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**THE AIR FORCE INDEPENDENT DUTY
MEDICAL TECHNICIAN PROGRAM**

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This instruction implements AFD 44-1, *Air Force Medical Operations*. It provides guidance for training, utilization and oversight of Independent Duty Medical Technicians. It applies to all Independent Duty Medical Technicians (IDMTs), all personnel who support mobile medical units (MMUs)/Squadron Medical Elements (SME)/remote sites/Medical Aid Stations (MAS), all USAF Host Medical Treatment Facilities (HMTFs) and Medical Treatment Facilities (MTFs), including Air Reserve Components (ARC). When used in the context of this instruction: “Shall” and “must” denote mandatory actions or requirements, “Should” denotes a recommended course of action, “May” denotes a course of action that is discretionary and “Will” denotes a future mandatory action or event. Refer changes and conflicts between this and other publications to HQ USAF/SGOC, 110 Luke Avenue, Room 400, Bolling AFB DC 20032-7050 on Air Force (AF) IMT 847, **Recommendation for Change of Publication**. Theater/MAJCOM Surgeons and Air National Guard (ANG) Surgeon may supplement this Air Force Instruction (AFI). This instruction requires collecting and maintaining information protected by the Privacy Act of 1974 authorized by 10 USC 8013. Privacy Act system notice number F044 AF SG K, Medical Professional Staffing Records, applies.

(ACC) AFI 44-103, 1 May 2005, is supplemented as follows. This supplement incorporates procedures for support, management and training within the Air Combat Command (ACC) Independent Duty Medical Technician (IDMT) program. It designates Medical Treatment Facilities (MTF)/Host Medical Treatment Facilities (HMTF) for ACC Mobile Medical Units (MMU), establishes training status reporting mechanism/frequency and provides expanded guidance for designation of Alternate Patient Care Facility approval. This supplement applies to all organizations assigned to ACC. This publication does not apply

to Air National Guard (ANG) and Air Reserve Component (ARC) units and members unless in title 10 status and gained by ACC. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with AFMAN 37-123 (will convert to AFMAN 33-363), *Management of Records*, and disposed of in accordance with the Air Force Records Disposition Schedule (RDS) located at <https://afrims.amc.af.mil/>. Send comments and suggested improvements to this supplement on Air Force Information Management Tool (IMT) 847, *Recommendation for Change of Publication*, through channels, to the ACC Nursing Division (HQ ACC/SGN), 162 Dodd Boulevard Suite 100, Langley Air Force Base, Virginia 23665.

SUMMARY OF CHANGES

This revision reflects significant changes and should be reviewed in its entirety. It addresses utilization of IDMTs at home-station and clinical quality reviews. It added the requirement for the preceptor to be a licensed, credentialed provider; an update of references; the new 4N0X1C AFSC; a patient encounter form; alternate patient care locations; responsibilities for Theater Surgeon’s General, and Medical Treatment Facilities with Emergency Rooms. See **Attachment 1** for a glossary of references and supporting information. 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.

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Chapter 1

RESPONSIBILITIES

1.1. Office of the Air Force Surgeon General. The Office of the Air Force Surgeon General shall establish the policy for the IDMT Program and appoint a physician consultant and the Aerospace Medical Service Career Field Manager (CFM) as the Office of Primary Responsibility (OPR) for the program.

1.2. AFMSA/SGO. Responsible in concert with 882d Training Group, Independent Duty Medical Technician Course personnel for the development and annual review of AFMAN 44-158, *The AF IDMT Medical and Dental Treatment Protocols*.

1.2.1. USAF/SG approves the protocols.

1.2.2. Coordinates on initial and recurring MAJCOM approved IDMT alternate care location packages.

1.3. The Theater/Major Command Surgeon (MAJCOM SG, to include ANG SG):

1.3.1. Gives policy, clinical, and technical guidance to support MMUs/SMEs, remote sites, MTFs, and IDMTs assigned within their commands.

1.3.2. Designates a HMTF to give medical, dental and resource support to each MMU/SME and remote/deployed site.

1.3.2. (ACC) The following are designated as an HMTF for ACC MMU/*Field Training Units:

<u>HMTF</u>	<u>MMU/Field Training Unit</u>
99 MDG, Nellis AFB, NV	820 RHS, Nellis AFB, NV
	*99 GCTS, Creech AFB, NV
366 MDG, Mt Home AFB, ID	726 ACS, Mt Home AFB, ID
347 MDG, Moody AFB, GA	820 SFG, Moody AFB, GA

* Designates Field Training Units

1.3.3. Coordinates in writing, with other MAJCOM SGs to arrange medical support for a MMU/SME or remote site when no HMTF is available within the same command.

1.3.3. (ACC) The following are designated as HMTF for ACC tenant unit MMU/Field Training Units:

<u>HMTF</u>	<u>MMU/*Field Training Unit</u>
56 MDG, Luke AFB, AZ	607 ACS, Luke AFB, AZ
75 MDG, Hill AFB, UT	729 ACS, Hill AFB, UT
72 MDG, Tinker AFB, OK	*3 CCS, Tinker AFB, OK
341 MDG, Malmstrom AFB, MT	819 RHS, Malmstrom AFB, MT
78 MDG, Robins AFB, GA	*5 CCG, Robins AFB, GA
16 MDG, Hurlburt Field, FL	823 RHS, Hurlburt Field, FL
96 MDG, Eglin AFB, FL	728 ACS, Eglin AFB, FL

* Designates Field Training Units

1.3.4. When requested by the HMTF, assists with on-site support or relief for IDMTs who have projected/emergency leave, are ill, or will be absent due to training/ contingency requirements.

1.3.5. Designates the Command Aerospace Medical Service Functional Manager or designated representative as the OPR to review formal support plans and host tenant agreements, monitor IDMT training/certification status, coordinates command staff assistance visits, and establish a MAJCOM supplement if required.

1.3.5. (ACC) ACC units will provide training certification updates to the Command Aerospace Medical Service Functional Manager (FM) on a quarterly basis. MMU, Field Training Unit and Combat Search and Rescue Medical Element (CSARME) Senior IDMTs will provide a quarterly report, IAW Table 1, to the Command Aerospace Medical Service FM on a quarterly basis. MMU and CSARME IDMTs will provide copies of unclassified after action reports to the Command Aerospace Medical Service FM.

1.3.5.1. Ensure IDMTs are only assigned to locations with UMD requirements for IDMTs.

1.3.6. Ensures the Command Aerospace Medical Service Functional Manager or designated representative visits assigned IDMTs at MMUs, remote sites and tenant unit SMEs every two years, or upon request by the MMU/SME or remote site commanders.

1.3.7. May authorize substitutions to AFMAN 44-158, *The AF Independent Duty Medical Technician Medical and Dental Treatment Protocols* drug list. These substitutions must maintain the standard of care established by the treatment protocols but can take into account local conditions and drug availability within the supply system. These substitutions shall in no way broaden the scope of practice of IDMTs.

1.3.8. All ARC IDMT sites and HMTF training/support agreement affiliations will be validated through the applicable ARC and supporting MAJCOM SGs.

1.3.9. Approves alternate patient care locations i.e., Warrior Week, Basic Military Training (BMT), Officer Training School (OTS), etc, where IDMTs will provide routine care outside the MTF/HMTF.

1.3.9. (ACC) Requests for approval will include at a minimum: MTF/HMTF Site Support Plan; approved operating instructions detailing site specifics, preceptor coverage and referral/emergency transfer procedures; and Authorized Drug Listing.

1.3.9.1. Annually reviews and approves continuation of alternate patient care facilities.

1.3.9.2. Forwards to HQ SG Healthcare Operations, initial approval package and annual review information.

1.3.10. Works with MAJCOM and Air Force Personnel Center assignment divisions to ensure Permanent Change of Station (PCS) processing code 9XJ is on the assignment fill action request. (See para. 2.2.2.) This code ensures the IDMT reports to the HMTF for orientation/certification prior to their report no later than date to the site.

1.4. The MTF/HMTF Commander:

1.4.1. Ensures IDMTs receive required training and maintain certification.

1.4.2. Ensures IDMTs only operate within the scope of practice as defined in this AFI and the applicable section of part II of the 4N0X1 Career Field Education and Training Plan (CFETP) and AFMAN 44-158.

1.4.3. Appoints in writing, an IDMT Program Coordinator, AFSC 4N0XX or 4N0X1C Independent Duty Medical Technician, to manage the site support and monitor training/certification of all assigned and supported IDMTs.

1.4.3. (ACC) Copies of IDMT Program Coordinator appointment letters will be forwarded to the Command Aerospace Medical Service FM.

1.4.4. Ensures medical and dental preceptors are designated in writing to support IDMTs assigned to MMUs/SMEs, remote sites, and MTF/HMTF.

1.4.5. Ensures all assigned preceptors are briefed annually on preceptor and IDMT responsibilities as outlined in this AFI and AFMAN 44-158 and have a current copy of both documents and any MAJCOM supplements pertaining to IDMTs. Documentation of training will be maintained by the IDMT Program Coordinator for 2 years.

1.4.5. (ACC) Assigned preceptors will be briefed using, at a minimum, the ACC IDMT Preceptor Handbook. IDMT Program Coordinators will brief preceptors on local policy.

1.4.6. Ensures functional representatives provide support to MMUs/SMEs, remote sites and MAJCOM-designated locations as established by the HMTF support plan.

1.4.7. Consults with the MAJCOM/SG or designated OPR on IDMT/site support issues that cannot be resolved at the local level.

1.4.7. (ACC) The Command Aerospace Medical Service FM is designated OPR for IDMT/site support issues.

1.4.8. Ensures all IDMTs have a Competency Assessment Folder (CAF) that will be maintained at the MTF and will accompany IDMTs during deployments, temporary duty (TDY) (i.e. manning assistance), ARC annual tour, and PCS.

1.4.9. Ensures functional representatives provide training for IDMTs to meet initial certification and sustainment requirements.

1.4.10. Coordinates, in writing, with MAJCOM SG to establish alternate patient care facilities, i.e. Warrior Week, BMT, OTS, etc, where IDMTs will provide routine care outside the MTF/HMTF.

1.4.10.1. Ensures MTF OI is written to define practice and procedures for alternate patient care locations and forwards to MAJCOM SG.

1.5. Chief of the Medical Staff (SGH)

1.5.1. Appoints in writing, licensed credentialed physicians as preceptors for IDMTs and forwards a copy of the preceptor appointment letter(s) to the IDMT Program Coordinator to be placed in the IDMT's CAF.

1.5.2. Certifies the IDMTs to diagnose and treat medical conditions IAW AFMAN 44-158. This information will be annotated an IDMT certification letter.

1.5.3. Reviews and forwards temporary/permanent decertification recommendations to the MTF/HMTF commander IAW para 2.5.

1.5.4. Ensures MTF/HMTF required clinical quality reviews are accomplished IAW para 3.8.

1.5.5. Forwards to MAJCOM SG recommended additions/substitutions to the IDMT drug list for approval.

1.5.6. Ensures all providers receive orientation training to familiarize provider staff to IDMT roles/responsibilities and utilization.

1.6. Chief of Dental Services:

1.6.1. Appoints dental preceptors for IDMTs in writing. The Chief of Dental Services sends a copy of preceptor appointment letters to the IDMT Program Coordinator.

1.6.2. Ensures dental OIs cover the procedures for providing dental services at remote sites.

1.6.3. Reviews contracts that outline dental services provided by civilians for active duty patients at remote/deployed sites.

1.6.4. Supports the dental preceptor to conduct SAVs as required.

1.6.5. Certifies IDMTs to diagnose and treat dental conditions IAW AFMAN 44-158. This information will be annotated on the IDMT certification letter.

1.7. MTF/HMTF Responsibilities:

1.7.1. Operating Instructions (OIs) and Procedures. The HMTF publishes OIs and procedures for each remote site where assigned IDMTs are supported. The OIs and procedures will cover professional, technical, and administrative duties and plans for carrying out site functions. MTFs will also establish OIs detailing its plan for conducting initial certification/orientation training and annual sustainment training.

1.7.1. (ACC) Operating Instructions (OIs) and Procedures. MMUs will write MMU specific OIs validated by the MTF/HMTF. MTFs will establish OIs detailing its plan for conducting initial and sustainment training if unit leadership believes there are issues not addressed in current AFI 44-103.

1.7.2. Budgeting for IDMT Support. The MTF medical resource management office (RMO) budgets necessary funds, to include required TDYs, certifications and ongoing education for IDMTs assigned to the MTF.

1.7.2.1. Budgeting for Supported Unit's IDMTs. HMTF RMO will establish a medical account for managing supported unit's funding for medical operations and education.

1.7.3. Equipment and Supplies. The HMTF establishes budgetary procedures with the supported site to ensure each supported site has:

1.7.3.1. Required medical and dental equipment and supplies.

1.7.3.2. Required nonmedical supplies.

1.7.4. Staffing. Ensures only certified IDMTs provide MMU/SME/remote site/deployed support or relief when required. When unable to do so, the MTF/HMTF commander coordinates with the MAJCOM Aerospace Medical Service Functional Manager or designated representative for assistance.

1.7.5. Supporting IDMT Leave. The HMTF develops a system for supporting leave for the remote site/supported site IDMTs. The HMTF arranges TDY staffing at the request of the MMU/remote site/Line commander in coordination with the HMTF commander.

1.7.6. Maintaining Reference Materials. The MTF/HMTF ensures current reference materials as identified in [Attachment 1](#) and by MAJCOM/SG OPRs are available, updated, and replaced when necessary. These references may be available via the AF Publication website, the Knowledge Exchange Library, CD-ROM or other appropriate medium.

1.7.7. MTF/HMTF Support Plans. MTF/HMTF support staff develops a support plan for each MMU/remote site in the format shown in [Attachment 2](#). When designated by parent MAJCOM support plans are required for tenant organizations and SMEs. The HMTF coordinates the plan with MMU/SME/remote site and forwards it to the MAJCOM SG office for approval. NOTE: When MMU/SME/remote site is a tenant organization, both MAJCOM/SGs will review the support plan and applicable training plans.

1.7.7. (ACC) MTF/HMTF Support Plans. Squadron Medical Elements (SME) do not normally require a HMTF support plan, unless local conditions exist that require one. SME and MTF/HMTF commanders will make this determination.

1.7.8. MTF/HMTF will conduct Staff Assistance Visits (SAVs) on an annual basis.

1.7.8. (ACC) MTF/HMTFs will determine Staff Assistance Visit (SAV) requirements, then review and evaluate appropriate areas. For example, a preceptor SAV may be conducted on units providing patient care at their home station location. At a minimum, MTF/HMTF IDMT Program Coordinators will SAV MMU IDMT training programs to ensure completion of initial and sustainment training. Copies of SAV reports will be sent to the Command Aerospace Medical Service FM for ACC Command Surgeon (HQ ACC/SG) routing.

1.7.9. Evaluating MAJCOM Special Interest Items. The HMTF evaluates command interest items during each SAV and ensures the site is following the prescribed standards, policies, and procedures for such items.

1.8. Functional Area Representative (Identified by subject area, [Attachment 6](#)):

- 1.8.1. Must be familiar with this AFI, applicable Qualification Training Packages (QTPs), and applicable task items in Part II, of the 4N0X1 CFETP.
- 1.8.2. Serves as the trainer for their specialty and documents certification of the training as appropriate.
- 1.8.3. Conducts SAVs to supported sites/units and submits written reports through the HMTF commander to the MMU/remote site Commander with a copy sent to the appropriate MAJCOM SG(s) and the MTF/HMTF IDMT Program Coordinator within 30 duty days of the visit. [Attachment 3](#)

1.9. The IDMT Program Coordinator:

- 1.9.1. Is responsible for the implementation, operation, and documentation of the program.
- 1.9.2. Maintains a six-part CAF for each IDMT. The six-part CAF includes:
 - 1.9.2.1. Part 1. Copy of [Attachment 6 & Attachment 7](#) of this AFI and point of contact list for each functional area.
 - 1.9.2.2. Part 2. Signed copy of Competency Verification letter. The Competency Verification letter will indicate that the named IDMT: “has completed all Independent Duty Medical Technician training requirements IAW AFI 44-103. All protocols were reviewed and competency was verified. This individual is competent to perform tasks IAW AFMAN 44-158, The AF IDMT Medical and Dental Protocols and the 4N0X1 CFETP part II.” The letter will be signed and dated by a physician preceptor, dental preceptor, the IDMT program coordinator, the Chief of Dental Services and the Chief of Medical Services. The original will be maintained in members’ six-part Education and Training folder.
 - 1.9.2.2.1. For IDMTs who are assigned to the MTF/HMTF, the original physician and dental preceptor appointment letters will be filed in this section.
 - 1.9.2.3. Part 3. Copy of AF IMT 1098, *Special Task Certification and Recurring Training* for required QTPs and functional area training. Original will be maintained in member’s six-part Education and Training folder.
 - 1.9.2.4. Part 4. Copy of AF IMT 4336, Patient Encounter Form containing patient number, date, diagnosis, treatment, disposition and preceptor’s name and preceptor comments for each patient seen in last 12 months. Copies of clinical quality reviews as per para [3.8](#).
 - 1.9.2.5. Part 5. IDMT’s job description.
 - 1.9.2.6. Part 6. Copies of IDMT course certificate, current Emergency Medical Technician (EMT)/Basic Life Support (BLS) card, Immunization Back-up Technician (IBT) certificate, and any other pertinent medical certificates or licensures (Advanced Cardiac Life Support (ACLS)/Pre-Hospital Trauma Life Support (PHTLS)).
- 1.9.3. Must be a qualified On-the-Job Training (OJT) task certifier and will serve as the certifying official for the IDMT specific tasks listed in Part II of the 4N0X1 CFETP.
- 1.9.4. Ensures IDMTs maintain EMT certification IAW 4N0X1 CFETP and IBT currency. ACLS/PHTLS training are recommended. Ensures IDMTs maintain SABC/BLS instructor qualifications as required by MAJCOM.

1.9.5. Ensures assigned/attached IDMTs receive appropriate MTF/HMTF IDMT initial orientation/certification, annual sustainment training and complete certification requirements.

1.9.6. Monitoring. Using [Attachment 8 Self Assessment Checklist](#), conducts annual review of program and ensures compliance with this instruction. Validation of the IDMT program will be accomplished through MAJCOM SAVs and Health Services Inspections (HSIs).

1.9.7. Keeps MTF/HMTF Commander and Senior 4N0 apprised of all issues related to IDMTs supported by or assigned to the MTF.

1.9.8. Maintains copies of SAV reports for 3 years and ensures follow-up actions are accomplished.

1.9.9. Coordinate biennial (every 2 years) review of the HMTF Support Plan and OIs pertinent to site operations. Sends a copy of the HMTF Site Support Plan, after review by the HMTF Commander, to the MAJCOM SG(s).

1.9.9. (ACC) HMTF Support Plans will be sent to the Command Aerospace Medical Service Functional Manager for HQ ACC/SG routing.

1.9.10. Provides a schedule of training opportunities/in-services offered by the MTF/HMTF and publication/MAJCOM updates/articles of interest as they pertain to the IDMT.

1.9.11. Maintains a MMU/Remote Site folder for each supported site. For operational units (e.g. Special Operations Forces, Red Horse, etc) without a designated deployment location, the IDMT Program Coordinator will maintain a Unit folder. These folders include:

1.9.11.1. Part 1. Copy of the HMTF Support Plan and letters of appointment for medical and dental preceptors.

1.9.11.2. Part 2. IDMT Self-Assessment checklist (maintain copies of last 3 years assessments conducted by IDMT program coordinator) ([Attachment 8](#)) and a copy of MAS orientation checklist from site.

1.9.11.3. Part 3. SAV. Maintains copies of last 3 year's SAV reports from each inspecting agency.

1.9.11.4. Part 4. Miscellaneous correspondence as required by the MAJCOM Supplement to this AFI (After action reports, Authorized Drug list, etc.).

1.10. Medical/Dental Preceptor.

1.10.1. The designated MTF/HMTF physician preceptor recommends, and the SGH certifies in writing, IDMTs to treat medical disorders IAW the CFETP and AFMAN 44-158.

1.10.2. The dental preceptor recommends, and the Chief of Dental Services certifies in writing, IDMTs to treat dental conditions IAW the CFETP and AFMAN 44-158.

1.10.3. Provides professional guidance, support and training to the IDMT in all areas of medical/dental treatment related to the IDMT's scope of practice.

1.10.4. Under urgent circumstances, physician preceptors or the on-call physician and dental preceptor may approve deviation from the prescribed AF IDMT Medical and Dental Treatment Protocols on a case-by-case basis. This must be done only with direct communication between the physician or dentist and the IDMT.

1.10.4.1. The physician/dentist will document the deviation on a SF Form 600, *Health Record - Chronological Record of Medical Care/AF IMT 644, Record of Dental Attendance*, as applicable, at the MTF. This form will be forwarded (electronic copy acceptable) to the IDMT for inclusion in the patient's medical record.

1.10.5. The physician/dental preceptor will review/sign all IDMT medical/dental record entries within 24 hours or within Theater/MAJCOM SG guidelines.

1.10.5.1. Preceptor's review will include a date, time, applicable comments, signature and signature stamp. The preceptor provides, as necessary, feedback to IDMT after review of patient encounters.

1.11. The Independent Duty Medical Technician (IDMT):

1.11.1. Performs patient examination and renders medical/dental treatment and emergency care to active duty personnel within the scope of practice established by the 4N0X1 CFETP part II, MAJCOM Supplements to this AFI and AFMAN 44-158. The IDMT provides care in preceptor supervised settings in USAF MTFs and deployed settings. The IDMT can provide care in the absence of a licensed health care provider at remote/deployed settings or in alternate care locations approved by MAJCOM SG (i.e., BMT, OTS).

1.11.2. When assigned to an MMU/SME and not deployed or conducting unit specific duties, IDMTs will be considered to be at home station and will perform IDMT sustainment training/duties in the MTF/HMTF.

1.11.2. (ACC) MMU/Field Training Unit/CSARME IDMTs' primary place of duty is their assigned unit. Their primary functions are to support their unit of assignment, sustain training requirements and perform deployment operations.

1.11.3. When at home station and seeing patients, the IDMT works under the direct supervision of their preceptor. The preceptor will evaluate the patient, review the medical chart, discuss the findings, diagnosis and treatment plan with the IDMT before the patient departs.

1.11.3.1. At home station, IDMTs will see patients and perform duties to the full extent allowed by the 4N0X1 CFETP, AFMAN 44-158, and this AFI for the sole purpose of maintaining skills and knowledge both as an IDMT and as a 4N0X1.

1.11.4. Maintains EMT certification IAW 4N0X1 CFETP and IBT currency, ACLS and PHTLS training (recommended). If required by gaining MAJCOM, obtains/maintains BLS/SABC instructor qualifications.

1.11.4. (ACC) Within 12 months of release of this supplement, IDMTs assigned to the following units will obtain and maintain Basic Life Support (BLS)/Self Aid Buddy Care (SABC) Instructor qualification, Advanced Cardiac Life Support (ACLS) and Pre-Hospital Trauma Life Support (PHTLS) or Basic Trauma Life Support (BTLS) training. Completion of Center for Sustainment of Trauma and Readiness Skills meets PHTLS/BTLS training requirement.

607 ACS	726 ACS	728 ACS	729 ACS
819 RHS	820 RHS	823 RHS	99 GCTS
3 CCG	5 CCG	820 SFG	38 RQS
48 RQS	58 RQS		

All other IDMTs will maintain BLS/SABC Instructor qualification as required by ACC unit of assignment. MTF IDMTs are required to maintain Immunization Back-up Technician (IBT)--Adult and Pediatric; all other IDMTs will maintain only IBT--Adult, unless otherwise directed by unit commander to meet mission requirements.

1.11.4.1. **(Added-ACC)** It is highly recommended IDMTs assigned to SME, MMU or UTC FFPM1/FFGKN complete the Contingency Public Health Operations and Operational Entomology courses.

1.11.5. Advises on, and coordinates with, the site commander on all health matters at the designated deployed/remote site.

1.11.6. Completes/maintains all training/certification and sustainment training requirements listed in **Chapter 2** of this AFI and part II of the 4N0X1 CFETP.

1.11.7. Functions as the medical Cost Center Manager (CCM) at the remote site. Receives written guidance from the MTF/HMTF RMO.

1.11.8. MMU/SME/Remote Site IDMTs should not perform additional duties that may result in a conflict of interest, or detract from their primary role as the unit/site medical representative. This includes duties that would violate the Laws of Armed Conflict rules for non-combatants.

1.11.9. Supervision

1.11.9.1. The remote site commander or his/her designee will be the reporting official for the senior IDMT.

1.11.9.1. **(ACC)** The MMU commander or designee will be the reporting official for the senior IDMT.

1.11.9.2. The clinical supervision of the IDMT will be the responsibility of the preceptor.

1.11.9.3. The Senior IDMT will supervise junior medical personnel assigned to the MAS/MMU/SME and as necessary establish reporting chains.

1.11.10. Operational Support Preceptor

1.11.10.1. Upon arrival at the deployed site, the IDMT will make direct contact with the physician preceptor at the deployed location.

1.11.10.1.1. The physician preceptor may be AF, Army, Navy, Coalition or Host Nation.

1.11.10.1.2. If unable to determine the physician preceptor, the IDMT will contact the Theater/MAJCOM SG.

1.11.11. If unable to contact physician preceptor, the IDMT will call an USAF MTF with a 24-hour Emergency Room for assistance.

1.11.12. IDMTs will document all patients seen by them using AF IMT 4336, IDMT Patient Encounter Form, preceptor's feedback will be added on the back of the form. Adding a patient number to the medical documentation matching the number on the AF IMT 4336 will allow the preceptor to match the documentation with the appropriate entry on the Form. The lack of patient identification on the form is intentional to protect patient privacy. A copy of current AF IMT 4336s will be maintained as a part of the IDMTs CAF, see para 1.8.2.4.

1.12. USAF MTF with 24-hour Emergency Rooms (ER)

- 1.12.1. Will provide physician support to IDMTs who are unable to contact their physician preceptor.
- 1.12.2. ER physicians will be familiar with the IDMT protocols and a copy of the protocols will be maintained in the ER.

Chapter 2

TRAINING AND EDUCATION

2.1. General Information:

2.1.1. When seeing patients at home-station, IDMTs are considered in training status under the direction of the medical/dental preceptors.

2.1.2. IDMTs will perform patient examination and treatment procedures in preceptor-supervised situations within the MTF. IDMTs will perform patient examination and treatment procedures in MAJCOM SG-approved locations, within the established scope of care as defined by the AFMAN 44-158, MAJCOM Supplements and part II of the 4N0X1 CFETP.

2.2. IDMT Orientation/Initial Certification:

2.2.1. All newly assigned IDMTs will participate in an orientation and certification program at the MTF/HMTF, IAW [Attachment 6](#) of this AFI. Initial orientation must be completed within 60 days after arriving on station.

2.2.2. For IDMTs who are inbound to an overseas remote site MMU, the PCS processing code 9XJ is entered on the permanent change of station orders and they must report to the HMTF for the HMTF orientation/certification prior to their report no later than date to the site.

2.2.3. During this process, the IDMT will train with the medical and dental preceptor who will evaluate IDMT's competency to provide treatment IAW approved AF IDMT Medical and Dental Treatment Protocols. The preceptors will document the training and sign off certification letter.

2.3. Sustainment Training Requirements:

2.3.1. Every 12 months, the IDMT including selected Senior/Chief Master Sergeants when required by the duty position, must complete sustainment training/tasks as identified in [Attachment 7](#).

2.3.1. (ACC) Chief master sergeants will not maintain IDMT sustainment training skills unless deploying in an IDMT function required to utilize them. If tasked to do so, they will comply with paragraph [2.4.1](#).

2.3.2. The MTF/HMTF provides functional area expertise to support all IDMT sustainment training.

2.3.3. Designated physician/dentist preceptors will provide clinical supervision, training, and guidance.

2.3.4. The MTF/HMTF will develop procedures for scheduling of patients to be seen by the IDMT and administrative processes for proper accounting of patient visits (e.g. coding and end of day processing).

2.3.5. Preceptors will receive case presentations by the IDMT to validate clinical evaluation, diagnosis and treatment.

2.3.6. The IDMT Computer Based Training CD-ROM may be used as an adjunct to sustainment training. Since the training is didactic it may not be used as a substitute for performance objectives.

2.4. Just-in-Time Training:

2.4.1. Appropriate “just-in-time” training will be conducted as necessary for SMSgt and CMSgt IDMTs not usually assigned to a deployment Unit Type Code (UTC) but are tasked to support short notice IDMT deployments. These individuals will at a minimum, complete all IDMT QTPs as identified in part II of the 4N0X1 CFETP, be current in BLS, and be certified by the SGH and Chief of Dental Services.

2.5. IDMT Temporary/Permanent Decertification/Reclassification Procedures.

2.5.1. Preceptors make recommendations for temporary/permanent IDMT decertification due to clinical quality issues (CQI) to the MTF/HMTF SGH.

2.5.1.1. CQI review process will be IAW AFI 44-119, *Clinical Performance Improvement*.

2.5.2. Commanders with UCMJ authority over the IDMTs recommend temporary/ permanent IDMT decertification due to quality force issues to the MTF/HMTF Commander.

2.5.3. IDMT Temporary Decertification Procedures

2.5.3.1. Medical and/or Dental Preceptor and Chief, Aerospace Medicine, as applicable, Chief Nurse Executive, senior 4N0X1, and MTF/HMTF IDMT Program Coordinator review the recommendations. IDMT’s commander will be included in the process for administrative review of IDMTs falling under their authority.

2.5.3.2. Chief of Medical Staff will notify IDMT, in writing, of intent for temporary decertification. The IDMT has 10 duty days in which to provide a written rebuttal, during which time their IDMT duties may be suspended, as determined by the SGH.

2.5.3.3. The SGH reviews rebuttal comments and proceeds as appropriate.

2.5.3.4. Recommendation with full justification as to nature of decertification is made by the MTF/HMTF SGH to the MTF/HMTF Commander for final disposition.

2.5.3.5. With concurrence of the MTF/HMTF commander, the SGH temporarily decertifies, in writing, the IDMT from performing IDMT duties and provides a copy to IDMT. The original letter will be posted in IDMT’s 6-part Education and Training folder and a copy placed in the IDMT’s CAF.

2.5.3.6. Immediately notify in writing, the MAJCOM(s) Aerospace Medical Service Functional Managers with complete description of specifics as appropriate.

2.5.3.7. At a minimum, the SGH will review temporary decertification every 90 days. At six months, consider IDMT for permanent decertification/Air Force Specialty Code (AFSC) reclassification.

2.5.4. IDMT Permanent Decertification/Reclassification Procedures.

2.5.4.1. Follow procedures listed in para **2.5.3.1. - 2.5.3.6.** when initiating permanent decertification/reclassification actions.

2.5.4.2. MTF/HMTF commander forwards decertification package to IDMT’s immediate commander with the recommendation to initiate AFSC withdrawal IAW AFI 36-2101, *Classifying Military Personnel*, para 4.1.4.

2.5.4.3. Commander will coordinate with local Military Personnel Flight (MPF) to ensure members selected for retention will be retained in AFSC 4N0X1, if appropriate.

2.6. Management of Assignment Limitation Code C IDMTs.

2.6.1. The Medical Evaluation Board/Physical Examination Board (MEB/PEB) process is not designed to decide if a person is fit to practice, it is a tool for deciding whether an individual's medical condition limits their assignment/deployment options.

2.6.2. The PEB sets a disability rating for the medical condition. Some medical conditions can produce a significant level of disability that markedly interferes with functional ability. If the individual is not qualified to hold the AFSC, withdrawal actions according to AFI 36-2101 will apply.

Chapter 3

CLINICAL SERVICES SUPPORT

3.1. Medical Treatment.

3.1.1. IDMTs perform all medical and dental treatment using AFMAN 44-158. These protocols, in conjunction with part II of the 4N0X1 CFETP, define the scope of practice for IDMTs. Physician preceptors/on-call physicians and dental preceptors may, on a case-by-case basis, approve deviation from the prescribed USAF IDMT Medical and Dental Treatment Protocols. In this case, the provider and IDMT must document the deviation on their respective SF 600 and both SF 600s will be placed in the patient's medical record.

3.1.1.1. Patients with chronic problems are referred to a physician or dentist as appropriate. Medical or Dental preceptors give IDMTs written instructions defining their involvement in caring for patients with these conditions.

3.1.2. Telemedicine Technology Use by IDMTs. With Theater/MAJCOM SG approval and in coordination with the designated physician preceptor, IDMTs may use telemedicine technology when available.

3.2. Medical Communication. The IDMT must immediately contact the HMTF physician preceptor or on-call physician, when in doubt about a diagnosis/treatment, when dispensing any medication coded MD on the IDMT authorized drug list or when protocols require.

3.3. Minor Surgical Procedures. The IDMT's scope of practice is limited to suturing minor wounds and opening/draining small abscesses. The IDMT may not suture lacerations crossing a vermilion border, the eyelid, cartilage such as the ear or nose, openings over joint spaces that involve tendons or where deep muscle is exposed, the genital or anal region, and the palms of hands or soles of feet unless directed by preceptor. In cases where not re-approximating a wound may be detrimental to the patient, the IDMT must consult the physician preceptor. Before performing any minor surgical procedure the IDMT must obtain the patient's consent on OF 522, *Request for Administration of Anesthesia and for Performance of Operations and Other Procedures*.

3.4. Medications. AFMAN 44-158 contains the IDMT Authorized Drug List and the scope of services to be offered by each remote/deployed site or MMU, the MTF/HMTF Pharmacy and Therapeutics (P&T) Committee/function determines the appropriate medication authorization. MTFs/HMTFs may make the list more restrictive than the USAF IDMT Authorized Drug List.

3.4.1. Additions/Substitutions to AF IDMT Authorized Drug List. The MTF/HMTF SGH forwards any recommended additions/substitutions to the USAF IDMT Authorized Drug List to the MAJCOM SG for review and approval.

3.4.2. The IDMT dispenses medications as authorized by the MTF/HMTF, MAJCOM, USAF, and Department of Defense/Health Affairs directives.

3.4.2.1. The JCAHO requires that all medications dispensed by non-pharmacy staff must follow the same procedures as if the drugs were dispensed by the pharmacy.

3.4.2.1.1. The IDMT may only dispense controlled substances under the direction of a physician. Specific physician instructions will be documented in the health care record and entered into the electronic patient profile [Composite Healthcare System (CHCS)] if available.

3.4.2.1.2. The patient must countersign the prescription, acknowledging receipt of the controlled substance and understanding of instructions provided.

3.4.2.1.3. Containers for all medications must be appropriately labeled with the patient name, name of provider, date issued, directions for use, quantity dispensed, and also must include appropriate cautionary labels to ensure safe, effective use of the medication by the patient.

3.4.2.1.4. Documentation of patient counseling about proper utilization, storage, possible side effects, adverse effects, warnings, precautions, and interactions must be included either in the medical record or annotated on the AF IMT 781, **Multiple Item Prescription**. If patients decline counseling, the IDMT must document that fact in the patient medical record or on the AF IMT 781.

3.4.2.1.5. IDMTs may dispense appropriately labeled and approved over-the-counter (OTC) medications IAW paragraph 3.4.2.

3.4.2.2. IDMTs assigned to MMUs dispense medication at deployed or MAJCOM approved locations and in the HMTF during pharmacy sustainment training.

3.4.3. Dispensing Controlled Substances.

3.4.3.1. Normally, IDMTs at remote/deployed/contingency locations will dispense controlled substances under the direction of a physician or dentist. The patient's specific instructions will be documented in the health care record and entered into the electronic patient profile (CHCS) if available. The patient must countersign the prescription, acknowledge receipt of the controlled substance, and understanding of instructions provided.

3.4.3.1.1. In the event there is a medically valid reason to dispense a controlled substance IAW the IDMT protocols, but the physician/dental preceptor cannot be contacted due to lack of communication connectivity at remote/deployed/contingency locations and the IDMT is unable to contact a USAF MTF ER (see para 1.10.11), the IDMT will dispense a 24-hour supply of the controlled substance, document the communication failure and number of attempts to contact the physician/dental preceptor or ER.

3.4.3.1.2. The IDMT will continue to call the preceptor/ER until able to contact and inform him/her of the situation and actions taken. The preceptor will document the incident and inform the SGH using AF Fm 765 Medical Treatment Facility Incident Statement.

3.4.4. Labeling prescriptions. Prescription containers for all dispensed medications must be appropriately labeled IAW federal requirements stated in the *Food, Drug, and Cosmetic Act*, Sections 502 and 503 or 21 U.S.C. Sections 352 and 353. Medications should be prepackaged by pharmacy. Labels must contain the following:

Prescription number

Prescriber's name

Patient's name

Directions to the patient

Name, location and telephone number of medical facility's pharmacy

Cautionary Statement "Keep out of reach of Children"

Date filled

Initials of person who typed label

Name of medication, dosage size and quantity dispensed

Ref AFI 44-102

3.4.4.1. For all schedule II, III and IV medications, the container must have the following warning "CAUTION: Federal Law Prohibits the transfer of this drug to any person other than the patient for whom it was prescribed."

3.4.4.2. Appropriate auxiliary labels to ensure the safe and effective use of the medication.

3.4.5. Documentation of Counseling. Documentation of patient counseling IAW the federal Omnibus Budget Reconciliation Act (OBRA) of 1990. Patient counseling must include but is not limited to the following: name and description of the medication, route of administration, dose, dosage form, and duration of drug therapy. OBRA '90 also mandates discussion of special directions and precautions for preparation of drugs, administration and use by the patient; common severe side effects or adverse effects or interactions and therapeutic contraindications that may be encountered (including their avoidance and the action required if they occur); techniques for self-monitoring drug therapy; proper storage; refill information; appropriate action in case of a missed dose and patient specific medication allergies.

3.4.5.1. Documentation of such counseling must be entered on AF IMT 781, Multiple Item Prescription and on an SF Form 600 and placed in the patient's medical record.

3.4.6. Injection Therapy.

3.4.6.1. IDMTs do not provide immunotherapy (allergy extract) unless they have completed the formal allergy course, have been awarded the 453 Special Experience Identifier (SEI), and are current in their training. Immunotherapy given by qualified IDMTS will only be done in the MTF/HMTF

3.4.6.2. The IDMT may administer injections when directed by the physician preceptor/ on-call physician and in accordance with the AFMAN 44-158. EXCEPTION: IDMTs may administer epinephrine IAW the anaphylaxis protocol before consulting the physician preceptor.

3.4.6.3. The IDMT may administer scheduled drug injections when directed by a physician or dentist.

3.4.6.3.1. AF IMT 579, *Controlled Substances Register*, or AF IMT 781 will be used to document accountability for these items, refer to Para 3.4.2.1. The physician preceptor will countersign the AF IMTs 579 and 781 during site visits or upon IDMT's return from remote, deployed or contingency locations.

3.4.6.4. IDMTs will store syringes and hypodermic needles in a secure area. Final disposition of used, disposable hypodermic syringes and needles will be accomplished following MTF/HMTF guidelines.

3.4.7. Immunizations. At deployed/remote/contingency sites, IDMTs may administer routine immunizations to active duty personnel, and may administer routine immunizations to DOD beneficiaries with Theater/ MAJCOM SG approval. When at home-station, the IDMT can function within the full scope of the IBT certification.

3.4.7. (ACC) Immunizations. Immunization functions performed in deployed/remote/contingency sites will be documented to meet IBT quarterly training requirements. MTF/HMTF Allergy/Immunizations Clinic noncommissioned officers in charge will review IDMT IBT training needs post-deployment and tailor training to meet any shortfalls to ensure IDMTs maintain currency.

3.5. Anaphylaxis Treatment. The IDMT must keep anaphylaxis (allergic reaction) treatment supplies in the treatment room/injection area at all times ([Attachment 4](#)).

3.6. Treatment of Nonmilitary Personnel. The IDMT will not treat family members, retirees, contract personnel, or personnel who are not authorized to receive medical service at government expense, except in an emergency when it is necessary to preserve life, limb or prevent undue suffering as determined by medical/dental preceptor. In all cases, after emergency treatment of such personnel, the IDMT refers them immediately for definitive care. Record all emergency medical care SF 600. **EXCEPTION:** In certain operations an IDMT may, with Theater/MAJCOM SG approval, provide care for deployed Department of Defense (DOD), government civilian employees and contractors, MEDCAP/Humanitarian missions when requested and no other care is available. However, the IDMT may only see patients between the ages of 17 to 65.

3.7. Treatment by Nonmilitary Physicians at Remote/Deployed locations. To arrange for treatment by nonmilitary physicians, the IDMT will contact the HMTF for guidance. See paragraph [5.1.2](#).

3.7.1. During contingency operations, the IDMT will follow Theater SG guidance.

3.8. Quality Activities. The MTF/HMTF will establish procedures for physician preceptor review of IDMT medical records. The report of the reviews will be forwarded at least twice per calendar year to the Executive Committee of the Medical Staff (ECOMS) with a copy placed in the IDMTs CAF. At a minimum the following reviews will be accomplished:

3.8.1. Medication Errors.

3.8.2. Medication deviations from protocols.

3.8.3. Diagnostic inaccuracy.

3.8.4. Deviations from protocols.

3.8.5. Preceptor's review of the SF 600 entries within established Theatre/MAJCOM SG timeframe.

3.8.6. Compliance with training/certification requirements.

3.8.7. Review of respective AF IMT 4336, IDMT Patient Encounter Forms.

3.9. Health and Wellness/Health Promotion Activities. The IDMT assigned to remote/deployed sites will consult with the HMTF Health and Wellness Center (HAWC) staff to provide information, materials, and instruction for unit personnel.

Chapter 4

DENTAL SERVICES SUPPORT

4.1. The Dental Preceptor:

- 4.1.1. Provides professional guidance, training and support to assigned IDMTs.
- 4.1.2. Appointed in writing by the Chief of Dental Services to train IDMTs to treat dental disorders using AFMAN 44-158. Recommends IDMT for certification to treat dental disorders by placing his/her signature on a Competency Verification letter.
- 4.1.3. Oversees the MFT/HMTF dental component of initial/sustainment IDMT training
- 4.1.4. Establishes procedures by which the IDMT in the deployed/remote/contingency locations will refer dental emergencies that are beyond the IDMT's capabilities.

4.2. The IDMT:

- 4.2.1. Treats dental conditions according to AFMAN 44-158.
- 4.2.2. Assists with appointments at remote/deployed sites for mobile dental team visits, as instructed by the dental preceptor.
- 4.2.3. Establishes, in coordination with the dental preceptor, a preventive dentistry program for remote site personnel.
- 4.2.4. With approval of the HMTF Chief of Dental Services, maintains dental equipment and supply levels commensurate with the care provided at the remote/deployed site.
- 4.2.5. In emergency cases (e.g., fracture or oral injury), contacts dental preceptor/on call dentist for advice on appropriate treatment and stabilization until patient is evacuated from the remote/deployed/contingency location to a dental treatment facility.
 - 4.2.5.1. In the event the IDMT cannot contact the dental preceptor or on call dentist due to communication failure, the IDMT will manage the patient using AFMAN 44-158, IDMT Protocols until further definitive care is available or the dentist is contacted. Once contacted, the preceptor will document the incident and inform the SGD using AF Fm 765 Medical Treatment Facility Incident Statement.

Chapter 5

ADMINISTRATIVE SERVICES SUPPORT

5.1. The MTF/HMTF Administrator (or representative):

5.1.1. Develops OIs that address the minimum following topics (as they apply to the remote/MMU/deployed sites):

5.1.1.1. In-processing and out-processing of personnel ensuring compliance with all applicable directives.

5.1.1.2. Personnel being reassigned to another remote site.

5.1.1.3. Outpatient records maintenance and management.

5.1.1.4. Procedures for medical/dental review prior to extension or in-place consecutive overseas tour at a remote location.

5.1.1.5. Line of Duty (LOD) determination and procedures.

5.1.1.6. Medical Affirmative Claims/Third Party Liability (TPL) Program.

5.1.1.7. Managed Care Programs (TRICARE).

5.1.1.8. Overseas clearance processes.

5.1.1.9. Release of information including Health Insurance Portability and Accountability Act (HIPAA) requirements.

5.1.1.10. Reporting significant events and hospitalizations.

5.1.1.11. Nuclear Weapons Personnel Reliability Program (PRP). This written guidance must create a clear link between the site's program and the HMTF's program.

5.1.1.12. Aeromedical evacuation procedures to include support agreements with any civilian Aeromedical transport agencies/theatre assets.

5.1.1.13. Reporting of workload management data.

5.1.2. May hire civilian physicians on an intermittent or part-time basis, for duty at remote sites, after obtaining approval from MAJCOM SG.

5.1.3. Works with base legal personnel to establish procedures to identify potential third-party liability cases treated at the remote site.

5.2. The IDMT:

5.2.1. Maintains all medical and dental records for assigned remote/deployed/ contingency site personnel IAW established HMTF OIs or Theater SG guidelines to include HIPAA and Privacy Act protections. This may require proficiency with electronic medical records/database programs.

5.2.2. Follows procedures to begin both the formal and informal administrative LOD process.

5.2.3. Medical Affirmative Claims/Third Party Liability

5.2.3.1. IAW established HMTF OI, clearly marks and identifies records as third-party liability cases after they are so designated,

5.2.3.2. Completes documentation and forms for each visit, IAW established HMTF OI.

5.2.4. Provides patient information on Managed Care Programs, including TRICARE information pamphlets that are available through the HMTF TRICARE Service Center. IDMTs will not attempt to counsel individuals on problem cases.

5.2.5. Assists the patient or sponsor in contacting the TRICARE Service Center to address/resolve TRICARE issues.

5.2.6. Ensure 100% health records maintenance compliance with *DOD 5210.42-R, Nuclear Weapon Personnel Reliability Program, AFI 36-2104, Nuclear Weapons Personnel Reliability Program, MAJCOM, and MTF/HMTF guidelines.*

Chapter 6

MEDICAL LOGISTICS SUPPORT

6.1. Medical Supplies. The IDMT obtains medical materiel from the HMTF Medical Logistics activity per AFI 41-209, *Medical Logistics Support*, Chapter 3.

MEDLOG/DMLSS, if made available by the HMTF Medical Logistics Activity, may be used to automate inventory management. A list of approved medical supply items is signed by the MTF/HMTF Commander or designee for the MMU/remote site and maintained by the IDMT. A copy is forwarded to the HMTF Medical Logistics activity. Quantities on hand will not normally exceed a 30-day supply unless a greater amount is the smallest quantity that can be ordered.

6.1.1. **Controlled Items.** The IDMT uses the same storage, issue, accounting and inventory procedures and precautions for controlled drugs as a nursing unit, including AF IMTs 579. A separate form is used for each controlled drug.

6.1.1.1. The MMU/remote site Commander appoints in writing a disinterested officer monthly (officer, SNCO E-7 or above, or civilian of comparable grade) to inventory Schedule II – V medications.

6.1.1.2. The officer ensures that all drugs ordered from the pharmacy, as well as administered to patients, have been properly recorded since the last disinterested inventory reconciling each entry.

6.1.1.3. The inventory officer counts the drugs on hand and verifies quantities by comparing stock on-hand to entries on each AF IMT 579 provided by the HMTF Medical Logistics activity or pharmacy.

6.1.1.4. The inventory officer completes the Letter for Inventory of Controlled Substances, **Attachment 5**, by annotating the results of the inventory of each controlled substance and the balance on the specific AF IMT 579. He/she includes a brief note stating “*inventoried and found correct*” or “*inventoried and found discrepancy of ___*” sign and date.

6.1.1.4. (ACC) The MTF/HMTF Chief of Medical Staff (SGH) will designate licensed physician preceptors in writing.

6.1.1.5. A copy of the inventory results is provided to the MMU/remote site Commander to be forwarded to the MTF/HMTF. The IDMT should retain the original for his/her records.

6.1.2. **Biennial (every two years) Review of Controlled Substances.** The Comprehensive Drug Abuse Prevention and Control Act of 1970 requires an inventory of all controlled substances beginning 1 May 1971 and every two years thereafter. The inventory officer/senior NCO designated by the MMU/remote site commander prepares a certificate to show the date of inventory, signature of the person conducting the inventory, and the site commander. Attach a copy of the inventory results to the certificate and forward the original to the HMTF Pharmacy and maintain current copy in the site folder.

6.2. Medical Equipment. The IDMT obtains medical equipment and medical maintenance support from the MTF/HMTF.

6.3. Professional Medical References. The IDMT must have professional medical references listed in [Attachment 1](#) and these will be ordered from the MTF/HMTF Medical Logistics activity IAW locally established guidelines.

6.4. Nonmedical Supplies and Equipment. The IDMT normally obtains nonmedical supplies and equipment from the closest base supply activity. With concurrence of the MTF/HMTF Commander or designee, the IDMT may use medical funds to obtain nonmedical items through the MTF/HMTF Medical Logistics. Request maintenance of nonmedical equipment through supporting civil engineer and/or communications organizations. If not available, the site commander will arrange for contract repair.

6.5. Excess Materiel. IDMTs will turn in any medical materiel no longer required to the MTF/HMTF Medical Logistics activity.

6.6. Vehicles. Vehicles for MMU/SME units/remote sites will be obtained and maintained utilizing locally established guidance.

6.7. Contract Services. If required, contract medical services for the remote/deployed/contingency site will be coordinated with the MTF/HMTF.

Chapter 7

PUBLIC HEALTH (PH) SUPPORT

7.1. PH Visits to Evaluate Health Hazards. The HMTF, regardless of MAJCOM affiliation, will arrange for PH support to manage the potential health risks to Air Force and other DOD personnel from workplace and community environments, evaluate the adequacy of controls, and recommend changes in controls, as needed. (PH refers to MTF/HMTF and deployed PH where applicable.) The HMTF PH office will determine effectiveness of IDMT performance of PH functions, and any special training requirements, and provide training as needed. The functions of the agencies and individuals involved in health risk determinations are described in the sections that follow.

7.2. PH Activities. The IDMT must be familiar with the PH portion of the HMTF Site Support Plan. The IDMT carries out daily responsibilities in these PH areas.

7.2.1. Epidemiology. Monitor disease, injury incidence and prevalence and promptly reports significant trends to the unit/remote-site commander and PH office at the HMTF. This may require proficiency with electronic medical records/database programs.

7.2.2. Communicable Disease Reporting. Maintain a list of reportable diseases and conditions. Notifies PH of any individual with a reportable disease and condition IAW established AFIs. Maintain a confidential log of all reported cases at the MMU/remote site or deployed location. The log is the basis of communicable disease trend analysis and for recommendations to the unit/remote-site commander. Follow the general procedures for communicable-disease control in the current edition of *Control of Communicable Disease Manual*.

7.2.3. Sexually Transmitted Diseases. Consult physician preceptor for all suspected or known cases of sexually transmitted diseases. Conduct contact interviews and treatment follow-up. Consult the HMTF PH office for guidance in notifying sexual contacts not eligible for DOD health care. Reference AFI 48-105, *Control of Communicable Disease* and most recent Center for Disease Control treatment recommendations.

7.2.4. Zoonoses Control. When an animal bites or scratches a person, the IDMT gathers all pertinent facts from the patient and, if possible, the animal owner. The IDMT immediately reports the incident to HMTF PH office and the physician preceptor. Record the facts on DD Form 2341, *Report of Animal Bite Potential Rabies Exposure*, when the patient receives initial treatment. Ensure personnel complete prescribed rabies vaccination series as scheduled/directed by the HMTF PH Office. Send completed DD Fm 2341 to HMTF for review and case closure. Reference AFI 48-105.

7.2.5. Medical Entomology. Determine the source and prevalence of pests that could affect the health and well being of unit/remote site/deployed site personnel. The HMTF PH staff provides procedural guidance and assistance for this task.

7.2.6. Food Safety Program:

7.2.6.1. Food Inspection. Inspect appropriate food products at the time of delivery to ensure wholesomeness and compliance with requirements. Annotate each vendor's delivery invoice as follows: "Inspected by _____ Independent Duty Medical Technician, (date)." Inspect deliveries of government-owned subsistence from host bases for temperature requirements, sanitary

condition of vehicle, and obvious transit damage. Contact HMTF PH office if there are any concerns regarding this program. Reference AFI 48-116, *Food Safety Program*.

7.2.6.2. Foodborne Illness Investigation. Investigate and report to HMTF PH office all incidents of suspected food-borne illness following the Centers for Disease Control and Prevention and HMTF guidelines.

7.2.6.3. Food-Service-Facility Sanitation. Inspect all food preparation, storage, or on-base commercial outlets for sanitary practices in the presence of the facility manager or representative. Document all evaluations using AF IMT 977, **Food Facility Evaluation**, in duplicate. The IDMT leaves one copy with the facility manager and keeps the original. The IDMT sends a copy of any marginal or unsatisfactory reports to the unit/site commander and contacts the HMTF PH staff to discuss follow-up actions for marginal or unsatisfactory facilities.

7.2.6.4. Food-handler Training. Ensure initial and annual food-handler training is accomplished and documented by the food-facility supervisor or HMTF PH personnel. HMTF PH staff must approve course-training materials offered by supervisors. During remote-site visits, the HMTF PH staff provides training to food facility supervisors and IDMTs, as necessary.

7.2.7. Public Facilities Sanitation. Reference AFI 48-117, *Public Facility Sanitation*

7.2.7.1. Barber/Beauty Shops and Gymnasiums. Inspect remote site/deployed site barber/beauty shops and gymnasiums following AF, MAJCOM and HMTF policies. Leave copies of satisfactory reports with the facility supervisor and keep the original in the MAS files. Route a copy of all unsatisfactory reports through the unit/remote site commander and AAFES per AFI 48-117. The HMTF PH staff determines the frequency of inspections.

7.2.7.2. Dormitories. Inspect unit/remote site/deployed site dormitories when requested by the organization commander or first sergeant, limiting inspections to the basic structures and public areas of the dormitory. Send a written report to the unit/remote site/deployed site commander and retain a copy for the MAS files.

7.2.8. Clinical Occupational Health Programs. Reference AFI 48-145, *Occupational Health Program*.

7.2.8.1. Occupational Health Consultations. Report to the unit Safety Office all patient injuries that may be job related. Request assistance from the HMTF PH staff and Chief, Aerospace Medicine (SGP) to determine whether the patient has an occupational illness or injury.

7.2.8.2. Occupational Health Education. Ensure supervisors are aware of potential occupational hazards, protective clothing and equipment, and safe work practices. PH staff provides supervisors further assistance and refers them to sources for obtaining occupational health educational materials. Supervisors are responsible for educating their workers.

7.2.8.3. Occupational Health Examinations/Preventive Health Assessment for remote/fixed site personnel or at home-station. Assist the MTF/HMTF Occupational Health Working Group in determining occupational physical examination requirements and within the IDMT's scope of care, conducts preventive health assessments and occupational health examination on military personnel.

7.2.8.3. (ACC) Occupational Health Examinations/Preventive Health Assessment for remote/fixed site personnel or at home-station. IDMTs should not be utilized to permanently staff physi-

cal health assessment or occupational health examination clinics. They will be used in this role only to the extent it sustains IDMT patient care skills.

7.2.8.4. Hearing Conservation Program. Includes all personnel identified by the MTF/HMTF PH staff in the hearing conservation program and advise them to wear proper ear-protection devices as needed. Fit individuals with earplugs and educate them on the hazards of noise and the proper use and wear of hearing protection devices. Reference Air Force Occupational and Safety and Health (AFOSH) Standard 48-20

7.2.8.5. Reproductive Health Program. Consult with the HMTF SGP and the HMTF PH staff for guidance.

7.2.8.6. Blood-borne Pathogen Program. Adhere to the requirements of the HMTF exposure control plan for the prevention of exposure to blood-borne pathogens. Promptly report all exposures to the MTF/HMTF PH office.

7.2.8.7. TB Detection and Control Program (Airborne Pathogens). With the assistance of the HMTF PH office, accomplish a Tuberculosis (TB) risk assessment and exposure control plan for the MMU/remote site/deployed sites MAS. Consult the physician preceptor, and notify HMTF SGP, BE and PH in cases of positive tuberculosis skin tests. Reference 48-105.

7.2.9. Family Home Day Care (FHDC) Program - Applicant Screening: Follow HMTF guidelines and AFI 48-117 for medical screening of applicant and the applicant's family.

7.2.10. Medical Intelligence Program. Provide medical intelligence/preventive medicine briefings to deploying/deployed personnel assigned to the MMU/remote site using references approved by the HMTF, Medical Intelligence Officer or NCO.

7.2.11. Deployment Health Surveillance. IDMTs while deployed or at remote sites will ensure all USAF members requiring a DD 2796, Post Deployment Health Assessment, complete and enter them electronically (in current software such as Air Force Complete Immunization Tracking Application (AFCITA)). Requirements are listed in AFI 48-120, *Deployment Health Surveillance* (in draft coordination).

7.2.12. Food Security. Acts as advisor and consultant to deployed and remote commanders for AFI 10-246, *Food and Water Protection*. HMTF PH will provide consultation as needed.

7.2.13. Preventive Health Assessment and Individual Medical Readiness (PIMR) administration while deployed or remote. IDMT is responsible for keeping members current on all aspects of PIMR while deployed and/or at remote sites, updating PIMR as stated in [7.2.11](#).

Chapter 8

BIOENVIRONMENTAL ENGINEERING (BE) PROGRAM SUPPORT

8.1. BE Visits to Evaluate Health Hazards. The HMTF, regardless of MAJCOM affiliation, will arrange for BE support to evaluate the potential health risk to Air Force personnel from workplace and community environments, evaluate the adequacy of controls, and recommend changes in controls, as needed. (BE refers to MTF/HMTF and deployed BE where applicable.) Training will be provided as needed during site visits. The functions of the agencies and individuals involved in health risk determinations are described in the sections that follow.

8.2. Environmental Health

8.2.1. Potable Water to include bottled water:

8.2.1.1. The IDMT should be familiar with the source, treatment system, and distribution system for the entire remote/deployed sites and contingency locations. The IDMT at the site will periodically accompany the BEE or BE technician during sanitary/security inspections of the potable water system.

8.2.1.2. If required, IDMTs collect and ship samples of potable water for chemical, biological, and radiological analyses at the direction of the HMTF BE office.

8.2.1.3. IDMTs will perform bacteriological analyses of potable water samples at the direction of the HMTF BE office and local Operating Instructions. IDMTs also make chlorine residual and pH determinations at each bacteriological sampling location using field test kits.

8.2.2. Wastewater Collection, Treatment, and Disposal.

8.2.2.1. During remote site/deployed site visits, the HMTF BE staff visits and checks the wastewater treatment plant. The IDMT should also be familiar with these operations to facilitate identification of problems. If problems are noted, the IDMT will follow up with the HMTF BE office.

8.2.2.2. Waste Collection and Disposal. The IDMT at the remote site will monitor and report potential improper waste disposal (e.g. mixing hazardous waste with domestic waste) to the HMTF BE office.

8.2.3. Swimming Pools, Hot Tubs, Saunas, and Natural Bathing Areas. IDMTs at the remote site will maintain oversight of the sanitary conditions of recreational waters and hot tubs under Air Force jurisdiction. The IDMT will conduct pre and post-season inspections, weekly inspections, bacteriological sampling and testing, to include both chlorine/bromide residual and pH determinations. Chlorine/bromide and pH determinations may be conducted by trained lifeguards or other designated personnel; the IDMT will ensure these are performed properly. The IDMT is authorized to approve natural swimming areas in coordination with the HMTF BE office.

8.3. Occupational and Radiological Health Programs. The HMTF BE staff advises the IDMT at the remote/deployed site or contingency location on site specific occupational and radiological health monitoring responsibilities, including but not limited to industrial hygiene, control of hazardous materials, radioactive material handling/use and non-ionizing radiation health precautions.

8.3.1. The HMTF BE staff conducts site, work area or process evaluations as identified in the HMTF site support plan; coordinates visits with the site commander and workplace supervisors. The IDMT at the supported site will accompany the BE Officer or designee during site visits and conduct follow-up visits if necessary.

8.3.2. With assistance from the HMTF BE staff, the IDMT will educate workers on the health hazards in their workplace.

8.3.3. Workplace case files and facility folders will be maintained IAW HMTF guidance at remote sites using AFMS approved Management Information System.

8.3.4. The IDMT will monitor the use of required Personal Protective Equipment (PPE) and advise workers/supervisors when PPE needs maintenance or replacement. The IDMT will monitor the use and effectiveness of engineering and administrative controls.

8.3.5. The IDMT will be alert for potential confined spaces. These will be identified to the HMTF BE office for evaluation, prior to entry by workers.

8.3.6. The IDMT will closely monitor potential job related medical problems to determine if worker's symptoms could be caused by their work environment.

8.3.7. Radiological Health. The HMTF BE staff will ensure the IDMT knows the site specific ionizing and non-ionizing radiation exposure control requirements. The HMTF BE will be consulted on radioactive materials shipping and disposal procedures. The IDMT will immediately report all suspected overexposure incidents to the HMTF BE office for investigation. The IDMT will run the Thermo Luminescent Dosimeter (TLD) Program where required, IAW HMTF guidance.

8.3.8. Respiratory Protection Program. The remote/deployed site IDMT will manage a respiratory protection program in accordance with guidance provided by the HMTF, as applicable.

8.3.9. Hearing Conservation (HC) Program. The remote site IDMT will manage the HC program IAW HMTF guidelines.

8.4. Forms Prescribed:

AF IMT 286A, **Notification of Personnel Reliability Program Permanent Decertification Action**

AF IMT 579, **Controlled Substances Register**

AF Form 623, **Individual Training Record Folder**

AF IMT 623a, **On-the-Job Training Record - Continuation Sheet**

AF IMT 644, **Record of Dental Attendance**

AF IMT 765, **Medical treatment Facility Incident Statement**

AF IMT 781, **Multiple Item Prescription**

AF IMT 977, **Food Facility Evaluation**

AF IMT 1098, **Special Task Certification and Recurring Training**

AF IMT 4336, **IDMT Patient Encounter Form**

OF Form 522, **Request for Administration of Anesthesia and for Performance of**

Operations and Other Procedures

SF Form 600, **Health Record - Chronological Record of Medical Care, Version 1**

DD Form 2341, **Report of Animal Bite - Potential Rabies Exposure**

DD Form 2796, **Post Deployment Health Assessment**

8.5. Forms Adopted:

AF IMT 286, **Personnel Reliability Program (PRP) Certificate**

AF IMT 422, **Physical Profile Serial Report**

AF Form 555, **Patient Visit Register**

AF IMT 1041, **Medical Recommendation for Flying or Special Operational Duty Log**

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

AF Form 1480, **Summary of Patient Care**

AF Form 1488, **Daily Log of Patients Treated for Injuries**

DD Form 1348-6, **DOD Single Line Item Requisition System Document**

DD Form 2766c, **Adult Preventive and Chronic Care Flowsheet**

GEORGE P. TAYLOR, Lt General, USAF, MC, CFS
Surgeon General

(ACC)

RONALD E. KEYS, General, USAF
Commander

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

DOD 5210.42-R, *Nuclear Weapon Personnel Reliability Program*

AFPD 41-1, *Health Care Programs and Resources*

AFPD 44-1, *Medical Operations*

AFI 10-246, *Food and Water Protection Program*

AFI 10-2501, *Full Spectrum Threat Response (FSTR) Planning and Operations*

AFI 24-301, *Vehicle Operations*

AFI 24-302, *Vehicle Maintenance Management*

AFI 25-201, *Support Agreements Procedures*

AFI 36-2101, *Classifying Military Personnel (Officer and Enlisted)*

AFI 36-2102, *Base-Level Relocation Procedures*

AFI 36-2104, *Nuclear Weapons Personnel Reliability Program (PRP)*

AFI 36-2201, *Air Force Training Program*

AFI 36-2910, *Line of Duty (Misconduct) Determination*

AFI 41-101, *Obtaining Alternative Medical and Dental Care*

AFI 41-209, *Medical Logistics Support*

AFI 41-301, *Worldwide Aeromedical Evacuation System*

AFI 41-115, *Authorized Health Care and Health Care Benefits in the Military Health Services System (MHSS)*

AFI 44-102, *Community Health Management*

AFI 44-108, *Infection Control Program*

AFI 44-119, *Clinical Performance Improvement*

AFI 44-135, *Clinical Dietetics*

AFI 47-101, *Managing Air Force Dental Services*

AFI 48-101, *Aerospace Medical Operations*

AFI 48-105, *Control of Communicable Disease*

AFJI 48-110, *Immunizations and Chemoprophylaxis*

AFI 48-115, *Tuberculosis Detection and Control Program*

AFI 48-116, *Food Safety Program*

AFI 48-117, *Public Facility Sanitation*

AFI 48-119, *Medical Service Environmental Quality Program*

AFI 48-120, *Deployment Health Surveillance*

AFI 48-123, *Medical Examination and Standards*

AFI 48-145, *Occupational Health Program*

AFI 48-149, *Squadron Medical Elements*

AFI 91-204, *Safety Investigation and Reports*

AFMAN 23-110, *USAF Supply Manual*

AFJMAN 24-306, *Manual for the Wheeled Vehicle Driver*

AFMAN 44-144, *Nutritional Medicine*

AFMAN 44-158, *The AF IDMT Medical and Dental Treatment Protocols*

AFPAM 91-211, *USAF Guide to Aviation Safety Investigation*

AFOSHSTD 48-9, *Radio Frequency Radiation Safety Program*

AFOSHSTD 48-14, *Swimming Pools, Spas and Hot Tubs, and Bathing Areas*

AFOSHSTD 48-137, *Respiratory Protection Program*

4N0X1, *Aerospace Medical Service Career Field Education and Training Plan.*

NIOSH Publication #78-210, *Pocket Guide to Chemical Hazards, National Institute of Occupational Safety and Health (NIOSH)/Occupational Safety and Health Administration (OSHA).*

American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*, Washington, DC: American Psychiatric Association, current edition.

Solomon, Elder P., *Human Anatomy and Physiology*, Ontario, Canada: W.B. Saunders; current edition.

Benenson, Abram S., *Control of Communicable Disease Manual*, Washington, DC: American Public Health Association, current edition.

Katzung, Betram G. *Basic and Clinical Pharmacology*, San Francisco: McGraw-Hill, current edition.

Bledsoe, Bryan E., Cherry, Richard A., Porter, Robert S., *Brady Intermediate Emergency Care*, New York: Prentice Hall, current edition.

Comprehensive Drug Abuse Prevention Act of 1970. Available from

<http://www.usdoj.gov/deas/agency/csa.htm>

Emergency War Surgery, U.S. Government Printing Office.

Food and Drug Administration Food Code, Food, Drug, and Cosmetic Act. Available from <http://vm.cfsan.fda.gov/~dms/foodcode.html>

DeWitt, Susan C., *Fundamentals Concepts and Skills for Nursing*, Philadelphia: W.B. Saunders, current edition.

Omnibus Budget Reconciliation Act of 1990. Available from

http://naic.acf.hhs.gov/general/legal/federal/pl101_508.cfm

Auerbach, Paul S., *Management of Wilderness and Environmental Emergencies*, St Louis: Mosby, current edition.

Murray, P. R., Rosenthal, K. S., Kobayashi G. S. and M. A. Pfallar, *Medical Microbiology*, St Louis: Mosby, current edition.

National Association of Emergency Medical Technicians and American College of Surgeons, *Prehospital Trauma Life Support*, St Louis: Mosby, current edition.

All of the following publications are required for all MTF/HMTF IDMT training programs, remote sites:

Only publications annotated with a * are required for MMU/SME/UTC IDMTs:

*Bates, Barbara, Bickley, Lynn S., Hoekelman, Robert A., *A Guide to Physical Examinations and History Taking*, New York: Lippincott, William & Wilkins, current edition.

* Benenson, Abram S., *Control of Communicable Disease Manual*, Washington, DC: American Public Health Association, current edition.

Mistovich, Joseph J., Hafen, Brent Q., and Keith S. Karren , *Brady's Prehospital Emergency Care*, New Jersey: Prentice Hall, current edition; or other similar reference published by a different company.

Dorland's Medical Dictionary, Philadelphia: W.B. Saunders, current edition.

Grant, Harvey, Murrar, Jr., Robert, Bergeron, David, and Michael F. O'Keefe, *Brady Emergency Care*, New York: Prentice Hall, current edition.

Nettina, Sandra M., *Lippincott Manual of Nursing Practice*, Washington DC: Lippincott Williams & Wilkins, current edition.

*Tierney, Lawrence M., McPhee, Stephen J., and Maxine A Papadakis, *Current Medical Diagnosis and Treatment*, San Francisco: McGraw-Hill/Appleton & Lange, current edition.

Cummins, Richard O., *Textbook of Advanced Cardiac Life Support*, American Heart Association, current edition.

*Cowl, Clayton T., *Physician's Drug Handbook*, Minnesota: Lippincott Williams & Wilkins, current edition.

Abbreviations and Acronyms

ACLS—Advanced Cardiac Life Support

AFCITA—Air Force Complete Immunization Tracking Application

AF—Air Force

AFI—Air Force instruction

AFMIC—Air Force Medical Intelligence Center

AFOSH—Air Force Occupational Safety and Health

AFPD—Air Force policy directive

AFRC—Air Force Reserve Command

AFSC—Air Force specialty code

AFMAN—Air Force manual
AFRESS—Air Force Reportable Events Surveillance System
AMC—Aerospace Medicine Council
ANG—Air National Guard
ARC—Air Reserve Component
BAT—Blood Alcohol Test
BE—Bioenvironmental Engineering Services
BMET—Biomedical Equipment Technician
BMT—Basic Military Training
BLS—Basic Life Support
CAF—Competency Assessment Folder
CCM—Cost Center Manager
CFETP—Career Field Education and Training Plan
CFM—Career Field Manager
CHCS—Composite Health Care System
CQI—Continuous Quality Improvement
DIA—Defense Intelligence Agency
DMLSS—Defense Medical Logistics Standard Support
DNIF—Duties Not Involving Flying
DOD—Department of Defense
DPD—Diethyl - P - Phenylene Diamine
ECOMS—Executive Committee Of the Medical Staff
EMT—Emergency Medical Technician
ER—Emergency Room
FHDC—Family Home Day Care
HAWC—Health And Wellness Center
HBA—Health Benefits Advisor
HC—Hearing Conservation
HIPPA—Health Insurance Portability and Accountability Act
HMTF—Host Medical Treatment Facility
HQ AFMSA—Headquarters Air Force Medical Support Agency
HSI—Health Services Inspection

IAW—In Accordance With

IBT—Immunization Back-up Technician

IDMT—Independent Duty Medical Technician

IV—Intravenous

JCAHO—Joint Commission on the Accreditation of Healthcare Organizations

JQS—Job Qualification Standard

LAN—Local Area Network

LOD—Line of Duty

MAJCOM SG—Major Command Surgeon

MAJCOM/SGD—Major Command/Dental Surgeon

MAS—Medical Aid Station

MEB—Medical Evaluation Board

MEDLOG—Medical Logistics

MEMO—Medical Equipment Management Office

MMU—Mobile Medical Unit

MOD—Medical Officer of the Day

MPF—Military Personnel Flight

MTF—Medical Treatment Facility

NSN—National Stock Number

NREMT—National Registry of Emergency Medical Technicians

OBRA—Omnibus Budget Reconciliation Act

OI—Operating Instruction

OJT—On-the-Job Training

OPR—Office of Primary Responsibility

OSHA—Occupational Safety and Health Administration

OTC—Over the Counter

P&T—Pharmacy and Therapeutics

PA—Privacy Act

PCS—Permanent Change of Station

PEB—Physical Examination Board

PH—Public Health

PHTLS—Pre-Hospital Trauma Life Support

PIMR—Preventive Health Assessment and Individual Medical Readiness

PPE—Personal Protective Equipment

PRP—Personnel Reliability Program.

QTP—Qualification Training Packages

RMO—Resource Management Office

ROTC—Reserve Officer Training Cadet

SA—Support Agreement

SABC—Self-Aid/Buddy Care

SAV—Staff Assistance Visit

SEI—Special Experience Identifier

SGH—Chief of the Medical Staff

SGP—Chief, Aerospace Medicine

SIPRNET—Secret Internet Protocol Router Network

SME—Squadron Medical Element

STD—Sexually Transmitted Disease

TA—Table of Allowances

TB—Tuberculosis

TDY—Temporary Duty

TLD—Thermo Luminescent Dosimeter

TPL—Third Party Liability

TRICARE—Managed Care

UA—Urinalysis

UCMJ—Uniform Code of Military Justice

USAF—United States Air Force

UTC—Unit Type Code

Terms

Alternate Care Location—location approved by MAJCOM SG where IDMTs can provide care according to approved Operating Instructions specific to that location. Examples are Warrior Week, BMT and Officer Training School.

Dental Preceptor—A dentist appointed by the Senior Dental Officer who serves as the IDMT's dental supervisor and trainer and is identified by placing his/her signature and initials on AF IMT 623a, On-The-Job Training Record Continuation Sheet. By virtue of their status as professional health care providers, preceptors fulfill the requirements of both trainers and task certifiers in accordance with AFI 36-2201, *Air Force Training Program*.

Host Medical Treatment Facility (HMTF)—The Host MTF designated by the command surgeon to support an MMU/SME/remote site. The HMTF arranges for and ensures availability of medical services.

Host Medical Treatment Facility Orientation—Orientation at the HMTF prior to the IDMT arriving at the remote site/MMU/SME unit. This orientation allows the IDMT to work with their physician and dental preceptor and complete certification. IDMTs also have an opportunity to meet the supporting HMTF staff and review applicable OIs that may apply to the site/unit.

Independent Duty Medical Technician (IDMT)—Aerospace Medical Service Technicians in Air Force specialty codes 4N051/71C Senior Airman through Master Sergeants (and selected Senior/Chief Master Sergeants when assigned to a duty position requiring this specialty) who have successfully completed Independent Duty Medical Technician course, who are currently in good standing as EMTs IAW with the 4N0X1 CFETP and current as an IBT. IDMTs perform patient examination and render medical/dental treatment and emergency care to active duty personnel within the established scope of practice in the absence of a licensed health care provider or in preceptor-supervised settings in USAF MTFs as defined in paragraph 1.10.1. of this instruction. They are responsible to the MMU/remote site commander and are certified to treat medical and dental disorders by the HMTF SGH and Chief of Dental Services. IDMTs receive medical and dental guidance and support from their medical and dental preceptors and administrative/technical support from personnel assigned to the MTF/HMTF. IDMTs are categorized into the following categories based on unit of assignment:

MTF IDMT—IDMTs assigned directly to an MTF, prepared to support a remote site/MMU/UTC based contingency operations.

SME IDMT—IDMT assigned as a primary member of a Squadron Medical Element

MMU IDMT—IDMT assigned to support a Mobile Medical Unit

MAS IDMT—IDMT assigned to support a Medical Aid Station

Home-station Performance of duties—Performance of duties in the medical treatment facilities under the auspices of physician supervised training.

Independent Duty Medical Technician Program Coordinator—A 4N0X1/4N0X1C Aerospace Medical Service Technician/IDMT at an MTF/HMTF not tasked to support a remote site. The individual is appointed by the MTF Commander and tasked to oversee the in-house IDMT initial certification and sustainment training programs. This individual is responsible for the implementation, operation, and documentation of the program.

Medical Aid Station—A medical treatment facility (fixed/mobile) staffed and equipped to provide limited ambulatory care, patient holding, and stabilization in preparation for evacuation.

Mobile Medical Unit/Squadron Medical Element—A medical function of an Air Force organization with a deployable Medical Aid Station established to provide limited ambulatory care, patient holding, and stabilization in preparation for evacuation to support line mobility units while in a deployed status. (Examples: Special Operations Command Medics, CE Red Horse Squadrons, Air Control Squadrons, or Security Forces Medics). AFI 48-149, Squadron Medical Elements, also governs SME personnel.

Parent MAJCOM—Major Command that owns the site or unit supported by the IDMT.

Physician preceptor—A licensed, credentialed physician, appointed by the MTF/HMTF Chief of the Medical Staff, who serves as the IDMT's clinical supervisor and trainer and is available to the IDMT.

Remote Site—An Air Force operating location in a remote or geographically separated area without a full service MTF in the immediate vicinity. These remote sites usually have a small to medium number of assigned or attached personnel and many have a Medical Aid Station.

USAF IDMT Medical and Dental Treatment Protocols—(AFMAN 44-158). The standardized list of disease/injury entities and treatment modalities, that in conjunction with the current 4N0X1 CFETP, define the scope of care/practice for USAF IDMTs. HQ AFMSA/SGOC and the 882 TRG are the OPRs for changes to these protocols.

Attachment 1 (ACC)

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

AFI 44-103 (<http://www.e-publishing.af.mil/pubfiles/af/44/afi44-103/afi44-103.pdf>), *The Air Force Independent Duty Medical Technician Program*

Abbreviations and Acronyms

ACC—Air Combat Command

BTLS—Basic Trauma Life Support

CSARME—Combat Search and Rescue Medical Element

HQ ACC/SG—ACC Command Surgeon General

HQ ACC/SGN—ACC Nursing Division

Attachment 2**SAMPLE FORMAT, MTF/HMTF SUPPORT PLAN**

HMTF: _____ SITE

LOCATION: _____

A2.1. Description and demographics: *Include the detailed information as follows:*

A2.1.1. Designate the remote site supported. Briefly describe the mission of the remote site (unless classified).

A2.1.2. Describe the location of site. Indicate Best mode of transportation, mileage, and travel time involved from HMTF to the remote site. Include a map showing the specific location of the site, main routes, large cities, and military or civilian hospitals/clinics in the area of the site.

A2.1.3. Indicate category and number of personnel at the remote site. Include all active duty military, family members, US civilians, and host nation employees.

A2.2. HMTF Support - Prepare a separate plan for each MMU/remote site supported.

A2.2.1. Describe how Medical and Dental preceptors are consulted both during and after duty hours. Include alternative contacts such as Emergency Room Medical Officer of the Day (MOD).

A2.2.2. Describe how inpatient, ambulatory, and dental services are acquired through the HMTF.

A2.2.2.1. Include clinic schedules, appointment procedures, and specialty clinics.

A2.2.2.2. Indicate how mental health and family support services are made available.

A2.2.2.3. Indicate how routine physical exam, GYN, and optometry services will be provided.

A2.2.3. Provide specific instructions for requesting evacuation of patients from the site for further treatment to include support agreements with any civilian Aeromedical transport agencies/theatre assets.

A2.2.4. Describe the support provided in the following areas and determine the SAV frequencies for each. During SAVs, the HMTF Commander or designated personnel evaluates Medical/Dental care, competency of training, administrative procedures, and budgetary processes.

A2.2.4.1. Medical/Dental Service

A2.2.4.2. Pharmacy. Describe how controlled substances are accounted for. Describe how patient refills will be accomplished.

A2.2.4.3. Laboratory Services. Describe how specimens will be transferred to the laboratory.

A2.2.4.4. Public Health - List which public health services will be conducted at the remote site

A2.2.4.5. Bioenvironmental Engineering - List services to be conducted at site and designate which services will be conducted by the IDMT and the HMTF BE office.

A2.2.4.6. Medical Logistics - Describe how medical supplies will be sent to the remote site.

A2.2.4.7. Administrative Services - Include outpatient records and the Personnel Reliability Program.

A2.2.4.8. Other HMTF staff agencies (staff development, Health Promotion, Nursing, etc.)

A2.2.5. Provide specific instructions and guidance for procuring medical services from civilian sources.

A2.2.5.1. Include names of medical treatment facilities in the area of the remote site that can provide care. Discuss capabilities of those facilities. **NOTE:** Include this information in all cases.

A2.2.5.2. Describe any TRICARE referral provider network services.

A2.2.5.3. Describe under what circumstances civilian medical services may be used.

A2.2.5.4. Indicate if civilian consultations for ancillary services such as X-Ray, Laboratory, and other services like Physical Therapy may be used.

A2.2.5.5. Describe how civilian medical sources will be reimbursed.

A2.2.5.6. Provide specific instructions and guidance for procuring medical or dental services from other DOD or host nation military facilities. In addition, describe in detail any other arrangements for obtaining care and support.

A2.3. Support provided by the Medical Aid Station

A2.3.1. Describe in detail professional guidance not included in AFI 44-103.

A2.3.2. Indicate if the site supports TDY physicians and what support will be made available.

A2.3.3. Legal Blood Alcohol Testing (BAT) procedures - Identify which laboratory will conduct legal BATs, indicate the chain of custody methods and how blood specimens are transferred to the laboratory.

A2.3.4. AF Drug Screening procedures - Identify who will be the Medical Urine Testing Monitor and indicate whether urine specimens are transferred to the HMTF Laboratory, or mailed directly to Brooks City Base, Texas.

A2.3.5. Describe how annual flu shots and routine immunizations will be accomplished.

A2.3.6. Describe what role the site IDMT plays in local disaster response and specify prescribing directives.

A2.3.7. Potential Sexual Assault. Describe procedures to follow in the event of a potential sexual assault and proper handling of medical evidence.

A2.4. The HMTF and Supported Unit's commander sign the HMTF support plan and forward it to the MAJCOM/SG(s) for approval.

A2.4.1. A copy is maintained by the Command Aerospace Medical Service Functional Manager who owns the IDMT asset with a copy sent to the host Command Aerospace Medical Service Functional Manager.

A2.5. Once approved, HMTF distributes as follows:

A2.5.1. One copy to the remote site Commander/or Line Unit Commander.

A2.5.2. One copy to the remote site MAS or MMU IDMT.

A2.5.3. The original to the HMTF IDMT Program Coordinator.

Attachment 3**HMTF STAFF ASSISTANCE VISIT REPORT**

MEMORANDUM FOR HOST MEDICAL TREATMENT FACILITY COMMANDER
REMOTE SITE COMMANDER
IN TURN

FROM:

SUBJECT: Report of Staff Assistance Visit to _____ (Remote Site)

1. Personnel Who Made Visit. State grade, name, and duty title of personnel; date of visit; time spent with the unit.
2. Purpose of Visit. Concisely state the reason for the visit (that is, according to HQ USAF directive, requested by commander, follow-up, etc.).
3. Key Personnel Contacted During Visit (Remote Site Commander, First Sergeant, IDMTs, etc.)
4. Areas Reviewed and Evaluated. Discuss in detail both professional and administrative areas reviewed, including (as appropriate to the visiting agency):
 - a. Availability of required resource materials.
 - b. Administrative functions.
 - c. Availability of medical OIs and IDMT treatment protocols.
 - d. Medical Annex to Remote Site Disaster Plan.
 - e. Infection control practices.
 - f. Patient satisfaction.
 - g. Availability of health promotion materials.
 - h. Self-Aid -Buddy Care (SABC) training statistics (# trained and %) where

required by duty positions or by MAJCOM.

- i. Basic Life Support (BLS) training statistics (# trained and %) when required by duty position or by MAJCOM.
- j. Copy of /compliance with HMTF site support.
- k. Narcotics maintenance

5. Findings and Recommendations. Be specific. Separately identify each problem area and the action taken or recommended. Example: FINDING # 1: Expiring emergency medications must be returned to the HMTF pharmacy and replaced prior to expiration.

6. Training and Education. Provide a brief description of in-service topics addressed.

7. General Comments. Address topics related to support facilities, equipment, mission changes, personnel, etc., that have not previously addressed. These may include positive findings and kudos.

8. Review of TDY Orders. Address appropriateness of patient referrals.

9. Repeat Deficiencies. List finding numbers from paragraph 5.

10. Continuous Quality Improvement (CQI) Program. Review QI activities since last HSI and evaluate program

11. Debriefing. State the grade, name, and position of the senior officer or officers/NCOs debriefed and any feedback comments or concerns.

SIGNATURE BLOCK_____

(Senior Member of SAV Team)

cc: MAJCOM/4N0X1 Functional Manager

MAJCOM/SGO

HMTF/Site Coordinator

MMU/MAS IDMTs

Attachment 4**EMERGENCY EQUIPMENT AND SUPPLIES**

Below is a list of suggested emergency equipment and supplies for the remote site MAS. The HMTF physician preceptor determines in writing the type and amount of emergency equipment and supplies.

ITEM

- A4.1.** Anaphylaxis Treatment Supplies
- A4.2.** Intravenous (IV) Solutions.
- A4.3.** IV Infusion Sets.
- A4.4.** Portable Suction Unit (battery or electric-powered).
- A4.5.** Suction Catheters.
- A4.6.** Oxygen (O2) Tank. [Should have adequate supply on hand for 24 hour period.]
- A4.7.** Single-stage, lightweight O2 regulator.
- A4.8.** Yoke Adapter.
- A4.9.** O2 Masks (adult and child).
- A4.10.** Airway adjuncts, oropharyngeal/nasal pharyngeal, endotracheal tube (adult and child).
- A4.11.** Bag - Valve - Mask, Hand Held Resuscitator.
- A4.12.** Tourniquets, non-pneumatic.
- A4.13.** Syringes, disposable (HMTF determines number and type).
- A4.14.** Needles, disposable (HMTF determines number and type).
- A4.15.** Semi/Automatic External Defibrillator.

RECOMMEND: Laryngoscope, McGill forceps, cricothyroidotomy set, long-spine board, KED, traction splint, cardiac monitor, non-invasive blood pressure/pulse monitor, and other equipment in the Medical Emergency Set, Ambulance supplies/equipment required IAW AFI 10-XXX, *Installation Emergency Medical Services* (when published)

Attachment 5

LETTER FOR INVENTORY OF CONTROLLED SUBSTANCES

FROM: *(Site Commander) (date)*

TO: *(Enter name and rank of appointee)*

SUBJ: Monthly Inventory of Controlled Substances

1. You have been appointed to accomplish the monthly inventory of controlled substances and to inspect the register of controlled drugs at the medical aid station. Report to the site commander for specific instructions.
2. Report to the medical aid station and perform the inventory and inspection according to the instructions provided by the commander and those contained in AFI 44-103.
3. Report the results of the inventory and inspection to the commander, in writing, as an endorsement to this letter. State any discrepancies noted and actions required. (For example, 2 capsules of National Stock Number (NSN) 6505-00-481-1822, Phenobarbital, short. Report of Survey required.) If no discrepancies were noted, so state.

(Signature)

1st Ind, Site Designation/Office Symbol (date)

TO: Site Commander

Inventory/Inspection accomplished on (enter date)

(Enter results, see paragraph 3 of basic letter)

(Signature of Inventory and Inspection Officer)

COMPLETE THIS FORM IN TRIPLICATE:

Original to the IDMT Files

INTURN routed from Site Commander to MTF/HMTF CC

Attachment 6

INDEPENDENT DUTY MEDICAL TECHNICIAN INITIAL CERTIFICATION PROGRAM

A6.1. OBJECTIVE: To certify all IDMTs IAW AFI 44-103 and appropriate MAJCOM supplements and to provide guidance to departments on proper training of the IDMTs. This program is established to outline the responsibilities of the various departments in the initial training of IDMTs assigned to USAF MTFs/HMTFs/SMEs/MMUs.

A6.2. REFERENCES:

A6.2.1. AFI 44-103, *The Air Force Independent Duty Medical Technician Program*

A6.2.2. AFMAN 44-158, *USAF IDMT Medical and Dental Treatment Protocols*

A6.2.3. AFI 44-135, *Clinical Dietetics* and AFMAN 44-144, *Nutritional Medicine*

A6.2.4. AFI 36-2201, *Air Force Training Program*

A6.3. PROCEDURES:

A6.3.1. Scheduling of IDMT training will be accomplished by the IDMT Program Coordinator.

A6.3.1.1. Each office of primary responsibility (OPR) for training will provide trainers.

A6.3.1.2. Schedules will be modified to ensure training time is available.

A6.3.2. The IDMT will report to the IDMT Program Coordinator on the first day of scheduled training for initial briefing and issue of any required training materials.

A6.3.3. OPRs for training will provide training and conduct proficiency evaluations as necessary. Upon completion of training, OPRs/IDMT Program coordinator will certify the IDMT has demonstrated task proficiencies. For tasks requiring a QTP IAW part II of the CFETP, ensure completed QTPs are forwarded to the IDMT program coordinator for entry into the IDMT's training folder.

A6.4. MANDATORY IDMT Orientation Topics and Training Hours:

TOPICS	HOURS
BLOCK 1 Clinical Tasks	20.00+
Conference with Licensed physician preceptor	2.00
Conference with Dental Preceptor	2.00
Licensed physician preceptor/Clinical Evaluation	12 patients minimum
Dental Preceptor/Clinical Evaluation	8.00
Specialty/EMT Skill Verification	2.00
Calculating Drug Dosages	2.00
Infection Control	2.00
Suturing/Anesthesia Techniques	2.00
BLOCK 2 Administrative	6.50
AF Form 1480/DD Form 2766	0.50
Health Benefits Program	1.00
Line Of Duty (LOD)	0.50
Outpatient Records Maintenance	1.00
Personnel Reliability Program (PRP)	2.00
Resource Management	0.50
Medical Affirmative Claims/Third Party Liability	0.50
HIPAA	0.50
BLOCK 3 Bioenvironmental Engineering	11.00
PERFORM Water Sampling collection/Inspection of base water source	8.00
Occupational Health Programs/Shop Visits	3.00
BLOCK 4 Public Health Programs/Force Health Management	20.00
PERFORM Food/Facility Inspection	8.00
Medical Intelligence	2.00
Foodborne Illness Outbreak	2.00
Medical Entomology	2.00
Communicable Disease Control	2.00
Deployment Surveillance	1.00
Occupational Health Activities	0.5
PIMR/Physical Profiles	0.5
Food Security	2.0

TOPICS	HOURS
BLOCK 5 Aerospace Medicine	4.50
Duties Not Involving Flying (DNIF)	0.50
Physical Profiles	2.00
Mishap Investigation procedures	2.00
BLOCK 6 Medical Logistics	8.00
Medical Logistics Procedures and Maintenance of Medical Supply Account	8.00
BLOCK 7 Clinical Laboratory	6.00
UA Multistix	1.00
Reagent test	1.00
Venipuncture	4.00
BLOCK 8 Pharmacy	3.50
Inventory/Audit control substances on hand	1.50
Pharmacy procedure	2.00
BLOCK 9 Immunizations	8.00
IBT Training	8.00

A6.5.

BLOCK 1 Clinical Tasks
OBJECTIVES
<p>1. Conference with Medical/Dental Preceptor. (DISCUSSION)</p> <p>a. The IDMT will review treatment protocols to include any MAJCOM specific supplements to AFI 44-103 and AFMAN 44-158 with the medical/dental preceptor. This is also a good time to review the medication list specifically focusing on indications, actions, and contraindications.</p> <p>b. Review both IDMT and Preceptor responsibilities outlined in this AFI and discuss patient reporting procedures to include disposition, referral, and evacuation of emergent patients.</p> <p>c. Review HMTF and MAS Operating Instructions.</p>

Physician preceptor Clinical Evaluation (PERFORMANCE/DISCUSSION)

- d. The IDMT will see a minimum of 12 patients.
- e. Perform focused examinations on each of the body's systems while using the physician preceptor as a guide and evaluator.
- f. Discuss preceptor notification procedures for the dispensing of scheduled drugs, administration of emergency medications and use of antibiotics.
- g. Solicit documented feedback from the medical/dental preceptor and work to improve any areas where required.

EVALUATION/REFERENCE

QTP 4N0X1 Volume 6 Module 1: Obtain and Record Medical History

QTP 4N0X1 Volume 6 Module 2: Perform Physical Exams

QTP 4N0X1 Volume 6 Module 3: Perform Emergency Gynecological Examinations

2. Dental Preceptor Clinical Evaluation (PERFORMANCE)

- a. Perform a minimum of 8 clinical hours with the dental preceptor.
- b. Solicit documented feedback from the medical/dental preceptor and work to improve any areas where required.
- c. Understanding of management of acute dental problems to include dental abscess, periodontal disease, temporary fillings, broken teeth, etc.
- d. Familiar with referral requirements for dental problems.
- e. Documentation requirements for dental problems.

3. Specialty/EMT Skill Verification (PERFORMANCE)

- a. Provide IDMT Coordinator with copy of current EMT/BLS card
- b. Perform emergency medicine skill verifications

EVALUATION/REFERENCE

QTP 4N0X1 Volume 2 Module 3: Set-up and assist with arterial line insertion

QTP 4N0X1 Volume 9 Module 1.1: Perform Cricothyroidotomy

QTP 4N0X1 Volume 9 Module 1.2: Perform Endotracheal intubation

QTP 4N0X1 Volume 9 Module 1.3: Perform needle thoracentesis for tension
Pneumothorax

QTP 4N0X1 Volume 9 Module 1.4: Perform Foreign Body Removal

4. Calculating Drug Dosages (PERFORMANCE)

- a. State “5 Rights” of medication administration.
- b. Solve sample problems for the following types of medications:
 1. Oral Solutions
 2. Parenteral Injections
 3. Tablet dosages

EVALUATION/REFERENCE

QTP 4N0X1 Volume 1 Module 11: Medication Administration

Locally Developed Drug Calculation Examination

5. Infection Control (DISCUSSION)

- a. Discuss details of regulations/OIs that are pertinent to the scope of activities to the MMU/site.
- b. MMU/Site operating instructions
- c. Disinfection Procedures
- d. Cleaning solutions used
- e. Frequency of cleaning
- f. Disposal of contaminated waste

EVALUATION/REFERENCE

AFI 44-108, *Infection Control Program*

Locally Established Infection Control and Prevention Program

Locally Established Occupational Blood and Body Fluid Exposure Control Plan

6. Suturing/Anesthesia Techniques (PERFORMANCE/DISCUSSION)

- a. Review types of local anesthesia; discussing indications for using particular types.
- b. Review Types/sizes of suture material and indicated use.
- c. Review MTF/HMTF procedures for obtaining informed patient consent for the particular procedure.
- d. Review post suture wound care management.

7. Intravenous Infusion

- a. Set-up, regulate and monitor intravenous infusion
- b. Initiate/discontinue peripheral intravenous infusion.

EVALUATION/REFERENCE		
QTP 4N0X1 Volume 2 Module 6: Administer Local Anesthetic Agents		
QTP 4N0X1 Volume 2 Module 7: Wound Closure		
Clinical Tasks POC		
Name:	Signature:	Date:

A6.6.

BLOCK 2
Administrative
OBJECTIVES
<p>1. AF Form 1480/DD Form 2766 (DISCUSSION)</p> <p>a. Initiate and manage AF Form 1480/DD Form 2766, Summary of Patient Care</p>
<p>2. Health Benefits Program (DISCUSSION)</p> <p>a. Review the process required to monitor the TRICARE program</p> <p>b. Review TRICARE referral services</p>
<p>3. Line Of Duty (LOD) (DISCUSSION)</p> <p>a. Review procedures and guidance for administrative LOD determination procedures</p>
<p>4. Outpatient Records Maintenance (DISCUSSION)</p> <p>a. Establish and maintain patient record file system IAW established guidelines</p> <p>b. Review written guidance for quality control and records review</p> <p>c. Train on applicable patient tracking and reporting systems</p>

5. Personnel Reliability Program (PRP) (PERFORMANCE)

- a. Review procedures identified in the references
- b. Identify overall program director
- c. Distinctively identify and catalog PRP health records (Maintain separately from other records)
- d. Review processes associated with PRP
 - 1. Records review
 - 2. Certification (AF IMT 286)
 - 3. Decertification
 - 4. Notification

EVALUATION/REFERENCE

DODD 5210.42, *Nuclear Weapons Personnel Reliability Program*

AFI 36-2104, *Nuclear Weapons Personnel Reliability Program*

QTP 4N0X1 Volume 5 Module 1: Administer Personnel Reliability Program

6. Resource Management (DISCUSSION/PERFORMANCE)

- a. Review RMO functions (i.e., patient counts, logs, and reports)
- b. Accomplish forms, logs, etc. in determining patient status and counts.

7. Medical Affirmative Claims/Third Party Liability

- a. Discuss specific instructions pertinent to site activities concerning Third Party Liability (TPL) and necessity of accurate reporting
- b. Complete AF Form 1488, *Daily Log of Patients Treated for Injuries*, for Staff Judge Advocate to determine TPL

8. HIPAA

- a. Review procedures and local guidance for this program

Administrative Tasks POC

Name:

Signature:

Date:

A6.7.

BLOCK 3		
Bioenvironmental Engineering		
OBJECTIVES		
<p>1. Water Sampling collection/INSPECTION of base water source (PERFORMANCE)</p> <ul style="list-style-type: none"> a. Demonstrate water sample pH and chlorine residual measurement b. Demonstrate bacteriological water sample collection and sample analysis technique c. Interpret (already incubated) samples (include “spiked” positives) d. Discuss notification procedures IAW local procedures e. VISIT local base water source (review safeguard methods/water vulnerability measures) 		
EVALUATION/REFERENCE		
<p>OIs and technical references as advised by the HMTF BE Current MMU/Site Support Plan QTP 4N0X1 Volume 8 Module 1: Perform Chlorine Residual/pH Test QTP 4N0X1 Volume 8 Module 2: Perform Bacteriological Water Testing</p>		
<p>2. Occupational Health Programs/Shop VISITS (DISCUSSION/PERFORMANCE)</p> <ul style="list-style-type: none"> a. Review potential hazards (including confined spaces) and control measures in-place b. Review AF Instructions/OIs which are pertinent to the scope of activities at the MMU/site c. Understand specific surveillance/program responsibilities <ul style="list-style-type: none"> 1. Recordkeeping/case files 2. Respiratory protection program 3. Hearing conservation 		
EVALUATION/REFERENCE		
<p>OIs and technical references as advised by the HMTF BE Current MMU/Site Support Plan</p>		
Bioenvironmental Tasks Task POC		
Name:	Signature:	Date:

A6.8.

<p>BLOCK 4</p> <p>Public Health Program/Force Health Management</p>
<p>OBJECTIVES</p>
<p>1. Food/Facility Inspection (PERFORMANCE)</p> <ul style="list-style-type: none"> a. Perform base food service sanitation inspection b. Perform base facility health inspections (Dormitory, Barbershop, etc...)
<p>EVALUATION/REFERENCE</p>
<p>OIs and technical references as advised by the HMTF PH Current MMU/Site Support Plan QTP 4N0X1 Volume 8 Module 3: Conduct Food Safety Inspections</p>
<p>2. Medical Intelligence (DISCUSSION)</p> <ul style="list-style-type: none"> a. Review Medical Intelligence gathering procedures/resources in support of deployments <ul style="list-style-type: none"> 1. Armed Forces Medical Intelligence Center (AFMIC) 2. Defense Intelligence Agency (DIA) 3. Classified LAN / Secret Internet Protocol Router Network (SIPRNET) 4. Local Force Protection Agency
<p>3. Foodborne Illness Outbreak (DISCUSSION/PERFORMANCE)</p> <ul style="list-style-type: none"> a. Discuss details of necessity of quick identifications of foodborne illness outbreak, causes, prevention, and treatment b. Review the following causes: <ul style="list-style-type: none"> 1. Intoxications 2. Staphylococcal food poisoning 3. Salmonellosis c. Review locally established procedures for conducting foodborne illness outbreak surveys
<p>4. Medical Entomology (DISCUSSION)</p> <ul style="list-style-type: none"> a. Discuss details of the following: <ul style="list-style-type: none"> 1. Insect identification 2. Insect control

5. Communicable Disease Control (DISCUSSION)

- a. Discuss details of disease tracking and reporting of the following programs:
1. TB detection and control
 2. Zoonoses
 3. Rabies control
 4. Sexually Transmitted Diseases (STDs)

NOTE: These tasks may require proficiency with applicable electronic medical records/database programs.

EVALUATION/REFERENCE

OIs and technical references as advised by the HMTF PH
Current MMU/Site Support Plan

6. Physical Profiles (DISCUSSION)

- c. Review local guidance on the following:
- d. AF IMT 422 documentation and disposition
 - e. Worldwide report (4T roster)

EVALUATION/REFERENCE

OIs and technical references as advised by the HMTF Force Health Management

7. PIMR/AFCITA (Discussion/Performance)

- a. Review procedures and use of PIMR/AFCITA
- b. Administration and reporting at deployed/remote sites

8. Food Safety and Security (Discussion/performance)

- a. Food sampling in an intentional contamination event
- b. Sample preparation and sending to appropriate laboratory
- c. Utilization of High Microbial Load Kit

9. Occupational Health

- a. Hearing Conservation
- b. Bloodborne Pathogens follow-up and reporting
- c. Occupational Illness reporting using AFRESS II (Air Force Reportable Events Surveillance System)
- d. Occupational health examinations

10. Deployment Surveillance

- a. Acts as a deployed medical provider providing face-to-face interaction at deployed/remote sites when no other provider is available
- b. Post-deployment surveillance questionnaire, DD form 2796 requirements

Public Health Tasks POC

Name:

Signature:

Date:

A6.9.**BLOCK 5****Aerospace Medicine****OBJECTIVES****1. Duties Not Involving Flying (DNIF) (DISCUSSION)**

- a. Review local guidance on medical recommendation for flying personnel (AF IMT 1042)
- b. Review local guidance on Aeromedical dispositions (AF IMT 1041)
- c. Review MAJCOM guidance on return to flight status for flying personnel (AF IMT 1042)

EVALUATION/REFERENCE

OIs and technical references as advised by the HMTF Flight Medicine Section

2. Mishap Investigation Procedures (Discussion/Performance)

- a. Review local guidance and references
- b. Inventory accident investigation kit

3. Readiness

- a. Review applicable MANFORs and Conops

EVALUATION/REFERENCE		
<p>AFI 91-204, <i>Safety Investigation and Reports</i> AF Pamphlet 91-211, <i>USAF Guide to Aviation Safety Investigation</i> Flight Surgeons Manual OIs and technical references as advised by the HMTF Flight Medicine Section</p>		
Aerospace Medicine Tasks POC		
Name:	Signature:	Date:

A6.10.

BLOCK 6
Medical Logistics
OBJECTIVES
<p>1. Medical Logistics Procedures and Maintenance of Medical Supply Account (DISCUSSION)</p> <p>a. Review duties and responsibilities as they pertain to the following:</p> <ol style="list-style-type: none"> 1. Pecuniary liability 2. Relief from custodial responsibilities <p>b. Discuss specific OIs pertaining to medical supply procedures for the following standard issues:</p> <ol style="list-style-type: none"> 1. Recurring issues/shopping guide 2. Non-recurring issues 3. Emergency issues <p>c. Discuss specific OIs pertaining to medical supply procedures as they pertain to local purchase</p> <ol style="list-style-type: none"> 1. Obtaining authorization 2. Brand name/sole source 3. Priorities/Surcharge and lead-time <p>d. Review and discuss the following medical equipment management procedures:</p> <ol style="list-style-type: none"> 1. Request for equipment 2. Approval for funding process

3. Transferring equipment
4. Rental
5. Loans of equipment
- e. Discuss specific OIs and local procedures pertinent to the following funds management activities:
 1. Funds obligations and expenditures
 2. Ratification action
 3. Supply discipline
 4. Overpricing
 5. Backorder list/Issue summary
- f. Review and discuss the following medical supply/equipment management documents:
 1. Activity issue list/summary
 2. Backorder report
 3. Custodian folder
 4. Custodial receipt/locator list
 5. Three year equipment list
- g. Review and discuss methodology of obtaining non-medical issue items
- h. Review and discuss methodology to request equipment repair of the following:
 1. Medical Items
 2. Non-medical equipment
 3. Real property
- i. Review Logistics procedures for accountability of controlled substances
 1. Discuss local policies as they apply to the MMU/MAS/deployed environment
 2. Review AFMAN 23-110 Volume 5 Chapters 14 & 16

EVALUATION/REFERENCE

OIs and technical references as advised by the HMTF Medical Logistics Section

OIs and instructions specific to the MMU/MAS/deployed environment

Provide copies of DD 1348-6, DOD Single Line Item Requisition System Document for use in training

Examples of custodial folders to include: supply procedures, turn-ins, and equipment management

Reference: AFI 41-209

Medical Logistics Tasks POC

Name:

Signature:

Date:

A6.11.

BLOCK 7		
Clinical Laboratory		
OBJECTIVES		
1. UA Multistix (PERFORMANCE)		
<ul style="list-style-type: none"> a. Be familiar with governing AFIs and local laboratory operating procedures b. Perform UA Multistix IAW manufactures instructions c. Discuss details of test procedure including quality control measures and sources of error 		
EVALUATION/REFERENCE		
Local manufacture instructions		
2. Reagent test (PERFORMANCE)		
<ul style="list-style-type: none"> a. Be familiar with governing AFIs and local laboratory operating procedures b. Perform reagent test (i.e. HCG, rapid strep) IAW manufactures instructions c. Discuss details of test procedure including quality control measures and sources of error 		
EVALUATION/REFERENCE		
Local manufacturer's instructions		
3. Venipuncture (PERFORMANCE)		
<ul style="list-style-type: none"> a. Perform venipuncture IAW infection control guidelines b. Be familiar with the requirements for obtaining legal blood samples 		
EVALUATION/REFERENCE		
OIs and technical references as advised by the HMTF Laboratory		
Clinical Laboratory Tasks POC		
Name:	Signature:	Date:

A6.12.

BLOCK 8		
Pharmacy		
OBJECTIVES		
<p>1. Discuss/ inventory/audit of control substances on hand (DISCUSSION)</p> <ul style="list-style-type: none"> a. AF IMT 579 b. Inventory procedures IAW this instruction c. Destruction of controlled substances 		
EVALUATION/REFERENCE		
<p>AFI 44-103, <i>The AF Independent Duty Medical Technician Program</i> OIs and technical references as advised by the HMTF Pharmacy Section</p>		
<p>2. Pharmacy procedure (DISCUSSION)</p> <ul style="list-style-type: none"> a. Discuss specific OIs pertinent to site activities. b. Review /discuss drug inventory procedures and administrative management of MAS 		
EVALUATION/REFERENCE		
<p>OIs and technical references as advised by the HMTF Pharmacy Section</p>		
Pharmacy Tasks POC		
Name:	Signature:	Date:

A6.13.

BLOCK 9		
Immunization Back-up Technician		
OBJECTIVES		
1. Maintains certification as an IBT		
<ul style="list-style-type: none"> a. Complete immunization tasks of the 4N0X1 CFETP and all associated QTPs b. Complete local MTF immunizations section orientation 		
EVALUATION/REFERENCE		
<p>AFI 44-103, <i>The AF Independent Duty Medical Technician Program</i></p> <p>OIs and technical references as advised by the HMTF Immunization section</p> <p>QTP 4N0X1 Volume 12 Module 1: Principles of active and passive immunity</p> <p>QTP 4N0X1 Volume 12 Module 2: Active duty immunizations</p> <p>QTP 4N0X1 Volume 12 Module 3: Pediatric immunizations</p> <p>QTP 4N0X1 Volume 12 Module 4: Management of adverse reactions following immunizations</p>		
Immunization Back-up Technician Tasks POC		
Name:	Signature:	Date:

Attachment 7

ANNUAL IDMT SUSTAINMENT TRAINING REQUIREMENTS

A7.1. In order to lessen the impact on MMUs/SMEs and deployment operations, sustainment training requirements will be conducted throughout the calendar year. Training requirements should be divided into equal parts scheduled regularly throughout the year to maintain the highest level of competency/skills. All IDMT tasks/training conducted either at home station or at a deployed location (workload credit) MUST be fully documented (patient encounter log, QTPs, etc.) and maintained in the IDMT's competency assessment folder in order for the IDMT to receive FULL CREDIT.

A7.2.

BLOCK 1 Clinical Tasks
<p>1. Clinical Rotations (minimum of 48 patients/year)</p> <ul style="list-style-type: none"> a. IDMT will see patients either in the HMTF, when deployed, or locations approved by MAJCOM/SG. b. QTPs will be accomplished IAW 4N0X1 CFETP <ul style="list-style-type: none"> a. QTP 4N0X1 Volume 6 Module 1: Obtain and Record Medical History b. QTP 4N0X1 Volume 6 Module 2: Perform Physical Exams c. QTP 4N0X1 Volume 6 Module 3: Perform Emergency Gynecological Examinations
<p>2. Dental Rotations (Minimum of 16 hours)</p> <ul style="list-style-type: none"> a. IDMT will work alongside dental preceptor
<p>3. IDMT program coordinator (minimum of 8 hrs)</p> <ul style="list-style-type: none"> a. Review of all training documentation b. QTP 4N0X1 Volume 2 Module 3: Assist with arterial line insertion c. QTP 4N0X1 Volume 9 Module 1.1: Perform cricothyroidotomy d. QTP 4N0X1 Volume 9 Module 1.2: Perform Endotracheal intubation e. QTP 4N0X1 Volume 9 Module 1.3: Perform needle thoracentesis for tension pneumothorax f. All 4N0X1 required QTPs
<p>4. Infection Control (Once a year)</p> <ul style="list-style-type: none"> a. Satisfy local HMTF requirements for health care professional

BLOCK 2**Administrative (minimum 2 Hours)****1. Personnel Reliability Program (PRP)**

- a. Review PRP procedures
- b. Identify overall program director
- c. Distinctively identify and catalog PRP health records (Maintain separately from other records)
- d. Review processes associated with PRP
 1. Records review
 2. Certification (AF IMT 286, *Personnel Reliability Program Certificate*)
 3. Decertification (AF IMT 286A, Notification of PRP Decertification Action)
 4. Notification
- e. QTP 4N0X1 Volume 5 Module 1: Personnel Reliability Program

2. AF Form 1480/DD Form 2766 (DISCUSSION)

- a. Initiate and manage AF Form 1480/DD Form 2766, Summary of Patient Care

3. Health Benefits Program (DISCUSSION)

- a. Review the process required to monitor the TRICARE program
- b. Review TRICARE referral services

4. Line Of Duty (LOD) (DISCUSSION)

- a. Review procedures and guidance for administrative LOD determination procedures

5. Outpatient Records Maintenance (DISCUSSION)

- a. Establish and maintain patient record file system IAW established guidelines
- b. Review written guidance for quality control and records review
- c. Train on applicable patient tracking and reporting systems

6. Resource Management (DISCUSSION/PERFORMANCE)

- a. Review RMO functions (i.e., patient counts, logs, and reports)
- b. Accomplish forms, logs, etc. in determining patient status and counts

7. Medical Affirmative Claims/Third Party Liability

- a. Discuss specific instructions pertinent to site activities concerning Third Party Liability (TPL) and necessity of accurate reporting
- b. Complete AF Form 1488, *Daily Log of Patients Treated for Injuries*, for Staff Judge Advocate to determine TPL

8. HIPAA

- a. Review procedures and local guidance for this program

BLOCK 3**Bioenvironmental Engineering****OBJECTIVES****1. Water Sampling collection/INSPECTION of base water source (PERFORMANCE) a through d accomplished 4 times in different locations**

- a. Demonstrate water sample pH and chlorine residual measurement
- b. Demonstrate bacteriological water sample collection and sample analysis technique
- c. Interpret (already incubated) samples (include "spiked" positives)
- d. Discuss notification procedures IAW local procedures
- e. Visit local base water source (review safeguard methods/water vulnerability measures)
- f. QTP 4N0X1 Volume 8 Module 1: Perform Chlorine Residual/pH Test
- g. QTP 4N0X1 Volume 8 Module 2: Perform Bacteriological Water Testing

2. Occupational Health Programs/Shop VISITS X 4 locations if possible (DISCUSSION/PERFORMANCE)

- a. Review potential hazards (including confined spaces) and control measures in-place
- b. Review AF Instructions/OIs which are pertinent to the scope of activities at the MMU/site
- c. Understand specific surveillance/program responsibilities
 2. Recordkeeping/case files
 3. Occupational health examinations
 4. Respiratory protection program
 5. Hearing conservation

BLOCK 4
Public Health Program

1. Food/Facility Inspection (PERFORMANCE)

- a. Perform base food service sanitation inspection X 4
- b. QTP 4N0X1 Volume 8 Module 3: Conduct Food Safety Inspections
- c. Perform base facility health inspections (Dormitory, Barbershop, etc...) X 4
- d. Review safeguard methods/food vulnerability measures

2. Physical Profiles (DISCUSSION) (8 hours)

- a. Review local guidance on the following:
- b. AF IMT 422 documentation and disposition
- c. Worldwide report (4T roster)

3. PIMR/AFCITA (8 hours)

- a. Review procedures and uses of PIMR/AFCITA

4. Other PH functions (16 hours)

- a. Medical Intelligence
- b. Communicable Disease Control
- c. Food Safety and Security
- d. Occupational Health
- e. Deployment Surveillance

BLOCK 5 Aerospace Medicine (24 hours)
<p>1. Duties Not Involving Flying (DNIF) (DISCUSSION)</p> <ul style="list-style-type: none"> a. Review local guidance on medical recommendation for flying personnel (AF IMT 1042) b. Review local guidance on Aeromedical dispositions (AF IMT 1041)
EVALUATION/REFERENCE
OIs and technical references as advised by the HMTF Flight Medicine Section
<p>2. Mishap Investigation Procedures</p> <ul style="list-style-type: none"> a. Review local guidance and references b. Inventory accident investigation kit
EVALUATION/REFERENCE
<p>AFI 91-204, <i>Safety Investigation and Reports</i> AF Pamphlet 91-211, <i>USAF Guide to Aviation Safety Investigation</i> Flight Surgeons Manual OIs and technical references as advised by the HMTF Flight Medicine Section</p>

BLOCK 6**Medical Logistics (Minimum 8 hours)****1. Medical Logistics Procedures and Maintenance of Medical Supply Account**

- a. Review and discuss the following medical equipment management procedures:
 - 1. Request for equipment
 - 2. Approval for funding process
 - 3. Transferring equipment
 - 4. Rental
 - 5. Loans of equipment
- b. Review and discuss the following medical supply/equipment management documents:
 - 1. Activity issue list/summary
 - 2. Backorder report
 - 3. Custodian folder
 - 4. Custodial receipt/locator list
 - 5. Three year equipment list
- c. Review and discuss methodology of obtaining non-medical issue items
- d. Review Logistics procedures for accountability of controlled substances
 - 1. Discuss local policies as they apply to the MMU/MAS/deployed environment
 - 2. Review AFMAN 23-110 Volume 5 Chapters 14 & 16

BLOCK 7**Clinical Laboratory (8 hours)****OBJECTIVES****1. UA Multistix**

- a. Perform UA Multistix IAW manufactures instructions
- b. Discuss details of test procedure including quality control measures and sources of error

2. Reagent test

- a. Perform reagent test (i.e. HCG, Rapid Strep) IAW manufacturers instructions
- b. Discuss details of test procedure including quality control measures and sources of error

3. Venipuncture

- a. Perform venipuncture IAW infection control guidelines
- b. Be familiar with the requirements for obtaining legal blood samples

BLOCK 8**Pharmacy (8 hours)****1. Discuss/ inventory/audit of control substances on hand (DISCUSSION)**

- a. AF IMT 579
- b. Inventory procedures IAW this instruction
- c. Destruction of controlled substances

EVALUATION/REFERENCE

AFI 44-103, *The AF Independent Duty Medical Technician Program*
 OIs and technical references as advised by the HMTF Pharmacy Section

2. Pharmacy procedure (DISCUSSION)

- a. Discuss specific OIs pertinent to site activities.
- b. Review /discuss drug inventory procedures and administrative management of MAS/MMU/deployed sites

EVALUATION/REFERENCE

OIs and technical references as advised by the HMTF Pharmacy Section

BLOCK 9

Immunizations (minimum 8 hours quarterly of which 6 are clinical) This includes working in/at mass immunizations/shot lines, immunization clinic, completing immunization CBT, inservices, etc.

1. Perform immunization functions

- a. QTP 4N0X1 Volume 12 Module 1: Principles of active and passive immunity
- b. QTP 4N0X1 Volume 12 Module 2: Active duty immunizations
- c. QTP 4N0X1 Volume 12 Module 3: Pediatric immunizations (IDMT in MTF)
- d. QTP 4N0X1 Volume 12 Module 4: Management of adverse reactions following immunizations

Attachment 8**SELF-INSPECTION CHECKLIST FOR IDMT PROGRAM COORDINATORS**

1. Prior to initiating this assessment, the most current AFI 44-103 and appropriate MAJCOM Supplements were reviewed by the inspector.
2. Was a self-assessment completed within 30 days of appointment as the IDMT Program Coordinator? Was this checklist used? Was a MAJCOM checklist used?
3. Are problems or deficiencies being identified, tracked and resolved?
4. Did the MTF/HMTF prepare a Site Support Plan?
 - 4.1. Has this plan been coordinated with site personnel and approved by MAJCOM involved?
 - 4.2. Is there a properly maintained 6-part folder for **each site** supported by the MTF/HMTF? Is there a copy of the current/approved Site Support Plan in each of the site folders?
5. Has the MTF/HMTF commander appointed required personnel IAW AFI 44-103?
 - 5.1. Has a licensed physician preceptor been designated in writing by HMTF commander?
 - 5.2. Has a dental preceptor appointed in writing by the HMTF Chief of Dental Services?
 - 5.3. Has an IDMT Program Coordinator been appointed in writing by the MTF commander?
 - 5.4. Are copies of appointment letters sent to site IDMTs and unit commanders?
6. Do preceptors have current guidance and understanding of their roles and responsibilities as IDMT preceptors?
 - 6.1. Do preceptors encourage IDMTs use of and adherence to AF IDMT Protocols?
 - 6.2. Are treatments performed using AFMAN 44-158?

- 6.3. Do additional treatment protocols (not in AF IDMT protocol list) have MAJCOM approval? Do preceptors have copies of current changes?
- 6.4. Is there a peer review process?
- 6.5. Is written feedback of the preceptor's record reviews forwarded to IDMTs?
- 6.6. Is quality of care by IDMTs a standard agenda item for the appropriate HMTF quality services function?
7. Is there a master schedule of Staff Assistance Visits for supported sites? RENUMBER
8. Are AF and MAJCOM special interest items evaluated during each SAV by HMTF representatives?
9. Do SAV members conduct an out-brief with the site commander and explain pertinent findings?
10. Do visiting HMTF or command representatives conduct in-service training during SAVs?
- 10.1. Is in-service training documented on the report of SAV?
11. Are written reports of the SAV sent by the HMTF commander to the site commander within 10 days of the SAV?
- 11.1. Is a copy of each SAV report sent to Command Aerospace Medical Service Functional Manager?
12. Are items left open by the SAV given a suspense date for correction and does the HMTF follow up on the IDMTs' compliance in meeting the suspense?
13. Is the HMTF IDMT Program Coordinator involved in site self-assessment activities?
14. Has the HMTF developed a system that adequately plans and coordinates ordinary leaves in support of IDMTs at each site?

15. Does the HMTF provide IDMTs with copies of publications and articles of interest such as *The Nightingale News*, MAJCOM updates, EMT newsletters, or other?

16. Are IDMTs assigned to MMUs/SMEs given appropriate duties in the MTF when not deployed?

17. Are operating instructions (OIs) provided by the MTF/HMTF? Is there a biennial review?

17.1. Is there guidance available for use by the IDMT to support weapon controllers and personnel on flying status (AFI 48-123)?

17.2. Is guidance for medical vehicles/vehicle control available (AFJMAN 24-306, AFI 24-301 and local directives)?

17.3. Are there written instructions (approved by MAJCOM) governing procedures for the IDMT to follow during alleged sexual assault cases? Do these instructions clearly define responsibilities/limitations for IDMTs?

17.4. Are there OIs available governing the locally approved laboratory procedures?

17.5. Is there guidance for administration of health care activities?

17.6. Is the Infection Control Program for IDMTs realistic? Do they focus upon operations conducted on site versus in those of a MTF? (AFI 44-108)

17.7. Is there Cost Center Management guidance available to the IDMTs?

17.8. Has the MTF medical logistics office provided guidance for the IDMT?

17.9. Has the Public Health office provided guidance for the IDMTs compliance in reporting of communicable diseases and other public health issues?

17.10. Has PH provided IDMT-specific guidance for the Employee Health Program (AFJI 48-110 and AFI 44-102)?

17.11. Is Bioenvironmental engineering support guidance available?

17.12. Has the HMTF provided guidance for the administration of the PRP program?

17.12.1. Did the HMTF commander appoint IDMTs to conduct PRP reviews and make recommendations on reliability? (AFI 36-2104, para 2.4.1)

18. Are clinical OIs reviewed, approved, signed by preceptor?

18.1. Has the director of TRICARE reviewed all administrative OIs?

18.2. Is guidance reviewed at least every two years?

19. Has an annual review of the IDMT authorized drug list been accomplished by the MTF P&T Committee?

19.1. Does the formulary specifically identify medications that the IDMT may dispense without consulting a physician?

19.2. Are exceptions to the AF standard IDMT authorized drug list reviewed by the MTF P&T committee and forwarded to MAJCOM for approval?

20. Are all medications dispensed documented in the patient medical record and electronic patient profile (CHCS) if available?

21. Are monthly narcotic inventories being accomplished?

22. Is there documentation in the medical record that patients were counseled appropriately about the use, storage, and potential adverse effects, side effects, warning, precautions, and interactions with other prescribed medications, foods, or disease states?

23. Did all IDMTs complete initial orientation at the MTF?

24. Did all IDMTs have a CFETP?

24.1. Does training and documentation conform to Enlisted Specialty Training guidance and CFETP 4N0X1 part II?

24.2. Are tasks in part II of the CFETP certified by IDMT program coordinator?

24.3. Is the IDMT's proficiency to treat medical and dental disorders documented by preceptors on AF IMT 623a?

24.4. Is there a signed statement of certification by the SGH on AF IMT 623a?

25. Is annual sustainment training conducted for all IDMTs at the MTF/deployed locations?

26. Are IDMTs trained in ACLS/PHTLS (recommended)?

27. Are all IDMTs certified as IBTs?

28. Are all IDMT's maintaining current status as an EMT IAW 4N0X1 CFETP?

28.1. Has the IDMT Program Coordinator taken an active position in ensuring continuing education requirements for EMT are met?

28.2. Do the site IDMTs track and take advantage of continuing education options that are available?

29. Are IDMT Job Descriptions and Performance Standards current and comprehensive?

30. Are current and adequate AFIs and reference books available to support IDMT program? Do IDMTs on-site have adequate reference resources?

31. Did the HMTF budget adequately to meet medical and dental funding requirements to support IDMT activities on site or in MMUs?

32. Is equipment required for operational requirements identified and available for deployment?

33. Is there an equipment replacement plan? Has the senior IDMT on site effectively programmed for future needs?

34. Have contracts for civilian medical care or contract physician (if used) been reviewed by the IDMT?

35. Are there sufficient health promotion activities?

36. Has BMET equipment calibration been accomplished according to schedule?

37. Are SAVs conducted as required by 44-103 to support operations at the site?

Inspection	Current SAV Inspector	Previous inspection	Current	Date Due
Parent MAJCOM				
IDMT Coordinator				
Physician Preceptor				
Dental Preceptor				
Pharmacy Rep				
BEE				
PH				
Medical Logistics				
Patient Admin				
PRP				
Others as required by support plan				

Attachment 9 (Added-ACC)**MMU/CSARME/FIELD TRAINING UNIT QUARTERLY REPORT**

DATE

MEMORANDUM FOR: (UNIT COMMANDER)

HQ ACC/SGN ATTN: 4N0X1X FUNCTIONAL MANAGER
 HMTF IDMT PROGRAM COORDINATOR

FROM: XXX Unit

SUBJECT: XXX Unit Quarterly Report (Month – Month 200X)

1. IDMTs authorized: #

2. IDMTs assigned: #

<u>Rank</u>	<u>Name</u>	<u>DAS</u>	<u>AAC 50/43 Exp Date</u>
TSgt	Doe, John	12 Mar 2002	Mar 2007

<u>Training Event</u>	<u>Certification/Expiration Date</u>
IDMT Cert Date	XX Jan 2005
EMT Exp Date	31 Mar 20XX
ACLS Exp Date	
PHTLS/BTLS Exp Date	
BLS Exp Date	
BLS I Exp Date	
SABC I Exp Date	
IBT Quarterly Trg Date	

<u>Rank</u>	<u>Name</u>	<u>DAS</u>	<u>AAC 50/43 Exp Date</u>

<u>Training Event</u>	<u>Certification/Expiration Date</u>
IDMT Cert Date	
EMT Exp Date	
ACLS Exp Date	
PHTLS/BTLS Exp Date	

BLS Exp Date
 BLS I Exp Date
 SABC I Exp Date
 IBT Quarterly Trg Date

3. Number and type of unit beneficiaries:
4. Number of patient visits:
5. Number of immunizations given:
6. SAVs: (Provide date/details, etc)
7. Self Inspections: (Provide date/details, etc)
8. Deployments/TDYs: (Include a synopsis of all deployment information)
9. Training provided:

SABC
Assigned # Trained Percent

BLS
Assigned # Trained Percent

10. General Comments:

NAME, RANK, USAF
 NCOIC, MMU/Training Unit