

**BY ORDER OF THE COMMANDER  
59TH MEDICAL WING**

**59TH MEDICAL WING INSTRUCTION  
44-193**

**9 JULY 2020**

**Medical**

**MANAGEMENT OF INCAPACITATED  
PROVIDERS**



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This instruction implements Air Force Policy Directive 44-1, *Medical Operations*. This instruction outlines procedures for managing medical or surgical procedures in the event a health care professional becomes incapacitated throughout the facilities of the 59th Medical Wing (MDW). For the purposes of this document an incapacitated provider is a physician or health care worker who has acutely become physically or mentally impaired in the ability to provide patient care. This instruction applies to all personnel assigned, attached, or on contract to the 59 MDW. This instruction does not apply to the Air National Guard or Air Force Reserve. Refer recommended changes and questions about this publication to the Office of Primary Responsibility using the AF Form 847, *Recommendation for Change of Publication*. Ensure that all records created as a result of processes prescribed in this publication are maintained IAW AFI 33-322, *Records Management and Information Governance Program*, and disposed of IAW Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS).

**SUMMARY OF CHANGES**

59 MDWI 44-193 has been revised. Changes include updated operating room procedures.

**1. Operating Room (OR) Procedures.**

1.1. The primary attending surgeon is personally responsible for the patient's welfare throughout the operation. In general, the patient's primary attending surgeon should be in the operating suite or should be immediately available for the entire surgical procedure. There

are instances consistent with good patient care that are valid exceptions. The same rule applies to the primary anesthesia provider.

1.2. However, when the primary attending surgeon is not present or immediately available, another attending surgeon should be assigned to be “immediately available.”

1.3. Unanticipated circumstances may arise during procedures that require the surgeon or primary anesthesia provider to leave the operating room before completion of the critical portion of the operation. In this situation, a backup attending surgeon or anesthesia provider must be identified and available to come to the operating room promptly.

1.4. Circumstances in this category might include sudden illness or injury to the surgeon or anesthesia provider, a life-threatening emergency elsewhere in the operating suite or contiguous hospital building, or an emergency in their family.

1.5. If more than one emergency occurs simultaneously, the attending surgeon and primary anesthesia provider may oversee more than one operation until additional attending surgeons or anesthesia providers are available. In the case of any of these unanticipated circumstances, the group SGH/SGD and/or the 59 MDW/SGH/SGD will be notified.

## **2. Minor medical, dental or surgical procedures outside the OR including conscious sedation.**

2.1. As in the operating room, unanticipated circumstances, such as sudden illness or injury or other emergencies, may also arise during minor medical, dental or surgical procedures outside the OR, that require the provider to leave the patient care area before completion of the procedure. In this situation, a backup qualified provider must be identified and be available to come to the patient care area promptly who will maintain safety of the patient and determine if the procedure should be completed or arrange for the safe termination and rescheduling of the procedure. In this instance, the group SGH/SGD and/or the 59 MDW/SGH/SGD will be notified.

2.2. If the patient has not undergone a procedure and is stable, he/she will be escorted to the waiting area. The patient will be given the option of rescheduling the appointment or waiting until an alternate provider is available. If the patient opts to leave without seeing an alternate provider, the clinic nurse will review the patient’s clinical status to ensure his or her needs are met, including medication refills, ordering labs and any other care that is necessary, prior to discharge from the facility.

DANIEL K. FLOOD, Colonel, USAF, MC  
Chief of the Medical Staff

**Attachment 1**

**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION**

*References*

American College of Surgeons Statements on Principles <https://www.facs.org/about-acs/statements/stonprin>

AFPD 44-1, *Medical Operations*, 9 June 2016

*Adopted Form*

AF Form 847, *Recommendation for Change of Publication*

*Abbreviations and Acronyms*

**MDW**—Medical Wing

**OR**—Operating Room