHA Blood-borne Pathogen Standard, 29 CFR 1910.1030 and applicable infection control directives.

20.3. Follow-up of any exposure incident is done by Host MTF Public Health. The individual will be tested for HBV and HIV by the designated Host MTF Public Health medical consultant or Chief, Aeromedical Services.

Section F-- General Medical Policy

21. Quarterly Reporting. A quarterly executive summary will be completed and forwarded to AFSOC/SG on all unit activities. As a minimum include a summary of after action reports and lessons learned, issues requiring AFSOC/SG attention or intervention, and training or certification status reporting IAW section 10 of this instruction. Reports for previous quarters should arrive in January, April, July and October.

22. EMT I/P Treatment Protocols for Air Force Special Operations Medical Technicians. AFSOC Handbook 48-1, *EMT I/P Protocols for Air Force Special Operations Medical Technicians* is approved as the ACLS medication formulary and protocol handbook for Air Force Special Operations medical technicians, specifically AFSC's 4F0X1 and 4N0X1, assigned to Operational Support or Special Tactics positions. The scope of practice for Special Operation Forces Medical Technicians performing EMT I/P duties is limited to these protocols. Proposed changes to these protocols will be coordinated through 16th OSS/OSM to the AFSOC/SGOT.

23. Independent Duty Medical Technicians (IDMT's) Assigned to AFSOC:

23.1. All IDMT's will comply with AFI 44-103, *The Air Force Independent Duty Medical Technician Program/Medical Support for Mobile Medical Units/Remote Sites.*
23.2. All IDMT's will develop and maintain a preceptor relationship at the host base medical treatment facility.

23.3. IDMT's assigned to Operational Support Flights or Special Tactics Units must comply with section 10 of this instruction for training and recertification requirements.

23.4. IDMT's will be utilized in patient care activities to the maximum extent possible when in garrison, in coordination with the host local Medical Group. Local supplements to this Instruction or local memoranda of agreement may be developed as required to facilitate this utilization.

Section G-- Deployment Medical Surveillance

24. Deployment Medical Surveillance (DMS):

24.1. Force Health Protection (FHP) provides a conceptual framework for optimizing health readiness and protecting service members from all health and environmental hazards associated with military service. A robust deployment health surveillance system is a critical component of force health protection and it includes:

24.1.1. Identifying the population at risk (through, but not limited to, pre- and post-deployment health assessments).

24.1.2. Recognizing and assessing hazardous exposures (medical, environmental, and occupational).

24.1.3. Employing specific countermeasures for health threats and hazards.

24.1.4. Monitoring health outcomes (through disease and non-battle injury (DNBI) reporting).

24.2. All deploying units, regardless of size, location, or duration, will participate in DMS and medical readiness activities as follows:

24.2.1. For all Joints Chiefs of Staff (JCS) and AFSOC directed troop movements as a result of a deployment order for thirty continuous days or greater to a land based-based location outside the United States that does not have a permanent U.S. military medical facility, DHS activities are to be implemented IAW the Joint Chiefs of Staff memorandum MCM-251-98, 04 December 1998, "Deployment Health Surveillance and Readiness" which provides standardized procedures for assessing health readiness and conducting health surveillance in support of the JCS and unified command deployments. This new requirement includes standard pre- and post-deployment health assessments to ensure that the AFSOC members' health is evaluated before and after deployments and that individual medical concerns are properly addressed.

24.2.1.1. Required post-deployment health assessments, if not completed in theater, will be done within 30 days of re-deployment.
24.2.1.2. Specific guidance supporting the implementation of this program, to include blank forms for the pre- and post-deployment health assessment and the weekly Disease and Non-battle

Injury (DNBI) report are available for download under Deployment Surveillance at the following web site: http://cba.ha.osd.mil under the blank forms link.

24.2.1.3. Personnel with a higher OPSTEMPO, previously identified as "frequent deployers" and exempted from certain medical surveillance tasks (AFSOC/CV 22 March 99 letter) are not exempted under the new JCS guidance. JCS guidance supersedes interim guidance from AMFOA dated 17 Aug 98.

24.3. For all other unit deployments, regardless of its size, location, or duration, the tasking authority and/or the deployment unit will determine DMS activities based on the level of threat to health and readiness considering such factors as:

24.3.1. Based upon the character of the deployment, anticipated health threats, and preventive medicine advice, the tasking authority and/or the deployment unit will identify the appropriate surveillance measures for the deployment in question.

24.3.2. Deployments vary considerably in duration, number of participants, geographic region, projected medical threats, and urgency of deployment. Consequently, specific surveillance practices are determined by the unique characteristics of each deployment. Most deployments require at least a basic surveillance package. Larger deployments and those expected to involve significant threats to troop health, may require more extensive surveillance efforts. Minimum FHP and DMS activities to comply with include:

24.3.2.1. Pre-deployment: personnel medical clearance to include immunization review and health threat and countermeasure briefing.

24.3.2.2. Post-deployment: threat and countermeasure debrief and identification of personnel needing further evaluation.

JAMES J. DOUGHERTY, Col, USAF, MC, CFS
Command Surgeon