

**BY ORDER OF THE COMMANDER
OF THE 51ST FIGHTER WING**

**51ST FIGHTER WING INSTRUCTION
44-102**



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Medical
MEDICATION USE WITH
FLYING OPERATIONS**

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Certified by: 51 MDG/CC
(Col Rawson L. Wood)

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This instruction implements AFD 44-1, *Medical Operations*. It establishes procedures for the proper coordination and approval of Go pills, No Go pills, ciprofloxacin and doxycycline and ensures their safe usage by aircrew. Requests for Go and No Go pills must originate from within the 51st Operations Group (51 OG). As these are prescription medications, requests for these pills must be coordinated through 51 AMDS. This instruction applies to all units assigned or attached to the 51st Fighter Wing (51 FW). Tenant units are subject to their MAJCOM policies. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*; route AF Forms 847 from the field through the appropriate functional chain of command. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with (IAW) Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of IAW Air Force Records Disposition Schedule (RDS) located in the Air Force Records Information Management System (AFRIMS). The use of the name or mark of any specific manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by the Air Force.

SUMMARY OF CHANGES

The definitions section has been substantially revised and must be completely reviewed. Other administrative changes have been made such as change in the OPR and the addition of two more flight surgeon responsibilities in section 2.5.

1. Definitions:

1.1. Operational Use: Operational use of medication refers to the use of medications by aircrew without requiring a formal change in work status to and from “Duties Not Including Flying” (DNIF) and “Return to Flying Status” (RTFS).

1.1.1. Operational indication may be present in the following:

1.1.1.1. During contingency operations

1.1.1.2. Flight Duty Period greater than 12 hours. In situations such as Operational Readiness Exercises with periods of markedly increased flying operations-known as “surges”

1.1.1.3. Rotating flying schedules

1.1.1.4. Missions that cross 4 or more time zones

1.2. Clinical Use: Clinical use of medication refers to medication prescribed to aircrew members for usage that does not meet definition of Operational Use. Clinical use of medication requires DNIF and waiver IAW the Official Approved List of Medication for United State Air Force (USAF) Aircrew.

2. Responsibilities:

2.1. 51 FW/CC (or deployed CC equivalent):

2.1.1. 51 FW/CC is the approval authority for operational use of Go pills.

2.1.2. Directs the use of prophylactic antibiotics (ciprofloxacin and doxycycline) after a known or potential exposure to a biological agent.

2.2. 51 OG/CC:

2.2.1. Recommends the operational use of Go pills to the 51 FW/CC.

2.2.2. 51 OG/CC is the approval authority for the operational use of No-Go pills.

2.3. Flying Unit Commander:

2.3.1. Acts as requesting authority for operational use of Go pills and No Go pills.

2.3.2. Coordinates Go pill requests thru the 51 OG/CC for approval by 51 FW/CC.

2.3.3. Coordinates operational No Go pill use through the Flight Surgeon.

2.3.4. Provides sufficient information on the route of flight, itinerary, schedule and names of pilots to the Flight Surgeon to initiate suitability determination for Go pills and No Go pills.

2.3.5. Ensures Go and No Go pills are only to be used in conjunction with other counter-fatigue management measures or when such measures have been exhausted. Other measures include appropriate scheduling, attention to sleep hygiene, proper diet and exercise.

2.3.6. Ensures aircrew are appropriately briefed on and understand the following, prior to use of the Go or No Go pill:

- 2.3.6.1. The use of Go and No Go pills is completely voluntary and at the discretion of the aircrew.
- 2.3.6.2. Non-pharmacologic methods of fatigue management (staying alert or aiding sleep).
- 2.3.6.3. Use of Go and No Go pills does not relieve aviators of the responsibility to comply with all crew rest directives.
- 2.3.7. Will closely monitor aircrew fatigue levels and ensure aircrew comply with medication dosing and frequency.
- 2.3.8. Will ensure adverse side effects are reported to the Flight Surgeon.
- 2.3.9. Will ensure aircrew report Go pill use to Flight Medicine as required for documentation of usage for compliance with current AF policy.
- 2.4. 51 MDG/SGP (Senior Flight Surgeon or deployed Flight Surgeon equivalent):
 - 2.4.1. Makes recommendations to 51 FW/CC, flying units and flight surgeons on use of Go pills, No Go pills, ciprofloxacin and doxycycline for flying operations.
 - 2.4.2. Advises commanders on the risk and benefits of operational medications.
 - 2.4.3. Provides program oversight of Go pill, No Go pill, ciprofloxacin and doxycycline use for flying operations to ensure compliance with current AF policy on Management of Go/No Go Medication.
 - 2.4.4. Ensures procedures to identify, accomplish (if not previously done), and document ground testing for all seven medications (temazepam, zolpidem, and zaleplon No Go pills, dextroamphetamine and modafinil Go pills; ciprofloxacin for anthrax prophylaxis; and doxycycline for anthrax, diarrhea, and anti-malarial prophylaxis) for all aircrew that are eligible IAW current AF policy on Management of Operational Medication.
 - 2.4.5. Ensures PACAF/SG approves and/or is made aware of the operational medication use prior to the specified mission.
- 2.5. Flight Surgeon:
 - 2.5.1. Reviews information provided by the Flying Unit Commander on the route of flight, itinerary, schedule and names of pilots to determine suitability of Go and No Go pill usage.
 - 2.5.2. Ensures ground testing has been completed, with appropriated documentation, prior to dispensing the medication to each aircrew member for operational use.
 - 2.5.3. Brief aircrew on side effects, dosage and proper usage of medications.
 - 2.5.4. Brief aircrew of their responsibilities to return to flying duties only when they are well rested and/or have no residual drug effects.
 - 2.5.5. Completes all documentation of usage (i.e. weekly reports, end of operation reports) IAW current AF policy on Management of Operational Medication.

3. Use of Go Pills

3.1. The use of Go pills is to enhance flight safety and is ONLY appropriate in conjunction with other fatigue management tools, or after all fatigue management tools have been exhausted.

3.2. Approval Process:

3.2.1. The Flying Unit Commander generates a request for Go pills in coordination with the 51 OG/CC.

3.2.1.1. Non-pharmacologic fatigue countermeasures must be specified and documented in seeking approval.

3.2.2. The Wing Commander (or deployed CC equivalent) and Senior Flight Surgeon (or deployed Flight Surgeon equivalent) certify that the use of Go pills is appropriate, and that all other fatigue management tools have been considered and will be used to the maximum extent possible. The Flight Surgeon further certifies that the approved use is medically warranted. Although authorized, Go pill use is completely voluntary at the discretion of the aircrew member.

3.2.3. The request will be approved on the Go Pill Use Approval Form IAW current AF policy on Management of Operational Medication (provided by the Flight Medicine Clinic). The Go Pill Use Approval form authorizes the use of Go Pills by a specific organization for either a specific mission or for an extended operation. In all cases, authorization of Go pill usage must be time and/or mission specific. Separate Go Pill Use Approval Forms will be completed for all medications requested (i.e. one each for both Dexedrine and Modafinil).

3.2.3.1. Finalized Go pill approval forms, signed by the approval authority (Wing Commander) and the Flight Surgeon will be sent to PACAF/DOTV and SGP at least 24 hours prior to intended use of Go pills.

3.2.3.1.1. OPSEC concerns may take priority, in which case PACAF/DOTV and SGP notification in writing via secure means will suffice until the required official paperwork can be forwarded. The PACAF/SG secure e-mail address is: . This is a case sensitive SIPRNET account. Completed Go Pill Use Approval Forms will be maintained in the local flight medicine office for at least one year. Approvals will be granted for a maximum period of three months. Requests for extension, in three month blocks, will be made if the contingency is expected to last longer. This will allow the Wing Commander (or deployed equivalent) and senior Flight Surgeon an opportunity to review the effectiveness of their fatigue countermeasures on a regular basis.

3.2.3.1.2. When deployed in PACAF, per ACC policy letter, deployed ACC assets are required to transmit Go Pill Use Approval Forms, weekly reports, and end of operation reports to HQ ACC in addition to that required by the deployed Line and medical command. This will ensure HQ ACC retains visibility of Wing mission demands and requirements in both home and deployed environments. The weekly reports and end of operation reports are completed and forwarded to ACC by the Flight Medicine clinic.

3.3. Operational Use:

3.3.1. The Flight Surgeon will verify all aircrew have completed medication ground testing prior to being prescribed Go Pills.

3.3.2. Aircrew responsibilities:

3.3.2.1. If an Aircrew member has accepted a prescription of Go pills he is responsible for this medication. Go pills are never to be shared with others.

3.3.2.2. Aircrew members using Go pills must report suspected adverse side effects to their supervisor and Flight Surgeon.

3.3.2.3. All unused Go pills must be returned to medical personnel after completing post flight requirements.

3.3.2.4. The Aircrew is responsible for reporting use of Go pills to the Flight Surgeon for completion of documentation of medical records and operational reports.

4. Use of No Go Pills:

4.1. Three No Go pills are now approved for use by aircrew to ensure adequate pre-mission sleep and help prevent fatigue – Restoril, Ambien and Sonata.

4.2. The use of No Go pills is to enhance flight safety and is ONLY appropriate in conjunction with other fatigue management tools, or after all fatigue management tools have been exhausted.

4.3. Consider use of No Go pills when aircrew experience insomnia secondary to operational demands and all non-pharmacological efforts have been made to reduce fatigue stress through sound aircrew scheduling and crew rest practices. Use of No Go pills does not relieve Aircrew of the responsibility to comply with all crew rest directives.

4.4. The Flight Surgeon will ensure documentation of ground testing prior to dispensing No Go pills.

4.5. Minimum Duties Not Including Flying (DNIF) periods after tasking zolpidem (Ambien 10mg) is 6 hours, for temazepam (Restoril 30mg) 12 hours, and for Zaleplon (Sonata 10mg) 4 hours before the resumption of duties. The DNIF period represents the time from taking the No Go pill to the start of the crew duty period. Documentation of DNIF is not required (i.e. the DNIF does not require a written AF Form 1042, *Medical Recommendations for Flying or Special Operational Duty*).

4.6. Use of zolpidem (Ambien) or temazepam (Restoril) is limited to a maximum of 7 consecutive days and no more than 20 days in a 60 day period. Use of zaleplon (Sonata) is limited to a maximum of 10 consecutive days and no more than 28 days in a 60 day period.

4.7. Aircrew Responsibilities:

4.7.1. No Go pills should not be carried in the cockpit to eliminate any accidental No Go pill use while airborne.

4.7.2. Aircrew must not consume alcohol within 12 hours of taking the No-Go pills

4.7.3. Aircrew members using No Go pills must report suspected adverse side effects to their supervisor and Flight Surgeon.

5. Prophylactic Antibiotics (Ciprofloxacin and Doxycycline):

5.1. The 51 FW/CC directs the use of prophylactic antibiotics after a known or suspected exposure to a biological agent.

5.2. Use:

5.2.1. Doxycycline is used for anthrax, diarrheal, and anti-malarial prophylaxis.

5.2.2. Ciprofloxacin is used for anthrax prophylaxis.

5.3. Personnel with contraindications to ciprofloxacin will be prescribed doxycycline for anthrax prophylaxis.

5.4. The Flight Surgeon will ensure documentation of ground testing prior to prescribing prophylactic antibiotics to aircrew.

5.5. Aircrew members using ciprofloxacin or doxycycline must report suspected adverse side effects to their supervisor and Flight Surgeon.

BROOK J. LEONARD, Colonel, USAF
Commander

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

AFPD 44-1, *Medical Operations*, 1 September 1999

AFMAN 33-363, *Management of Records*, 1 March 2008

Adopted Forms

AF Form 847, *Recommendation for Change of Publication*

AF Form 1042, *Medical Recommendations for Flying or Special Operational Duty*

Abbreviations and Acronyms

51 FW—51st Fighter Wing

51 OG—51st Operations Group

AFI—Air Force Instruction

AFMAN—Air Force Manual

AFPD—Air Force Policy Directive

AFRIMS—Air Force Records Information Management System

DNIF—Duties Not Including Flying

IAW—In According with

MAJCOM—Major Command

OPR—Office of Primary Responsibility

RDS—Records Disposition Schedule

RTFS—Return to Flying Status

USAF—United State Air Force