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AIR COMBAT COMMAND**



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AFI 48-149, 28 February 2003 is supplemented as follows: This supplement focuses on tasks and processes which are unique to Air Combat Command (ACC) Squadron Medical Element (SME)/Combat Search and Rescue Medical Element (CSARME) units, and those that merit emphasis because of their application in the special operations environment. It applies to all active duty ACC SME and CSARME units. This supplement has been coordinated with HQ ANG/SG and HQ AFRC/SG and also applies to Air National Guard (ANG) and to the Air Force Reserve (AFRC) personnel when they are under TACON/OPCON to HQ ACC.

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This supplement supersedes the use of AFSOCI 48-101, 1 September 2005, by CSARME units.

1.5.1.2. SMEs can be recognized by the Chief, Aerospace Medicine (SGP) as appropriate for performance of duties within Flight Medicine. Annual medical awards will be routed through their unit commander with coordination through the SGP IAW AFI 36-2856, *Medical Service Awards*.

1.6.3. The Medical Treatment Facility Commander (MTF/CC) is responsible for the professional medical activities of SME flight surgeons through the SGP. Likewise, the MTF senior Air Force Specialty Code (AFSC) 4N0, Medical Service, will supervise professional activities of the SME technicians.

1.9.1.1. (Added) SMEs should be considered when planning Flight Medicine clinic training and schedules with respect to specific unit training/responsibilities.

1.9.1.1.1. (Added) Flight Surgeons will be assigned medical duties by the SGP (or designee), in coordination with the assigned line commanders. Duties include clinical medicine (sick call and appointments) and non-clinical duties (flying, shop visits, squadron briefings, etc.).

1.9.1.1.2. (Added) Independent Duty Medical Technicians (IDMT)/AFSC 4N0 personnel will be assigned medical duties by the senior "4N0" (or designee) who will outline work schedules and daily supervision. IDMTs will work with the installation IDMT coordinator in meeting IDMT certification and sustainment training requirements, and to maintain clinical/ancillary skills IAW AFI 44-103, *The Air Force Independent Duty Medical Technician Program*, and the respective ACC supplement.

1.9.1.2. (Added) SME personnel are generally expected to participate in line unit activities/additional duties as determined by their unit commander. In these instances, SME personnel should communicate early and coordinate with the SGP/senior "4N0" to deconflict schedules. Refer to additional guidance listed in AFI 48-101, *Aerospace Medicine Operations*, and AFI 44-103.

1.9.1.2.1. (Added) If the SME personnel are assigned as Unit Health Monitor, they will review, track and maintain Preventive Health Assessments and Individual Medical Readiness (PIMR)/Air Force Complete Immunization Tracking Application (AFCITA) mobility requirements, assist in pre/post-deployment interviews, and report monthly statistics to their commanders, in coordination with Host Medical Treatment Facility (HMTF) Force Health Management (FHM).

1.9.1.2.2. (Added) SME personnel have primary responsibility to provide and perform administrative medical support (e.g. aeromedical waivers, shop visits, mobility processing lines, etc.) for their respective assigned units. SME personnel should develop memorandums of agreement (MOA) with HMTF SGP on when and how to shift responsibility in case of short notice taskings.

1.9.1.3. (Added) SME personnel (1 flight surgeon and 2 medical technicians) support the broad scope of flying missions such as fighter, bomber, search and rescue, transport, long-duration, high-altitude, reconnaissance, unmanned system, and rotary wing. CSARME personnel are a specialized subset of SME personnel who are required to meet additional mission support requirements due to the specific nature of the personnel recovery mission. For that reason, this supplement will discuss and define general SME, as well as additional CSARME, requirements, duties, expectations, and responsibilities. This supplement is meant to clarify guidance from numerous sources in order to assist SME/CSARME medical personnel in ACC.

1.9.1.4. (Added) Flight Surgeons (FS), Medical Technicians (AFSC 4N0/4N1), and IDMTs assigned to operational units have unique roles and responsibilities. SME medical personnel are operational medics assigned to their respective line units and as such, command and control is executed through their unit commanders. **Additionally, SME personnel must maintain their**

medical credentials and privileges at the HMTF and must ensure a healthy working relationship with MTF medical personnel and leadership. Thus, SME personnel must continually work to balance line, clinical and training responsibilities.

1.9.2.1. (Added) The first priority of SME medical personnel is mission execution. SMEs are integral members of their respective units, providing medical support to include clinical care, disease prevention, safety counsel, environmental countermeasures, occupational medicine, and sanitation surveillance in the home and deployed environment. SME personnel should engage early and often with their respective line units regarding medical planning for training and real-world mission completion.

NOTE: Flight Surgeons and IDMT personnel must also ensure that their unit specific duties are properly balanced with professional medical responsibilities, e.g., clinical duties, physician/technician training, continuing medical education requirements, operational medical support (such as conducting shop visits, Fly Preventive Health Assessments (PHA), waiver processing, occupational medical exams), and meeting attendance (such as Occupational Health Working Group (OHWG), Aeromedical Council (AMC), weekly 1041 log reviews, and Professional Staff).

1.9.2.2. (Added) All SME personnel will be assigned to line unit Unit Type Code (UTC) and will ensure that all training requirements are met to deploy in support of line unit missions requirements.

1.9.2.2.1. (Added) SMEs will be associated with the local MTF in Medical Readiness Decision Support System Unit Level Tracking and Reporting Application (MRDSS ULTRA) for training purposes only. For deployment taskings, they will be managed through their respective line units IAW AFI 41-106, *Unit Level Management of Medical Readiness Programs*.

1.9.2.2.2. (Added) All SME personnel must maintain their deployed medical equipment in a consistent state of readiness, working closely with the local MTF logistics section to ensure proper maintenance and calibration. SME personnel will accomplish exercise/function checks of their UTC equipment (i.e., Air Transportable Clinics) annually at a minimum, and accomplish individual, unit and UTC training requirements IAW AFI 41-106.

1.9.2.3. (Added) SME personnel must ensure all unit members are medically mission ready at all times. This includes, but is not limited to, pre/post-deployment medical screening, immunizations and medical training.

1.9.3. All technicians will comply with AFI 44-103_ACC SUP 1 and AFMAN 44-158, *The Air Force Independent Duty Medical Technician Medical and Dental Treatment Protocols*, until formal training classes are acquired. The technician will perform within their scope of practice when assigned.

1.9.4. (Added) There are other types of SME units (e.g. Contingency Support Group, Red Horse) that operate under local operating instructions due to the unique mission requirements. However, these medical personnel are still accountable to this publication and other applicable guidance. They should assure their training and proficiency is current at all times to meet demands of the position they hold.

1.10. (Added) CSARME Responsibilities.

1.10.1. (Added) CSARME FSs and IDMTs assigned to operational units bring a distinctive capability to the search and rescue mission. They are typically assigned either to individual flying squadrons or to the Operational Support Squadron through the Operational Support Medical (OSM) unit and command and control are executed through the unit commander. IDMTs in CSARMEs will be assignment availability code 43 once assigned.

1.10.2. (Added) CSARMEs will ensure professional competencies are sustained through the SGP and senior "4N0" in the MTF respectively.

1.10.3. (Added) CSARMEs are integral members of their respective units, providing clinical medicine, disease prevention, safety, and environmental/occupational/sanitation surveillance in the deployed environment. Additionally, CSARME personnel are integral to the sustainment of unit medical training requirements to include patient movement for all assigned pararescuemen (PJ). CSARME personnel should engage early and often with their respective line units regarding medical planning for training and real-world mission completion.

1.10.4. (Added) All CSARME personnel will be assigned to designate UTC FFQER and ensure they are always prepared to deploy and fully execute mission requirements IAW appropriate Mission Capability Statement (MISCAP). Reference UTC 7PRTM/7PRCS MISCAP for supported mission.

1.10.4.1. (Added) CSARME personnel will be associated with the HMTF for training purposes only and medical training will be placed in MRDSS ULTRA by that MTF IAW AFI 41-106. Taskings for deployments will remain the responsibility of their respective unit.

1.10.4.2. (Added) CSARMEs must maintain their equipment UTCs (FFQEN & FFQEM) in a constant state of readiness, working with their logistics personnel to ensure proper maintenance and calibration. CSARME personnel will accomplish exercise/function check these UTCs annually at a minimum.

1.10.5. (Added) The primary duty location is as follows when not deployed:

1.10.5.1. (Added) CSARME personnel will perform regular operations with their unit of assignment. However, CSARME personnel must work in the local Flight Medicine Clinic whenever possible to assist with medical care for their assigned personnel. The FS and IDMTs should perform duties in the clinic together whenever possible.

1.10.5.2. (Added) CSARME FSs not assigned to OSMs will develop a periodic (e.g. monthly) schedule for all medical personnel assigned. After required operational duties are accounted for, the schedule will be provided to Chief of Flight Medicine to allow for appropriate scheduling of clinical, administrative, operational support activities and training responsibilities within the MTF. Dispute resolution will be handled between the line unit commander and installation SGP.

1.10.6. (Added) CSARME personnel will participate in unit extra-curricular activities/additional duties as determined by the unit commander. Refer to additional guidance listed in AFI 48-101 and AFI 44-103.

1.10.7. (Added) CSARME personnel will be recognized for quarterly/annual awards through their unit of assignment. Annual medical awards will be routed through their unit commander with coordination through the local SGP IAW AFI 36-2856.

1.10.8. (Added) The CSARME at each location is responsible for medical oversight of PJs assigned at their duty station/deployed location. All IDMTs assigned to line rescue or

operational units will be involved in assisting the flight surgeon with the medical training of the PJs. Medical oversight consists of:

1.10.8.1. (Added) Medical academic and clinical training at the EMT-Basic level or higher.

1.10.8.2. (Added) Medical Exercise (MEDEX).

1.10.8.3. (Added) Conduct medical proficiency skills assessment when requested.

1.10.9. (Added) Senior CSARME FS Oversight of Pararescue Medical Practice.

1.10.9.1. (Added) Pararescue Medical Treatment and Procedures/Protocols. The Pararescue Medication and Procedure Handbook is the approved medication formulary and protocol handbook for rescue PJs as prescribed by AFI 16-1202 Volume 1, *Pararescue and Combat Rescue Officer Training*.

1.10.9.2. (Added) Changes in the pararescue medical protocols or medication formulary are to be coordinated through the Pararescue Medical Operations Advisory Board (PJ MOAB) to the Command Surgeon (HQ ACC/SG).

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

1.10.9.3.1. (Added) Non-formulary medication must be supplied with oversight by a US military physician, preferably a CSARME flight surgeon.

1.10.9.3.2. (Added) If possible, the CSARME FS is to be notified of any non-formulary medication issue prior to use. In the event that this is impossible due to security or operational considerations, a written explanation will be forwarded to the CSARME flight surgeon as soon as possible.

1.10.9.3.3. (Added) The CSARME FS will report issue and/or use of non-formulary medications by PJs to the HQ ACC/SG as soon as possible.

1.10.9.3.4. (Added) The CSARME FS or senior deployed flight surgeon is responsible for medical quality assurance of PJ encounters by reviewing the Pararescue Patient Treatment Cards. The CSARME or senior FS will check treatment IAW the Pararescue Medical Treatment and Procedures/Protocols and provide feedback to the PJ as required.

1.10.9.4. (Added) Policy Guidance. PJs are not to engage in “sick call” medicine, unless seeing patients in a student capacity to enhance emergency and trauma skills at an MTF under the direct supervision of a physician or physician assistant.

1.10.9.5. (Added) Medical (Trauma) Care Delivered by PJs. PJ mission reports will be reviewed by the senior CSARME FS responsible for ensuring medical oversight for all PJ missions and forwarding mission reports to the PJ Medical Program Manager at the ACC Flight Medicine Branch (HQ ACC/SGPF) via e-mail to accsgpf.flightmedicine@langley.af.mil.

1.10.9.6. (Added) Continuing Education. Pararescue continuing medical education is described in AFI 16-1202 Volume 1 and also listed at <https://afkm.wpafb.af.mil/asps/CoP/opencop.asp>. PJs will maintain National Registry EMT-P certification.

2.1.1.3. CSARME and other units with unique mission requirements will have IDMTs fill both technician positions.

2.4.1.1. (Added) This guidance provides implementation instructions for all mandated deployment health surveillance requirements. Unit commanders are responsible for ensuring all deployment-processing requirements are met. HMTF are responsible for implementing all necessary medical procedures to meet DoD and AF policies and Public Law.

2.4.1.2. (Added) Compliance. ACC SME/CSARME, if tasked as unit health monitor, will track compliance with all deployment health surveillance requirements for each member who deploys. Units will maintain logs (preferably electronic) of deploying, deployed and returned personnel (by name and unit) and track compliance with current policy. SME/CSARME's should compare their deployment logs of personnel who have completed pre- and post-deployment health assessments with documentation maintained by the HMTF FHM.

2.4.1.2.1. (Added) Pre-deployment Requirements at Home Station.

2.4.1.2.1.1. (Added) Unit commanders are responsible for identifying to the HMTF, all deploying personnel prior to deployment. SME/CSARME personnel will develop a close working relationship with HMTF FHM section, the Installation Deployment Officer (IDO), Personnel Readiness Unit (PRU), and Unit Deployment Managers (UDM), especially with the UDM's from units that cut their own orders, to prevent personnel from deploying without medical clearance.

2.4.1.2.1.2. (Added) In conjunction with HMTF FHM, SME/CSARME personnel will ensure that deploying personnel accomplish all pre-deployment health requirements in accordance with AEF Online reporting instructions (<https://aef.afpc.randolph.af.mil/default.aspx>).

2.4.1.2.2. (Added) Further guidance can be obtained through the ACC Public Health Branch (HQ ACC/SGPM) Community of Practice (CoP) (<https://wwwd.my.af.mil/afknprod/ASPs/CoP/OpenCoP.asp?Filter=MD-SG-00-09>).

2.4.2.2. (Added) The SME/CSARME personnel will contact the deployed medical leadership (e.g. SGP, SGH, or CC) within 24 hours and follow the processes in place to ensure medical requirements (Pre and Post deployment) are met by all personnel IAW established AFIs and theater directives.

2.4.3.2. (Added) Additionally the SME/CSARME will:

2.4.3.2.1. (Added) Collect and store the DD Form 2766, *Adult Preventive and Chronic Care Flowsheet*, which will be used as the deployed medical record. Keep records of all medical encounters (Standard Form 600, *Chronological Record of Medical Care*); environmental and occupational health exposures; known or potential exposure to nuclear, biological and chemical agents; or other health risk exposures, and file in the DD Form 2766.

2.4.3.2.2. (Added) Collect any Force Health Protection Prescription products that were issued to personnel or troop commanders, which are not needed immediately, for distribution when threat increases. For example, if Pyridostimine Bromide tabs are issued to the individual, ensure procedures are in place to replace them after 90 days.

2.4.3.2.3. (Added) If available, enter personnel into any deployed automated medical tracking system (e.g. Medical Communications for Combat Casualty Care (MC4), Complete Immunization Tracking Application (AFCITA), etc.) in use. This may be done via a download from Personnel Support of Contingency Operations (PERSCO) database.

2.4.3.2.4. (Added) Ensure Post-Deployment health requirements are completed in accordance with policy. Guidance can be obtained from HQ ACC/SGPM CoP (<https://www.dmy.af.mil/afknprod/ASPs/docman/DOCMain.asp?Tab=0&FolderID=MD-SG-00-09-18&Filter=MD-SG-00-09>).

2.6. (Added) Infection Control.

2.6.1. (Added) Responsibilities.

2.6.1.1. (Added) IAW AFI 44-108, *Infection Control Program*, Paragraph 1.6., the HMTF, Medical Group Commander establishes an Infection Control Committee (ICC) and appoints a medical/dental provider, usually the Chief of Clinical Services (SGH), to chair the ICC. The SGH maintains overall responsibility for the Infection Control Program (ICP).

2.6.1.2. (Added) In SME/CSARME units functioning independent of the HMTF and without direct oversight by an SGH, the senior flight surgeon or designee will ensure an ICP is developed and submitted to the installation MTF ICC for approval prior to implementation at ACC SME/CSARME units. The ICP will include guidance regarding in-garrison and TDY/deployment work practices, including but not limited to standard precautions, hand washing, management of sharps, needles, regulated waste, disposal of hazardous waste in austere locations, and use of personal protective equipment (PPE).

2.6.1.3. (Added) SME/CSARME Senior Flight Surgeon will:

2.6.1.3.1. (Added) Review and update the ICP accordingly to reflect new or modified tasks and procedures or available resources.

2.6.1.3.2. (Added) Maintain a copy of AFI 44-108; AFI 48-105, *Surveillance, Prevention, and Control of Diseases and Conditions of Public Health or Military Significance*; AFI 91-301, *Air Force Occupational and Environmental Safety, Fire Protection, and Health (AFSOSH) Program*, and this publication.

2.6.1.3.3. (Added) Ensure SME/CSARME personnel understand and comply with infection control policies and procedures.

2.6.1.3.4. (Added) Conduct initial and periodic training for medical personnel at deployed location by in-service or information letters. Document training for infection control practices on the AF Form 55, *Employee Safety and Health Record*, maintained for enlisted in the member's AF IMT 623, *On-the-Job Training Record*, and for officers, by their supervisor.

2.6.1.3.5. (Added) Evaluate work practices to find ways of improving personnel practices and protection.

2.6.1.3.6. (Added) Report infection control discrepancies and inconsistencies to the SGH and the local MTF ICC.

2.6.2. (Added) Surveillance. Surveillance of infection control policies and procedures will be in accordance with DoD and AF guidance.

2.6.3. (Added) Exposure Incident. Management of exposures will be in accordance with DoD, AF and relevant clinical protocol guidance.

2.7. (Added) Use of Controlled Medications.

2.7.1. (Added) Controlled medications are used both clinically and operationally. The clinical use of controlled medications in garrison or deployed will be IAW DoD policy; AFI 44-102, *Medical Care Management*; and Public Law.

2.7.2. (Added) The operational use of Air Force approved Go and No/Go pills will be IAW Air Force policy available at: https://kx.afms.mil/kxweb/dotmil/kjPage.do?cid=CTB_018355&functionalArea=AerospaceMedicine and the most recent Official Air Force Aircrew Medications list available at: https://kx.afms.mil/kxweb/dotmil/kjPage.do?cid=CTB_020686&functionalArea=AerospaceMedicine.

2.8. (Added) Quality Reporting. SME/CSARME units will conduct physician preceptor review of IDMT medical records at least twice per calendar year IAW AFI 44-103 and the respective ACC Supplement. The reports of the reviews will be forwarded to the installation IDMT coordinator.

2.9. (Added) Medical Scope of Care and Quality Assurance in Deployed Environment.

2.9.1. (Added) This supplement defines the roles and responsibilities of health care providers (HCP) and IDMTs regarding scope of care and quality assurance monitoring while in a deployed setting. HCP are defined as physicians, physician assistants (PAs), nurse practitioners and Certified Registered Nurse Anesthetists (CRNAs). Credentialing, privileging and quality assurance for in-garrison care remains the responsibility of the HMTF in accordance with AFI 44-119, *Medical Quality Operations*.

2.9.2. (Added) Scope of Care Documentation. All HCPs will maintain a current copy of their Inter-facility Credentials Transfer Brief (ICTB) in their deployment folders. IDMTs will maintain a copy of their current certification paperwork in their deployment folders. All will hand carry these documents for the duration of the deployment. HCPs and IDMTs will provide the medical commander with a copy of these documents and comply with local MTF instructions if deployed to location with other medical assets (e.g. MTF, Expeditionary Medical Support (EMEDS), Combat Army Surgical Hospital (CSH), etc). If no fixed medical facility exists, HCPs and IDMTs will ensure the senior physician at the deployed location reviews all ICTBs and IDMT certification documents. HCPs and IDMTs will practice within their respective scope of care (as documented by ICTB and IDMT certifications) at all times.

2.9.3. (Added) Quality Assurance. The senior deployed flight surgeon is responsible for medical quality assurance during deployments. Quality Assurance will include chart reviews as determined by HMTF/MAJCOM directives for HCPs and IAW AFI 44-103 for IDMTs. Chart reviews will be accomplished by the SME/CSARME unit flight surgeon or next senior physician. In cases when an appropriate reviewer is not readily available, charts will be reviewed immediately upon return to home station. After return from deployment, a copy of all documentation of chart reviews will be forwarded to HMTF IDMT Program Manager.

2.10. (Added) Aeromedical Disposition.

2.10.1. (Added) Aeromedical disposition for flying or special operations duty personnel will be managed IAW AFI 48-101 and AFI 48-123, *Medical Examinations and Standards--Flying and Special Operational Duty*.

2.10.2. (Added) All HCPs and IDMTs may place an aircrew member on duties not including flying (DNIF) status or special operations duty personnel on duties not including controlling (DNIC) status. Only a credentialed and privileged flight surgeon may return aircrew or special operations duty personnel to flying/controlling status or make a determination that a member does not need to be placed in DNIF/DNIC status.

2.10.2.1. (Added) In contingencies when no flight surgeon is available, all other providers/IDMTs must contact a flight surgeon for appropriate aeromedical disposition. This must be documented in the aviator's medical record and subsequently countersigned by the consultant or home station flight surgeon upon return from deployment.

2.10.2.2. (Added) Any DoD flight surgeon may be used as an aeromedical consultant. Non-US flight surgeons will not be used as consultants for aeromedical dispositions or return to flying status.

2.10.2.3. (Added) In the circumstance that no flight surgeon is available for consultation and there is loss of communication the non-flight surgeon provider will discuss the aviator's medical condition with the deployed line commander for disposition.

NOTE: Non-AF flight surgeon consultation requires aeromedical disposition review as soon as feasible.

2.10.2.4. (Added) All SME/CSARME flight surgeons (not on LV, deployed, TDY or in mandatory training) must attend the weekly Aircrew Management (Grounding Management) meeting at their HMTF. They will provide current information and updates on ACC grounded personnel, waivers, soft contact lens status, Mission Essential Task Lists (METLs) currency, and other flight medicine programs IAW AFI 48-101.

2.11. (Added) Immunizations. This guidance, along with AFJI 48-110, *Immunizations and Chemoprophylaxis*, provides implementation instructions for all immunization requirements. Additional immunization and chemoprophylaxis requirements may be recommended by the Joint Preventive Medicine Policy Group or may be required by Theater Combatant Commanders (COCOM). All ACC personnel are responsible for maintaining current immunizations. SME/CSARME units will track immunization requirements through FHM for assigned personnel and will notify commanders if/when members are non compliant every 30 days. Unit commanders, in coordination with HQ ACC/SG, may require additional immunizations based on a risk assessment.

3.6. (Added) Administration.

3.6.1. (Added) Formal Training. The HQ ACC/SG Manpower and Force Management Branch (HQ ACC/SGSM) (accsgsm.manpower@langley.af.mil) coordinates formal medical training for all CSARME/SME personnel.

3.6.2. (Added) Unit Training Manager (UTM) Appointment. ACC MTF, tenant unit, or Operations Support Medical Flight commanders appoint a UTM in writing. Appointment letter is forwarded to HQ ACC/SGSM. The UTM is the POC for all formal medical training request/issues.

NOTE: CSARME/SME's should be proactive in attaining quotas by directly contacting HQ ACC/SGSM in the event a UTM is not identified to HQ ACC/SGSM.

3.6.3. (Added) Formal Training Projection.

3.6.3.1. (Added) Annual screening allows each MAJCOM to project training requirements resulting in funded and unfunded training quotas for the FY. *HQ ACC/SGSM will send out a training spreadsheet to all units requesting input of formal training courses required for each upcoming FY (i.e. April 09 request inputs for FY 10). Suspense for this input will be 30 days.*

3.6.3.2. (Added) UTMs or CSARME/SMEs will obtain requirements for the upcoming FY by September every year. This data must be forwarded to HQ ACC/SGSM by October.

3.6.3.3. (Added) Training quotas are allocated by Air Education and Training Command, Air Force Material Command and the Air Force Medical Operations Agency, to each MAJCOM. HQ ACC/SGSM notifies respective UTMs or CSARME/SMEs of the training quotas available.

3.6.3.4. (Added) The UTM or CSARME/SME submits the full name, grade, SSN and AFSC of the individual for the allocated quotas IAW education and training course announcements (<https://etca.randolph.af.mil/default.asp>). Type 5 training courses (identified by a 5 in the second digit of the course number) require the addition of security clearance, unit mailing address, duty title and DSN.

3.6.3.5. (Added) Out-of-cycle training requirements may be requested when quotas were not projected or for additional quotas. The UTM or CSARME/SME submits request for out-of-cycle quotas by letter, e-mail or fax to HQ ACC/SGSM. The request must include the course title, course number and the individual’s information as described.

3.7. (Added) Medical Training, Certification and Reporting Requirements.

3.7.1. Table 1 and 2 outline ACC’s required, priority and optional medical training for personnel assigned to SME/CSARME units. Approved platforms for required training are outlined in section 12.2 below. Refer to unit DOC statement for Status of Resources and Training System (SORTS) reportable training requirements. All required IDMT training will be reported in the quarterly executive report IAW ACC Sup 1 to AFI 44-103_ACC SUP 1, Table A1. The ACC Nursing Division (HQ ACC/SGN) Functional Area Manager is the waiver authority for all required IDMT training and the ACC Aeromedical Services Division (HQ ACC/SGP) is for all flight surgeon related training. Required, priority or optional training is defined as follows.

3.7.1.1. (Added) Required Training. Minimal training needed for personnel to be considered operational. It is based on a GO/NO-GO status. The requirement can be waived by proper authority (i.e. unit commander) if absolutely necessary.

3.7.1.2. (Added) Priority Training. Training that should be completed within the first 12 months of being assigned to a unit however can be completed during the assignment period and will not be required for the operational readiness of personnel.

NOTE: CSARME/SME have priority for these courses however MTF FS or IDMTs can attend.

3.7.1.3. (Added) Optional Training. Training that will add to the capabilities of CSARME/SME personnel but have no requirement for completion time or operational considerations.

Table 3.1. (Added) Training for SME/CSARME Flight Surgeons.

REQUIRED FS TRAINING		FREQUENCY
ATLS	All	Initial training/maintain currency

Altitude Chamber	All	Initial training/maintain currency
Survival Training (including Underwater Egress, Parachute Water Survival, and other unit directed training)	All	Initial training/maintain currency
Field Management of Chemical and Biological Casualties	All	Initial training
Medical Management of Chemical and Biological Casualties	All	Initial training
Combat Casualty Care Course - C4	All	Initial training
Critical Care Air Transport Team (CCATT)	CSARME	Initial training/maintain currency
PRIORITY FS TRAINING		FREQUENCY
Global Medicine	All	Initial training
Top Knife II	All	Initial training
Aircraft Mishap Investigation	All	Initial training
CASEVAC/Army MEDEVAC	CSARME	Initial/maintain currency
OPTIONAL FS TRAINING		FREQUENCY
Public Health CONOPS	All	Initial training
Advanced Clinical Concepts in Aeromedical Evacuation (ACCAE)	All	Initial training
Joint Enroute Care Course (JECC) Fort Rucker	All	Initial training
Contingency Preventive Medical Course	All	Initial training
Human Performance Enhancement	All	Initial training
Occupational Medicine	All	Initial training
SGP Course	All	Initial training
Advance Wilderness Life Support	CSARME	Initial training

Table 3.2. (Added) Training for SME/CSARME Medical Technicians.

REQUIRED TECHNICIAN TRAINING		FREQUENCY
ACLS	All	Obtain/maintain currency
Trauma Sustainment Training	All	Initial training/maintain currency
Field Management of Chemical and Biological Casualties	All	Initial training
Medical Management of Chemical and Biological Casualties	All	Initial training
SERE 100 (on-line training)	All	Initial training/maintian currency

NREMT-Paramedic	CSARME	Initial training/maintain currency
PRIORITY TECHNICIAN TRAINING		FREQUENCY
Public Health CONOPS	All	Initial training
Operational Entomology	All	Initial training
Survival Training (SV-80)	CSARME	Initial training
CASEVAC/Army MEDEVAC Training	CSARME	Initial training/maintain currency
OPTIONAL TECHNICIAN TRAINING		FREQUENCY
Global Medicine Course	All	Initial training
Underwater Egress Training	CSARME	Initial training
Altitude Chamber Training	CSARME	Initial training/maintain currency

3.7.2. (Added) Approved training platforms (not all inclusive).

3.7.2.1. (Added) NREMT-P (CSARME Units).

3.7.2.1.1. (Added) Initial EMT-P training for IDMTs will be accomplished at one of the approved training sites. Contact HQ ACC/SGN for a list of sites.

3.7.2.1.2. (Added) Paramedic refresher training (required every two years). ACC personnel will attend any HQ ACC/SGN approved NREMT-P refresher course.

3.7.2.2. (Added) Trauma Skills Sustainment. SME/CSARME personnel require exposure to the hands on management of human trauma patients in an environment where current best practices in trauma care can be attained or refreshed. Individuals require AFSC appropriate exposure to 10 trauma patients during the prior two years at a minimum. Methods of acquiring patient experience are as follows.

3.7.2.2.1. (Added) Combat Casualty Care Course (C4).

3.7.2.2.2. (Added) War Surgery Course.

3.7.2.2.3. (Added) Joint Forces Combat Trauma Management Course.

3.7.2.2.4. (Added) Special Operations Forces Medical Skills Sustainment Course through the Air Force Special Operations Command (AFSOC) Surgeon General Operations Division (HQ AFSOC/SGO).

3.7.2.2.5. (Added) Advance Trauma Life Support (ATLS).

3.7.2.2.6. (Added) C-STARS at the Baltimore Trauma Center or a similar military trauma training program. Alternate programs will not require formal waiver as long as they are designed to provide significant exposure to traumatized human patients, are run by a DOD organization, and are greater than 10 days in length. Successful course completion will fulfill the trauma skills sustainment requirement; a patient list will not be required. CSARME/SME technicians should attend the IDMT Track at C-STARS Baltimore for initial training.

3.7.2.2.7. (Added) Monitored work at another level I or II trauma center. A patient list identifying the number of patients, their injuries and procedures performed must be maintained in the individual's training folder. Coordination with and approval by HQ ACC/SGN or HQ ACC/SGP respectively must be completed prior to skills sustainment training completed at non C-STARS sites.

3.7.2.2.8. (Added) Trauma patients managed in a deployed setting can account for up to 5 of the required 10 trauma patients managed during a two year period. A patient list identifying the number of patients managed while deployed, their injuries and procedures performed must be maintained in the individual's training folder.

3.7.2.2.9. (Added) Members reporting directly to CSARME/SME units from residency and/or internship programs are considered to have current trauma skills within 2 years from the last month they were on a rotation that exposed them routinely to trauma patients (trauma surgery, ER at a trauma center, anesthesia at a trauma center).

3.7.2.2.10. (Added) IDMTs that have attended paramedic school are considered to have current trauma skills for 2 years after course completion however if they are deployed they should attend C-STARS.

3.7.2.2.11. (Added) Requests to complete other courses to fulfill the Trauma Related CME training requirement must be forwarded to HQ ACC/SGN for technicians or HQ ACC/SGP for FSs for approval.

3.7.3. (Added) Casualty Evacuation (CASEVAC) Training. This training will meet the patient movement training requirement.

3.7.3.1. (Added) Training will be accomplished at the unit level using approved patient movement checklist.

NOTE: ACC CSARME personnel will attend the AFSOC CASEVAC course at Hurlburt Field as training allocations are available. Requests for course allocations will be coordinated through HQ ACC/SGSM.

3.7.3.2. (Added) Army MEDEVAC Training at Ft. Rucker, AL can be accomplished instead of the CASEVAC course at Hurlburt Field, FL. Request should be made directly through Army channels and coordinated with HQ ACC SGN/SGP approval.

3.7.3.3. (Added) Patient movement currency *should* be accomplished by completing a minimum of one in-flight patient movement mission or one in-flight patient movement exercise quarterly in conjunction with PJ training missions. At no time is the CSARME patient movement training to take precedence over PJ patient movement training.

3.7.4. (Added) Survival Training.

3.7.4.1. (Added) Formal Aircrew Survival training at the United States Air Force School of Aerospace Medicine or Fairchild AFB.

NOTE: Other AFSC specific survival training requirements should be coordinated through assigned line units.

3.7.4.2. (Added) All SME/CSARME technicians will complete AF SERE 100 training except personnel who have completed SV-80A and maintain SV-80A currency.

3.7.4.3. (Added) Additional Training Requirements. All SME/CSARME personnel will meet additional training requirements associated with mobility and the core training requirements indicated in AFI 41-106.

3.7.5. (Added) Readiness Verification Skills. All personnel must be current in their AFSC readiness verification skills with emphasis on field emergency medical skills.

3.7.6. (Added) Flying Duty. All personnel required to perform flying duty on a frequent or recurring basis must ensure all flying training requirements are maintained (e.g. egress, survival, crew resource management, altitude chamber, helicopter underwater egress, etc.). This training will be documented and maintained per local operations group policies and will be monitored by the unit training manager.

3.7.7. (Added) OSM Medical Planners Training.

3.7.7.1. (Added) Required training courses include the Medical Readiness Planners Course and Medical Logistics Symposium.

3.7.7.2. (Added) Optional training courses include the Contingency Wartime Planners Course, Joint Medical Planners Course, Joint Operations Medical Managers Course, Combat Casualty Care Course and Dynamics of International Terrorism course.

3.8. (Added) EMT-Paramedic (EMT-P) Treatment Protocols for SME/CSARME IDMTs. AFSOC Handbook 48-1, *EMT-P Protocols for Air Force Special Operations Medical Technicians*, is approved as the ACLS medication formulary and protocol handbook for Air Force Special Operations/Search and Rescue medical technicians, specifically AFSC 4N0X1C, assigned to operational support and rescue units. The scope of practice for CSARME IDMTs performing EMT-I/P duties is limited to these protocols. Proposed changes to these protocols will be coordinated through HQ ACC/SGN to HQ AFSOC/SGO.

Chapter 4 (Added)

OPERATIONAL SUPPORT MEDICAL (OSM) FLIGHT CONCEPT

4.1. (Added) OSM Flight Overview.

4.1.1. (Added) The OSM flight concept is specifically organized, trained and equipped to support the unique CSAR flying mission in addition to the needs of the in-garrison medical team. The primary role of the OSM flight is to establish a comprehensive deployment medical plan, medical training program and operational medical capability to support deployed CSAR forces.

4.1.2. (Added) OSM flights centrally manage the medical assets assigned to their respective operations group. They provide oversight of personnel and training requirements, War Reserve Material (WRM) assets, SORTS, Air Expeditionary Force Reporting Tool, and other reporting requirements. OSM flights focus on operational medicine i.e., deployed medical support, home-station flight medicine for the flying community and their dependents, and operational planning processes. The OSM will work closely with the local base medical group to support PHA, fitness, aviation psychology, immunizations, employment surveillance, and health promotion/prevention programs and processes.

4.2. (Added) OSM Flight Commander Responsibilities.

4.2.1. (Added) The senior assigned flight surgeon for each OSM will serve as the flight commander and medical director for the rescue group or squadron(s). The medical director acts as the senior medical advisor to leadership and oversees all aspects of operational medicine - training/certification, deployment, preparation, contingency planning and medical logistics. As the OSM flight commander, they will manage a combination of flight surgeons, IDMTs, MSCs

and medical logisticians to meet the operational medical needs of CSAR operations. As medical director, they are the medical authority for EMT-P certifications for all assigned personnel (PJ/IDMT).

4.2.2. (Added) The flight commander or designated representative will develop a periodic (e.g. monthly) schedule for all medical personnel assigned. After required operational duties are accounted for, the schedule will be provided to the SGP or designee Medicine to allow for appropriate scheduling of clinical, administrative, operational support activities and training responsibilities within the MTF.

4.3. (Added) OSM Flight Surgeon Responsibilities.

4.3.1. (Added) Assigned FSs primary mission is medical coverage in support of CSAR operations in mature and bare-base environments and home station activities. They assist with planning and coordinating patient movement missions from combat zones or point of injury to higher echelons of care. In-garrison squadron activities include (but are not limited to) directing flight clinical doctrine and operations, medical training, aircraft mishap investigation, and physiological incident response and reporting.

4.3.2. (Added) FSs are responsible for oversight of medical training of PJs and IDMTs, the maintenance of their EMT-P certifications, and oversight of any medical intervention performed. Because all assigned PJs and IDMTs require paramedic qualification, they ultimately provide medical care under the license of the senior FS, who is their endorsing medical officer. PJs and IDMTs work directly under the supervision of the deployed flight surgeon while deployed. To ensure accountability, units FSs perform regular medical exercises to verify PJ and IDMT medical proficiency.

4.3.3. (Added) FSs also support the overall base medical support plan by providing acute and routine medical and administrative support to base active duty and family members via the host medical treatment facility. A formal MOA with the local MTF that outlines local clinic support expectations and other support requirements is highly recommended.

4.3.4. (Added) Assigned FS, as rated aircrew members, must complete the minimum number of flying hours IAW current AFIs. The flying hour requirement should be met through meaningful training sorties that develop operational capability (aircraft configuration, patient movement, transload operations, and airborne medical control) whenever possible.

4.3.5. (Added) Additional duties might include WRM assemblage oversight and management, on-scene Drop Zone medical coverage and coordination during parachute operations, medical block training, SERE support training. Under certain circumstances, FS monitor and oversee group PIMR requirements in conjunction with unit IDMTs.

4.4. (Added) OSM Medical Planner Responsibilities.

4.4.1. (Added) The Medical Service Corps (MSC) conducts detailed mission analysis and develops medical personnel and equipment packages supporting all deliberate, crisis action and exercise scenarios. The assigned MSC must continuously monitor steady-state operations providing medical planning, policy guidance and execution support for all deployed personnel.

4.4.2. (Added) The MSC manages all assigned WRM projects ensuring doc statement taskings are fully mission capable. Additional administrative support includes the planning and executing of allotted O&M and training budgets in support of all assigned medical personnel and PJs.

4.4.3. (Added) The assigned MSC must possess the R (medical planner) prefix. A top-secret clearance is highly recommended and at least one flight member should possess a top-secret clearance.

4.5. (Added) OSM Independent Duty Medical Technicians (IDMT) Responsibilities.

4.5.1. (Added) The IDMT provides medical coverage in support of CSAR personnel in mature and bare-base environments. The IDMT might assist with the planning and coordination of patient movement missions from combat zones or point of injury to higher echelons of care.

4.5.2. (Added) The IDMT must work in concert with the assigned FS providing in-garrison acute and routine medical and administrative support. The IDMT assists the FS with group vaccination programs, medical briefings and, when required, aircraft mishap investigation, and physiological incident response, investigation, and reporting. The IDMT serves as FS force multipliers in assisting with situational medical exercises and training for all assigned IDMTs and PJs.

4.5.3. (Added) The IDMT has numerous mission critical, non-traditional roles within CSAR; and should not be considered a traditional IDMT. When not performing training at the local HMTF or assisting the FS, the IDMT will be located within the unit conducting additional training; i.e. ground training, flight training, combat survival training, etc. Other frequent duties include on-scene DZ medical coverage and coordination during parachute operations, assistance with WRM assemblages, medical block training, SERE training support, and monitoring and/or oversight of group PIMR requirements.

4.5.4. (Added) The IDMT is not on official flying status but may serve a mission essential function and may fly on non-interference aeronautical orders signed by the respective unit commander IAW AFI 11-401, *Aviation Management*; AFI 11-402, *Aviation and Parachutist Service Aeronautical Ratings and Badges*; and ACC supplements. Non-interference AO's require a current AF Form 1042 (medical clearance to fly), *Medical Recommendations for Flying or Special Operational Duty*, and AF Form 702 (proof of hyperbaric chamber qualification), *Individual Physiological Training Record*. Non-interference AO's are given at the discretion of the unit commander. The goal of the IDMT is to train/support assigned pararescuemen in the aeromedical environment.

4.6. (Added) OSM Medical Material Craftsman Responsibilities.

4.6.1. (Added) Medical material craftsmen oversee the day-to-day management of all OSM medical and PJ WRM assemblages and equipment ensuring they are ready to deploy at moment's notice. They process medical supply and equipment packages returning from deployments or contingencies ensuring they are properly reconstituted and accounted for to assist with funding requirements.

4.6.2. (Added) They conduct frequent interfaces with the DMLSS system ordering medical supplies in support of day-to-day operations and training.

4.6.3. (Added) Logisticians provide the oversight, ordering, storage, and dispersal of controlled medications IAW published guidance.

4.6.4. (Added) Logistician must work closely with the base MTF to ensure the maintenance of calibrated medical equipment by Bioenvironmental Medical Equipment Technicians.

4.7. (Added) Adopted Forms. AF Form 55, *Employee Safety and Health Record*

AF Form 623, Individual Training Record Folder
AF Form 702, Individual Physiological Training Record
AF Form 1042, Medical Recommendations for Flying or Special Operational Duty
DD Form 2766, Adult Preventive and Chronic Care Flowsheet
Standard Form 600, Chronological Record of Medical Care

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

AFI 11-401, *Aviation Management*, 7 March 2007

AFI 11-402, *Aviation and Parachutist Service Aeronautical Ratings and Badges*, 25 September 2007

AFI 16-1202 Volume 1, *Pararescue and Combat Rescue Officer Training*, 29 March 2007

AFI 36-2856, *Medical Service Awards*, 10 August 2006

AFI 41-106, *Unit Level Management of Medical Readiness Programs*, 14 April 2008

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AFI 44-103, *The Air Force Independent Duty Medical Technician Program*, 1 May 2005

AFI 44-108, *Infection Control Program*, 1 July 2000

AFI 44-119, *Medical Quality Operations*, 24 September 2007

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AFI 48-105, *Surveillance, Prevention, and Control of Diseases and Conditions of Public Health or Military Significance*, 1 March 2005

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AFI 91-301, *Air Force Occupational and Environmental Safety, Fire Protection and Health (AFSOSH) Program*, 1 June 1996

AFSOC Handbook 48-1, *EMT I/P Protocols for Air Force Special Operations Medical Technicians*, 1 July 1998

Abbreviations and Acronyms

ACLS—Advanced Cardiac Life Support

ATLS—Advanced Trauma Life Support

AFCITA—Air Force Complete Immunization Tracking Application

AFSC—Air Force Specialty Code

CASEVAC—Casualty Evacuation

CSH—Combat Army Surgical Hospital

CCATT—Critical Care Aeromedical Transport Team

CME—Continuing Medical Education

CONOPS—Concept of Operations

CSAR—Combat Search and Rescue

CSARME—Combat Search and Rescue Medical Element

DMLLS—Defense Medical Logistic System

EMEDS—Expeditionary Medical Support

ETCA—Education & Training Course Announcements

FAM—Functional Area Manager

FHM—Force Health Management

FHPPP—Force Health Protection Prescription Products

HCP—Health Care Provider (physicians, physician's assistants, nurse practitioners, and independent duty medical technicians)

HMTF—Host Medical Treatment Facility

HQ ACC/SG—ACC Surgeon General

HQ ACC/SGN—ACC Nursing Division

HQ ACC/SGP—ACC Aerospace Medicine Division

HQ ACC/SGPF—ACC Flight Medicine Branch

HQ ACC/SGPM—ACC Public Health Branch

HQ ACC/SGSM—ACC SG Manpower and Force Management Branch

HQ AFSOC/SGO—Surgeon General Operations Division

IAW—In Accordance With

ICTB—Interfacility Credentials Transfer Brief

ICP—Infection Control Program

IDMT—Independent Duty Medical Technician

IDO—Installation Deployment Officer

MC4—Medical Communications for Combat Casualty Care

MEDEX—Medical Exercise

METL—Mission Essential Task List

MTF—Medical Treatment Facility

NREMT—Nationally Registered Emergency Medical Technician

PB—Pyridostimine Bromide

PERSCO—Personnel Support of Contingency Operations

PIMR—Preventative Health Assessment and Individual Medical Readiness

PRU—Personnel Readiness Unit

PPE—Personal Protective Equipment

PJ—Pararescueman

PJ MOAB—Pararescue Medical Operations Advisory Board

PPE—Personal Protective Equipment

SERE—Survival, Evasion, and Recovery

SGP—Chief of Aerospace Medicine

SORTS—Status of Resources and Training System

SSN—Social Security Number

UDM—Unit Deployment Managers

USAFSAM—United States Air Force School of Aerospace

UTC—Unit Type Code